

**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 2024-2025**

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, 2024. State and County are jointly referred to as the “parties”.

**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 the “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 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 is hereby acknowledged, the parties hereto agree as follows:

1. RECITALS. The parties mutually agree that the foregoing recitals are true and correct and incorporated herein by reference.

2. TERM. The parties mutually agree that this contract shall be effective from October 1, 2024, through September 30, 2025, or until a written contract replacing this contract is entered into between the parties, whichever is later, unless this contract is otherwise terminated according to the termination provisions outlined in paragraph 8. below.

3. SERVICES MAINTAINED BY THE CHD. The parties mutually agree that the CHD shall provide those services as outlined in Part III of Attachment II hereof, 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 that are organized and operated to protect the health of the general public by monitoring and regulating activities in the environment that 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 that protect the health of the general public through the detection, control, and eradication of diseases that 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 outlined 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 \$ 2,777,949.00 (*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 \$ 1,182,162.00 (*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 the 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 or decrease, the CHD will revise Attachment II and send a copy of the revised pages to the County and the State's Office of Budget and Revenue Management. If the County initiates the increase or decrease, the County shall notify the CHD in writing. The CHD will then revise Attachment II and send a copy of the revised pages to the State's 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 Health Department  
1620 Nectarine Street  
Fernandina Beach, FL 32034

5. CHD DIRECTOR or ADMINISTRATOR. Both parties agree the director or 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 State's Deputy Secretary for County Health Systems. The director or administrator shall be selected by the State with the concurrence of the County. The director or 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. ADMINISTRATIVE POLICIES AND PROCEDURES. The parties hereto agree that the following standards should apply in the operation of the CHD:

a. The CHD and its personnel shall follow all State policies and procedures, except to the extent permitted for the use of County purchasing procedures as outlined in subparagraph b., below. All CHD employees shall be State or State-contract personnel subject to State personnel laws, 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 purchasing contract has been implemented for those goods or services. In such cases, the CHD director or 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 following 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 following the Generally Accepted Accounting Principles, as promulgated by the Governmental Accounting Standards Board, and the requirements of federal or state law. These records shall be maintained as

required by the State's 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 is 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 System; and
- 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; and
- iii.* Financial procedures specified in the State's Accounting Procedures Manuals, Accounting memoranda, and Comptroller's memoranda; and
- 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 or 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 or 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 or deficit funds accruing to the State and County is determined each month and at the contract year-end. Surplus funds may be applied toward the funding requirements of each party 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 that clearly illustrates the amount which has been credited to each party. 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 or administrator determines that an emergency exists wherein a time delay would endanger the public's health and the State's Deputy Secretary for County Health Systems have approved the transfer. The State's 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 certified public accountant 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, as revised, and may be in conjunction with audits performed by the County government. If audit exceptions are found, then the director or 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 five years after termination of this contract. If an audit has been initiated and audit findings have not been resolved at the end of five years, the records shall be retained until the resolution of the audit findings.

k. The CHD shall maintain the 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 State's 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 concerning client confidentiality.

l. The CHD shall abide by all State policies and procedures, which by this reference are incorporated herein as standards to be followed by the CHD.

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 right to a fair hearing to the final governing authority of the CHD. 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 Compliance and Non-Discrimination 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; and
- 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 State's 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 are delayed due to circumstances beyond the CHD's control:

- i.* March 1, 2025, for the reporting period of October 1, 2024, through December 31, 2024; and
- ii.* June 1, 2025, for the reporting period of October 1, 2024, through March 31, 2025; and
- iii.* September 1, 2025, for the reporting period of October 1, 2024 through June 30, 2025; and
- iv.* December 1, 2025, for the reporting period of October 1, 2024 through September 30, 2025.

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.
  - i.* County shall construct a storage facility, on County-owned property using County funds, for the exclusive use by CHD. County will own and maintain said facility. CHD shall reimburse County for a designated amount of construction costs using local government funds through the applicable State authorized purchase order process. The amount reimbursed to County shall not exceed the pre-approved purchase order. During construction, upon completion, and for the duration of CHD tenancy, County shall ensure adequate fire and casualty insurance coverage for said storage facility through a self-insurance program or insurance purchased by County. Upon initiation of its tenancy, CHD shall have no additional financial obligation for use of the facility. For the duration of its tenancy, CHD shall ensure adequate insurance coverage for all furnishings and equipment stored in the facility through a self-insurance program or insurance purchased by the State. Upon completion, the Parties will amend Attachment IV to this contract to add the facility to the exhibit.



b. The County shall ensure adequate fire and casualty insurance coverage for County-owned CHD offices and buildings and 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 180 calendar days' notice in writing to the other party unless a lesser time is mutually agreed upon in writing by both parties.

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 24 hours' notice.

c. Termination for Breach. This contract may be terminated by either party for a material breach of an obligation hereunder, upon no less than 30 days' notice. Waiver of a 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 CHD fiscal year beginning July 1, 2025, it is agreed that the performance and payment under this contract are contingent upon an annual appropriation by the Legislature, under section 287.0582, Florida Statutes.

b. Contract Managers. The name and addresses of the contract managers for the parties under this contract are as follows:

For the State:

Monique Moore  
Name  
Administrative Services Director  
Title  
1620 Nectarine Street

Fernandina Beach, FL 32034  
Address

For the County:

Marshall Eyerman  
Name  
Assistant County Manager  
Title  
96135 Nassau Place, Suite 1

Yulee, FL 32097  
Address

Monique.Moore@flhealth.gov  
Email Address  
904-557-9163  
Telephone

meyerman@nassaucountyfl.com  
Email Address  
904-530-6010  
Telephone

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

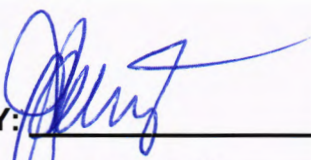
c. Captions. The captions and headings contained in this contract are for the convenience of the parties only and do not in any way modify, amplify, or give additional notice of the provisions hereof.

d. Notices. Any notices provided under this contract must be delivered by certified mail, return receipt requested, in person with proof of delivery, or by email to the email address of the respective party identified in Section 9.b., above.

