

**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 2016-2017**

This contract 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, 2016.

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 created County Health Departments.

D. It is necessary for the parties hereto to enter into this contract 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 contract shall be effective from October 1, 2016, through September 30, 2017, or until a written contract replacing this contract is entered into between the parties, whichever is later, unless this contract 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 is set forth in Part II of Attachment II hereof. This funding will be used as shown in Part I of Attachment II.

i. The State's appropriated responsibility (*direct contribution excluding any state fees, Medicaid contributions or any other funds not listed on the Schedule C*) as provided in Attachment II, Part II is an amount not to exceed \$ 1,905,253 (*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 \$ 1,091,226 (*amount listed under the "Board of County Commissioners Annual Appropriations section of the revenue attachment*).

b. Overall expenditures will not exceed available funding or budget authority, whichever is less, (either current year or from surplus trust funds) in any service category. Unless requested otherwise, any surplus at the end of the term of this contract 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 contract 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 whom payments shall be made is:

County Health Department Trust Fund
Nassau County
1620 Nectarine 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 County Health Systems. 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 contract. 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 the Generally Accepted Accounting Principles (GAAP), as promulgated by the 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 Information Resource (FLAIR) System;
- 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 this 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 County Health Systems has approved the transfer. The Deputy Secretary for County Health Systems 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 contract. 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 contract for a period of five (5) years after termination of this contract. 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.

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 contract.

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 year end DE385L1 report if the variance exceeds or falls below 25 percent of the planned expenditure amount for the contract year. 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, 2017 for the report period October 1, 2016 through December 31, 2016;
- ii. June 1, 2017 for the report period October 1, 2016 through March 31, 2017;
- iii. September 1, 2017 for the report period October 1, 2016 through June 30, 2017; and
- iv. December 1, 2017 for the report period October 1, 2016 through September 30, 2017.

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 contract 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 contract become unavailable, either party may terminate this contract 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 contract 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 contract 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 contract.

9. MISCELLANEOUS. The parties further agree:

a. Availability of Funds. If this contract, any renewal hereof, or any term, performance or payment hereunder, extends beyond the fiscal year beginning July 1, 2017, it is agreed that the performance and payment under this contract 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 contract are as follows:

For the State:

Sherri Sayre
Name
Accountant IV
Title
1620 Nectarine Street

Fernandina Beach, FL 32034
Address
(904) 530-6800 (6758/6801)
Telephone

For the County:

Ted Selby
Name
County Manager
Title
96135 Nassau Place

Yulee, FL 32097
Address
(904) 530-6010
Telephone

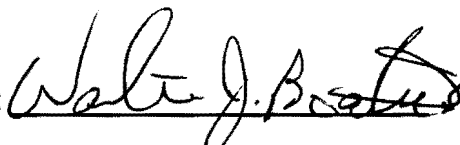
If different contract managers are designated after execution of this contract, the name, address and telephone number of the new representative shall be furnished in writing to the other parties and attached to originals of this contract.

c. Captions. The captions and headings contained in this contract 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 eight (8) page contract, with its attachments as referenced, including Attachment I (two (2) pages), Attachment II (six (6) pages), Attachment III (one (1) page), Attachment IV (one (1) page), and Attachment V (one (1) page), to be executed by their undersigned officials as duly authorized effective the 1st day of October, 2016.

**BOARD OF COUNTY COMMISSIONERS
FOR NASSAU COUNTY**


**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

SIGNED BY: 

NAME: Walter J. Boatright

TITLE: Chairman

DATE: 9-21-16

SIGNED BY: 

NAME: Celeste Philip, MD, MPH

TITLE: Surgeon General and Secretary

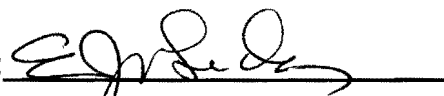
DATE: 10/3/16

ATTESTED TO:
SIGNED BY: 

