

**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 2014-2015**

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, 2014.

**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, 2014, through September 30, 2015, 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 \$ 2,139,912 (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 \$1,008,773 (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, Office 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, Office 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. 4<sup>th</sup> 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, Office 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, 2015 for the report period October 1, 2014 through December 31, 2014;
- ii. June 1, 2015 for the report period October 1, 2014 through March 31, 2015;
- iii. September 1, 2015 for the report period October 1, 2014 through June 30, 2015; and
- iv. December 1, 2015 for the report period October 1, 2014 through September 30, 2015.

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, 2015, 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

30 S. 4<sup>th</sup> Street

96135 Nassau Place

Fernandina Beach, FL 32034  
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.

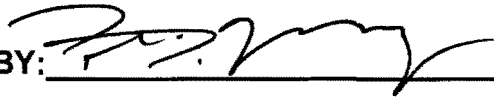




In WITNESS THEREOF, the parties hereto have caused this 20 page agreement to be executed by their undersigned officials as duly authorized effective the 1<sup>st</sup> day of October, 2014.

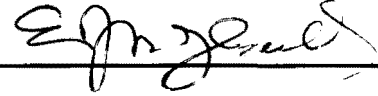
**BOARD OF COUNTY COMMISSIONERS  
FOR NASSAU COUNTY**

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

SIGNED BY:   
NAME: ~~Barry V. Holloway~~ Pat Edwards  
TITLE: ~~Chairman~~ Vice Chairman  
DATE: 9-17-14

SIGNED BY:   
NAME: John H. Armstrong, MD  
TITLE: Surgeon General/Secretary of Health  
DATE: 10/3/14

ATTESTED TO   
SIGNED BY:   
NAME: John A. Crawford  
TITLE: Ex-Officio Clerk  
DATE: 9-19-14

SIGNED BY:   
NAME: Eugenia J. Ngo-Seidel, MD, MPH  
TITLE: CHD Director/Administrator  
DATE: 9/4/2014

MES  
09-18-14

Approved as to form by the  
Nassau County Attorney

  
David A. Hallman

**ATTACHMENT I**

**NASSAU COUNTY HEALTH DEPARTMENT**

**PROGRAM SPECIFIC REPORTING REQUIREMENTS AND PROGRAMS REQUIRING  
COMPLIANCE WITH THE PROVISIONS OF SPECIFIC MANUALS**

Some health services must comply with specific program and reporting requirements in addition to the Personal Health Coding Pamphlet (DHP 50-20), Environmental Health Coding Pamphlet (DHP 50-21) and FLAIR requirements because of federal or state law, regulation or rule. If a county health department is funded to provide one of these services, it must comply with the special reporting requirements for that service. The services and the reporting requirements are listed below:

	<u>Service</u>	<u>Requirement</u>
1.	Sexually Transmitted Disease Program	Requirements as specified in 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 09/30/14	130,905	99,601	230,506
2. Drawdown for Contract Year October 1, 2014 to September 30, 2015	7,200	96,298	103,498
3. Special Capital Project use for Contract Year October 1, 2014 to September 30, 2015			
4. Balance Reserved for Contingency Fund October 1, 2014 to September 30, 2015			