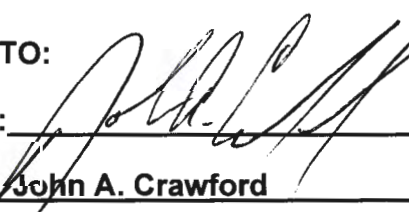
In WITNESS THEREOF, the parties hereto have caused this eight-page contract, with its attachments as referenced, including Attachment I (two pages), Attachment II (five pages), Attachment III (one pages), Attachment IV (one pages), and Attachment V (one pages), to be executed by their undersigned officials as duly authorized effective the 1st day of October 2024.

**BOARD OF COUNTY COMMISSIONERS  
FOR NASSAU COUNTY**

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

SIGNED BY:   
NAME: John F. Martin  
TITLE: Chairman  
DATE: 10/28/2024

SIGNED BY: \_\_\_\_\_  
NAME: Joseph A. Ladapo, M.D., Ph.D.  
TITLE: State Surgeon General  
DATE: \_\_\_\_\_

ATTESTED TO:  
SIGNED BY:   
NAME: John A. Crawford  
TITLE: Ex-Officio Clerk  
DATE: 10/28/2024

SIGNED BY: Cara Gluck  
NAME: Cara Gluck  
TITLE: CHD Director or Administrator  
DATE: 10/1/2024



Monique.Moore@flhealth.gov  
Email Address  
904-557-9163  
Telephone

meyerman@nassaucountyfl.com  
Email Address  
904-530-6010  
Telephone

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

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**BOARD OF COUNTY COMMISSIONERS  
FOR NASSAU COUNTY**

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

SIGNED BY: [Signature]

SIGNED BY: [Signature]

NAME: John F. Martin

NAME: Joseph A. Ladapo, M.D., Ph.D.

TITLE: Chairman

TITLE: State Surgeon General

DATE: 10/28/2024

DATE: 12-20-24

ATTESTED TO:

SIGNED BY: [Signature]

SIGNED BY: Cara Gluck

NAME: John A. Crawford

NAME: Cara Gluck

TITLE: Ex-Officio Clerk

TITLE: CHD Director or Administrator

DATE: 10/28/2024

DATE: 10/1/2024

**ATTACHMENT I**  
**NASSAU COUNTY HEALTH DEPARTMENT**  
**PROGRAM SPECIFIC REPORTING REQUIREMENTS AND PROGRAMS REQUIRING**  
**COMPLIANCE WITH THE PROVISIONS OF SPECIFIC MANUALS**

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

<u>Service</u>	<u>Requirement</u>
1. Sexually Transmitted Disease Program	Requirements as specified in F.A.C. 64D-3, F.S. 381 and F.S. 384.
2. Dental Health	Periodic financial and programmatic reports as specified by the program office.
3. Special Supplemental Nutrition Program for Women, Infants and Children (including the WIC Breastfeeding Peer Counseling Program)	Service documentation and monthly financial reports as specified in DHM 150-24* and all federal, state and county requirements detailed in program manuals and published procedures.
4. Healthy Start/ Improved Pregnancy Outcome	Requirements as specified in the 2007 Healthy Start Standards and Guidelines and as specified by the Healthy Start Coalitions in contract with each county health department.
5. Family Planning	Requirements as specified in Public Law 91-572, 42 U.S.C. 300, et seq., 42 CFR part 59, subpart A, 45 CFR parts 74 & 92, 2 CFR 215 (OMB Circular A-110) OMB Circular A-102, F.S. 381.0051, F.A.C. 64F-7, F.A.C. 64F-16, and F.A.C. 64F-19. Requirements and Guidance as specified in the Program Requirements for Title X Funded Family Planning Projects (Title X Requirements)(2014) and the Providing Quality Family Planning Services (QFP): Recommendations of CDC and the U.S. Office of Population Affairs published on the Office of Population Affairs website. Programmatic annual reports as specified by the program office as specified in the annual programmatic Scope of Work for Family Planning and Maternal Child Health Services, including the Family Planning Annual Report (FPAR), and other minimum guidelines as specified by the Policy Web Technical Assistance Guidelines.
6. Immunization	Periodic reports as specified by the department pertaining to immunization levels in kindergarten and/or seventh grade pursuant to instructions contained in the Immunization Guidelines-Florida Schools, Childcare Facilities and Family Daycare Homes (DH Form 150-615) and Rule 64D-3.046, F.A.C. In addition, periodic reports as specified by the department pertaining to the surveillance/investigation of reportable vaccine-preventable diseases, adverse events, vaccine accountability, and assessment of immunization

**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.

**ATTACHMENT II**  
**NASSAU COUNTY HEALTH DEPARTMENT**  
**PART I. PLANNED USE OF COUNTY HEALTH DEPARTMENT TRUST FUND BALANCES**