NAME: John A. Crawford

TITLE: Ex-Officio Clerk

DATE: 9-21-16

SIGNED BY: 

NAME: Eugenia J. Ngo-Seidel, MD, MPH

TITLE: CHD Director/Administrator

DATE: Aug 22, 2016

MES
09-21-16

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Vision: To be the Healthiest State in the Nation

INTEROFFICE MEMORANDUM

DATE: August 22, 2016

TO: Ty Gentle, Acting Director
Office of Budget and Revenue Management

FROM: Eugenia Ngo-Seidel
Administrator/Director
Nassau County Health Department

SUBJECT: Core Contract Certification for 2016-2017

INFORMATION ONLY

- I certify that no changes have been made to the Core Contract document or attachments by the Nassau County Health Department.
- I certify that the following changes have been made to the Core Contract document or attachments by the _____ County Health Department (**requires Deputy General Counsel review and signature below**):

Page	Paragraph	Document Changes
		(State exact changes to language or new language.)

Page	Section	Attachment Changes
		(State exact changes to language or format.)

- I certify that Attachment IV is complete and lists all facilities currently utilized by the Nassau County Health Department.

Eugenia Ngo-Seidel

Signature (Administrator/Director)

8/23/2016

Date

Signature (Deputy General Counsel)

Date

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	Periodic financial and programmatic reports as specified by the program office.
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	Requirements as specified in Public Law 91-572, 42 U.S.C. 300, et seq., 42 CFR part 59, subpart A, 45 CFR parts 74 & 92, 2 CFR 215 (OMB Circular A-110) OMB Circular A-102, F.S. 381.0051, F.A.C. 64F-7, F.A.C. 64F-16, and F.A.C. 64F-19. Requirements and Guidance as specified in the Program Requirements for Title X Funded Family Planning Projects (Title X Requirements)(2014) and the Providing Quality Family Planning Services (QFP): Recommendations of CDC and the U.S. Office of Population Affairs published on the Office of Population Affairs website. Programmatic annual reports as specified by the program office as specified in the annual programmatic Scope of Work for Family Planning and Maternal Child Health Services, including the Family Planning Annual Report (FPAR), and other minimum guidelines as specified by the Policy Web Technical Assistance Guidelines.
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.

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). Requirements as specified in F.S. 381.0056, F.S. 381.0057, F.S. 402.3026 and F.A.C. 64F-6.
 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.
 12. Refugee Health Program
Programmatic and financial requirements as specified by the program office.

*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 09/30/16			
	4402	386544	390946
2. Drawdown for Contract Year October 1, 2016 to September 30, 2017			
	-4402	229144	224742
3. Special Capital Project use for Contract Year October 1, 2016 to September 30, 2017			
	0	0	0
4. Balance Reserved for Contingency Fund October 1, 2016 to September 30, 2017			
	0	615688	615688

