

**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 2010-2011**

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, 2010.

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, 2010, through September 30, 2011, 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 \$ 2,392,618 (*State General Revenue, Other State Funds and Federal Funds listed on the Schedule C*). The State's obligation to pay under this contract is contingent upon an annual appropriation by the Legislature.

ii. The County's appropriated responsibility (*direct contribution excluding any fees, other cash or local contributions*) as provided in Attachment II, Part II is an amount not to exceed \$1,126,362 (*amount listed under the "Board of County Commissioners Annual Appropriations section of the revenue attachment, includes \$25,000 Arbovirus Surveillance*).

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
PO Box 517
Fernandina Beach, FL 32035-0517

5. CHD DIRECTOR/ADMINISTRATOR. Both parties agree the director/administrator of the CHD shall be a State employee or under contract with the State and will be under the day-to-day direction of the Deputy State Health Officer. The director/administrator shall be selected by the State with the concurrence of the County. The director/administrator of the CHD shall insure that non-categorical sources of funding are used to fulfill public health priorities in the community and the Long Range Program Plan. A report detailing the status of public health as measured by outcome measures and similar indicators will be sent by the CHD director/administrator to the parties no later than October 1 of each year (*This is the standard quality assurance "County Health Profile" report located on the Office of Planning, Evaluation & Data Analysis Intranet site*).

6. ADMINISTRATIVE POLICIES AND PROCEDURES. The parties hereto agree that the following standards should apply in the operation of the CHD:

a. The CHD and its personnel shall follow all State policies and procedures, except to the extent permitted for the use of county purchasing procedures as set forth in subparagraph b., below. All CHD employees shall be State or State-contract personnel subject to State personnel rules and procedures. Employees will report time in the Health Management System compatible format by program component as specified by the State.

b. The CHD shall comply with all applicable provisions of federal and state laws and regulations relating to its operation with the exception that the use of county purchasing procedures shall be allowed when it will result in a better price or service and no statewide Department of Health purchasing contract has been implemented for those goods or services. In such cases, the CHD director/administrator must sign a justification therefore, and all county-purchasing procedures must be followed in their entirety, and such compliance shall be documented. Such justification and compliance documentation shall

be maintained by the CHD in accordance with the terms of this Agreement. State procedures must be followed for all leases on facilities not enumerated in Attachment IV.

c. The CHD shall maintain books, records and documents in accordance with those promulgated by the Generally Accepted Accounting Principles (GAAP) and Governmental Accounting Standards Board (GASB), and the requirements of federal or state law. These records shall be maintained as required by the Department of Health Policies and Procedures for Records Management and shall be open for inspection at any time by the parties and the public, except for those records that are not otherwise subject to disclosure as provided by law which are subject to the confidentiality provisions of paragraph 6.i., below. Books, records and documents must be adequate to allow the CHD to comply with the following reporting requirements:

- i.* The revenue and expenditure requirements in the Florida Accounting System Information Resource (FLAIR).
- ii.* The client registration and services reporting requirements of the minimum data set as specified in the most current version of the Client Information System/Health Management Component Pamphlet;
- iii.* Financial procedures specified in the Department of Health's Accounting Procedures Manuals, Accounting memoranda, and Comptroller's memoranda;
- iv.* The CHD is responsible for assuring that all contracts with service providers include provisions that all subcontracted services be reported to the CHD in a manner consistent with the client registration and service reporting requirements of the minimum data set as specified in the Client Information System/Health Management Component Pamphlet.

d. All funds for the CHD shall be deposited in the County Health Department Trust Fund maintained by the state treasurer. These funds shall be accounted for separately from funds deposited for other CHDs and shall be used only for public health purposes in Nassau County.

e. That any surplus/deficit funds, including fees or accrued interest, remaining in the County Health Department Trust Fund account at the end of the contract year shall be credited/debited to the state or county, as appropriate, based on the funds contributed by each and the expenditures incurred by each. Expenditures will be charged to the program accounts by state and county based on the ratio of planned expenditures in the core contract and funding from all sources is credited to the program accounts by state and county. The equity share of any surplus/deficit funds accruing to the state and county is determined each month and at contract year-end. Surplus funds may be applied toward the funding requirements of each participating governmental entity in the following year. However, in each such case, all surplus funds, including fees and accrued interest, shall remain in the trust fund until accounted for in a manner which clearly illustrates the amount which has been credited to each participating governmental entity. The planned use of

surplus funds shall be reflected in Attachment II, Part I of this contract, with special capital projects explained in Attachment V.

f. There shall be no transfer of funds between the three levels of services without a contract amendment unless the CHD director/administrator determines that an emergency exists wherein a time delay would endanger the public's health and the Deputy State Health Officer has approved the transfer. The Deputy State Health Officer shall forward written evidence of this approval to the CHD within 30 days after an emergency transfer.

g. The CHD may execute subcontracts for services necessary to enable the CHD to carry out the programs specified in this Agreement. Any such subcontract shall include all aforementioned audit and record keeping requirements.

h. At the request of either party, an audit may be conducted by an independent CPA on the financial records of the CHD and the results made available to the parties within 180 days after the close of the CHD fiscal year. This audit will follow requirements contained in OMB Circular A-133 and may be in conjunction with audits performed by county government. If audit exceptions are found, then the director/administrator of the CHD will prepare a corrective action plan and a copy of that plan and monthly status reports will be furnished to the contract managers for the parties.