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

**ATTACHMENT II**

NC Health Department  
Contract No. CM2160

**NASSAU COUNTY HEALTH DEPARTMENT**

**Part II, Sources of Contributions to County Health Department  
October 1, 2014 to September 30, 2015**

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contributions	Total
<b>1. GENERAL REVENUE - STATE</b>					
015040 CHD - TB COMMUNITY PROGRAM	12,642	0	12,642	0	12,642
015040 DENTAL SPECIAL INITIATIVE PROJECTS	7,075	0	7,075	0	7,075
015040 FAMILY PLANNING GENERAL REVENUE	28,890	0	28,890	0	28,890
015040 PRIMARY CARE PROGRAM	112,960	0	112,960	0	112,960
015040 SCHOOL HEALTH SERVICES - GENERAL REVENUE	116,301	0	116,301	0	116,301
015050 CHD GENERAL REVENUE NON-CATEGORICAL	728,004	0	728,004	0	728,004
<b>GENERAL REVENUE TOTAL</b>	<b>1,005,872</b>	<b>0</b>	<b>1,005,872</b>	<b>0</b>	<b>1,005,872</b>
<b>2. NON GENERAL REVENUE - STATE</b>					
015010 STATE UNDERGROUND PETROLEUM RESPONSE ACT	1,500	0	1,500	0	1,500
015010 ENVIRONMENTAL BIOMEDICAL WASTE PROGRAM	2,290	0	2,290	0	2,290
015010 CHD FEDERAL & LOCAL INDIRECT EARNINGS	46,000	0	46,000	0	46,000
015010 TOBACCO STATE AND COMMUNITY INTERVENTIONS	114,718	0	114,718	0	114,718
<b>NON GENERAL REVENUE TOTAL</b>	<b>164,508</b>	<b>0</b>	<b>164,508</b>	<b>0</b>	<b>164,508</b>
<b>3. FEDERAL FUNDS - STATE</b>					
007000 AIDS DRUG ASSISTANCE PROGRAM ADMIN	15,000	0	15,000	0	15,000
007000 WIC BREASTFEEDING PEER COUNSELING PROG	13,937	0	13,937	0	13,937
007000 COASTAL BEACH WATER QUALITY MONITORING	11,286	0	11,286	0	11,286
007000 COMPREHENSIVE COMMUNITY CARDIO - PHBG	22,667	0	22,667	0	22,667
007000 FAMILY PLANNING TITLE X - GRANT	50,857	0	50,857	0	50,857
007000 IMMUNIZATION ACTION PLAN	4,396	0	4,396	0	4,396
007000 MCH SPECIAL PRJCT UNPLANNED PREGNANCY	10,010	0	10,010	0	10,010
007000 MCH SPECIAL PROJECT DENTAL	3,600	0	3,600	0	3,600
007000 MCH SPECIAL PROJECTS DENTAL	35,900	0	35,900	0	35,900
007000 PHP PUBLIC HEALTH PREPAREDNESS BASE ALLOC	92,608	0	92,608	0	92,608
007000 RYAN WHITE TITLE II GRANT/CHD CONSORTIAM	58,009	0	58,009	0	58,009
007000 WIC PROGRAM ADMINISTRATION	632,948	0	632,948	0	632,948
015075 SUPPLEMENTAL SCHOOL HEALTH	18,817	0	18,817	0	18,817
<b>FEDERAL FUNDS TOTAL</b>	<b>970,035</b>	<b>0</b>	<b>970,035</b>	<b>0</b>	<b>970,035</b>
<b>4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE</b>					
001020 CHD STATEWIDE ENVIRONMENTAL FEES	47,335	0	47,335	0	47,335
001092 CHD STATEWIDE ENVIRONMENTAL FEES	110,350	0	110,350	0	110,350
001093 CHD STATEWIDE ENVIRONMENTAL FEES	1,000	0	1,000	0	1,000
001206 ON SITE SEWAGE DISPOSAL PERMIT FEES	6,700	0	6,700	0	6,700
001206 SANITATION CERTIFICATES (FOOD INSPECTION)	470	0	470	0	470
001206 SEPTIC TANK RESEARCH SURCHARGE	600	0	600	0	600
001206 PUBLIC SWIMMING POOL PERMIT FEES-10% HQ TRANSFER	1,299	0	1,299	0	1,299
001206 DRINKING WATER PROGRAM OPERATIONS	150	0	150	0	150
001206 REGULATION OF BODY PIERCING SALONS	15	0	15	0	15
001206 TANNING FACILITIES	142	0	142	0	142
001206 ONSITE SEWAGE TRAINING CENTER	260	0	260	0	260