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

ATTACHMENT II

Contract No. CM2355

NASSAU COUNTY HEALTH DEPARTMENT

Part II, Sources of Contributions to County Health Department

October 1, 2016 to September 30, 2017

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
1. GENERAL REVENUE - STATE					
015040 CHD - TB COMMUNITY PROGRAM	9,125	0	9,125	0	9,125
015040 DENTAL SPECIAL INITIATIVE PROJECTS	5,806	0	5,806	0	5,806
015040 FAMILY PLANNING GENERAL REVENUE	28,452	0	28,452	0	28,452
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	718,695	0	718,695	0	718,695
GENERAL REVENUE TOTAL	991,339	0	991,339	0	991,339
2. NON GENERAL REVENUE - STATE					
015010 STATE UNDERGROUND PETROLEUM RESPONSE ACT	550	0	550	0	550
015010 ENVIRONMENTAL BIOMEDICAL WASTE PROGRAM	2,499	0	2,499	0	2,499
NON GENERAL REVENUE TOTAL	3,049	0	3,049	0	3,049
3. FEDERAL FUNDS - STATE					
007000 AIDS DRUG ASSISTANCE PROGRAM ADMIN HQ	15,000	0	15,000	0	15,000
007000 WIC BREASTFEEDING PEER COUNSELING PROG	50,672	0	50,672	0	50,672
007000 COASTAL BEACH WATER QUALITY MONITORING	10,503	0	10,503	0	10,503
007000 COMPREHENSIVE COMMUNITY CARDIO - PHBG	26,250	0	26,250	0	26,250
007000 CMS-MCH PURCHASED CLIENT SERVICES 2014-2015	3,330	0	3,330	0	3,330
007000 FAMILY PLANNING TITLE X - GRANT	50,086	0	50,086	0	50,086
007000 IMMUNIZATION ACTION PLAN	3,598	0	3,598	0	3,598
007000 MCH SPECIAL PRJCT UNPLANNED PREGNANCY	5,000	0	5,000	0	5,000
007000 MCH SPEC PRJ SOCIAL DETERMINANTS HLTH COMM EDU	6,101	0	6,101	0	6,101
007000 MCH SPECIAL PROJECT DENTAL	5,000	0	5,000	0	5,000
007000 BASE COMMUNITY PREPAREDNESS CAPABILITY	63,535	0	63,535	0	63,535
007000 BASE PUB HLTH SURVEILLANCE & EPI INVESTIGATION	62,536	0	62,536	0	62,536
007000 RYAN WHITE TITLE II GRANT/CHD CONSORTIUM	40,000	0	40,000	0	40,000
007000 WIC PROGRAM ADMINISTRATION	548,937	0	548,937	0	548,937
015075 INSPECTIONS OF SUMMER FEEDING PROGRAM - DOE	1,500	0	1,500	0	1,500
015075 SUPPLEMENTAL SCHOOL HEALTH	18,817	0	18,817	0	18,817
FEDERAL FUNDS TOTAL	910,865	0	910,865	0	910,865
4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE					
001020 CHD STATEWIDE ENVIRONMENTAL FEES	105,222	0	105,222	0	105,222
001092 CHD STATEWIDE ENVIRONMENTAL FEES	226,983	0	226,983	0	226,983
001206 ON SITE SEWAGE DISPOSAL PERMIT FEES	11,048	0	11,048	0	11,048
001206 SANITATION CERTIFICATES (FOOD INSPECTION)	1,009	0	1,009	0	1,009
001206 SEPTIC TANK RESEARCH SURCHARGE	1,620	0	1,620	0	1,620
001206 SEPTIC TANK VARIANCE FEES 50%	300	0	300	0	300
001206 PUBLIC SWIMMING POOL PERMIT FEES-10% HQ TRANSFER	3,180	0	3,180	0	3,180
001206 DRINKING WATER PROGRAM OPERATIONS	1,427	0	1,427	0	1,427
001206 REGULATION OF BODY PIERCING SALONS	150	0	150	0	150
001206 TANNING FACILITIES	263	0	263	0	263