	Estimated State Share of CHD Trust Fund Balance	Estimated County Share of CHD Trust Fund Balance	Total
1. CHD Trust Fund Ending Balance 09/30/24	435646	967768	1403414
2. Drawdown for Contract Year October 1, 2024 to September 30, 2025	-435646	-99914	-535560
3. Special Capital Project use for Contract Year October 1, 2024 to September 30, 2025	0	0	0
4. Balance Reserved for Contingency Fund October 1, 2024 to September 30, 2025	0	867854	867854

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



**ATTACHMENT II**

CM3763

**NASSAU COUNTY HEALTH DEPARTMENT**

**Part II, Sources of Contributions to County Health Department**

**October 1, 2024 to September 30, 2025**

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>1. GENERAL REVENUE - STATE</b>					
015040 CHD - TB COMMUNITY PROGRAM	8,210	0	8,210	0	8,210
015040 SCHOOL BASED DENTAL SEALANT	53,917	0	53,917	0	53,917
015040 DENTAL SPECIAL INITIATIVE PROJECTS	6,303	0	6,303	0	6,303
015040 FAMILY PLANNING GENERAL REVENUE	47,736	0	47,736	0	47,736
015040 PRIMARY CARE PROGRAM	115,812	0	115,812	0	115,812
015040 RACIAL & ETHNIC DISPARITIES - CHD EXPENSES	52,000	0	52,000	0	52,000
015040 SCHOOL HEALTH SERVICES	116,301	0	116,301	0	116,301
015040 SWIMMING LESSONS VOUCHER PROGRAM	0	0	0	0	0
015050 CHD GENERAL REVENUE NON-CATEGORICAL	1,082,198	0	1,082,198	0	1,082,198
<b>GENERAL REVENUE TOTAL</b>	<b>1,482,477</b>	<b>0</b>	<b>1,482,477</b>	<b>0</b>	<b>1,482,477</b>
<b>2. NON GENERAL REVENUE - STATE</b>					
015010 ENVIRONMENTAL BIOMEDICAL WASTE PROGRAM	1,270	0	1,270	0	1,270
<b>NON GENERAL REVENUE TOTAL</b>	<b>1,270</b>	<b>0</b>	<b>1,270</b>	<b>0</b>	<b>1,270</b>
<b>3. FEDERAL FUNDS - STATE</b>					
007000 AIDS DRUG ASSISTANCE PROGRAM ADMIN HQ	35,739	0	35,739	0	35,739
007000 WIC BREASTFEEDING PEER COUNSELING PROG	68,017	0	68,017	0	68,017
007000 COASTAL BEACH WATER QUALITY MONITORING	4,517	0	4,517	0	4,517
007000 COMPREHENSIVE COMMUNITY CARDIO - PHBG	40,974	0	40,974	0	40,974
007000 ELC COVID ENHANCED DETECTION EXPANSION GRANT	1,417	0	1,417	0	1,417
007000 FAMILY PLANNING TITLE X - GRANT	45,248	0	45,248	0	45,248
007000 PUBLIC HLTH INFRASTRUCTURE & WORKFORCE/CENTRAL 1	108,897	0	108,897	0	108,897
007000 INFANT MORTALITY	19,227	0	19,227	0	19,227
007000 IMMUNIZATION ACTION PLAN	10,865	0	10,865	0	10,865
007000 MCH SPECIAL PROJCT DENTAL	21,235	0	21,235	0	21,235
007000 MCH SPEC PRJ SOCIAL DETERMINANTS HLTH COMM EDU	21,757	0	21,757	0	21,757
007000 OVERDOSE TO ACTION - PREVENTION	25,459	0	25,459	0	25,459
007000 BASE COMMUNITY PREPAREDNESS CAPABILITY	83,532	0	83,532	0	83,532
007000 BASE PUB HLTH SURVEILLANCE & EPI INVESTIGATION	72,177	0	72,177	0	72,177
007000 RYAN WHITE TITLE II GRANT/CHD CONSORTIUM	51,000	0	51,000	0	51,000
007000 WIC PROGRAM ADMINISTRATION	684,413	0	684,413	0	684,413
015075 SCHOOL HEALTH SERVICES	18,817	0	18,817	0	18,817
<b>FEDERAL FUNDS TOTAL</b>	<b>1,313,291</b>	<b>0</b>	<b>1,313,291</b>	<b>0</b>	<b>1,313,291</b>
<b>4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE</b>					
001020 CHD STATEWIDE ENVIRONMENTAL FEES	97,975	0	97,975	0	97,975
001092 ON SITE SEWAGE DISPOSAL PERMIT FEES	295,000	0	295,000	0	295,000
001092 CHD STATEWIDE ENVIRONMENTAL FEES	2,725	0	2,725	0	2,725
001206 ON SITE SEWAGE DISPOSAL PERMIT FEES	3,800	0	3,800	0	3,800
001206 SANITATION CERTIFICATES (FOOD INSPECTION)	1,400	0	1,400	0	1,400
001206 SEPTIC TANK RESEARCH SURCHARGE	2,100	0	2,100	0	2,100
001206 SEPTIC TANK VARIANCE FEES 50%	250	0	250	0	250
001206 PUBLIC SWIMMING POOL PERMIT FEES-10% HQ TRANSFER	2,600	0	2,600	0	2,600
001206 DRINKING WATER PROGRAM OPERATIONS	1,300	0	1,300	0	1,300