**ATTACHMENT II**

NC Health Department  
Contract No. CM2160

**NASSAU COUNTY HEALTH DEPARTMENT**

**Part II, Sources of Contributions to County Health Department  
October 1, 2014 to September 30, 2015**

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
001206 TATTO PROGRAM ENVIRONMENTAL HEALTH	163	0	163	0	163
001206 MOBILE HOME & RV PARK FEES	350	0	350	0	350
<b>FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL</b>	<b>168,834</b>	<b>0</b>	<b>168,834</b>	<b>0</b>	<b>168,834</b>
<b>5. OTHER CASH CONTRIBUTIONS - STATE:</b>					
010304 CHD STATEWIDE ENVIRONMENTAL FEES	248	0	248	0	248
090001 DRAW DOWN FROM PUBLIC HEALTH UNIT	7,200	0	7,200	0	7,200
<b>OTHER CASH CONTRIBUTION TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>6. MEDICAID - STATE/COUNTY:</b>					
001059 LOW INCOME POOL AHCA PRIMARY CARE	0	67,872	67,872	0	67,872
001082 CHD CLINIC FEES	0	20,000	20,000	0	20,000
001083 CHD CLINIC FEES	0	8,000	8,000	0	8,000
001148 CHD CLINIC FEES	0	3,100	3,100	0	3,100
<b>MEDICAID TOTAL</b>	<b>0</b>	<b>98,972</b>	<b>98,972</b>	<b>0</b>	<b>98,972</b>
<b>7. ALLOCABLE REVENUE - STATE:</b>					
018000 CHD STATEWIDE ENVIRONMENTAL FEES	1,000	0	1,000	0	1,000
<b>MEDICAID TOTAL</b>	<b>1,000</b>	<b>0</b>	<b>1,000</b>	<b>0</b>	<b>1,000</b>
<b>8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE</b>					
ADAP	0	0	0	55,689	55,689
PHARMACY DRUG PROGRAM	0	0	0	45,452	45,452
STD	0	0	0	0	0
WIC PROGRAM	0	0	0	1,271,632	1,271,632
BUREAU OF PUBLIC HEALTH LABORATORIES	0	0	0	19,150	19,150
IMMUNIZATIONS	0	0	0	20,753	20,753
<b>OTHER STATE CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,412,676</b>	<b>1,412,676</b>
<b>9. DIRECT LOCAL CONTRIBUTIONS - BCC/TAX DISTRICT</b>					
008030 CHD LOCAL REVENUE & EXPENDITURES	0	160	160	0	160
008034 CHD LOCAL REVENUE & EXPENDITURES	0	1,008,773	1,008,773	0	1,008,773
<b>DIRECT COUNTY CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>1,008,933</b>	<b>1,008,933</b>	<b>0</b>	<b>1,008,933</b>
<b>10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY</b>					
001077 INFANT CAR SEAT PROGRAM	0	1,000	1,000	0	1,000
001077 CHD CLINIC FEES	0	33,630	33,630	0	33,630
001094 CHD STATEWIDE ENVIRONMENTAL FEES	0	30,800	30,800	0	30,800
001114 VITAL STATISTICS CERTIFIED RECORDS	0	17,500	17,500	0	17,500
001115 VITAL STATISTICS CERTIFIED RECORDS	0	28,650	28,650	0	28,650
001117 VITAL STATISTICS CERTIFIED RECORDS	0	940	940	0	940
<b>FEES AUTHORIZED BY COUNTY TOTAL</b>	<b>0</b>	<b>112,520</b>	<b>112,520</b>	<b>0</b>	<b>112,520</b>
<b>11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY</b>					
001029 CHD CLINIC FEES	0	587,579	587,579	0	587,579

**ATTACHMENT II**

NC Health Department  
Contract No. CM2160

**NASSAU COUNTY HEALTH DEPARTMENT**

**Part II, Sources of Contributions to County Health Department  
October 1, 2014 to September 30, 2015**

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contributions	Total
001090 CHD CLINIC FEES	0	5,590	5,590	0	5,590
005041 CHD LOCAL REVENUE & EXPENDITURES	0	850	850	0	850
008050 CHD LOCAL REVENUE & EXPENDITURES	0	51,614	51,614	0	51,614
011001 CHD HEALTHY START COALITION CONTRACT	0	237,387	237,387	0	237,387
011001 HEALTHY START · TEEN PREGNANCY PREVENTION	0	29,000	29,000	0	29,000
011004 LOW INCOME POOL · SUBRECIPIENT	0	63,853	63,853	0	63,853
011007 CHD HEALTHY START COALITION CONTRACT	0	850	850	0	850
012020 CHD STATEWIDE ENVIRONMENTAL FEES	0	1,000	1,000	0	1,000
012021 CHD CLINIC FEES	0	85	85	0	85
090002 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	-96,289	-96,289	0	-96,289
<b>OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>881,519</b>	<b>881,519</b>	<b>0</b>	<b>881,519</b>
<b>12. ALLOCABLE REVENUE - COUNTY</b>					
018000 CHD CLINIC FEES	0	400	400	0	400
018000 CHD LOCAL REVENUE & EXPENDITURES	0	7,000	7,000	0	7,000
<b>COUNTY ALLOCABLE REVENUE TOTAL</b>	<b>0</b>	<b>7,400</b>	<b>7,400</b>	<b>0</b>	<b>7,400</b>
<b>13. BUILDINGS - COUNTY</b>					
ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	330,260	330,260
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
OTHER (Specify)	0	0	0	0	0
<b>BUILDINGS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>412,632</b>	<b>412,632</b>
<b>14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY</b>					
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
<b>OTHER COUNTY CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>GRAND TOTAL CHD PROGRAM</b>	<b>2,317,697</b>	<b>2,109,344</b>	<b>4,427,041</b>	<b>1,825,308</b>	<b>6,252,349</b>