ATTACHMENT II

NASSAU COUNTY HEALTH DEPARTMENT

Part II, Sources of Contributions to County Health Department

October 1, 2016 to September 30, 2017

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
001206 ONSITE SEWAGE TRAINING CENTER	615	0	615	0	615
001206 TATTO PROGRAM ENVIRONMENTAL HEALTH	200	0	200	0	200
001206 MOBILE HOME & RV PARK FEES	718	0	718	0	718
FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL	352,735	0	352,735	0	352,735
5. OTHER CASH CONTRIBUTIONS - STATE:					
	0	0	0	0	0
090001 DRAW DOWN FROM PUBLIC HEALTH UNIT	4,402	0	4,402	0	4,402
OTHER CASH CONTRIBUTION TOTAL	4,402	0	4,402	0	4,402
6. MEDICAID - STATE/COUNTY:					
001057 CHD CLINIC FEES	0	32,000	32,000	0	32,000
001147 CHD CLINIC FEES	0	100	100	0	100
001148 CHD CLINIC FEES	0	4,800	4,800	0	4,800
MEDICAID TOTAL	0	36,900	36,900	0	36,900
7. ALLOCABLE REVENUE - STATE:					
018000 CHD CLINIC FEES	1,050	0	1,050	0	1,050
018000 CHD LOCAL REVENUE & EXPENDITURES	600	0	600	0	600
038000 CHD LOCAL REVENUE & EXPENDITURES	8,000	0	8,000	0	8,000
ALLOCABLE REVENUE TOTAL	9,650	0	9,650	0	9,650
8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE					
ADAP	0	0	0	47,970	47,970
PHARMACY DRUG PROGRAM	0	0	0	11,167	11,167
WIC PROGRAM	0	0	0	1,397,257	1,397,257
BUREAU OF PUBLIC HEALTH LABORATORIES	0	0	0	11,597	11,597
IMMUNIZATIONS	0	0	0	19,208	19,208
OTHER STATE CONTRIBUTIONS TOTAL	0	0	0	1,487,199	1,487,199
9. DIRECT LOCAL CONTRIBUTIONS - BCC/TAX DISTRICT					
008005 CHD LOCAL REVENUE & EXPENDITURES	0	1,091,226	1,091,226	0	1,091,226
DIRECT COUNTY CONTRIBUTIONS TOTAL	0	1,091,226	1,091,226	0	1,091,226
10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY					
001025 CHD CLINIC FEES	0	430	430	0	430
001025 CHD LOCAL REVENUE & EXPENDITURES	0	50	50	0	50
001077 INFANT CAR SEAT PROGRAM	0	783	783	0	783
001077 CHD CLINIC FEES	0	46,170	46,170	0	46,170
001094 CHD LOCAL ENVIRONMENTAL FEES	0	52,540	52,540	0	52,540
001110 VITAL STATISTICS CERTIFIED RECORDS	0	55,000	55,000	0	55,000
FEES AUTHORIZED BY COUNTY TOTAL	0	154,973	154,973	0	154,973
11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY					
001029 CHD CLINIC FEES	0	532,995	532,995	0	532,995

ATTACHMENT II

NASSAU COUNTY HEALTH DEPARTMENT

Part II, Sources of Contributions to County Health Department

October 1, 2016 to September 30, 2017

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
001090 CHD CLINIC FEES	0	31,800	31,800	0	31,800
005000 CHD LOCAL REVENUE & EXPENDITURES	0	2,400	2,400	0	2,400
008050 CHD LOCAL REVENUE & EXPENDITURES	0	64,610	64,610	0	64,610
011000 CHD LOCAL REVENUE & EXPENDITURES	0	645	645	0	645
011001 CHD HEALTHY START COALITION CONTRACT	0	237,922	237,922	0	237,922
015020 COMMUNITY PRIMARY CARE SERVICES - AHCA	0	32,440	32,440	0	32,440
090002 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	-229,144	-229,144	0	-229,144
OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL	0	673,668	673,668	0	673,668
12. ALLOCABLE REVENUE - COUNTY					
018000 CHD CLINIC FEES	0	1,050	1,050	0	1,050
018000 CHD LOCAL REVENUE & EXPENDITURES	0	600	600	0	600
038000 CHD LOCAL REVENUE & EXPENDITURES	0	8,000	8,000	0	8,000
COUNTY ALLOCABLE REVENUE TOTAL	0	9,650	9,650	0	9,650
13. BUILDINGS - COUNTY					
ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	3,302,690	3,302,690
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
BUILDINGS TOTAL	0	0	0	3,385,062	3,385,062
14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY					
EQUIPMENT / VEHICLE PURCHASES	0	0	0	0	0
VEHICLE INSURANCE	0	0	0	0	0
VEHICLE MAINTENANCE	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
OTHER COUNTY CONTRIBUTIONS TOTAL	0	0	0	0	0
GRAND TOTAL CHD PROGRAM	2,272,040	1,966,417	4,238,457	4,872,261	9,110,718

