Contract No. CM3071 CS-21-07/

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 2021-2022

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, 2021.

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 foregoing 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, 2021, through September 30, 2022, 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. <u>FUNDING</u>. 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 \$2,725,916 (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 \$<u>1,182,162</u> (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 CHD will revise the CHD will 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 dayto-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.

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 paragraphs 6.i. and 6.k., 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.

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:

- *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, 2022 for the report period October 1, 2021 through December 31, 2021;
- *ii.* June 1, 2022 for the report period October 1, 2021 through March 31, 2022;
- *iii.* September 1, 2022 for the report period October 1, 2021 through June 30, 2022; and
- *iv.* December 1, 2022 for the report period October 1, 2021 through September 30, 2022.

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 Countyowned 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. <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. **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, 2022, 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:	For the County:
<u>Sherri C. Sayre</u>	<u>Taco Pope</u>
Name	Name
<u>Contract Manger</u>	<u>County Manager</u>
Title	Title
<u>1620 Nectarine Street</u>	96135 Nassau Place, Suite 1
<u>Fernandina Beach, FL 32034</u>	<u>Yulee, FL 32097</u>
Address	Address
(904) 557-9143	<u>(904) 530-6010</u>
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. 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 page contract, with its attachments as referenced, including Attachment I (two pages), Attachment II (six pages), Attachment III (one page), Attachment IV (one page), and Attachment V (one page), to be executed by their undersigned officials as duly authorized effective the 1st day of October, 2021.

BOARD OF COUNTY COMMISSIONERS FOR NASSAU COUNTY	STATE OF FLORIDA DEPARTMENT OF HEALTH
SIGNED BY:	SIGNED BY: <u>Michel TILL for</u> NAME: Joseph A. Ladapo, M.D., Ph.D
TITLE: Chairman	TITLE: State Surgeon General
DATE: September 27, 2021	DATE: 11/3/21
ATTESTED TO:	SIGNED BY: Ama
SIGNED BY: John Mart	SIGNED BY:
NAME: John A. Crawford	NAME: Prince Danso-Odei, MD, DrPH, MPH
TITLE: Ex-Officio Clerk	TITLE: CHD Director/Administrator
DATE: 29, 2021	DATE:

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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:

	Service	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.
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

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 County Share of CHD Trust Fund Balance	Total	
1.	CHD Trust Fund Ending Balance 09/30/21		0	994003	994003
2.	Drawdown for Contract Year October 1, 2021 to September 30, 2022		0	332615	332615
3.	Special Capital Project use for Contract Year October 1, 2021 to September 30, 2022		0	-190000	-190000
4.	Balance Reserved for Contingency Fund October 1, 2021 to September 30, 2022		0	1136618	1136618