i. The CHD shall not use or disclose any information concerning a recipient of services except as allowed by federal or state law or policy.

j. The CHD shall retain all client records, financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to this Agreement for a period of five (5) years after termination of this Agreement. If an audit has been initiated and audit findings have not been resolved at the end of five (5) years, the records shall be retained until resolution of the audit findings.

k. The CHD shall maintain confidentiality of all data, files, and records that are confidential under the law or are otherwise exempted from disclosure as a public record under Florida law. The CHD shall implement procedures to ensure the protection and confidentiality of all such records and shall comply with sections 384.29, 381.004, 392.65 and 456.057, Florida Statutes, and all other state and federal laws regarding confidentiality. All confidentiality procedures implemented by the CHD shall be consistent with the Department of Health Information Security Policies, Protocols, and Procedures, dated April 2005, as amended, the terms of which are incorporated herein by reference. The CHD shall further adhere to any amendments to the State's security requirements and shall comply with any applicable professional standards of practice with respect to client confidentiality.

l. The CHD shall abide by all State policies and procedures, which by this reference are incorporated herein as standards to be followed by the CHD, except as otherwise permitted for some purchases using county procedures pursuant to paragraph 6.b. hereof.

m. The CHD shall establish a system through which applicants for services and current clients may present grievances over denial, modification or termination of services. The

CHD will advise applicants of the right to appeal a denial or exclusion from services, of failure to take account of a client's choice of service, and of his/her right to a fair hearing to the final governing authority of the agency. Specific references to existing laws, rules or program manuals are included in Attachment I of this Agreement.

n. The CHD shall comply with the provisions contained in the Civil Rights Certificate, hereby incorporated into this contract as Attachment III.

o. The CHD shall submit quarterly reports to the county that shall include at least the following:

i. The DE385L1 Contract Management Variance Report and the DE580L1 Analysis of Fund Equities Report;

ii. A written explanation to the county of service variances reflected in the DE385L1 report if the variance exceeds or falls below 25 percent of the planned expenditure amount. However, if the amount of the service specific variance between actual and planned expenditures does not exceed three percent of the total planned expenditures for the level of service in which the type of service is included, a variance explanation is not required. A copy of the written explanation shall be sent to the Department of Health, Bureau of Budget Management.

p. The dates for the submission of quarterly reports to the county shall be as follows unless the generation and distribution of reports is delayed due to circumstances beyond the CHD's control:

- i. March 1, 2011 for the report period October 1, 2010 through December 31, 2010;
- ii. June 1, 2011 for the report period October 1, 2010 through March 31, 2011;
- iii. September 1, 2011 for the report period October 1, 2010 through June 30, 2011; and
- iv. December 1, 2011 for the report period October 1, 2010 through September 30, 2011.

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, 2011, 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 23035
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 25 page agreement to be executed by their undersigned officials as duly authorized effective the 1st day of October, 2010.

**BOARD OF COUNTY COMMISSIONERS
FOR NASSAU COUNTY**

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

SIGNED BY: M. J. Boyle
NAME: Michael Boyle
TITLE: Chair
DATE: 9-27-10

ATTESTED TO:
SIGNED BY: [Signature]
NAME: John A. Crawford
TITLE: Ex-Officio Clerk
DATE: 9/30/10

*epk
9/27/10*

Approved as to form by the
Nassau County Attorney:

[Signature]
David A. Hallman

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

SIGNED BY: [Signature]
NAME: E. J. Ngo-Seidel, M.D., M.P.H.
TITLE: CHD Director/Administrator
DATE: 9/1/10

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 Implemented 381.0011(4), 381.003(1), 381.0031(1), (2), (6), 383.06, 384.23, 384.25, 385.202, 392.53 FS.381 and CHD Guidebook.*
- 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 as of 09/30/10	Estimated County Share of CHD Trust Fund Balance as of 09/30/10	Total
1. CHD Trust Fund Ending Balance 09/30/10	321,660	279,573	601,233
2. Drawdown for Contract Year October 1, 2010 to September 30, 2011	63,681	55,349	119,030
3. Special Capital Project use for Contract Year October 1, 2010 to September 30, 2011			
4. Balance Reserved for Contingency Fund October 1, 2010 to September 30, 2011	257,979	224,224	482,203

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

Pursuant to 154.02, F.S., At a minimum, the trust fund shall consist of: an operating reserve, consisting of 8.5 percent of the annual operating budget, maintained to ensure adequate cash flow from nonstate revenue sources.