**ATTACHMENT II  
NASSAU COUNTY HEALTH DEPARTMENT**

**NC Health Department  
Contract No. CA1250**

**Part III, Planned Staffing, Clients, Services and Expenditures By Program Service Area Within Each Level of Service  
October 1, 2014 to September 30, 2015**

FTE's (0.00)	Clients Units	Services/ Visits	Quarterly Expenditure Plan				State	County	Total
			1st	2nd	3rd	4th			

**A. COMMUNICABLE DISEASE CONTROL:**

IMMUNIZATION (101)	0.72	656	756	12,084	10,355	12,084	12,080	28,364	18,239	46,603
SEXUALLY TRANS. DIS. (102)	0.95	555	680	14,156	12,131	14,156	14,152	31,002	23,593	54,595
HIV/AIDS PREVENTION (03A1)	0.07	1	12	1,562	1,339	1,562	1,561	6,024	0	6,024
HIV/AIDS SURVEILLANCE (03A2)	0.02	2	6	617	529	617	616	2,379	0	2,379
HIV/AIDS PATIENT CARE (03A3)	0.58	1	2	14,532	12,453	14,532	14,525	56,037	0	56,037
ADAP (03A4)	0.43	0	0	6,231	5,340	6,231	6,230	24,029	0	24,029
TUBERCULOSIS (104)	0.38	202	226	5,226	4,478	5,226	5,223	16,907	3,246	20,153
COMM. DIS. SURV. (106)	1.53	28	854	27,376	23,459	27,376	27,365	59,956	45,620	105,576
HEPATITIS (109)	0.01	0	0	191	164	191	190	418	318	736
PREPAREDNESS AND RESPONSE (116)	2.96	0	2,279	39,186	33,579	39,186	39,170	92,608	58,513	151,121
REFUGEE HEALTH (118)	0.00	0	0	0	0	0	0	0	0	0
VITAL RECORDS (180)	1.41	2,408	6,591	18,752	16,069	18,752	18,745	0	72,318	72,318
<b>COMMUNICABLE DISEASE SUBTOTAL</b>	<b>9.06</b>	<b>3,853</b>	<b>11,406</b>	<b>139,913</b>	<b>119,896</b>	<b>139,913</b>	<b>139,857</b>	<b>317,724</b>	<b>221,847</b>	<b>539,571</b>

**B. PRIMARY CARE:**

CHRONIC DISEASE PREVENTION PRO (210)	0.95	22	459	10,933	9,369	10,933	10,930	22,667	19,498	42,165
WIC (21W1)	11.54	2,657	32,544	195,764	167,754	195,764	195,688	754,331	639	754,970
TOBACCO USE INTERVENTION (212)	2.03	0	62	35,109	30,085	35,109	35,095	114,718	20,680	135,398
WIC BREASTFEEDING PEER COUNSELING (21W2)	0.00	0	0	0	0	0	0	0	0	0
FAMILY PLANNING (223)	9.20	1,250	2,417	124,705	106,862	124,705	124,657	281,372	199,557	480,929
IMPROVED PREGNANCY OUTCOME (225)	0.00	0	0	74	63	74	73	284	0	284
HEALTHY START PRENATAL (227)	3.14	525	5,869	40,062	34,330	40,062	40,047	0	154,501	154,501
COMPREHENSIVE CHILD HEALTH (229)	0.02	1	16	1,409	1,208	1,409	1,409	3,734	1,701	5,435
HEALTHY START CHILD (231)	2.69	358	4,411	32,508	27,857	32,508	32,497	0	125,370	125,370
SCHOOL HEALTH (234)	4.41	0	176,964	63,349	54,285	63,349	63,326	140,837	103,472	244,309
COMPREHENSIVE ADULT HEALTH (237)	11.87	689	3,056	200,238	171,589	200,238	200,161	212,256	381,610	593,866
COMMUNITY HEALTH DEVELOPMENT (238)	1.23	0	186	24,706	21,171	24,706	24,696	57,054	38,225	95,279
DENTAL HEALTH (240)	11.88	3,356	8,330	211,256	181,030	211,256	211,173	210,081	604,634	814,715
<b>PRIMARY CARE SUBTOTAL</b>	<b>58.96</b>	<b>8,858</b>	<b>234,314</b>	<b>940,113</b>	<b>805,603</b>	<b>940,113</b>	<b>939,752</b>	<b>1,797,334</b>	<b>1,649,887</b>	<b>3,447,221</b>