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

	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	15,803	0	15,803	0	15,803
015040 DENTAL SPECIAL INITIATIVE PROJECTS	6,797	0	6,797	0	6,797
015040 FAMILY PLANNING GENERAL REVENUE	32,414	0	32,414	0	32,414
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	922,355	0	922,355	0	922,355
GENERAL REVENUE TOTAL	1,206,630	0	1,206,630	0	1,206,630
2. NON GENERAL REVENUE - STATE					
015010 ENVIRONMENTAL BIOMEDICAL WASTE PROGRAM	1,440	0	1,440	0	1,440
NON GENERAL REVENUE TOTAL	1,440	0	1,440	0	1,440
3. FEDERAL FUNDS - STATE					
007000 AIDS DRUG ASSISTANCE PROGRAM ADMIN HQ	28,591	0	28,591	0	28,591
007000 WIC BREASTFEEDING PEER COUNSELING PROG	60,000	0	60,000	0	60,000
007000 COASTAL BEACH WATER QUALITY MONITORING	8,192	0	8,192	0	8,192
007000 COMPREHENSIVE COMMUNITY CARDIO · PHBG	35,000	0	35,000	0	35,000
007000 FAMILY PLANNING TITLE X · GRANT	62,370	0	62,370	0	62,370
007000 IMMUNIZATION ACTION PLAN	7,000	0	7,000	0	7,000
007000 WIC INFRASTRUCTURE GRANT 2020	88,895	0	88,895	0	88,895
007000 MCH SPEC PRJ SOCIAL DETERMINANTS HLTH COMM EDU	5,825	0	5,825	0	5,825
007000 MCH SPECIAL PROJCT DENTAL	6,000	0	6,000	0	6,000
007000 MCH BLOCK GRANT FLORIDA'S HEALTHY BABIES	13,096	0	13,096	0	13,096
007000 OVERDOSE DATE TO ACTION	165,200	0	165,200	0	165,200
007000 OVERDOSE DATE TO ACTION	135,000	0	135,000	0	135,000
007000 BASE COMMUNITY PREPAREDNESS CAPABILITY	80,967	0	80,967	0	80,967
007000 BASE ENVIROMENTAL HEALTH	66,259	0	66,259	0	66,259
007000 RYAN WHITE TITLE II GRANT/CHD CONSORTIUM	45,000	0	45,000	0	45,000
007000 WIC PROGRAM ADMINISTRATION	617,255	0	617,255	0	617,255
015075 SUPPLEMENTAL SCHOOL HEALTH	18,817	0	18,817	0	18,817
015075 SNAP ED - OBESITY	74,379	0	74,379	0	74,379
FEDERAL FUNDS TOTAL	1,517,846	0	1,517,846	0	1,517,846
4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE					
001020 CHD STATEWIDE ENVIRONMENTAL FEES	102,000	0	102,000	0	102,000
001092 ON SITE SEWAGE DISPOSAL PERMIT FEES	338,000	0	338,000	0	338,000
001092 CHD STATEWIDE ENVIRONMENTAL FEES	16,000	0	16,000	0	16,000
001206 ON SITE SEWAGE DISPOSAL PERMIT FEES	18,000	0	18,000	0	18,000
001206 SANITATION CERTIFICATES (FOOD INSPECTION)	1,000	0	1,000	0	1,000
001206 SEPTIC TANK RESEARCH SURCHARGE	1,500	0	1,500	0	1,500
001206 SEPTIC TANK VARIANCE FEES 50%	1,200	0	1,200	0	1,200
001206 PUBLIC SWIMMING POOL PERMIT FEES-10% HQ TRANSFER	2,500	0	2,500	0	2,500
001206 DRINKING WATER PROGRAM OPERATIONS	1,000	0	1,000	0	1,000