ATTACHMENT II

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

October 1, 2010 to September 30, 2011

	State CHD Trans Fund (cash)	County CHD Trans Fund	Total CHD Trans Fund (cash)	Other Contributions	Total
1. GENERAL REVENUE - STATE					
015040	ALG/CESSPOOL IDENTIFICATION AND ELIMINATION	0	0	0	0
015040	ALG/CONTR TO CHDS-AIDS PATIENT CARE	0	0	0	0
015040	ALG/CONTR TO CHDS-AIDS PATIENT CARE NETWORK	0	0	0	0
015040	ALG/CONTR TO CHDS-AIDS PREV & SURV & FIELD STAFF	0	0	0	0
015040	ALG/CONTR TO CHDS-DENTAL PROGRAM	17,907	0	17,907	17,907
015040	ALG/CONTR TO CHDS-MIGRANT LABOR CAMP SANITATION	0	0	0	0
015040	MINORITY OUTREACH-PENALVER CLINIC - MIAMI-DADE	0	0	0	0
015040	PRIMARY CARE SPECIAL DENTAL PROJECTS	6,924	0	6,924	6,924
015040	SPECIAL NEEDS SHELTER PROGRAM	0	0	0	0
015040	STATEWIDE DENTISTRY NETWORK - ESCAMBIA	0	0	0	0
015040	STD GENERAL REVENUE	0	0	0	0
015040	VARICELLA IMMUNIZATION REQUIREMENT	1,727	0	1,727	1,727
015040	HEALTHY START MED WAIVER - SOBRA	0	0	0	0
015040	HEALTHY START MED-WAIVER - CLIENT SERVICES	0	0	0	0
015040	JESSIE TRICE CANCER CTR/HEALTH CHOICE - MIAMI-DADE	0	0	0	0
015040	LA LIGA CONTRA EL CANCER	0	0	0	0
015040	MANATEE COUNTY RURAL HEALTH SERVICES	0	0	0	0
015040	METRO ORLANDO URBAN LEAGUE TEENAGE PREG PREV	0	0	0	0
015040	COUNTY SPECIFIC DENTAL PROJECTS - ESCAMBIA	0	0	0	0
015040	DENTAL SPECIAL INITIATIVES	3,295	0	3,295	3,295
015040	DUVAL TEEN PREGNANCY PREVENTION	0	0	0	0
015040	FL CLPPP SCREENING & CASE MANAGEMENT	0	0	0	0
015040	FL HEPATITIS & LIVER FAILURE PREVENTION/CONTROL	0	0	0	0
015040	HEALTHY BEACHES MONITORING	18,748	0	18,748	18,748
015040	ALG/IPO HEALTHY START/IPO	0	0	0	0
015040	ALG/PRIMARY CARE	107,379	0	107,379	107,379
015040	ALG/SCHOOL HEALTH/SUPPLEMENTAL	0	0	0	0
015040	CHILD HEALTH MEDICAL SERVICES	0	0	0	0
015040	COMMUNITY SMILES - MIAMI-DADE	0	0	0	0
015040	COMMUNITY TB PROGRAM	14,397	0	14,397	14,397
015040	ALG/CONTR. TO CHDS-IMMUNIZATION OUTREACH TEAMS	2,404	0	2,404	2,404
015040	ALG/CONTR. TO CHDS-INDOOR AIR ASSIST PROG	0	0	0	0
015040	ALG/CONTR. TO CHDS-MCH HEALTH - FIELD STAFF COST	0	0	0	0
015040	ALG/CONTR. TO CHDS-SOVEREIGN IMMUNITY	0	0	0	0
015040	ALG/CONTRIBUTION TO CHDS-PRIMARY CARE	5,872	0	5,872	5,872
015040	ALG/FAMILY PLANNING	32,561	0	32,561	32,561
015050	ALG/CONTR TO CHDS	895,216	0	895,216	895,216
GENERAL REVENUE TOTAL		1,106,430	0	1,106,430	1,106,430
2. NON GENERAL REVENUE - STATE					
015010	ALG/CONTR TO CHDS-REBASING TOBACCO TF	0	0	0	0
015010	ALG/CONTR. TO CHDS-BIOMEDICAL WASTE/DEP ADM TF	731	0	731	731
015010	ALG/CONTR. TO CHDS-SAFE DRINKING WATER PRG/DEP ADM	0	0	0	0
015010	BASIC SCHOOL HEALTH - TOBACCO TF	71,141	0	71,141	71,141
015010	CHD PROGRAM SUPPORT	13,792	0	13,792	13,792
015010	SUPER ACT ENVIRONMENTAL HEALTH FUND	9,000	0	9,000	9,000
015010	FOOD AND WATERBORNE DISEASE PROGRAM ADM TF/DACS	0	0	0	0
015010	FULL SERVICE SCHOOLS - TOBACCO TF	63,977	0	63,977	63,977

ATTACHMENT I

MASSACHUSETTS DEPARTMENT OF HEALTH SERVICES
 Part II: Sources of Contributions to the Health Department

October 1, 2010 to September 30, 2011

Part II: Sources of Contributions to the Health Department	(cash)	(in-kind)	(cash)	(in-kind)	Total
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2. NON GENERAL REVENUE - STATE

015010	IMMUNIZATION SPECIAL PROJECT	2,138	0	2,138	0	2,138
015010	PUBLIC SWIMMING POOL PROGRAM	0	0	0	0	0
015010	SUPPLEMENTAL/COMPREHENSIVE SCHOOL HEALTH - TOB TF	0	0	0	0	0
015010	TOBACCO COMMUNITY INTERVENTION	173,150	0	173,150	0	173,150
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	13,271	0	13,271	0	13,271
NON GENERAL REVENUE TOTAL		347,200	0	347,200	0	347,200

