# 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 2017-2018

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, 2017.

#### 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. <u>RECITALS</u>. The parties mutually agree that the forgoing recitals are true and correct and incorporated herein by reference.
- 2. <u>TERM</u>. The parties mutually agree that this contract shall be effective from October 1, 2017, through September 30, 2018, 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. <u>SERVICES MAINTAINED BY THE CHD</u>. 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 \$1,004,250 (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. <u>CHD DIRECTOR/ADMINISTRATOR</u>. 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. <u>ADMINISTRATIVE POLICIES AND PROCEDURES</u>. 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:
  - 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.
- I. 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:
  - 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:
  - March 1, 2018 for the report period October 1, 2017 through December 31, 2017;
  - *ii.* June 1, 2018 for the report period October 1, 2017 through March 31, 2018;
  - iii. September 1, 2018 for the report period October 1, 2017 through June 30, 2018; and
  - *iv.* December 1, 2018 for the report period October 1, 2017 through September 30, 2018.

#### 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. <u>Termination at Will</u>. 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. <u>Termination Because of Lack of Funds</u>. 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. <u>Termination for Breach</u>. 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. <u>MISCELLANEOUS</u>. The parties further agree:

- a. <u>Availability of Funds</u>. If this contract, any renewal hereof, or any term, performance or payment hereunder, extends beyond the fiscal year beginning July 1, 2018, 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. <u>Contract Managers</u>. The name and address of the contract managers for the parties under this contract are as follows:

For the State:	For the County:
Stefanie Thomas Name Administrative Services Director	Shanea Jones Name County Manager
Title	Title
1620 Nectarine Street	96135 Nassau Place
Fernandina Beach, FL 32034	Yulee, FL 32097
Address	Address
(904) 557-9144	(904) 530-6010
Telephone	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. <u>Captions</u>. 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 1<sup>st</sup> day of October, 2017.

FOR NASSAU COUNTY	DEPARTMENT OF HEALTH
SIGNED BY: NAME: Daniel B. Leeper	SIGNED BY: NAME: Celeste Philip, MD, MPH
TITLE: Chairman	TITLE: Surgeon General and Secretary
DATE: September 25, 2017	DATE: 10/10/17
ATTESTED TO: SIGNED BY: NAME: John A. Crawford	SIGNED BY:
TITLE: Ex-Officio Clerk  DATE: 9-27-17	TITLE: CHD Director/Administrator  DATE: 9/27/17
MES 09.36.17	

#### 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>	Requirement
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.
<b>4</b> .	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

ATTACHMENT I (Continued)

		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.

#### NASSAU COUNTY HEALTH DEPARTMENT

#### PART I. PLANNED USE OF COUNTY HEALTH DEPARTMENT TRUST FUND BALANCES

		Estimated State Share of CHD Trust Fund Balance	Estimated Co Share of CH Fund Balanc	D Trust	
1.	CHD Trust Fund Ending Balance 09/30/17		36469	465843	502312
2.	Drawdown for Contract Year October 1, 2017 to September 30, 2018		-36467	-162317	-198784
3.	Special Capital Project use for Contract Year October 1, 2017 to September 30, 2018		0	0	0
4.	Balance Reserved for Contingency Fund October 1, 2017 to September 30, 2018				
			2	303526	303528