NASSAU COUNTY HEALTH DEPARTMENT

Part II, Sources of Contributions to County Health Department

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
001206 REGULATION OF BODY PIERCING SALONS	50	0	50	0	50
001206 TANNING FACILITIES	300	0	300	0	300
001206 ONSITE SEWAGE TRAINING CENTER	500	0	500	0	500
001206 TATTO PROGRAM ENVIRONMENTAL HEALTH	400	0	400	0	400
001206 MOBILE HOME & RV PARK FEES	380	0	380	0	380
FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL	482,830	0	482,830	0	482,830
5. OTHER CASH CONTRIBUTIONS - STATE:					
	0	0	0	0	0
090001 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	0	0	0	0
OTHER CASH CONTRIBUTION TOTAL	0	0	0	0	0
6. MEDICAID - STATE/COUNTY:					
001057 CHD CLINIC FEES	0	4,400	4,400	0	4,400
001148 CHD CLINIC FEES	0	602,600	602,600	0	602,600
MEDICAID TOTAL	0	607,000	607,000	0	607,000
7. ALLOCABLE REVENUE - STATE:					
	0	0	0	0	0
ALLOCABLE REVENUE TOTAL	0	0	0	0	0
3. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE					
ADAP	0	0	0	18,382	18,382
PHARMACY DRUG PROGRAM	0	0	0	162	162
WIC PROGRAM	0	0	0	1,160,575	1,160,575
BUREAU OF PUBLIC HEALTH LABORATORIES	0	0	0	10,307	10,307
IMMUNIZATIONS OTHER STATE CONTRIBUTIONS TOTAL	0	0	0	68,698 1,258,124	68,698 1,258,124
DIRECT LOCAL CONTRIBUTIONS - BCC/TAX DISTRICT					
008005 CHD LOCAL REVENUE & EXPENDITURES	0	1,182,162	1,182,162	0	1,182,162
DIRECT COUNTY CONTRIBUTIONS TOTAL	0	1,182,162	1,182,162	0	1,182,162
10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY					
001077 INFANT CAR SEAT PROGRAM	0	300	300	0	300
001077 CHD CLINIC FEES	0	13,800	13,800	0	13,800
001094 CHD LOCAL ENVIRONMENTAL FEES	0	81,000	81,000	0	81,000
001110 VITAL STATISTICS CERTIFIED RECORDS	0	106,991	106,991	0	106,991
FEES AUTHORIZED BY COUNTY TOTAL	0	202,091	202,091	0	202,091
1. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY			10.000		10.000
001029 CHD CLINIC FEES	0	10,900	10,900	0	10,900
008050 SCHOOL HEALTH SERVICES · LOCAL AGENCY FUNDING	0	67,623	67,623	0	67,623
011000 CHD HEALTHY START COALITION CONTRACT	0	350	350	0	350
011001 CHD HEALTHY START COALITION CONTRACT	0	378,554	378,554	0	378,554

NASSAU COUNTY HEALTH DEPARTMENT

Part II, Sources of Contributions to County Health Department

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
090002 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	·332,615	-332,615	0	·332,615
OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL	0	124,812	124,812	0	124,812
12. ALLOCABLE REVENUE - COUNTY					
	0	0	0	0	0
COUNTY ALLOCABLE REVENUE TOTAL	0	0	0	0	0
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	3,208,746	2,116,065	5,324,811	4,643,186	9,967,997