3. FEDERAL FUNDS - State

007000	AFRICAN AMERICAN TESTING INITIATIVE (AATI)	0	0	0	0	0
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	CHILDHOOD LEAD POISONING PREVENTION	0	0	0	0	0
007000	COASTAL BEACH MONITORING PROGRAM	16,436	0	16,436	0	16,436
007000	TUBERCULOSIS CONTROL - FEDERAL GRANT	0	0	0	0	0
007000	WIC ADMINISTRATION	645,151	0	645,151	0	645,151
007000	WIC BREASTFEEDING PEER COUNSELING	48,750	0	48,750	0	48,750
007000	STD FEDERAL GRANT - CSPPS	0	0	0	0	0
007000	STD PROGRAM - PHYSICIAN TRAINING CENTER	0	0	0	0	0
007000	STD PROGRAM - PHYSICIANS TRAINING CENTER	0	0	0	0	0
007000	STD PROGRAM INFERTILITY PREVENTION PROJECT (IPP)	0	0	0	0	0
007000	SYPHILIS ELIMINATION	0	0	0	0	0
007000	TITLE X MALE PROJECT	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 PART B SUPPLEMENTAL	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	0	0	0	0	0
007000	STATE INDOOR RADON GRANT	0	0	0	0	0
007000	NATIONAL COMPREHENSIVE CANCER CONTROL PROGRAM	0	0	0	0	0
007000	ORAL HEALTH WORKFORCE ACTIVITIES	0	0	0	0	0
007000	ORAL HEALTH WORKFORCE ACTIVITIES 2010-2011	0	0	0	0	0
007000	PHP - CITIES READINESS INITIATIVE	0	0	0	0	0
007000	PUBLIC HEALTH PREPAREDNESS BASE	111,585	0	111,585	0	111,585
007000	RAPE PREVENTION & EDUCATION GRANT	0	0	0	0	0
007000	IMMUNIZATION FIELD STAFF EXPENSE	0	0	0	0	0
007000	IMMUNIZATION SUPPLEMENTAL	0	0	0	0	0
007000	IMMUNIZATION WIC-LINKAGES	0	0	0	0	0
007000	IMMUNIZATION-WIC LINKAGES	0	0	0	0	0
007000	MCH BGTF-GADSDEN SCHOOL CLINIC	0	0	0	0	0
007000	MCH BGTF-HEALTHY START IPO	0	0	0	0	0
007000	FGTF/FAMILY PLANNING-TITLE X	54,641	0	54,641	0	54,641
007000	FGTF/IMMUNIZATION ACTION PLAN	8,003	0	8,003	0	8,003
007000	HEALTH PROGRAM FOR REFUGEES	0	0	0	0	0
007000	HEALTHY PEOPLE HEALTHY COMMUNITIES	25,541	0	25,541	0	25,541

ATTACHMENT D

**CLATSOP COUNTY HEALTH DEPARTMENT
Part II Sources of CDBG Budgets to County Health Department**

October 1, 2010 to September 30, 2011

2010	2011	Total	2010	2011	Total
FEDERAL FUNDS	FEDERAL FUNDS	FEDERAL FUNDS	CASH	CASH	CASH
(Dollars)	(Dollars)	(Dollars)	(Dollars)	(Dollars)	(Dollars)

3. FEDERAL FUNDS - State

007000	HIV HOUSING FOR PEOPLE LIVING WITH AIDS	0	0	0	0	0
007000	HIV INCIDENCE SURVEILLANCE	0	0	0	0	0
007000	COLORECTAL CANCER SCREENING 2009-10	0	0	0	0	0
007000	DIABETES PREVENTION & CONTROL PROGRAM	0	0	0	0	0
007000	FAMILY PLANNING - TITLE X	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
015009	MEDIPASS WAIVER-HLTHY STRT CLIENT SERVICES	0	0	0	0	0
015009	MEDIPASS WAIVER-SOBRA	0	0	0	0	0
015075	SCHOOL HEALTH/SUPPLEMENTAL	360	0	360	0	360
007055	ARRA Federal Grant - Schedule C	13,521	0	13,521	0	13,521
015075	Inspections of Summer Feeding Program	0	0	0	0	0
FEDERAL FUNDS TOTAL		938,988	0	938,988	0	938,988

4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE

001020	TANNING FACILITIES	7,155	0	7,155	0	7,155
001020	BODY PIERCING	270	0	270	0	270
001020	MIGRANT HOUSING PERMIT	0	0	0	0	0
001020	MOBILE HOME AND PARKS	1,652	0	1,652	0	1,652
001020	FOOD HYGIENE PERMIT	16,274	0	16,274	0	16,274
001020	BIOHAZARD WASTE PERMIT	5,060	0	5,060	0	5,060
001020	PRIVATE WATER CONSTR PERMIT	12,500	0	12,500	0	12,500
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	27,030	0	27,030	0	27,030
001092	OSDS PERMIT FEE	85,125	0	85,125	0	85,125
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	620	0	620	0	620
001092	OSDS REPAIR PERMIT	0	0	0	0	0
001170	LAB FEE CHEMICAL ANALYSIS	0	0	0	0	0
001170	WATER ANALYSIS-POTABLE	0	0	0	0	0
001170	NONPOTABLE WATER ANALYSIS	0	0	0	0	0
010304	MQA INSPECTION FEE	0	0	0	0	0
001206	Central Office Surcharge	0	0	0	0	0
FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL		155,686	0	155,686	0	155,686