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

#### NASSAU COUNTY HEALTH DEPARTMENT

#### Part II, Sources of Contributions to County Health Department October 1, 2017 to September 30, 2018

		State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
1. GENE	CRAL REVENUE - STATE					
015040	CHD · TB COMMUNITY PROGRAM	7,127	0	7,127	0	7,127
015040	DENTAL SPECIAL INITIATIVE PROJECTS	6,200	0	6,200	0	6,200
015040	FAMILY PLANNING GENERAL REVENUE	27,419	0	27,419	0	27,419
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	734,243	0	734,243	0	734,243
GENERA	AL REVENUE TOTAL	1,004,250	0	1,004,250	0	1,004,250
2 1/01/						
	GENERAL REVENUE - STATE		_		_	
	ENVIRONMENTAL BIOMEDICAL WASTE PROGRAM	2,600	0	2,600	0	2,600
	HURRICAN MATTHEW EXECUTIVE ORDER 16-230	33,872	0	33,872	0	33,872
NON GE	NERAL REVENUE TOTAL	36,472	0	36,472	0	36,472
3. FEDE	RAL FUNDS - STATE					
007000	AIDS DRUG ASSISTANCE PROGRAM ADMIN HQ	37,909	0	37.909	0	37,909
007000	WIC BREASTFEEDING PEER COUNSELING PROG	56,750	0	56,750	0	56,750
007000	COASTAL BEACH WATER QUALITY MONITORING	10,435	0	10,435	0	10,435
007000	COMPREHENSIVE COMMUNITY CARDIO - PHBG	42,721	0	42,721	0	42,721
007000	CMS-MCH PURCHASED CLIENT SERVICES	10,875	0	10,875	0	10,875
007000	FAMILY PLANNING TITLE X · GRANT	48,267	0	48,267	0	48,267
007000	IMMUNIZATION ACTION PLAN	6,961	0	6,961	0	6,961
007000	MCH SPECIAL PRJCT UNPLANNED PREGNANCY	5,000	0	5,000	0	5,000
007000	MCH SPEC PRJ SOCIAL DETERMINANTS HLTH COMM EDU	4,647	0	4,647	0	4,647
007000	MCH SPECIAL PROJCT DENTAL	5,000	0	5,000	0	5,000
007000	BASE COMMUNITY PREPAREDNESS CAPABILITY	69,531	0	69,531	0	69,531
007000	BASE PUB HLTH SURVEILLANCE & EPI INVESTIGATION	62,536	0	62,536	0	62,536
007000	RYAN WHITE TITLE II GRANT/CHD CONSORTIUM	45,000	0	45,000	0	45,000
007000	WIC PROGRAM ADMINISTRATION	559,814	0	559,814	0	559,814
015075	SUPPLEMENTAL SCHOOL HEALTH	18,817	0	18,817	0	18,817
FEDERA	L FUNDS TOTAL	984,263	0	984,263	0	984,263
	ASSESSED BY STATE OR FEDERAL RULES · STATE		_			
	CHD STATEWIDE ENVIRONMENTAL FEES	118,407	0	118,407	. 0	118,407
	CHD STATEWIDE ENVIRONMENTAL FEES	224,925	0	224,925	0	224,925
	ON SITE SEWAGE DISPOSAL PERMIT FEES	10,400	0	10,400	0	10,400
	SANITATION CERTIFICATES (FOOD INSPECTION)	950	0	950	0	950
	SEPTIC TANK RESEARCH SURCHARGE	1,525	0	1,525	0	1,525
	SEPTIC TANK VARIANCE FEES 50%	300	0	300	0	300
	PUBLIC SWIMMING POOL PERMIT FEES-10% HQ TRANSFER	3,600	0	3,600	0	3,600
	DRINKING WATER PROGRAM OPERATIONS	1,350	,0	1,350	0	1,350
	REGULATION OF BODY PIERCING SALONS	150	0	150	0	150
	TANNING FACILITIES	263	0	263	0	263
	ONSITE SEWAGE TRAINING CENTER	415	0	415	0	415
	TATTO PROGRAM ENVIRONMENTAL HEALTH	260	0	260	0	260
	MOBILE HOME & RV PARK FEES	900	0	900	0	900
fees as	SESSED BY STATE OR FEDERAL RULES TOTAL	363,445	0	363,445	0 Attachment II	363,445 Part II - Page 4 of 11

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#### NASSAU COUNTY HEALTH DEPARTMENT