NASSAU COUNTY HEALTH DEPARTMENT

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

					uarterly Expenditure Plan					
	FTE's	Clients Se		1st	2nd	3rd	4th		Country	Grand
	(0.00)	Units	Visits		(Whole dolla	are only/		State	County	Total
A. COMMUNICABLE DISEASE CONTROL:										
MMUNIZATION (101)	0.78	59	78	14,832	12,716	14,832	12,715	54,695	400	55,09
SEXUALLY TRANS. DIS. (102)	0.87	477	586	18,287	15,679	18,287	15,679	64,632	3,300	67,93
HIV/AIDS PREVENTION (03A1)	0.00	0	0	0	0	0	0	0	0	
HIV/AIDS SURVEILLANCE (03A2)	0.00	0	0	0	0	0	0	0	0	
HIV/AIDS PATIENT CARE (03A3)	1.12	63	271	24,115	20,675	24,115	20,675	89,580	0	89,58
ADAP (03A4)	0.85	26	45	17,496	15,000	17,496	15,001	64,993	0	64,99
TUBERCULOSIS (104)	0.28	0	0	5,853	5,018	5,853	5,018	21,742	0	21,74
COMM. DIS. SURV. (106)	2.68	0	542	49,523	42,459	49,523	42,459	183,964	0	183,96
HEPATITIS (109)	0.00	0	0	0	0	0	0	0	0	
PREPAREDNESS AND RESPONSE (116)	1.15	0	208	29,939	25,668	29,939	25,668	111,214	0	111,21
REFUGEE HEALTH (118)	0.00	0	0	0	0	0	0	0	0	(
ATAL RECORDS (180)	1.81	5,456	14,296	28,119	24,108	28,119	24,108	0	104,454	104,45
COMMUNICABLE DISEASE SUBTOTAL	9.54	6,081	16,026	188,164	161,323	188,164	161,323	590,820	108,154	698,97
B. PRIMARY CARE:										
CHRONIC DISEASE PREVENTION PRO (210)	4.60	178	283	122,833	105,311	122,833	105,311	456,288	0	456,28
WIC (21W1)	12.89	2,980	28,253	230,879	197,946	230,879	197,946	857,650	0	857,65
OBACCO USE INTERVENTION (212)	0.00	0	0	0	0	0	0	0	0	
VIC BREASTFEEDING PEER COUNSELING (21W2)	1.59	0	2,427	21,914	18,788	21,914	18,789	81,405	0	81,40
FAMILY PLANNING (223)	3.05	415	715	55,861	47,893	55,861	47,893	152,598	54,910	207,50
MPROVED PREGNANCY OUTCOME (225)	0.00	0	0	0	0	0	0	0	0	
HEALTHY START PRENATAL (227)	3.67	635	3,358	74,156	63,578	74,156	63,579	0	275,469	275,46
COMPREHENSIVE CHILD HEALTH (229)	0.00	0	0	0	0	0	0	0	0	
IEALTHY START CHILD (231)	3.41	365	2,524	51,645	44,278	51,645	44,277	0	191,845	191,84
SCHOOL HEALTH (234)	4.64	0	103,228	104,656	89,727	104,656	89,726	254,522	134,243	388,76
COMPREHENSIVE ADULT HEALTH (237)	4.10	229	403	96,392	82,642	96,392	82,643	56,480	301,589	358,06
COMMUNITY HEALTH DEVELOPMENT (238)	0.87	0	535	25,743	22,071	25,743	22,070	95,627	0	95,62
DENTAL HEALTH (240)	10.11	3,311	6,844	246,913	211,692	246,913	211,693	69,277	847,934	917,21
PRIMARY CARE SUBTOTAL	48.93	8,113	148,570	1,030,992	883,926	1,030,992	883,927	2,023,847	1,805,990	3,829,83
C. ENVIRONMENTAL HEALTH:										
Water and Onsite Sewage Programs										
COSTAL BEACH MONITORING (347)	0.14	241	241	8,748	7,501	8,748	7,501	32,498	0	32,49
IMITED USE PUBLIC WATER SYSTEMS (357)	1.58	83	806	30,316	25,992	30,316	25,993	38,000	74,617	112,61
PUBLIC WATER SYSTEM (358)	0.00	0	0	0	0	0	0	0	0	
PRIVATE WATER SYSTEM (359)	0.00	0	0	260	222	260	222	0	964	96
NISITE SEWAGE TREATMENT & DISPOSAL (361)	4.48	1,045	1,729	93,580	80,231	93,580	80,230	338,000	9,621	347,62
	6.20	1,369	2,776	132,904	113,946	132,904	113,946	408,498	85,202	493,70
Broup Total	0.20	1,000	2,710							
Pacility Programs										9,81