NASSAU COUNTY HEALTH DEPARTMENT

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

October 1, 2005 to September 30, 2011

Quarterly Expenditure Plan

	FTE's (0.00)	Clients Clients	Services/ Visits	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd	3rd	4th			
				(Whole dollars only)						
A. COMMUNICABLE DISEASE CONTROL:										
IMMUNIZATION (101)	0.58	525	592	8,744	10,199	8,744	10,199	37,852	34	37,886
SEXUALLY TRANS. DIS. (102)	0.42	259	322	6,091	7,104	6,091	7,104	26,365	25	26,390
HIV/AIDS PREVENTION (03A1)	0.03	1	13	785	916	785	917	3,401	2	3,403
HIV/AIDS SURVEILLANCE (03A2)	0.00	0	0	108	126	108	126	468	0	468
HIV/AIDS PATIENT CARE (03A3)	1.40	1	41	21,720	25,334	21,720	25,335	94,027	82	94,109
ADAP (03A4)	0.55	1	4	7,065	8,240	7,065	8,240	30,578	32	30,610
TUBERCULOSIS (104)	0.11	49	51	1,749	2,040	1,749	2,041	7,574	5	7,579
COMM. DIS. SURV. (106)	1.81	0	827	27,999	32,658	27,999	32,658	121,314	0	121,314
HEPATITIS (109)	0.01	13	15	183	213	183	214	792	1	793
PREPAREDNESS AND RESPONSE (116)	2.82	0	1,148	46,838	54,631	46,838	54,630	202,937	0	202,937
REFUGEE HEALTH (118)	0.00	0	0	0	0	0	0	0	0	0
VITAL RECORDS (180)	0.91	2,689	7,521	12,409	14,473	12,409	14,472	0	53,763	53,763
COMMUNICABLE DISEASE SUBTOTAL	8.64	3,538	10,534	133,691	155,934	133,691	155,936	525,308	53,944	579,252
B. PRIMARY CARE:										
CHRONIC DISEASE PREVENTION PRO (210)	0.59	0	127	13,923	16,239	13,923	16,239	60,249	75	60,324
WIC (21W1)	13.40	3,804	41,313	163,340	190,516	163,340	190,516	706,013	1,699	707,712
TOBACCO USE INTERVENTION (212)	0.01	0	0	199	233	199	233	0	864	864
WIC BREASTFEEDING PEER COUNSELING (21W2)	1.48	0	2,411	17,055	19,893	17,055	19,894	73,708	189	73,897
FAMILY PLANNING (223)	5.77	996	1,811	70,550	82,288	70,550	82,288	194,547	111,129	305,676
IMPROVED PREGNANCY OUTCOME (225)	0.20	111	114	2,970	3,465	2,970	3,465	12	12,858	12,870
HEALTHY START PRENATAL (227)	4.04	547	2,833	43,295	50,498	43,295	50,498	0	187,586	187,586
COMPREHENSIVE CHILD HEALTH (229)	0.02	1	8	868	1,012	868	1,011	1	3,758	3,759
HEALTHY START CHILD (231)	2.48	328	1,585	29,115	33,960	29,115	33,960	0	126,150	126,150
SCHOOL HEALTH (234)	4.24	0	141,277	61,903	72,202	61,903	72,203	203,063	65,148	268,211
COMPREHENSIVE ADULT HEALTH (237)	8.01	486	1,799	133,035	155,169	133,035	155,168	65,548	510,859	576,407
COMMUNITY HEALTH DEVELOPMENT (238)	0.07	0	194	3,066	3,577	3,066	3,577	13,286	0	13,286
DENTAL HEALTH (240)	9.74	3,029	6,313	171,123	199,594	171,123	199,593	67,336	674,097	741,433
PRIMARY CARE SUBTOTAL	50.05	9,302	199,785	710,442	828,646	710,442	828,645	1,383,763	1,694,412	3,078,175
C. ENVIRONMENTAL HEALTH:										
Water and Onsite Sewage Programs										
COSTAL BEACH MONITORING (347)	0.25	383	383	4,484	5,229	4,484	5,229	10,503	8,923	19,426
LIMITED USE PUBLIC WATER SYSTEMS (357)	1.12	98	474	18,558	21,645	18,558	21,645	39,288	41,118	80,406
PUBLIC WATER SYSTEM (358)	0.00	0	0	0	0	0	0	0	0	0
PRIVATE WATER SYSTEM (359)	0.07	0	0	907	1,057	907	1,057	12	3,916	3,928
ONSITE SEWAGE TREATMENT & DISPOSAL (361)	2.99	670	3,470	52,950	61,760	52,950	61,761	225,833	3,588	229,421
Group Total	4.43	1,151	4,327	76,899	89,691	76,899	89,692	275,636	57,545	333,181
Facility Programs										
TATTOO FACILITY SERVICES (344)	0.06	0	24	547	639	547	639	1,400	972	2,372