#### Part II, Sources of Contributions to County Health Department October 1, 2017 to September 30, 2018

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
5. OTHER CASH CONTRIBUTIONS - STATE:					
	0	0	0	0	0
090001 DRAW DOWN FROM PUBLIC HEALTH UNIT	36,467	0	36,467	0	36,467
OTHER CASH CONTRIBUTION TOTAL	36,467	0	36,467	0	36,467
6. MEDICAID · STATE/COUNTY:					
001057 CHD CLINIC FEES	0	17,500	17,500	0	17,500
001148 CHD CLINIC FEES	0	1,100	1,100	0	1,100
MEDICAID TOTAL	0	18,600	18,600	0	18,600
7. ALLOCABLE REVENUE · STATE:					
001009 CHD LOCAL ENVIRONMENTAL FEES	25	0	25	0	25
018000 CHD CLINIC FEES	75	0	75	0	75
018000 VITAL STATISTICS CERTIFIED RECORDS	6	0	6	0	6
018000 CHD LOCAL REVENUE & EXPENDITURES	325	0	325	0	325
031005 CHD SALE OF SERVICES IN OR OUTSIDE OF STATE GOVT	3,500	0	3,500	0	3,500
ALLOCABLE REVENUE TOTAL	3,931	0	3,931	0	3,931
8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE					
ADAP	0	0	0	73,593	73,593
PHARMACY DRUG PROGRAM	0	0	0	11,584	11,584
WIC PROGRAM	0	0	0	1,297,327	1,297,327
BUREAU OF PUBLIC HEALTH LABORATORIES	0	0	0	11,677	11,677
IMMUNIZATIONS	0	0	0	53,055	53,055
OTHER STATE CONTRIBUTIONS TOTAL	0	0	0	1,447,236	1,447,236
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 · COUN	ĮTY				
001077 INFANT CAR SEAT PROGRAM	0	500	500	0	500
001077 CHD CLINIC FEES	0	18,650	18,650	0	18,650
001094 CHD LOCAL ENVIRONMENTAL FEES	0	66,320	66,320	0	66,320
001110 VITAL STATISTICS CERTIFIED RECORDS	0	59,000	59,000	0	59,000
FEES AUTHORIZED BY COUNTY TOTAL	0	144,470	144,470	0	144,470
11. OTHER CASH AND LOCAL CONTRIBUTIONS · COUNTY					
001029 CHD CLINIC FEES	0	480,000	480,000	9	480,000
001090 CHD CLINIC FEES	0	12,500	12,500	0	12,500
005000 CHD LOCAL REVENUE & EXPENDITURES	0	3,800	3,800	0	3,800
008050 SCHOOL HEALTH SERVICES - LOCAL AGENCY FUNDING	0	65,274	65,274	0	65,274
011000 CHD HEALTHY START COALITION CONTRACT	0	1,000	1,000	0	1,000
011000 CHD LOCAL REVENUE & EXPENDITURES	0	100	. 100	0	100
011001 CHD HEALTHY START COALITION CONTRACT	0	274,922	274,922	0	274,922
090002 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	162,317	162,317	0	162,317
OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL	0	999,913	999,913	0	999,913

#### NASSAU COUNTY HEALTH DEPARTMENT

#### Part II, Sources of Contributions to County Health Department October 1, 2017 to September 30, 2018

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
12. ALLOCABLE REVENUE · COUNTY					
001009 CHD LOCAL ENVIRONMENTAL FEES	0	25	25	0	25
018000 CHD CLINIC FEES	0	75	75	0	75
018000 VITAL STATISTICS CERTIFIED RECORDS	0	6	6	0	6
018000 CHD LOCAL REVENUE & EXPENDITURES	0	325	325	0	325
031005 CHD SALE OF SERVICES IN OR OUTSIDE OF STATE GOVT	0	3,500	3,500	0	3,500
COUNTY ALLOCABLE REVENUE TOTAL	0	3,931	3,931	0	3,931
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 - COUNT	Ϋ́				
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	2,428,828	2,258,140	4,686,968	4,832,298	9,519,266

#### NASSAU COUNTY HEALTH DEPARTMENT

Part III, Planned Staffing. Clients, Services and Expenditures By Program Service Area Within Each Level of Service
October 1, 2017 to September 30, 2018