NASSAU COUNTY HEALTH DEPARTMENT

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

				Qu	arterly Expe	nditure Plan				
	FTE's	Clients Se	Clients Services/		2nd 3rd		4th			Grand
	(0.00)	Units	Visits		(Whole doll	ars only)		State	County	Total
FOOD HYGIENE (348)	1.05	77	298	20,215	17,331	20,215	17,331	75,092	0	75,0
BODY PIERCING FACILITIES SERVICES (349)	0.11	11	44	2,290	1,963	2,290	1,963	8,506	0	8,50
GROUP CARE FACILITY (351)	0.27	52	116	6,555	5,620	6,555	5,620	0	24,350	24,3
MIGRANT LABOR CAMP (352)	0.00	0	0	0	0	0	0	0	0	
HOUSING & PUB. BLDG. (353)	0.02	13	13	485	416	485	415	0	1,801	1,80
MOBILE HOME AND PARK (354)	0.12	20	62	2,845	2,440	2,845	2,440	10,570	0	10,5
POOLS/BATHING PLACES (360)	0.48	210	452	10,460	8,968	10,460	8,967	38,855	0	38,85
BIOMEDICAL WASTE SERVICES (364)	0.14	73	102	3,000	2,572	3,000	2,573	11,145	0	11,14
TANNING FACILITY SERVICES (369)	0.05	7	24	1,015	870	1,015	870	3,770	0	3,77
Group Total	2.37	541	1,147	49,507	42,445	49,507	42,443	157,751	26,151	183,90
Groundwater Contamination										
STORAGE TANK COMPLIANCE SERVICES (355)	0.00	0	0	0	0	0	0	0	0	
SUPER ACT SERVICES (356)	0.04	0	0	720	617	720	618	0	2,675	2,67
Group Total	0.04	0	0	720	617	720	618	0	2,675	2,67
Community Hygiene										
COMMUNITY ENVIR. HEALTH (345)	0.00	0	0	0	0	0	0	0	0	
INJURY PREVENTION (346)	0.00	0	0	0	0	0	0	0	0	
LEAD MONITORING SERVICES (350)	0.00	0	0	0	0	0	0	0	0	
PUBLIC SEWAGE (362)	0.11	0	0	2,002	1,716	2,002	1,717	0	7,437	7,43
SOLID WASTE DISPOSAL SERVICE (363)	0.00	0	0	0	0	0	0	0	0	
SANITARY NUISANCE (365)	0.00	0	0	37	32	37	33	0	139	13
RABIES SURVEILLANCE (366)	0.07	0	0	1,559	1,337	1,559	1,337	0	5,792	5,79
ARBORVIRUS SURVEIL. (367)	1.56	0	0	20,006	17,152	20,006	17,152	0	74,316	74,31
RODENT/ARTHROPOD CONTROL (368)	0.00	0	0	0	0	0	0	0	0	
WATER POLLUTION (370)	0.00	0	0	0	0	0	0	0	0	
INDOOR AIR (371)	0.00	0	0	0	0	0	0	0	0	
RADIOLOGICAL HEALTH (372)	0.00	0	0	56	48	56	49	0	209	20
TOXIC SUBSTANCES (373)	0.00	0	0	0	0	0	0	0	0	
Group Total	1.74	0	0	23,660	20,285	23,660	20,288	0	87,893	87,89
ENVIRONMENTAL HEALTH SUBTOTAL	10.35	1,910	3,923	206,791	177,293	206,791	177,295	566,249	201,921	768,17
D. NON-OPERATIONAL COSTS:										
NON-OPERATIONAL COSTS (599)	0.00	0	0	0	0	0	0	0	0	
ENVIRONMENTAL HEALTH SURCHARGE (399)	0.00	0	0	7,492	6,423	7,492	6,423	27,830	0	27,83
MEDICAID BUYBACK (611)	0.00	0	0	0	0	0	0	0	0	
NON-OPERATIONAL COSTS SUBTOTAL	0.00	0	0	7,492	6,423	7,492	6,423	27,830	0	27,83
TOTAL CONTRACT	68.82	16,104	168,519	1,433,439	1,228,965	1,433,439	1,228,968	3,208,746	2,116,065	5,324,81

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.
- 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 - 2021 - 2022