**ATTACHMENT II**

CM3763

**NASSAU COUNTY HEALTH DEPARTMENT**

**Part II, Sources of Contributions to County Health Department**

**October 1, 2024 to September 30, 2025**

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
001206 REGULATION OF BODY PIERCING SALONS	350	0	350	0	350
001206 TANNING FACILITIES	225	0	225	0	225
001206 ONSITE SEWAGE TRAINING CENTER	700	0	700	0	700
001206 TATTO PROGRAM ENVIRONMENTAL HEALTH	700	0	700	0	700
001206 MOBILE HOME & RV PARK FEES	800	0	800	0	800
<b>FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL</b>	<b>409,925</b>	<b>0</b>	<b>409,925</b>	<b>0</b>	<b>409,925</b>
<b>5. OTHER CASH CONTRIBUTIONS - STATE:</b>					
031005 CHD SALE OF SERVICES IN OR OUTSIDE OF STATE GOVT	500	0	500	0	500
090001 DRAW DOWN FROM PUBLIC HEALTH UNIT	435,646	0	435,646	0	435,646
<b>OTHER CASH CONTRIBUTION TOTAL</b>	<b>436,146</b>	<b>0</b>	<b>436,146</b>	<b>0</b>	<b>436,146</b>
<b>6. MEDICAID - STATE/COUNTY:</b>					
001057 CHD CLINIC FEES	0	13,900	13,900	0	13,900
001147 CHD CLINIC FEES	0	350	350	0	350
001148 CHD CLINIC FEES	0	439,500	439,500	0	439,500
<b>MEDICAID TOTAL</b>	<b>0</b>	<b>453,750</b>	<b>453,750</b>	<b>0</b>	<b>453,750</b>
<b>7. ALLOCABLE REVENUE - STATE:</b>					
004010 ON SITE SEWAGE DISPOSAL PERMIT FEES	600	0	600	0	600
018000 CHD LOCAL REVENUE & EXPENDITURES	325	0	325	0	325
<b>ALLOCABLE REVENUE TOTAL</b>	<b>925</b>	<b>0</b>	<b>925</b>	<b>0</b>	<b>925</b>
<b>8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE</b>					
ADAP	0	0	0	45,152	45,152
PHARMACY DRUG PROGRAM	0	0	0	7,233	7,233
WIC PROGRAM	0	0	0	1,480,161	1,480,161
BUREAU OF PUBLIC HEALTH LABORATORIES	0	0	0	10,307	10,307
IMMUNIZATIONS	0	0	0	152,023	152,023
<b>OTHER STATE CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,694,876</b>	<b>1,694,876</b>
<b>9. DIRECT LOCAL CONTRIBUTIONS - BCC/TAX DISTRICT</b>					
008005 CHD LOCAL REVENUE & EXPENDITURES	0	1,182,162	1,182,162	0	1,182,162
<b>DIRECT COUNTY CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>1,182,162</b>	<b>1,182,162</b>	<b>0</b>	<b>1,182,162</b>
<b>10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY</b>					
001077 CHD CLINIC FEES	0	12,900	12,900	0	12,900
001094 CHD LOCAL ENVIRONMENTAL FEES	0	40,434	40,434	0	40,434
001110 VITAL STATISTICS CERTIFIED RECORDS	0	92,946	92,946	0	92,946
<b>FEES AUTHORIZED BY COUNTY TOTAL</b>	<b>0</b>	<b>146,280</b>	<b>146,280</b>	<b>0</b>	<b>146,280</b>
<b>11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY</b>					
001029 CHD CLINIC FEES	0	9,050	9,050	0	9,050
008050 SCHOOL HEALTH SERVICES - LOCAL AGENCY FUNDING	0	127,164	127,164	0	127,164
011001 CHD HEALTHY START COALITION CONTRACT	0	48,974	48,974	0	48,974
011001 HEALTHY START MEDIPASS WAIVER - COALITION TO CHD	0	260,628	260,628	0	260,628
012020 CHD LOCAL ENVIRONMENTAL FEES	0	150	150	0	150

**ATTACHMENT II**

CM3763

**NASSAU COUNTY HEALTH DEPARTMENT**

**Part II, Sources of Contributions to County Health Department**

**October 1, 2024 to September 30, 2025**

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
028000 CHD LOCAL REVENUE & EXPENDITURES	0	7,223	7,223	0	7,223
090002 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	99,914	99,914	0	99,914
<b>OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL</b>	0	553,103	553,103	0	553,103
<b>12. ALLOCABLE REVENUE - COUNTY</b>					
004010 ON SITE SEWAGE DISPOSAL PERMIT FEES	0	600	600	0	600
018000 CHD LOCAL REVENUE & EXPENDITURES	0	325	325	0	325
<b>COUNTY ALLOCABLE REVENUE TOTAL</b>	0	925	925	0	925
<b>13. BUILDINGS - COUNTY</b>					
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
<b>BUILDINGS TOTAL</b>	0	0	0	3,385,062	3,385,062
<b>14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY</b>					
EQUIPMENT / VEHICLE PURCHASES	0	0	0	0	0
VEHICLE INSURANCE	0	0	0	0	0
VEHICLE MAINTENANCE	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
<b>OTHER COUNTY CONTRIBUTIONS TOTAL</b>	0	0	0	0	0
<b>GRAND TOTAL CHD PROGRAM</b>	3,644,034	2,336,220	5,980,254	5,079,938	11,060,192



ATTACHMENT II

CM3763

NASSAU COUNTY HEALTH DEPARTMENT

Part III, Planned Staffing, Clients, Services and Expenditures By Program Service Area Within Each Level of Service  
October 1, 2024 to September 30, 2025

