



Jeb Bush
Governor

M. Rony François, M.D., M.S.P.H., Ph.D.
Secretary, Department of Health

October 13, 2005

Michael Mahaney
County Administrator
96160 Nassau Place
Yulee, FL 32097

Dear Mr. Mahaney:

One original copy of the annual contract between the State and the County for the planned services provided by Nassau County Health Department is attached.

Your continued support of public health programs in Nassau County is appreciated. If you have any questions regarding the contract or any of our programs, please contact me at 548-1800 x5208.

Sincerely,

A handwritten signature in cursive script, appearing to read "James A. Pearson".

James A. Pearson
Business Manager

Attach

05 OCT 17 PM 1:26
COUNTY COORDINATORS
OFFICE

**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 2005-2006**

This agreement ("Agreement") is made and entered into between the State of Florida, Department of Health ("State") and the Nassau County Board of County Commissioners ("County"), through their undersigned authorities, effective October 1, 2005.

RECITALS

A. Pursuant to Chapter 154, F.S., the intent of the legislature is to "promote, protect, maintain, and improve the health and safety of all citizens and visitors of this state through a system of coordinated county health department services."

B. County Health Departments were created throughout Florida to satisfy this legislative intent through "promotion of the public's health, the control and eradication of preventable diseases, and the provision of primary health care for special populations."

C. Nassau County Health Department ("CHD") is one of the County Health Departments created throughout Florida. It is necessary for the parties hereto to enter into this Agreement in order to assure coordination between the State and the County in the operation of the CHD.

NOW THEREFORE, in consideration of the mutual promises set forth herein, the sufficiency of which are hereby acknowledged, the parties hereto agree as follows:

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

2. TERM. The parties mutually agree that this Agreement shall be effective from October 1, 2005, through September 30, 2006, or until a written agreement replacing this Agreement is entered into between the parties, whichever is later, unless this Agreement is otherwise terminated pursuant to the termination provisions set forth in paragraph 8, below.

3. SERVICES MAINTAINED BY THE CHD. The parties mutually agree that the CHD shall provide those services as set forth on Part III of Attachment II hereof, in order to maintain the following three levels of service pursuant to Section 154.01(2), Florida Statutes, as defined below:

a. "Environmental health services" are those services which are organized and operated to protect the health of the general public by monitoring and regulating activities in the environment which may contribute to the occurrence or transmission of disease. Environmental health services shall be supported by available federal, state and local

funds and shall include those services mandated on a state or federal level. Examples of environmental health services include, but are not limited to, food hygiene, safe drinking water supply, sewage and solid waste disposal, swimming pools, group care facilities, migrant labor camps, toxic material control, radiological health, occupational health.

b. "Communicable disease control services" are those services which protect the health of the general public through the detection, control, and eradication of diseases which are transmitted primarily by human beings. Communicable disease services shall be supported by available federal, state, and local funds and shall include those services mandated on a state or federal level. Such services include, but are not limited to, epidemiology, sexually transmissible disease detection and control, HIV/AIDS, immunization, tuberculosis control and maintenance of vital statistics.

c. "Primary care services" are acute care and preventive services that are made available to well and sick persons who are unable to obtain such services due to lack of income or other barriers beyond their control. These services are provided to benefit individuals, improve the collective health of the public, and prevent and control the spread of disease. Primary health care services are provided at home, in group settings, or in clinics. These services shall be supported by available federal, state, and local funds and shall include services mandated on a state or federal level. Examples of primary health care services include, but are not limited to: first contact acute care services; chronic disease detection and treatment; maternal and child health services; family planning; nutrition; school health; supplemental food assistance for women, infants, and children; home health; and dental services.

4. FUNDING. The parties further agree that funding for the CHD will be handled as follows:

a. The funding to be provided by the parties and any other sources are set forth in Part II of Attachment II hereof. This funding will be used as shown in Part I of Attachment II.

i. The State's appropriated responsibility *(direct contribution excluding any state fees, Medicaid contributions or any other funds not listed on the Schedule C)* as provided in Attachment II, Part II is an amount not to exceed \$ 1,919,370.00 *(State General Revenue, 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 \$ 1,188,795.00 *(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 current year or from surplus trust funds) in any service category. Unless requested otherwise, any surplus at the end of the term of this Agreement in the County Health Department Trust Fund that is attributed to the CHD shall be carried forward to the next contract period.

c. Either party may establish service fees as allowed by law to fund activities of the CHD. Where applicable, such fees shall be automatically adjusted to at least the Medicaid fee schedule.

d. Either party may increase or decrease funding of this Agreement during the term hereof by notifying the other party in writing of the amount and purpose for the change in funding. If the State initiates the increase/decrease, the CHD will revise the Attachment II and send a copy of the revised pages to the County and the Department of Health, Bureau of Budget Management. If the County initiates the increase/decrease, the County shall notify the CHD. The CHD will then revise the Attachment II and send a copy of the revised pages to the Department of Health, Bureau of Budget Management.

e. The name and address of the official payee to who payments shall be made is:

County Health Department Trust Fund
Nassau County
P. O. Box 517
Fernandina Beach, FL 32035-0517

5. CHD DIRECTOR/ADMINISTRATOR. Both parties agree the director/administrator of the CHD shall be a State employee or under contract with the State and will be under the day-to-day direction of the Deputy State Health Officer. The director/administrator shall be selected by the State with the concurrence of the County. The director/administrator of the CHD shall insure that non-categorical sources of funding are used to fulfill public health priorities in the community and the Long Range Program Plan. A report detailing the status of public health as measured by outcome measures and similar indicators will be sent by the CHD director/administrator to the parties no later than October 1 of each year (*This is the standard quality assurance "County Health Profile" report located on the Office of Planning, Evaluation & Data Analysis Intranet site*).