**C. ENVIRONMENTAL HEALTH:**

**Water and Onsite Sewage Programs**

COSTAL BEACH MONITORING (347)	0.20	154	154	4,626	3,964	4,626	4,625	17,825	16	17,841
LIMITED USE PUBLIC WATER SYSTEMS (357)	1.26	1	149	21,909	18,774	21,909	21,900	6,802	77,690	84,492
PUBLIC WATER SYSTEM (358)	0.00	0	0	0	0	0	0	0	0	0
PRIVATE WATER SYSTEM (359)	0.00	0	0	0	0	0	0	0	0	0
ONSITE SEWAGE TREATMENT & DISPOSAL (361)	2.26	357	2,775	42,045	36,029	42,045	42,029	110,537	51,611	162,148
<b>Group Total</b>	<b>3.72</b>	<b>512</b>	<b>3,078</b>	<b>68,580</b>	<b>58,767</b>	<b>68,580</b>	<b>68,554</b>	<b>135,164</b>	<b>129,317</b>	<b>264,481</b>

**Facility Programs**



## NASSAU COUNTY HEALTH DEPARTMENT

Contract No. CW2160

## Part III, Planned Staffing, Clients, Services and Expenditures By Program Service Area Within Each Level of Service

October 1, 2014 to September 30, 2015

	FTE's (0.00)	Clients Units	Services/ Visits	Quarterly Expenditure Plan				State	County	Total
				1st	2nd (Whole dollars only)	3rd	4th			
TATTOO FACILITY SERVICES (344)	0.02	0	4	422	362	422	423	1,627	0	1,627
FOOD HYGIENE (348)	0.28	31	159	4,955	4,246	4,955	4,955	8,417	10,694	19,111
BODY PIERCING FACILITIES SERVICES (349)	0.01	3	3	241	207	241	242	930	0	930
GROUP CARE FACILITY (351)	0.37	65	97	6,697	5,739	6,697	6,694	89	25,738	25,827
MIGRANT LABOR CAMP (352)	0.00	0	0	0	0	0	0	0	0	0
HOUSING & PUB. BLDG. (353)	0.00	0	0	0	0	0	0	0	0	0
MOBILE HOME AND PARK (354)	0.21	31	67	3,486	2,987	3,486	3,484	3,299	10,144	13,443
POOLS/BATHING PLACES (360)	0.49	156	315	8,288	7,102	8,288	8,284	17,115	14,847	31,962
BIOMEDICAL WASTE SERVICES (364)	0.21	96	96	3,445	2,952	3,445	3,443	13,268	0	13,268
TANNING FACILITY SERVICES (369)	0.10	14	28	1,357	1,163	1,357	1,357	5,227	0	5,227
<b>Group Total</b>	<b>1.69</b>	<b>396</b>	<b>769</b>	<b>28,891</b>	<b>24,758</b>	<b>28,891</b>	<b>28,882</b>	<b>49,972</b>	<b>61,423</b>	<b>111,395</b>
<b>Groundwater Contamination</b>										
STORAGE TANK COMPLIANCE SERVICES (355)	0.00	0	0	0	0	0	0	0	0	0
SUPER ACT SERVICES (356)	0.07	0	13	1,096	939	1,096	1,097	4,222	0	4,222
<b>Group Total</b>	<b>0.07</b>	<b>0</b>	<b>13</b>	<b>1,096</b>	<b>939</b>	<b>1,096</b>	<b>1,097</b>	<b>4,222</b>	<b>0</b>	<b>4,222</b>
<b>Community Hygiene</b>										
COMMUNITY ENVIR. HEALTH (345)	0.00	0	0	0	0	0	0	0	0	0
INJURY PREVENTION (346)	0.03	0	7	478	410	478	477	1,840	3	1,843
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 SERVICE (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 (366)	0.09	0	0	1,707	1,463	1,707	1,705	21	6,561	6,582
ARBORVIRUS SURVEIL. (367)	0.68	0	34	7,726	6,620	7,726	7,723	162	29,633	29,795