	FTE's (0.00)	Clients Units	Services/ Visits	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd (Whole dollars only)	3rd	4th			
<b>A. COMMUNICABLE DISEASE CONTROL:</b>										
IMMUNIZATION (101)	0.87	340	463	19,874	17,036	19,874	17,319	17,005	57,098	74,103
SEXUALLY TRANS. DIS. (102)	0.68	213	257	17,549	15,043	17,549	15,293	54,229	11,205	65,434
HIV/AIDS PREVENTION (03A1)	0.00	0	0	0	0	0	0	0	0	0
HIV/AIDS SURVEILLANCE (03A2)	0.00	0	0	0	0	0	0	0	0	0
HIV/AIDS PATIENT CARE (03A3)	0.96	54	271	20,861	17,882	20,861	18,176	77,780	0	77,780
ADAP (03A4)	0.43	1	15	10,907	9,349	10,907	9,504	40,667	0	40,667
TUBERCULOSIS (104)	0.10	18	22	3,292	2,822	3,292	2,867	11,373	900	12,273
COMM. DIS. SURV. (106)	1.16	0	10	26,910	23,067	26,910	23,448	100,335	0	100,335
HEPATITIS (109)	0.00	0	0	0	0	0	0	0	0	0
PREPAREDNESS AND RESPONSE (116)	1.20	0	0	30,571	26,206	30,571	26,639	113,987	0	113,987
REFUGEE HEALTH (118)	0.00	0	0	0	0	0	0	0	0	0
VITAL RECORDS (180)	1.20	4,134	9,806	24,928	21,368	24,928	21,722	0	92,946	92,946
<b>COMMUNICABLE DISEASE SUBTOTAL</b>	<b>6.60</b>	<b>4,760</b>	<b>10,844</b>	<b>154,892</b>	<b>132,773</b>	<b>154,892</b>	<b>134,968</b>	<b>415,376</b>	<b>162,149</b>	<b>577,525</b>
<b>B. PRIMARY CARE:</b>										
CHRONIC DISEASE PREVENTION PRO (210)	3.45	125	2,133	77,270	66,235	77,270	67,330	288,032	73	288,105
WIC (21W1)	13.65	3,743	38,104	271,573	232,791	271,573	236,640	1,012,289	288	1,012,577
TOBACCO USE INTERVENTION (212)	0.00	0	0	0	0	0	0	0	0	0
WIC BREASTFEEDING PEER COUNSELING (21W2)	2.17	0	3,637	34,523	29,593	34,523	30,081	128,674	46	128,720
FAMILY PLANNING (223)	3.83	460	918	94,921	81,366	94,921	82,712	177,857	176,063	353,920
IMPROVED PREGNANCY OUTCOME (225)	0.20	0	0	5,158	4,421	5,158	4,494	19,227	4	19,231
HEALTHY START PRENATAL (227)	3.64	599	3,029	83,056	71,195	83,056	72,372	0	309,679	309,679
COMPREHENSIVE CHILD HEALTH (229)	0.00	0	0	0	0	0	0	0	0	0
HEALTHY START CHILD (231)	3.64	345	2,282	77,677	66,584	77,677	67,685	289,546	77	289,623
SCHOOL HEALTH (234)	5.48	0	144,350	143,091	122,657	143,091	124,686	135,118	398,407	533,525
COMPREHENSIVE ADULT HEALTH (237)	1.81	84	181	60,896	52,199	60,896	53,062	223,693	3,360	227,053
COMMUNITY HEALTH DEVELOPMENT (238)	2.13	0	436	52,859	45,310	52,859	46,059	197,087	0	197,087
DENTAL HEALTH (240)	10.08	2,892	5,171	265,341	227,449	265,341	231,210	139,361	849,980	989,341
<b>PRIMARY CARE SUBTOTAL</b>	<b>50.08</b>	<b>8,248</b>	<b>200,241</b>	<b>1,166,365</b>	<b>999,800</b>	<b>1,166,365</b>	<b>1,016,331</b>	<b>2,610,884</b>	<b>1,737,977</b>	<b>4,348,861</b>
<b>C. ENVIRONMENTAL HEALTH:</b>										
<b>Water and Onsite Sewage Programs</b>										
COSTAL BEACH MONITORING (347)	0.59	944	944	19,252	16,503	19,252	16,777	71,775	9	71,784
LIMITED USE PUBLIC WATER SYSTEMS (357)	1.66	89	610	37,727	32,339	37,727	32,874	25,589	115,078	140,667
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)	4.73	1,055	2,395	120,886	103,623	120,886	105,334	295,712	155,017	450,729
<b>Group Total</b>	<b>6.98</b>	<b>2,088</b>	<b>3,949</b>	<b>177,865</b>	<b>152,465</b>	<b>177,865</b>	<b>154,985</b>	<b>393,076</b>	<b>270,104</b>	<b>663,180</b>
<b>Facility Programs</b>										
TATTOO FACILITY SERVICES (344)	0.28	146	56	7,238	6,205	7,238	6,308	26,985	4	26,989
FOOD HYGIENE (348)	1.46	80	285	30,008	25,723	30,008	26,148	111,314	573	111,887

ATTACHMENT II

CM3763

NASSAU COUNTY HEALTH DEPARTMENT

Part III, Planned Staffing, Clients, Services and Expenditures By Program Service Area Within Each Level of Service  
October 1, 2024 to September 30, 2025