Quarterly Expenditure Plan

				Qu	arterly Expe	nditure Pla	n			
	FTE's	Clients S	Services/	1st	2nd	3rd	4th			Grand
	(0.00)	Units	Visita		(Whole doll	ars only)		State	County	Total
A. COMMUNICABLE DISEASE CONTROL:										•
IMMUNIZATION (101)	0.11	130	144	2,372	2,767	2,372	2,767	10,278	0	10,278
SEXUALLY TRANS. DIS. (102)	0.19	124	159	3,619	4,221	3,619	4,222	0	15,681	15,681
HIV/AIDS PREVENTION (03A1)	0.00	0	0	0	0	0	0	0	0	0
HIVIAIDS SURVEILLANCE (03A2)	0.00	. 0	0	0	0	0	0	0	0	0
HIVAIDS PATIENT CARE (03A3)	0.91	20	237	16,550	19,304	16,550	19,305	71,709	0	71,709
ADAP (03A4)	1.01	33	231	15,297	17,842	15,297	17,843	66,279	0	66,279
TUBERCULOSIS (104)	0.11	40	48	2,348	2,738	2,348	2,738	10,172	0	10,172
COMM. DIS. SURV. (106)	3,48	0	2,314	59,066	68,893	59,066	68,893	255,918	0	255,918
HEPATITIS (109)	0.00	0	0	0	0	0	0	0	0	0
PREPAREDNESS AND RESPONSE (116)	1.33	0	171	24,660	28,762	24,660	28,762	106,844	0	106,844
REFUGEE HEALTH (118)	0.00	0	0	0	0	0	0	0	0	0
VITAL RECORDS (180)	0.96	2,571	6,951	14,593	17,020	14,593	17,020	6	63,220	63,226
COMMUNICABLE DISEASE SUBTOTAL	8.10	2,918	10,255	138,505	161,547	138,505	161,550	521,206	78,901	600,107
B. PRIMARY CARE:										
CHRONIC DISEASE PREVENTION PRO (210)	0.68	51	408	15,057	17,562	15,057	17,563	65,227	12	65,239
WIC (21W1)	11.78	4,173	35,627	176,720	206,122	176,720	206,123	765,480	205	765,685
TOBACCO USE INTERVENTION (212)	0.00	0	0	0	0	0	0	0	0	0
WIC BREASTFEEDING PEER COUNSELING (21W2)	1.89	0	2,324	18,750	21,869	18,750	21,869	81,205	33	81,238
FAMILY PLANNING (223)	3.98	482	940	59,610	69,527	59,610	69,527	173,655	84,619	258,274
IMPROVED PREGNANCY OUTCOME (225)	0.00	0	0	0	0	0	0	0	0	0
HEALTHY START PRENATAL (227)	3.00	385	2,564	47,770	55,718	47,770	55,718	0	206,976	206,976
COMPREHENSIVE CHILD HEALTH (229)	0.00	0	0	115	135	115	135	0	500	500
HEALTHY START CHILD (231)	3.01	397	2.300	38,307	44,680	38,307	44,681	0	165,975	165,975
SCHOOL HEALTH (234)	3.28	0	129,901	64,585	75,331	64,585	75,331	135,118	144,714	279,832
COMPREHENSIVE ADULT HEALTH (237)	8.42	358	1,154	152,998	178,453	152,998	178,454	56,830	606,073	662,903
COMMUNITY HEALTH DEVELOPMENT (238)	0.75	0	156	16,310	19,023	16,310	19,028	70,666	0	70,666
DENTAL HEALTH (240)	11.01	3,388	6,885	214,120	249,745	214,120	249,744	67,705	860,024	927,729
PRIMARY CARE SUBTOTAL	47.80	9,234	182,259	804,342	938,165	804,342	938,168	1,415,886	2,069,131	3,485,017
C. ENVIRONMENTAL HEALTH:										
Water and Oneite Sewage Programs										
COSTAL BEACH MONITORING (347)	0.21	378	378	4,494	5,242	4,494	5,243	19,473	0	19,473
LIMITED USE PUBLIC WATER SYSTEMS (357)	1.60	97	676	27,283	31,822	27,283	31,821	38,537	79,672	118,209
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)	3.79	1,301	3,944	64,585	75,331	64,585	75,332	272,638	7,195	279,833
Group Total	5.60	1,776	4,998	96,362	112,395	96,362	112,396	330,648	86,867	417,515
Facility Programs										
TATTOO FACILITY SERVICES (344)	0.02	0	5	463	539	463	539	2,004	0	2,004
FOOD HYGIENE (348)	0,46	64	348	8,168	9,526	8,168	9,526	35,288	100	35,388
BODY PIERCING FACILITIES SERVICES (349)	0.00	0	0	0	0	0	0	0	0	0

#### NASSAU COUNTY HEALTH DEPARTMENT

Part III, Planned Staffing. Clients, Services and Expenditures By Program Service Area Within Each Level of Service
October 1, 2017 to September 80, 2018