5. OTHER CASH CONTRIBUTIONS - STATE

010304	STATIONARY POLLUTANT STORAGE TANKS	65,326	0	65,326	0	65,326
090001	DRAW DOWN FROM PUBLIC HEALTH UNIT	0	0	0	0	0
OTHER CASH CONTRIBUTIONS TOTAL		65,326	0	65,326	0	65,326

ATTACHMENT 12

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

October 1, 2010 (dollars in thousands)

	CHD Trust Fund (cash)	County Trust Fund (cash)	Local CHD Trust Fund (cash)	Other Contributions	
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	54,113	86,587	140,700	140,700
001083	MEDICAID FAMILY PLANNING	2,600	23,400	26,000	26,000
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	5,769	9,231	15,000	15,000
001193	MEDICAID COMPREHENSIVE ADULT	15,384	24,616	40,000	40,000
001194	MEDICAID LABORATORY	0	0	0	0
001208	MEDIPASS \$3.00 ADM. FEE	850	850	1,700	1,700
001059	Medicaid Low Income Pool	0	0	0	0
001051	Emergency Medicaid	0	0	0	0
001058	Medicaid - Behavioral Health	0	0	0	0
001071	Medicaid - Orthopedic	0	0	0	0
001072	Medicaid - Dermatology	0	0	0	0
001075	Medicaid - School Health Certified Match	0	0	0	0
001069	Medicaid - Refugee Health	0	0	0	0
001055	Medicaid - Hospital	0	0	0	0
001148	Medicaid HMO Non-Capitation	0	0	0	0
001074	Medicaid - Newborn Screening	0	0	0	0
MEDICAID TOTAL	78,716	144,684	223,400	0	223,400
7. ALLOCABLE REVENUE - STATE					
018000	REFUNDS	33,778	0	33,778	33,778
037000	PRIOR YEAR WARRANT	0	0	0	0
038000	12 MONTH OLD WARRANT	0	0	0	0
ALLOCABLE REVENUE TOTAL	33,778	0	33,778	0	33,778
8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE					
	PHARMACY SERVICES	0	0	61,903	61,903
	LABORATORY SERVICES	0	0	34,324	34,324
	TB SERVICES	0	0	0	0
	IMMUNIZATION SERVICES	0	0	33,226	33,226
	STD SERVICES	0	0	0	0
	CONSTRUCTION/RENOVATION	0	0	0	0
	WIC FOOD	0	0	1,235,193	1,235,193
	ADAP	0	0	94,331	94,331
	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	1,458,977	1,458,977

ATTACHMENT B

**NOVA COUNTY HEALTH DEPARTMENT
 Part II: Sources of Contributions to County Health Department
 October 1, 2010 to September 30, 2011**

State Child	County	(2010)	(2011)	Contributions	Total
Trust Fund	Trust Fund	(2010)	(2011)		
(2011)					

9. DIRECT LOCAL CONTRIBUTIONS - COUNTY

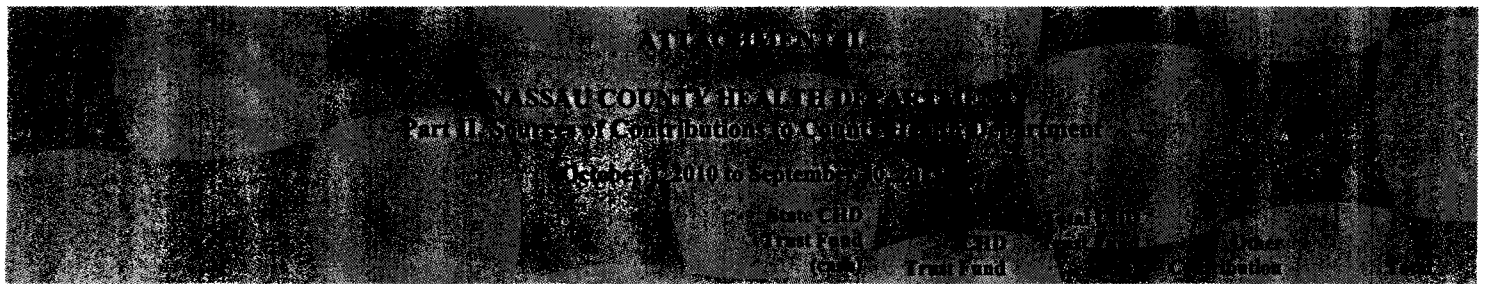
008030	Contribution from Health Care Tax	0	800	800	0	800
008034	BCC Contribution from General Fund	0	1,126,362	1,126,362	0	1,126,362
DIRECT COUNTY CONTRIBUTION TOTAL		0	1,127,162	1,127,162	0	1,127,162