RODENT/ARTHROPOD CONTROL (368)	0.00	0	0	0	0	0	0	0	0	0
WATER POLLUTION (370)	0.00	0	0	160	137	160	159	616	0	616
INDOOR AIR (371)	0.00	0	0	0	0	0	0	0	0	0
RADIOLOGICAL HEALTH (372)	0.01	0	0	128	110	128	128	493	0	493
TOXIC SUBSTANCES (373)	0.00	0	0	0	0	0	0	0	0	0
<b>Group Total</b>	<b>0.81</b>	<b>0</b>	<b>41</b>	<b>10,199</b>	<b>8,740</b>	<b>10,199</b>	<b>10,192</b>	<b>3,132</b>	<b>36,197</b>	<b>39,329</b>
<b>ENVIRONMENTAL HEALTH SUBTOTAL</b>	<b>6.29</b>	<b>908</b>	<b>3,901</b>	<b>108,766</b>	<b>93,204</b>	<b>108,766</b>	<b>108,725</b>	<b>192,490</b>	<b>226,937</b>	<b>419,427</b>
<b>D. NON-OPERATIONAL COSTS:</b>										
SPECIAL CONTRACTS (599)	0.00	0	0	2,768	2,372	2,768	2,765	0	10,673	10,673
ENVIRONMENTAL HEALTH SURCHARGE (399)	0.00	0	0	2,632	2,255	2,632	2,630	10,149	0	10,149
MEDICAID BUYBACK (611)	0.00	0	0	0	0	0	0	0	0	0
<b>NON-OPERATIONAL COSTS SUBTOTAL</b>	<b>0.00</b>	<b>0</b>	<b>0</b>	<b>5,400</b>	<b>4,627</b>	<b>5,400</b>	<b>5,395</b>	<b>10,149</b>	<b>10,673</b>	<b>20,822</b>
<b>TOTAL CONTRACT</b>	<b>74.31</b>	<b>13,619</b>	<b>249,621</b>	<b>1,194,192</b>	<b>1,023,330</b>	<b>1,194,192</b>	<b>1,193,729</b>	<b>2,317,697</b>	<b>2,109,344</b>	<b>4,427,041</b>

**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**

<b>Facility Description</b>	<b>Location</b>	<b>Owned By</b>
<b>Administration and Field Services (Healthy Families/Healthy Start/ Epidemiology)</b>	<b>30 South 4th Street Fernandina Beach, FL</b>	<b>Nassau County BOCC</b>
<b>Environmental Health Division</b>	<b>96135 Nassau Place Yulee, FL</b>	<b>Nassau County BOCC</b>
<b>Fernandina Beach Clinic</b>	<b>1620 Nectarine Street Fernandina Beach, FL</b>	<b>Nassau County BOCC</b>
<b>Yulee Clinic</b>	<b>86014 Page's Dairy Road Yulee, FL</b>	<b>Nassau County BOCC</b>
<b>Dental Clinic/Health Education (Full Service School)</b>	<b>86207 Felmore Road Yulee, FL</b>	<b>Nassau County School Board</b>
<b>Callahan Clinic</b>	<b>45397 Mickler Street Callahan, FL</b>	<b>Nassau County BOCC</b>
<b>Hilliard Clinic</b>	<b>37203 Pecan Street Hilliard, FL</b>	<b>Nassau County BOCC</b>
<b>Nassau County WIC/ Baker County Office</b>	<b>85 West Railroad Ave Macclenny, FL</b>	<b>Mary Futch</b>
<b>Information Technology Production/ Nassau County Emergency Operations Center</b>	<b>77150 Citizen's Circle Yulee, FL</b>	<b>Nassau County BOCC</b>

**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	\$ _____	\$ _____	\$ _____ -
<b>PROJECT TOTAL</b>	\$ _____ -	\$ _____ -	\$ _____ -

**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.**