NASSAU COUNTY HEALTH DEPARTMENT

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

October 1, 2016 to September 30, 2017

	FTE's (0.00)	Clients Units	Services/ Visits	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd (Whole dollars only)	3rd	4th			
FOOD HYGIENE (348)	0.25	55	230	4,755	5,547	4,755	5,547	20,171	433	20,604
BODY PIERCING FACILITIES SERVICES (349)	0.00	0	0	92	108	92	108	400	0	400
GROUP CARE FACILITY (351)	0.26	45	91	4,612	5,379	4,612	5,378	0	19,981	19,981
MIGRANT LABOR CAMP (352)	0.00	0	0	0	0	0	0	0	0	0
HOUSING & PUB. BLDG. (353)	0.04	27	26	643	751	643	751	0	2,788	2,788
MOBILE HOME AND PARK (354)	0.13	35	215	2,371	2,765	2,371	2,764	7,101	3,170	10,271
POOLS/BATHING PLACES (360)	0.49	197	406	7,365	8,590	7,365	8,591	30,495	1,416	31,911
BIOMEDICAL WASTE SERVICES (364)	0.14	38	40	2,364	2,757	2,364	2,758	9,999	244	10,243
TANNING FACILITY SERVICES (369)	0.05	15	45	761	888	761	889	1,417	1,882	3,299
Group Total	1.42	412	1,077	23,510	27,424	23,510	27,425	70,983	30,886	101,869
Groundwater Contamination										
STORAGE TANK COMPLIANCE SERVICES (355)	0.00	0	0	0	0	0	0	0	0	0
SUPER ACT SERVICES (356)	0.03	0	14	473	552	473	551	550	1,499	2,049
Group Total	0.03	0	14	473	552	473	551	550	1,499	2,049
Community Hygiene										
COMMUNITY ENVIR. HEALTH (345)	0.00	0	0	44	51	44	52	0	191	191
INJURY PREVENTION (346)	0.02	0	4	374	436	374	435	0	1,619	1,619
LEAD MONITORING SERVICES (350)	0.00	0	0	0	0	0	0	0	0	0
PUBLIC SEWAGE (362)	1.34	0	0	17,969	20,959	17,969	20,959	0	77,856	77,856
SOLID WASTE DISPOSAL SERVICE (363)	0.00	0	0	0	0	0	0	0	0	0
SANITARY NUISANCE (365)	0.10	143	303	1,529	1,783	1,529	1,782	0	6,623	6,623
RABIES SURVEILLANCE (366)	0.11	20	1	1,951	2,275	1,951	2,275	0	8,452	8,452
ARBORVIRUS SURVEIL. (367)	0.70	0	0	7,220	8,421	7,220	8,422	0	31,283	31,283
RODENT/ARTHROPOD CONTROL (368)	0.00	0	0	0	0	0	0	0	0	0
WATER POLLUTION (370)	0.00	0	0	25	29	25	28	0	107	107
INDOOR AIR (371)	0.00	0	0	0	0	0	0	0	0	0
RADIOLOGICAL HEALTH (372)	0.00	0	0	0	0	0	0	0	0	0
TOXIC SUBSTANCES (373)	0.00	0	0	0	0	0	0	0	0	0
Group Total	2.27	163	308	29,112	33,954	29,112	33,953	0	126,131	126,131
ENVIRONMENTAL HEALTH SUBTOTAL	8.15	1,726	5,726	129,994	151,621	129,994	151,621	347,169	216,061	563,230
D. NON-OPERATIONAL COSTS:										
NON-OPERATIONAL COSTS (599)	0.00	0	0	0	0	0	0	0	0	0
ENVIRONMENTAL HEALTH SURCHARGE (399)	0.00	0	0	3,647	4,253	3,647	4,253	15,800	0	15,800
MEDICAID BUYBACK (611)	0.00	0	0	462	538	462	538	0	2,000	2,000
NON-OPERATIONAL COSTS SUBTOTAL	0.00	0	0	4,109	4,791	4,109	4,791	15,800	2,000	17,800
TOTAL CONTRACT	66.84	14,566	216,045	978,236	1,140,992	978,236	1,140,993	2,272,040	1,966,417	4,238,457