Nassau County Health Department

Facilities Utilized by the County Health Department

Facility Description	Lease/	Type of	Complete	SQ	Employee
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)			
Admin/Epi/School Health			Board of County		
Clinic/Vital Stats/HealthyStart	N/A	County Owned	Commissioners	5850	30
Clinic/WIC/Schl hlth	N/A	County Owned		2500	66
					_
Dental Clinic/WIC/Schl hlth	N/A	County Owned		4350	5
	N/A	County Owned		5765	18
				1050	
Preparedness	N/A	County Owned		1350	8
		Direct Lange	1 2 1	4080	c
Dental Clinic	N/A	Private Lease	School Board	1289	6
	And Offical Building Name (if applicable) (Admin, Clinic, Envn Hith, etc.) Admin/Epi/School Health	And Offical Building Agreement Name (if applicable) Number (Admin, Clinic, Envn Hith, etc.) Number Admin/Epi/School Health N/A Clinic/Vital Stats/HealthyStart N/A Clinic/WIC/Schl hith N/A Clinic/WIC/Schl hith N/A Clinic/WIC/Schl hith N/A Clinic/WIC/Schl hith N/A	And Offical Building Agreement Agreement Name (if applicable) Number (Private Lease thru (Admin, Clinic, Envn Hith, etc.) State or County, other - please define) Admin/Epi/School Health N/A County Owned Clinic/WIC/Schl hith N/A County Owned Dental Clinic/WIC/Schl hith N/A County Owned Clinic/WIC/Schl hith N/A County Owned Clinic/WIC/Schl hith N/A County Owned Clinic/WIC/Schl hith N/A County Owned	And Offical Building Name (if applicable) Agreement Number Agreement (Private Lease thru Legal Name of Owner (Admin, Clinic, Envn Hlth, etc.) State or County, other- please define) of Owner Admin/Epi/School Health Clinic/Vital Stats/HealthyStart N/A County Owned Board of County Commissioners Clinic/WIC/Schl hlth N/A County Owned Board of County Commissioners Dental Clinic/WIC/Schl hlth N/A County Owned Board of County Commissioners Clinic/WIC/Schl hlth N/A County Owned Board of County Commissioners Clinic/WIC/Schl hlth N/A County Owned Board of County Commissioners Environmental Health Disaster Preparedness N/A County Owned Board of County Commissioners N/A County Owned Board of County Commissioners Board of County Commissioners	And Offical Building Name (if applicable) Agreement Number Agreement (Private Lease thru Legal Name of Owner Feet (Admin, Clinic, Envn Hilth, etc.) State or County, other - please define) of Owner - Admin/Epi/School Health Clinic/Vital Stats/HealthyStart N/A County Owned Board of County Commissioners 5850 Clinic/WIC/Schl hith N/A County Owned Board of County Commissioners 2500 Dental Clinic/WIC/Schl hith N/A County Owned Board of County Commissioners 4350 Clinic/WIC/Schl hith N/A County Owned Board of County Commissioners 4350 Clinic/WIC/Schl hith N/A County Owned Commissioners 5765 Environmental Health Disaster Preparedness N/A County Owned Commissioners 1350

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 V NASSAU COUNTY HEALTH DEPARTMENT SPECIAL PROJECTS SAVINGS PLAN

CASH RESERVED OR ANTICIPATED TO BE RESERVED FOR PROJECTS

CONTRACT YEAR	STATE	STATE		COUNTY		TOTAL
2020-2021*	\$	0	\$	0	\$	0
2021-2022**	\$	0	\$	190000	\$	190000
2022-2023***	\$	0	\$	0	\$	0
2023-2024***	\$	0	\$	0	\$	0
PROJECT TOTAL	\$	0	\$	190000	\$	190000
PROJECT NUMBER: PROJECT NAME: LOCATION/ADDRESS:						Roof - Yulee clinic
PROJECT TYPE:	NEW BUILDING RENOVATION NEW ADDITION	-	ROOFING PLANNING STI OTHER		<u>x</u>	
SQUARE FOOTAGE:		0				
PROJECT SUMMARY:	Describe scope of work in rea	sonable deta	ail.			

START DATE (Initial expenditure of funds)	:	
COMPLETION DATE:		
DESIGN FEES:	\$	0
CONSTRUCTION COSTS:	\$	0
FURNITURE/EQUIPMENT:	\$	_0
TOTAL PROJECT COST:	\$	190000
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 9/30/21

** Cash to be transferred to FCO account.

*** Cash anticipated for future contract years.