	FTE's (0.00)	Clients Units	Services/ Visits	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd (Whole dollars only)	3rd	4th			
BODY PIERCING FACILITIES SERVICES (349)	0.14	8	30	3,253	2,788	3,253	2,834	12,126	2	12,128
GROUP CARE FACILITY (351)	0.09	13	27	2,477	2,124	2,477	2,159	2	9,235	9,237
MIGRANT LABOR CAMP (352)	0.00	0	0	0	0	0	0	0	0	0
HOUSING & PUB. BLDG. (353)	0.03	33	36	1,033	886	1,033	901	3,852	1	3,853
MOBILE HOME AND PARK (354)	0.07	10	24	1,989	1,705	1,989	1,733	6,765	651	7,416
POOLS/BATHING PLACES (360)	0.40	189	398	10,242	8,779	10,242	8,925	37,982	206	38,188
BIOMEDICAL WASTE SERVICES (364)	0.09	47	46	2,079	1,782	2,079	1,812	7,549	203	7,752
TANNING FACILITY SERVICES (369)	0.18	42	66	5,235	4,487	5,235	4,561	2,604	16,914	19,518
<b>Group Total</b>	<b>2.74</b>	<b>568</b>	<b>968</b>	<b>63,554</b>	<b>54,479</b>	<b>63,554</b>	<b>55,381</b>	<b>209,179</b>	<b>27,789</b>	<b>236,968</b>
<b>Groundwater Contamination</b>										
STORAGE TANK COMPLIANCE SERVICES (355)	0.00	0	0	0	0	0	0	0	0	0
SUPER ACT SERVICES (356)	0.00	0	0	14	12	14	14	54	0	54
<b>Group Total</b>	<b>0.00</b>	<b>0</b>	<b>0</b>	<b>14</b>	<b>12</b>	<b>14</b>	<b>14</b>	<b>54</b>	<b>0</b>	<b>54</b>
<b>Community Hygiene</b>										
COMMUNITY ENVIR. HEALTH (345)	0.00	0	0	92	79	92	79	342	0	342
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)	0.13	0	0	2,782	2,385	2,782	2,425	3	10,371	10,374
SOLID WASTE DISPOSAL SERVICE (363)	0.00	0	0	0	0	0	0	0	0	0
SANITARY NUISANCE (365)	0.00	0	0	111	95	111	97	414	0	414
RABIES SURVEILLANCE (366)	0.01	0	1	487	417	487	424	0	1,815	1,815
ARBORVIRUS SURVEIL. (367)	2.81	0	281	33,815	28,986	33,815	29,465	66	126,015	126,081
RODENT/ARTHROPOD CONTROL (368)	0.00	0	0	24	21	24	21	90	0	90
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	24	21	24	21	90	0	90
TOXIC SUBSTANCES (373)	0.00	0	0	0	0	0	0	0	0	0
<b>Group Total</b>	<b>2.95</b>	<b>0</b>	<b>282</b>	<b>37,335</b>	<b>32,004</b>	<b>37,335</b>	<b>32,532</b>	<b>1,005</b>	<b>138,201</b>	<b>139,206</b>
<b>ENVIRONMENTAL HEALTH SUBTOTAL</b>	<b>12.67</b>	<b>2,656</b>	<b>5,199</b>	<b>278,768</b>	<b>238,960</b>	<b>278,768</b>	<b>242,912</b>	<b>603,314</b>	<b>436,094</b>	<b>1,039,408</b>
<b>D. NON-OPERATIONAL COSTS:</b>										
NON-OPERATIONAL COSTS (599)	0.00	0	0	0	0	0	0	0	0	0
ENVIRONMENTAL HEALTH SURCHARGE (399)	0.00	0	0	3,815	3,270	3,815	3,325	14,225	0	14,225
MEDICAID BUYBACK (611)	0.00	0	0	63	54	63	55	235	0	235
<b>NON-OPERATIONAL COSTS SUBTOTAL</b>	<b>0.00</b>	<b>0</b>	<b>0</b>	<b>3,878</b>	<b>3,324</b>	<b>3,878</b>	<b>3,380</b>	<b>14,460</b>	<b>0</b>	<b>14,460</b>
<b>TOTAL CONTRACT</b>	<b>69.35</b>	<b>15,664</b>	<b>216,284</b>	<b>1,603,903</b>	<b>1,374,857</b>	<b>1,603,903</b>	<b>1,397,591</b>	<b>3,644,034</b>	<b>2,336,220</b>	<b>5,980,254</b>

**ATTACHMENT III**  
**NASSAU COUNTY HEALTH DEPARTMENT**  
**CIVIL RIGHTS COMPLIANCE AND NON-DISCRIMINATION CERTIFICATE**

1. The CHD 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.
2. The CHD assures that it will comply with 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.
3. Assurance of Civil Rights Compliance: The CHD hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.); Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.); Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794); the Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.); Title II and Title III of the Americans with Disabilities Act (ADA) of 1990, as amended by the ADA Amendment Act of 2008 (42 U.S.C. 12131-12189) and as implemented by Department of Justice regulations at 28 CFR Parts 35 and 36; Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency" (August 11, 2000); all provisions required by the implementing regulations of the U.S. Department of Agriculture (7 CFR Part 15 et seq.); and FNS directives and guidelines to the effect that no person shall, on the ground of race, color, national origin, age, sex, or disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity for which the agency receives Federal financial assistance from FNS; and hereby gives assurance that it will immediately take measures necessary to effectuate this agreement.

By providing this assurance, the CHD agrees to compile data, maintain records and submit records and reports as required to permit effective enforcement of the nondiscrimination laws, and to permit Department personnel during normal working hours to review and copy such records, books and accounts, access such facilities, and interview such personnel as needed to ascertain compliance with the non-discrimination laws. If there are any violations of this assurance, the Department of Agriculture shall have the right to seek judicial enforcement of this assurance.