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

Fiscal Year - 2016 - 2017

Nassau County Health Department

Facilities Utilized by the County Health Department

Complete Location <small>(Street Address, City, Zip)</small>	Facility Description And Official Building Name (if applicable) <small>(Admin, Clinic, Envn Hlth, etc.)</small>	Lease/ Agreement Number	Type of Agreement <small>(Private Lease thru State or County, other - please define)</small>	Complete Legal Name of Owner	SQ Feet	Employee Count <small>(FTE/OPS/ Contract)</small>
30 S 4th Street, Fernandina Beach, FL 32034	Admin (EPI, Director, Business Office)	N/A	County Owned	Nassau County Board of County Commissioners	6,220	7
1620 Nectarine St, Fernandina Beach, FL 32034	Clinic/Vital Stats/HS/HIV	N/A	County Owned	Nassau County Board of County Commissioners	5,850	14
45377 Mickler St, Callahan, FL 32011	Clinic/WIC/Schl hlth	N/A	County Owned	Nassau County Board of County Commissioners	2,500	7
37203 Pecan St, Hilliard, FL 32046	Dental Clinic/WIC/Schl hlth	N/A	County Owned	Nassau County Board of County Commissioners	4,350	7
86014 Pages Dairy Rd, Yulee, FL 32097	Clinic/WIC/Schl hlth	N/A	County Owned	Nassau County Board of County Commissioners	5,765	9
96135 Nassau Place, Ste B, Yulee, FL 32097	Envn Hlth	N/A	County Owned	Nassau County Board of County Commissioners	1,350	5
85 West Railroad Ave, Macclenny, FL 32063	WIC	640-0337	Private Lease	Mary Futch	1,112	4
77150 Citizens Circle, Yulee, FL 32097	Information Tech	N/A	County Owned	Nassau County Board of County Commissioners	225	1

Facility - a fixed site managed by DOH/CHD personnel for the purpose of providing or supporting public health services. Includes county-owned, state-owned, and leased facilities. Includes DOH/CHD warehouse and administrative sites. Includes facilities managed by DOH/CHD that may be shared with other organizations. Does not include schools, jails or other facilities where DOH/CHD staff are out-posted or sites where services are provided on an episodic basis.