Quarterly Expenditure Plan

	Quarterly Expenditure Plan									
	FTE'a	Clients S	lervices/	1st	2nd	3rd	4th			Grand
	(0.00)	Units	Visits		(Whole dol	llars only)		State	County	Total
GROUP CARE FACILITY (351)	0.25	45	229	5,187	6,051	5,187	6,051	335	22,141	22,476
MIGRANT LABOR CAMP (352)	0.00	0	0	0	0	0	0	0	0	0
HOUSING & PUB. BLDG. (353)	0.02	19	21	414	483	414	483	1,794	0	1,794
MOBILE HOME AND PARK (354)	0.12	27	66	2,410	2,811	2,410	2,811	10,442	. 0	10,442
POOLS/BATHING PLACES (360)	0.42	142	304	7,592	8,855	7,592	8,855	32,894	0	32,894
BIOMEDICAL WASTE SERVICES (364)	0.10	54	55	1,724	2,011	1,724	2,010	7,469	0	7,469
TANNING FACILITY SERVICES (369)	0.05	9	11	870	1,015	870	1,014	3,769	0	3,769
Group Total	1.44	360	1,039	26,828	31,291	26,828	31.289	93,995	22,241	116,236
Groundwater Contamination										
STORAGE TANK COMPLIANCE SERVICES (355)	0.00	0	0	0	0	0	0	0	0	0
SUPER ACT SERVICES (356)	0.04	0	43	690	805	690	806	2,991	0	2,991
Group Total	0.04	0	43	690	805	690	806	2,991	0	2,991
Community Hygiene										
COMMUNITY ENVIR. HEALTH (345)	0.00	0	0	0	0	0	0	0	0	0
INJURY PREVENTION (346)	0.00	0	0	. 0	0	0	0	0	0	0
LEAD MONITORING SERVICES (350)	0,00	0	0	0	0	0	0	0	0	0
PUBLIC SEWAGE (362)	0.00	0	0	0	0	0	0	0	0	0
SOLID WASTE DISPOSAL SERVICE (363)	0.00	0	0	0	0	0	0	0	0	0
SANITARY NUISANCE (365)	0.00	0	0	32	38	32	38	140	0	140
RABIES SURVEILLANCE (366)	0.07	0	2	1,334	1,557	1,334	1,557	5,782	0	5,782
ARBORVIRUS SURVEIL. (367)	0.81	0	96	8,738	10,191	8,738	10,191	37,858	0	37,858
RODENT/ARTHROPOD CONTROL (368)	0.00	0	0	0	0	0	0	0	0	0
WATER POLLUTION (370)	0.00	0	0	0	0	0	0	0	0	0
INDOOR AIR (371)	0.00	0	0	0	0	0	0	0	0	0
RADIOLOGICAL HEALTH (372)	0.00	0	0	48	56	48	57	209	0	209
TOXIC SUBSTANCES (373)	0.00	0	0	0	0	0	0	0	0	0
Group Total	0.88	0	98	10,152	11,842	10,152	11,843	43,989	0	43,989
ENVIRONMENTAL HEALTH SUBTOTAL	7.96	2,136	6,178	134,032	156,333	134,032	156,334	471,623	109,108	580,731
D. NON-OPERATIONAL COSTS:										
NON-OPERATIONAL COSTS (599)	0.00	0	0	0	0	Ð	0	0	0	. 0
ENVIRONMENTAL HEALTH SURCHARGE (399)	0.00	0	0	4,642	5,414	4,642	5,415	20,113	0	20.113
MEDICAID BUYBACK (611)	0.00	0	0	231	269	231	269	0	1,000	1,000
NON-OPERATIONAL COSTS SUBTOTAL	0.00	0	0	4,873	5,683	4,873	5,684	20,113	1,000	21,113
TOTAL CONTRACT	63,86	14,288	198,692	1,081,752	1,261,728	1,081,752	1,261,736	2,428,828	2,258,140	4,686,968

# 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:

- 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.
- 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.
- 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 - 2017 - 2018

#### Nassau County Health Department

#### Facilities Utilized by the County Health Department

Complete Location	Facility Description	Lease/	Type of	Complete	SQ	Employee
(Street Address, City, Zip)	And Offical Building	Agreement	Agreement	Legal Name	Feet	Count
	Name (if applicable)	Number	(Private Lease thru	of Owner		(FTE/OPS/
	(Admin, Clinic, Envn Hlth,		State or County, other -			Contract)
	etc,)		please define)			•
30 S 4th Street, Fernandina	Admin (EPI, Director, Business		picase deinter	of County		
Beach, FL 32034	Office)	N/A	County Owned	Commissioners	6220	7
1620 Nectarine St, Fernandina				of County		
Beach, FL 32034	Clinic/Vital Stats/HS/HIV	N/A	County Owned	Commissioners	5850	14
45377 Mickler St, Callahan, FL				of County		_
32011	Clinic/WIC/Schl hith	N/A	County Owned	Commissioners	2500	7
37203 Pecan St, Hilliard, FL 32046	Dental Clinic/WIC/Schl hith	N/A	County Owned	of County Commissioners	4350	7
86014 Pages Dairy Rd, Yulee, FL	Dental Clinic/WIC/Schi nith	N/A	County Owned	of County	4350	
32097	Clinic/WIC/Schl hith	N/A	County Owned	Commissioners	5765	9
96135 Nassau Place, Ste B, Yulee,	VIII.O. TILL			of County		
FL 32097	Envn Hith	N/A	County Owned	Commissioners	1350	5
85 West Railroad Ave, Macclenny,		······································		_		
FL 32063	Mic	640-0337	Private Lease	Mary Futch	1112	4
77150 Citizens Circle, Yulee, FL				of County		
32097	Information Tech	N/A	County Owned	Commissioners	225	11
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			1		1	<u> </u>