10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY

001060	CHD SUPPORT POSITION	0	0	0	0	0
001077	RABIES VACCINE	0	0	0	0	0
001077	CHILD CAR SEAT PROG	0	0	0	0	0
001077	PERSONAL HEALTH FEES	0	29,600	29,600	0	29,600
001077	AIDS CO-PAYS	0	0	0	0	0
001094	ADULT ENTER. PERMIT FEES	0	0	0	0	0
001094	LOCAL ORDINANCE FEES	0	12,600	12,600	0	12,600
001114	NEW BIRTH CERTIFICATES	0	25,000	25,000	0	25,000
001115	Vital Statistics - Death Certificate	0	18,000	18,000	0	18,000
001117	VITAL STATS-ADM. FEE 50 CENTS	0	884	884	0	884
001073	Co-Pay for the AIDS Care Program	0	0	0	0	0
001025	Client Revenue from GRC	0	0	0	0	0
001040	Cell Phone Administrative Fee	0	0	0	0	0
FEES AUTHORIZED BY COUNTY TOTAL		0	86,084	86,084	0	86,084

11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY

001009	RETURNED CHECK ITEM	0	0	0	0	0
001029	THIRD PARTY REIMBURSEMENT	0	412,000	412,000	0	412,000
001029	HEALTH MAINTENANCE ORGAN. (HMO)	0	0	0	0	0
001054	MEDICARE PART D	0	0	0	0	0
001077	RYAN WHITE TITLE II	0	0	0	0	0
001090	MEDICARE PART B	0	28,000	28,000	0	28,000
001190	Health Maintenance Organization	0	0	0	0	0
005040	INTEREST EARNED	0	0	0	0	0
005041	INTEREST EARNED-STATE INVESTMENT ACCOUNT	0	8,267	8,267	0	8,267
007010	U.S. GRANTS DIRECT	0	0	0	0	0
008010	Contribution from City Government	0	0	0	0	0
008020	Contribution from Health Care Tax not thru BCC	0	0	0	0	0
008050	School Board Contribution	0	99,958	99,958	0	99,958
008060	Special Project Contribution	0	0	0	0	0
010300	SALE OF GOODS AND SERVICES TO STATE AGENCIES	0	0	0	0	0
010301	EXP WITNESS FEE CONSULTNT CHARGES	0	0	0	0	0
010405	SALE OF PHARMACEUTICALS	0	0	0	0	0
010409	SALE OF GOODS OUTSIDE STATE GOVERNMENT	0	0	0	0	0
011001	HEALTHY START COALITION CONTRIBUTIONS	0	252,830	252,830	0	252,830
011007	CASH DONATIONS PRIVATE	0	1,270	1,270	0	1,270
012020	FINES AND FORFEITURES	0	4,000	4,000	0	4,000
012021	RETURN CHECK CHARGE	0	0	0	0	0
028020	INSURANCE RECOVERIES-OTHER	0	0	0	0	0
090002	DRAW DOWN FROM PUBLIC HEALTH UNIT	0	0	0	0	0
011000	GRANT DIRECT-NOVA UNIVERSITY CHD TRAINING	0	0	0	0	0
011000	GRANT DIRECT	0	0	0	0	0



11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY

	State CHD Trust Fund (CHD)	Local CHD Trust Fund	County CHD Contribution	Other	Total
011000 GRANT DIRECT-COUNTY HEALTH DEPARTMENT DIRECT SERVICES	0	0	0	0	0
011000 DIRECT-ARROW	0	0	0	0	0
011000 GRANT-DIRECT	0	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-HEALTH CARE DISTRICT PAHOKEE	0	0	0	0	0
011000 GRANT-DIRECT-DUVAL CHD-HIV	0	75,801	75,801	0	75,801
011000 GRANT-DIRECT-LIP MATCH-NCHD	0	65,000	65,000	0	65,000
011000 GRANT-DIRECT-ST VINCENT MOBILE HEALTH VAN	0	25,000	25,000	0	25,000
011000 GRANT-DIRECT-DENTAL-NASSAU HEADSTART	0	900	900	0	900
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	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
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	973,026	973,026	0	973,026

12. ALLOCABLE REVENUE - COUNTY

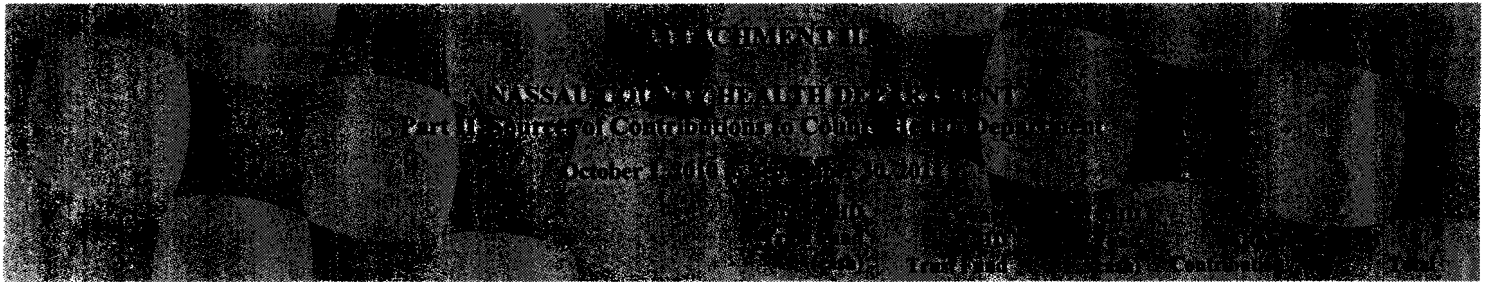
018000 REFUNDS	0	32,178	32,178	0	32,178
037000 PRIOR YEAR WARRANT	0	0	0	0	0
038000 12 MONTH OLD WARRANT	0	0	0	0	0
COUNTY ALLOCABLE REVENUE TOTAL	0	32,178	32,178	0	32,178