CONTACT NO. CM2355

ATTACHMENT V
NASSAU COUNTY HEALTH DEPARTMENT
SPECIAL PROJECTS SAVINGS PLAN

CASH RESERVED OR ANTICIPATED TO BE RESERVED FOR PROJECTS

<u>CONTRACT YEAR</u>	<u>STATE</u>	<u>COUNTY</u>	<u>TOTAL</u>
2015-2016*	\$ _____ 0	\$ _____ 0	\$ _____ 0
2016-2017**	\$ _____ 0	\$ _____ 0	\$ _____ 0
2017-2018***	\$ _____ 0	\$ _____ 0	\$ _____ 0
2018-2019***	\$ _____ 0	\$ _____ 0	\$ _____ 0
PROJECT TOTAL	\$ _____ 0	\$ _____ 0	\$ _____ 0

SPECIAL PROJECTS CONSTRUCTION/RENOVATION PLAN

PROJECT NUMBER: _____

PROJECT NAME: _____

LOCATION/ADDRESS: _____

PROJECT TYPE:

NEW BUILDING	_____	ROOFING	_____
RENOVATION	_____	PLANNING STUDY	_____
NEW ADDITION	_____	OTHER	_____

SQUARE FOOTAGE: _____ 0

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

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

COMPLETION DATE: _____

DESIGN FEES: \$ _____ 0

CONSTRUCTION COSTS: \$ _____ 0

FURNITURE/EQUIPMENT: \$ _____ 0

TOTAL PROJECT COST: \$ _____ 0

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.

* Cash balance as of 9/30/16
** Cash to be transferred to FCO account.
*** Cash anticipated for future contract years.

COUNTY HEALTH DEPARTMENT
2016 - 2017 CORE CONTRACT REVIEW CHECK LIST

COUNTY: NASSAU

Check when Complete	Instructions
1.	Three original contracts submitted.
2.	Changes to contract approved by Deputy General Counsel. Yes: Proceed with review. No: Return to CHD.
3.	<u>Contract Document, Page 1</u> County name entered in various required fields.
4.	<u>Contract Document, Page 2</u> In section 4.a.i., amount equals or less than the Schedule C total for General Revenue, Other State Funds and Federal Funds.
5.	<u>Contract Document, Page 2</u> In section 4.a.ii., amount equals the Board of County Commissioners Annual Appropriated Amount (Attachment II, Part II, Section 9).
6.	<u>Contract Document, Page 3</u> In section 4.e., county name and address is entered.
7.	<u>Contract Document, Page 4</u> In section 6.d., county name is entered.
8.	<u>Contract Document, Page 7</u> In section 9.b., State and County contract manager information is entered in the respective fields.
9.	<u>Contract Document, Page 8</u> Number of contract document pages is entered and correct.
10.	<u>Contract Document, Page 8</u> County name for the BOCC is entered.
11.	<u>Contract Document, Page 8</u> Required signatures from Board of County Commissioners, the Witness ("Attested To"), and the CHD Director/Administrator in the respective fields. Exception: If the board of County Commissioners requires DOH to sign first.
12.	<u>Attachment II, Part I:</u> Section 1. - CHD Trust Fund Ending Balance 9/30/16 Total is within 10% of the FIRS Spending Plan projected cash balance for September of the corresponding year.
13.	<u>Attachment II, Part I:</u> Section 2. - Draw down for Contract Year amount recorded in the Estimated <u>State</u> share column equals the amount indicated on the Attachment II, Part II, Draw down from Public Health Unit line.
14.	<u>Attachment II, Part I:</u> Section 2. - Draw down for Contract Year amount recorded in the Estimated <u>County</u> share column equals the amount indicated on the Attachment II, Part II, Draw down from Public Health Unit line.
15.	<u>Attachment II, Part I:</u> Balances and totals were calculated correctly.
16.	<u>Attachment II, Part I:</u> Section 4. - Cash-to budget percentage is within the CHD's minimum and maximum reserve requirement. Divide the 9/30/17 total cash balance by the total planned expenditures. _____ %
17.	<u>Attachment II, Part II:</u> County in-kind contributions are included.
18.	<u>Attachment IV:</u> Verify that the facility information looks correct.
19.	<u>Attachment V:</u> Verify that the special project information is entered correctly.
20.	Complete the CHD Core Contract Review form using Attachments II, Part II & Part III and the Schedule C.