- This assurance is given in consideration of and for the purpose of obtaining any and all Federal financial assistance, grants, and loans of Federal funds, reimbursable expenditures, grant or donation of Federal property and interest in property, the detail of Federal personnel, the sale and lease of, and the permission to use Federal property or interest in such property or the furnishing of services without consideration or at a nominal consideration, or at a consideration that is reduced for the purpose of assisting the recipient, or in recognition of the public interest to be served by such sale, lease, or
4. Confidentiality of Data, Files, and Records: The CHD agrees to restrict the use and disclosure of confidential USDA, Women, Infant, and Children (WIC) applicant and participant information as specified in 7 CFR § 246.26(d)(1)(i) in accordance with 7 CFR § 246.26(d)(1)(ii), as applicable.



**Attachment IV**  
**Fiscal Year - 2024 - 2025**  
**Nassau County Health Department**  
**Facilities Utilized by the County Health Department**

<b>Complete Location</b> <small>(Street Address, City, Zip)</small>	<b>Facility Description</b> <b>And Official Building Name (if applicable)</b> <small>(Admin, Clinic, Envrn Hlth, etc.)</small>	<b>Lease/ Agreement Number</b>	<b>Type of Agreement</b> <small>(Private Lease thru State or County, other - please define)</small>	<b>Complete Legal Name of Owner</b>	<b>SQ Feet</b>	<b>Employee Count</b> <small>(FTE/OPS/ Contract)</small>
1620 Nectarine St., Fernandina Beach, FL 32034	Admin/Clinic/Vitals Stats/Healthy Start/Community Health/ WIC	n/a	County Owned	Board of County Commissioners	5850	30
45377 Mickler St, Callahan, FL 32011	Clinic/WIC/School Health	n/a	County Owned	Board of County Commissioners	2500	6
37203 Pecan St, Hilliard, FL 32046	Dental/WIC/ Environmental	n/a	County Owned	Board of County Commissioners	4350	15
86014 Pages Dairy Rd, Yulee, FL 32097	Clinic/WIC/School Health/Epi	n/a	County Owned	Board of County Commissioners	5765	18
96135 Nassau Pl, Ste B, Yulee, FL 32097	Environmental	n/a	County Owned	Board of County Commissioners	1350	8
Yulee Dental Clinic, 86207 Felmore Rd, Yulee, FL 32097	Dental Clinic	n/a	Private Owned	Nassau County School Board	1289	7
86026 Pages Dairy Rd, Yulee, FL 32097	Environmental/ Preparedness	n/a	County Owned	Board of County Commissioners	n/a	9

**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.



COUNTY HEALTH DEPARTMENT

2024 - 2025 CORE CONTRACT REVIEW CHECK LIST

COUNTY: NASSAU

Check when Complete	Instructions
1.	Three original contracts submitted.
2.	Changes to contract approved by Deputy General Counsel. <b>Yes:</b> Proceed with review. <b>No:</b> Return to CHD.
3.	<u>Contract Document, Page 1</u> County name entered in various required fields.
4.	<u>Contract Document, Page 2</u> In section 4.a.i., amount equals or less than the Schedule C total for General Revenue, Other State Funds and Federal Funds.
5.	<u>Contract Document, Page 2</u> In section 4.a.ii., amount equals the Board of County Commissioners Annual Appropriated Amount (Attachment II, Part II, Section 9).
6.	<u>Contract Document, Page 3</u> In section 4.e., county name and address is entered.
7.	<u>Contract Document, Page 4</u> In section 6.d., county name is entered.
8.	<u>Contract Document, Page 7</u> In section 9.b., State and County contract manager information is entered in the respective fields.
9.	<u>Contract Document, Page 8</u> Number of contract document pages is entered and correct.
10.	<u>Contract Document, Page 8</u> County name for the BOCC is entered.
11.	<u>Contract Document, Page 8</u> Required signatures from Board of County Commissioners, the Witness ("Attested To"), and the CHD Director/Administrator in the respective fields. <b>Exception: If the board of County Commissioners requires DOH to sign first.</b>
12.	<u>Attachment II, Part I:</u> Section 1. - CHD Trust Fund Ending Balance 9/30/24 Total is within 10% of the FIRS Spending Plan projected cash balance for September of the corresponding year.
13.	<u>Attachment II, Part I:</u> Section 2. - Draw down for Contract Year amount recorded in the Estimated <u>State</u> share column equals the amount indicated on the Attachment II, Part II, Draw down from Public Health Unit line.
14.	<u>Attachment II, Part I:</u> Section 2. - Draw down for Contract Year amount recorded in the Estimated <u>County</u> share column equals the amount indicated on the Attachment II, Part II, Draw down from Public Health Unit line.
15.	<u>Attachment II, Part I:</u> Balances and totals were calculated correctly.
16.	<u>Attachment II, Part I:</u> Section 4. - Cash-to budget percentage is within the CHD's minimum and maximum reserve requirement. Divide the 9/30/25 total cash balance by the total planned expenditures. _____ %
17.	<u>Attachment II, Part II:</u> County in-kind contributions are included.
18.	<u>Attachment IV:</u> Verify that the facility information looks correct.
19.	<u>Attachment V:</u> Verify that the special project information is entered correctly.
20.	Complete the CHD Core Contract Review form using Attachments II, Part II & Part III and the Schedule C.