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
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14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY

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	2,726,124	2,363,134	5,089,258	1,874,609	6,963,867

**ATTACHMENT II
NASSAU COUNTY HEALTH DEPARTMENT**

**Part III: Planned Staffing, Clients, Services, And Expenditure By Program Service Area Within Each District/Service Area
October 1, 2010 to September 30, 2011**

	FTE's (0.00)	Clients Units	Services	1st District	2nd District (Columbia County only)	3rd District	4th District	5th District	6th District	7th District	Grand Total
A. COMMUNICABLE DISEASE CONTROL:											
IMMUNIZATION (101)	1.71	1,436	2,847	32,517	27,871	32,517	27,871	77,539	43,237	120,776	
STD (102)	0.98	461	1,799	18,291	15,678	18,291	15,678	36,347	31,591	67,938	
A.I.D.S. (103)	2.00	67	309	39,804	34,118	39,804	34,118	45,519	102,325	147,844	
TB CONTROL SERVICES (104)	0.41	97	564	8,228	7,053	8,228	7,053	23,045	7,517	30,562	
COMM. DISEASE SURV. (106)	1.98	0	902	37,021	31,732	37,021	31,732	73,565	63,941	137,506	
HEPATITIS PREVENTION (109)	0.02	75	113	410	352	410	352	815	709	1,524	
PUBLIC HEALTH PREP AND RESP (116)	2.30	0	156	46,313	39,697	46,313	39,697	143,919	28,101	172,020	
VITAL STATISTICS (180)	0.78	2,503	6,330	11,055	9,476	11,055	9,476	47	41,015	41,062	
COMMUNICABLE DISEASE SUBTOTAL	10.18	4,639	13,020	193,639	165,977	193,639	165,977	400,796	318,436	719,232	
B. PRIMARY CARE:											
CHRONIC DISEASE SERVICES (210)	53.00	560	145	11,125	9,536	11,125	9,536	33,982	7,340	41,322	
TOBACCO PREVENTION (212)	2.51	0	391	42,274	36,235	42,274	36,235	156,754	264	157,018	
W.I.C. (221)	12.56	4,150	43,104	226,417	194,072	226,417	194,072	833,301	7,677	840,978	
FAMILY PLANNING (223)	8.79	1,211	12,367	144,330	123,711	144,330	123,711	304,041	232,041	536,082	
IMPROVED PREGNANCY OUTCOME (225)	0.00	0	0	12	10	12	10	24	20	44	
HEALTHY START PRENATAL (227)	3.53	509	8,872	50,920	43,645	50,920	43,645	3,014	186,116	189,130	
COMPREHENSIVE CHILD HEALTH (229)	0.33	5	292	7,205	6,175	7,205	6,175	21,435	5,325	26,760	
HEALTHY START INFANT (231)	2.86	533	6,104	35,669	30,574	35,669	30,574	70,868	61,618	132,486	
SCHOOL HEALTH (234)	3.54	0	109,586	79,199	67,885	79,199	67,885	166,726	127,442	294,168	
COMPREHENSIVE ADULT HEALTH (237)	15.16	757	5,563	281,013	240,868	281,013	240,868	248,902	794,860	1,043,762	
DENTAL HEALTH (240)	7.98	2,471	17,946	171,334	146,858	171,334	146,858	112,111	524,273	636,384	
PRIMARY CARE SUBTOTAL	110.26	10,196	204,370	1,049,498	899,569	1,049,498	899,569	1,951,158	1,946,976	3,898,134	
C. ENVIRONMENTAL HEALTH:											
Water and Onsite Sewage Programs											
COASTAL BEACH MONITORING (347)	0.33	621	621	6,767	5,800	6,767	5,800	25,063	71	25,134	
LIMITED USE PUBLIC WATER SYSTEMS (357)	0.77	83	451	14,768	12,659	14,768	12,659	28,662	26,192	54,854	
PUBLIC WATER SYSTEM (358)	0.02	0	0	299	256	299	256	592	518	1,110	
PRIVATE WATER SYSTEM (359)	0.02	0	17	349	299	349	299	690	606	1,296	
INDIVIDUAL SEWAGE DISP. (361)	2.94	308	2,001	53,877	46,180	53,877	46,180	141,351	58,763	200,114	
Group Total	4.08	1,012	3,090	76,060	65,194	76,060	65,194	196,358	86,150	282,508	
Facility Programs											
FOOD HYGIENE (348)	0.37	53	227	7,474	6,406	7,474	6,406	22,802	4,958	27,760	
BODY ART (349)	0.02	0	6	441	378	441	378	1,001	637	1,638	
GROUP CARE FACILITY (351)	0.48	128	194	9,332	7,999	9,332	7,999	18,481	16,181	34,662	
MIGRANT LABOR CAMP (352)	0.00	0	0	0	0	0	0	0	0	0	
HOUSING,PUBLIC BLDG SAFETY,SANITATION (353)	0.00	0	0	0	0	0	0	0	0	0	
MOBILE HOME AND PARKS SERVICES (354)	0.19	19	53	3,502	3,001	3,502	3,001	7,702	5,304	13,006	
SWIMMING POOLS/BATHING (360)	0.61	96	204	11,737	10,060	11,737	10,060	35,812	7,782	43,594	
BIOMEDICAL WASTE SERVICES (364)	0.25	90	91	4,650	3,986	4,650	3,986	11,899	5,373	17,272	
TANNING FACILITY SERVICES (369)	0.13	20	40	2,636	2,259	2,636	2,259	8,548	1,242	9,790	
Group Total	2.05	406	815	39,772	34,089	39,772	34,089	106,245	41,477	147,722	