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.

Attachment\_IV - Page 10 of 11

## ATTACHMENT V NASSAU COUNTY HEALTH DEPARTMENT SPECIAL PROJECTS SAVINGS PLAN

CASH RESERVED OR ANTICIPATED TO BE RESERVED FOR PROJECTS

2019-2020*** \$ 0 \$ 0	CONTRACT YEAR	STATE	:	COU	NTY	TOTAL	
2018-2019*** \$ 0 \$ 0 \$  2019-2020*** \$ 0 \$ 0 \$  PROJECT TOTAL \$ 0 \$ 0 \$  SPECIAL PROJECTS CONSTRUCTION/RENOVATION PLAN  PROJECT NUMBER:  PROJECT NAME:  LOCATION/ADDRESS:  PROJECT TYPE: NEW BUILDING RENOVATION PLAN 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	2016-2017*	\$	0	\$	0	\$ 	0
2019-2020*** \$ 0 \$ 0 \$  PROJECT TOTAL \$ 0 \$ 0 \$  SPECIAL PROJECTS CONSTRUCTION/RENOVATION PLAN  PROJECT NUMBER:  PROJECT NAME:  LOCATION/ADDRESS:  PROJECT TYPE: NEW BUILDING RENOVATION PLANING 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  FOOTAL PROJECT COST: \$ 0	2017-2018**	\$	0	\$	0	\$	0
PROJECT TOTAL \$ 0 \$ \$  SPECIAL PROJECTS CONSTRUCTION/RENOVATION PLAN  PROJECT NUMBER:  PROJECT NAME:  LOCATION/ADDRESS:  PROJECT TYPE:	2018-2019***	\$	0	\$	0	\$	0
SPECIAL PROJECTS CONSTRUCTION/RENOVATION PLAN  PROJECT NUMBER:  PROJECT NAME:  LOCATION/ADDRESS:  PROJECT TYPE:  NEW BUILDING RENOVATION PLANNING STUDY NEW ADDITION OTHER  PROJECT SUMMARY:  Describe scope of work in reasonable detail.  START DATE (Initial expenditure of funds)  COMPLETION DATE:  DESIGN FEES:  SUMMARY:  DESIGN FEES:  DESIGN	2019-2020***	\$	0	\$	0	\$	0
PROJECT NUMBER:  PROJECT NAME:  LOCATION/ADDRESS:  PROJECT TYPE:  NEW BUILDING RENOVATION PLANNING STUDY NEW ADDITION OTHER  PROJECT SUMMARY:  Describe scope of work in reasonable detail.  START DATE (Initial expenditure of funds)  COMPLETION DATE:  DESIGN FEES:  \$ 0 CONSTRUCTION COSTS: COST COST COST COST COST COST COST COST	PROJECT TOTAL	\$	0	\$	0	\$ 	0
PROJECT NAME:  LOCATION/ADDRESS:  PROJECT TYPE:  NEW BUILDING RENOVATION PLANNING STUDY NEW ADDITION OTHER  PROJECT SUMMARY:  Describe scope of work in reasonable detail.  START DATE (Initial expenditure of funds)  COMPLETION DATE:  DESIGN FEES:  DESIGN		SPECIAL PROJECT	TS CONSTRU	ICTION/RENOVATIO	N PLAN		
LOCATION/ADDRESS:  PROJECT TYPE:  NEW BUILDING RENOVATION PLANNING STUDY NEW ADDITION OTHER  SQUARE FOOTAGE:  Describe scope of work in reasonable detail.  START DATE (Initial expenditure of funds)  COMPLETION DATE: DESIGN FEES:  S D CONSTRUCTION COSTS: S D STOTAL PROJECT COST: S D SEVENITURE/EQUIPMENT: S D SOURCE TYPE:  NEW BUILDING ROOFING PLANNING STUDY OTHER  OTHER  OTHER  STUDY OTHER  OTHER  OTHER  START DATE  NEW BUILDING PROJECT STUDY OTHER  OTHER  STUDY OTHER  OTHER  START DATE  OTHER  START DATE	PROJECT NUMBER:			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
PROJECT TYPE: NEW BUILDING ROOFING RENOVATION PLANNING STUDY NEW ADDITION OTHER OTHER PROJECT SUMMARY: Describe scope of work in reasonable detail.  START DATE (Initial expenditure of funds) COMPLETION DATE: DESIGN FEES: \$ O CONSTRUCTION COSTS: \$ O	PROJECT NAME:	Warran or an annual control of the C				 	