**Mission:**

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



**Vision:** To be the Healthiest State in the Nation

**Ron DeSantis**  
Governor

**Joseph A Ladapo, MD, PhD**  
State Surgeon General

**INTEROFFICE MEMORANDUM**

**DATE:** October 2, 2024  
**TO:** Curtis Barker, Director  
Office of Budget and Revenue Management  
**FROM:** Cara Gluck  
Administrator/Director  
Nassau County Health Department  
**SUBJECT:** Core Contract Certification for 2024-2025

**INFORMATION ONLY**

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

Page	Paragraph	Document Changes
6	7. a. i.	i. County shall construct a storage facility, on County-owned property using County funds, for the exclusive use by CHD. County will own and maintain said facility. CHD shall reimburse County for a designated amount of construction costs using local government funds through the applicable State authorized purchase order process. The amount reimbursed to County shall not exceed the pre-approved purchase order. During construction, upon completion, and for the duration of CHD tenancy, County shall ensure adequate fire and casualty insurance coverage for said storage facility through a self-insurance program or insurance purchased by County. Upon initiation of its tenancy, CHD shall have no additional financial obligation for use of the facility. For the duration of its tenancy, CHD shall ensure adequate insurance coverage for all furnishings and equipment stored in the facility through a self-insurance program or insurance purchased by the State. Upon completion, the Parties will amend Attachment IV to this contract to add the facility to the exhibit.

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



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

*Cara Gluck*

\_\_\_\_\_  
**Signature** (Administrator/Director)

\_\_\_\_\_  
October 2, 2024

**Date**

*[Signature]*  
**A. Leo**

\_\_\_\_\_  
**Signature** (Deputy General Counsel)

\_\_\_\_\_  
October 2, 2024

**Date**



## Certificate Of Completion

Envelope Id: A89E0FC95693487B90B912B0E967A9CE  
 Subject: CM3763 State of Florida Dept. of Health \$1,182,162 FY2024/2025 Funding Agreement  
 Source Envelope:  
 Document Pages: 21 Signatures: 5  
 Certificate Pages: 5 Initials: 1  
 AutoNav: Enabled  
 Envelope Stamping: Enabled  
 Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Status: Completed

Envelope Originator:  
 Sharon Johns  
 sjohns@nassaucountyfl.com  
 IP Address: 50.238.237.26

## Record Tracking

Status: Original  
 10/1/2024 10:10:20 AM

Holder: Sharon Johns  
 sjohns@nassaucountyfl.com

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## Signer Events

chris lacambra  
 clacambra@nassaucountyfl.com  
 OMB Director  
 Nassau County BOCC  
 Security Level: Email, Account Authentication  
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## Signature

*Chris Lacambra*

Signature Adoption: Pre-selected Style  
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## Timestamp

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Tracy Poore  
 tpoore@nassaucountyfl.com  
 OMB Admin  
 Nassau County BOCC  
 Security Level: Email, Account Authentication  
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*TP*

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chris lacambra  
 clacambra@nassaucountyfl.com  
 OMB Director  
 Nassau County BOCC  
 Security Level: Email, Account Authentication  
 (None)

*Chris Lacambra*

Signature Adoption: Pre-selected Style  
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Cara Gluck  
 Cara.Gluck@flhealth.gov  
 Security Level: Email, Account Authentication  
 (None)

*Cara Gluck*

Signature Adoption: Pre-selected Style  
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 Signed: 10/1/2024 11:43:53 AM

**Electronic Record and Signature Disclosure:**  
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Signer Events	Signature	Timestamp
Denise C. May, Esq., BCS dmay@nassaucountyfl.com County Attorney Nassau County BOCC Security Level: Email, Account Authentication (None)	<i>Denise C. May, Esq., BCS</i>  Signature Adoption: Pre-selected Style Using IP Address: 174.228.169.77 Signed using mobile	Sent: 10/1/2024 11:43:56 AM Viewed: 10/1/2024 12:13:00 PM Signed: 10/1/2024 12:13:38 PM
<b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign		
Taco Pope, AICP tpope@nassaucountyfl.com County Manager Nassau County BOCC Security Level: Email, Account Authentication (None)	  Signature Adoption: Drawn on Device Using IP Address: 50.238.237.26	Sent: 10/1/2024 12:13:42 PM Viewed: 10/1/2024 12:16:50 PM Signed: 10/1/2024 12:32:24 PM
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<b>Agent Delivery Events</b>	<b>Status</b>	<b>Timestamp</b>
<b>Intermediary Delivery Events</b>	<b>Status</b>	<b>Timestamp</b>
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<b>Carbon Copy Events</b>	<b>Status</b>	<b>Timestamp</b>
Clerk Services BOCCClerkServices@nassauclerk.com Security Level: Email, Account Authentication (None)	<b>COPIED</b>	Sent: 10/1/2024 12:32:27 PM Viewed: 10/1/2024 12:35:06 PM
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Procurement procurement@nassaucountyfl.com Security Level: Email, Account Authentication (None)	<b>COPIED</b>	Sent: 10/1/2024 12:32:28 PM Viewed: 10/1/2024 1:52:39 PM
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Witness Events	Signature	Timestamp
<b>Notary Events</b>	<b>Signature</b>	<b>Timestamp</b>
<b>Envelope Summary Events</b>	<b>Status</b>	<b>Timestamps</b>
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Certified Delivered	Security Checked	10/1/2024 12:16:50 PM
Signing Complete	Security Checked	10/1/2024 12:32:24 PM
Completed	Security Checked	10/1/2024 12:32:28 PM

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To contact us by email send messages to: [bsimmons@nassaucountyfl.com](mailto:bsimmons@nassaucountyfl.com)

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