**APPENDIX II
NASSAU COUNTY HEALTH DEPARTMENT**

**Part III - Planned Staffing, Client Services, And Expenditures, By Program Category, Within Fiscal Year
October 1, 2010 to September 30, 2011**

Program Category	Planned Staffing		Planned Client Services		Planned Expenditures		Planned Expenditures		Planned Expenditures	
	FTE (0.00)	Clients	Planned	Planned	Planned	Planned	Planned	Planned	Planned	Planned
C. ENVIRONMENTAL HEALTH:										
Groundwater Contamination										
STORAGE TANK COMPLIANCE (355)	1.34	83	178	25,974	22,263	25,974	22,263	81,814	14,660	96,474
SUPER ACT SERVICE (356)	0.24	104	162	4,587	3,932	4,587	3,932	13,225	3,813	17,038
Group Total	1.58	187	340	30,561	26,195	30,561	26,195	95,039	18,473	113,512
Community Hygiene										
OCCUPATIONAL HEALTH (344)	0.00	0	4	76	65	76	65	150	132	282
CONSUMER PRODUCT SAFETY (345)	0.00	0	0	14	12	14	12	28	24	52
INJURY PREVENTION (346)	0.00	0	0	0	0	0	0	0	0	0
LEAD MONITORING SERVICES (350)	0.00	0	0	0	0	0	0	0	0	0
PUBLIC SEWAGE (362)	0.00	0	0	0	0	0	0	0	0	0
SOLID WASTE DISPOSAL (363)	0.00	0	0	0	0	0	0	0	0	0
SANITARY NUISANCE (365)	0.07	25	5	1,774	1,521	1,774	1,521	3,517	3,073	6,590
RABIES SURVEILLANCE/CONTROL SERVICES (366)	0.09	0	4	1,924	1,649	1,924	1,649	3,813	3,333	7,146
ARBOVIRUS SURVEILLANCE (367)	0.21	0	513	8,077	6,923	8,077	6,923	2,647	27,353	30,000
RODENT/ARTHROPOD CONTROL (368)	0.00	0	0	0	0	0	0	0	0	0
WATER POLLUTION (370)	0.00	0	0	0	0	0	0	0	0	0
AIR POLLUTION (371)	0.02	0	5	389	334	389	334	770	676	1,446
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	0.39	25	531	12,254	10,504	12,254	10,504	10,925	34,591	45,516
ENVIRONMENTAL HEALTH SUBTOTAL	8.10	1,630	4,776	158,647	135,982	158,647	135,982	408,567	180,691	589,258
D. SPECIAL CONTRACTS:										
SPECIAL CONTRACTS (599)	0.00	0	0	2,161	1,853	2,161	1,853	8,028	0	8,028
SPECIAL CONTRACTS SUBTOTAL	0.00	0	0	2,161	1,853	2,161	1,853	8,028	0	8,028
TOTAL CONTRACT	128.54	16,465	222,166	1,403,945	1,203,381	1,403,945	1,203,381	2,768,549	2,446,103	5,214,652

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.

ATTACHMENT VI

NASSAU COUNTY HEALTH DEPARTMENT

PRIMARY CARE

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

“Health care services for the prevention or treatment of acute or chronic medical conditions or minor injuries of individuals which is provided in a clinic setting and may include family planning and maternity care.”

Indicate below the county health department programs that will be supported at least in part with categorical Primary Care funds this contract year:

- Comprehensive Child Health (229/29)
- Comprehensive Adult Health (237/37)
- Family Planning (223/23)
- Maternal Health/IPO (225/25)
- Laboratory (242/42)
- Pharmacy (241/93)
- Other Medical Treatment Program (please identify) _____

Describe the target population to be served with categorical Primary Care funds.

The target population includes low income, un-insured, under-insured, and Medicaid eligible Nassau County residents. For Comprehensive Adult Health, clients must be at or below 150% of Federal Poverty Level, and provide documentation of income and residency. Adult primary care clients must also meet medical high risk criteria (Ambulatory Sensitive Condition, Chronic Disease).

Does the health department intend to contract with other providers for the delivery of primary health care services using categorical (015040) Primary Care funds? (No) If so, please identify the provider(s), describe the services to be delivered, and list the anticipated contractual amount by provider. In addition, contract providers are required to provide data on patients served and the services provided so that the patients may be registered and the service data entered into HMS.