RENOVATIONPLANNING STUDY	LOCATION/ADDRESS:	Patrick Company of the Company of th			No.	 	
NEW ADDITIONOTHER  SQUARE FOOTAGE:	PROJECT TYPE:	NEW BUILDING		ROOFING			
SQUARE FOOTAGE:  Describe scope of work in reasonable detail.  START DATE (Initial expenditure of funds)  COMPLETION DATE: DESIGN FEES:  SOUTH OF THE START DATE OF TURNSTUCTION COSTS:  CONSTRUCTION		RENOVATION		PLANNING STU	DY		
START DATE (Initial expenditure of funds)  COMPLETION DATE:  DESIGN FEES:  CONSTRUCTION COSTS:  CONSTRUCTION COSTS		NEW ADDITION	<del></del>	OTHER			
START DATE (Initial expenditure of funds)  COMPLETION DATE:  DESIGN FEES: \$ 0  CONSTRUCTION COSTS: \$ 0  FURNITURE/EQUIPMENT: \$ 0  TOTAL PROJECT COST: \$ 0	SQUARE FOOTAGE;		0			•	
COMPLETION DATE:         0           DESIGN FEES:         \$         0           CONSTRUCTION COSTS:         \$         0           FURNITURE/EQUIPMENT:         \$         0           TOTAL PROJECT COST:         \$         0	PROJECT SUMMARY:	Describe scope of work in re	asonable deta	ail.			
COMPLETION DATE:         0           DESIGN FEES:         \$         0           CONSTRUCTION COSTS:         \$         0           FURNITURE/EQUIPMENT:         \$         0           TOTAL PROJECT COST:         \$         0							
COMPLETION DATE:         0           DESIGN FEES:         \$         0           CONSTRUCTION COSTS:         \$         0           FURNITURE/EQUIPMENT:         \$         0           TOTAL PROJECT COST:         \$         0							
COMPLETION DATE:         0           DESIGN FEES:         \$         0           CONSTRUCTION COSTS:         \$         0           FURNITURE/EQUIPMENT:         \$         0           TOTAL PROJECT COST:         \$         0							
COMPLETION DATE:         0           DESIGN FEES:         \$         0           CONSTRUCTION COSTS:         \$         0           FURNITURE/EQUIPMENT:         \$         0           TOTAL PROJECT COST:         \$         0			•				
DESIGN FEES:         \$         0           CONSTRUCTION COSTS:         \$         0           FURNITURE/EQUIPMENT:         \$         0           TOTAL PROJECT COST:         \$         0	START DATE (Initial expenditure	re of funds)					
DESIGN FEES:         \$         0           CONSTRUCTION COSTS:         \$         0           FURNITURE/EQUIPMENT:         \$         0           TOTAL PROJECT COST:         \$         0			<del> </del>				
CONSTRUCTION COSTS:         \$         0           FURNITURE/EQUIPMENT:         \$         0           TOTAL PROJECT COST:         \$         0	COMPLETION DATE:						
FURNITURE/EQUIPMENT:         \$	DESIGN FEES:	\$	0				
TOTAL PROJECT COST: \$ 0	CONSTRUCTION COSTS:	\$	0				
	FURNITURE/EQUIPMENT:	\$	0				
COST PER SQ FOOT:   \$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.

<sup>\*</sup> Cash balance as of 9/30/17

<sup>\*\*</sup> Cash to be transferred to FCO account.

<sup>\*\*\*</sup> Cash anticipated for future contract years.