6. ADMINISTRATIVE POLICIES AND PROCEDURES. The parties hereto agree that the following standards should apply in the operation of the CHD:

a. The CHD and its personnel shall follow all State policies and procedures, except to the extent permitted for the use of county purchasing procedures as set forth in subparagraph b., below. All CHD employees shall be State or State-contract personnel subject to State personnel rules and procedures. Employees will report time in the Client Information System/Health Management Component compatible format by program component as specified by the State.

b. The CHD shall comply with all applicable provisions of federal and state laws and regulations relating to its operation with the exception that the use of county purchasing procedures shall be allowed when it will result in a better price or service and no statewide Department of Health purchasing contract has been implemented for those goods or services. In such cases, the CHD director/administrator must sign a justification therefore, and all county-purchasing procedures must be followed in their entirety, and such compliance shall be documented. Such justification and compliance documentation shall

be maintained by the CHD in accordance with the terms of this Agreement. State procedures must be followed for all leases on facilities not enumerated in Attachment IV.

c. The CHD shall maintain books, records and documents in accordance with those promulgated by the Generally Accepted Accounting Principles (GAAP) and Governmental Accounting Standards Board (GASB), and the requirements of federal or state law. These records shall be maintained as required by the Department of Health Policies and Procedures for Records Management and shall be open for inspection at any time by the parties and the public, except for those records that are not otherwise subject to disclosure as provided by law which are subject to the confidentiality provisions of paragraph 6.i., below. Books, records and documents must be adequate to allow the CHD to comply with the following reporting requirements:

- i.* The revenue and expenditure requirements in the Florida Accounting System Information Resource (FLAIR).
- ii.* The client registration and services reporting requirements of the minimum data set as specified in the most current version of the Client Information System/Health Management Component Pamphlet;
- iii.* Financial procedures specified in the Department of Health's Accounting Procedures Manuals, Accounting memoranda, and Comptroller's memoranda;
- iv.* The CHD is responsible for assuring that all contracts with service providers include provisions that all subcontracted services be reported to the CHD in a manner consistent with the client registration and service reporting requirements of the minimum data set as specified in the Client Information System/Health Management Component Pamphlet.

d. All funds for the CHD shall be deposited in the County Health Department Trust Fund maintained by the state treasurer. These funds shall be accounted for separately from funds deposited for other CHDs and shall be used only for public health purposes in Nassau County.

e. That any surplus/deficit funds, including fees or accrued interest, remaining in the County Health Department Trust Fund account at the end of the contract year shall be credited/debited to the state or county, as appropriate, based on the funds contributed by each and the expenditures incurred by each. Expenditures will be charged to the program accounts by state and county based on the ratio of planned expenditures in the core contract and funding from all sources is credited to the program accounts by state and county. The equity share of any surplus/deficit funds accruing to the state and county is determined each month and at contract year-end. Surplus funds may be applied toward the funding requirements of each participating governmental entity in the following year. However, in each such case, all surplus funds, including fees and accrued interest, shall remain in the trust fund until accounted for in a manner which clearly illustrates the amount which has been credited to each participating governmental entity. The planned use of

surplus funds shall be reflected in Attachment II, Part I of this contract, with special capital projects explained in Attachment V.

f. There shall be no transfer of funds between the three levels of services without a contract amendment unless the CHD director/administrator determines that an emergency exists wherein a time delay would endanger the public's health and the Deputy State Health Officer has approved the transfer. The Deputy State Health Officer shall forward written evidence of this approval to the CHD within 30 days after an emergency transfer.

g. The CHD may execute subcontracts for services necessary to enable the CHD to carry out the programs specified in this Agreement. Any such subcontract shall include all aforementioned audit and record keeping requirements.

h. At the request of either party, an audit may be conducted by an independent CPA on the financial records of the CHD and the results made available to the parties within 180 days after the close of the CHD fiscal year. This audit will follow requirements contained in OMB Circular A-133 and may be in conjunction with audits performed by county government. If audit exceptions are found, then the director/administrator of the CHD will prepare a corrective action plan and a copy of that plan and monthly status reports will be furnished to the contract managers for the parties.

i. The CHD shall not use or disclose any information concerning a recipient of services except as allowed by federal or state law or policy.

j. The CHD shall retain all client records, financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to this Agreement for a period of five (5) years after termination of this Agreement. If an audit has been initiated and audit findings have not been resolved at the end of five (5) years, the records shall be retained until resolution of the audit findings.

k. The CHD shall maintain confidentiality of all data, files, and records that are confidential under the law or are otherwise exempted from disclosure as a public record under Florida law. The CHD shall implement procedures to ensure the protection and confidentiality of all such records and shall comply with sections 384.29, 381.004, 392.65 and 456.057, Florida Statutes, and all other state and federal laws regarding confidentiality. All confidentiality procedures implemented by the CHD shall be consistent with the Department of Health Information Security Policies, Protocols, and Procedures, dated September 1997, as amended, the terms of which are incorporated herein by reference. The CHD shall further adhere to any amendments to the State's security requirements and shall comply with any applicable professional standards of practice with respect to client confidentiality.

l. The CHD shall abide by all State policies and procedures, which by this reference are incorporated herein as standards to be followed by the CHD, except as otherwise permitted for some purchases using county procedures pursuant to paragraph 6.b. hereof.

m. The CHD shall establish a system through which applicants for services and current clients may present grievances over denial, modification or termination of services. The

CHD will advise applicants of the right to appeal a denial or exclusion from services, of failure to take account of a client's choice of service, and of his/her right to a fair hearing to the final governing authority of the agency. Specific references to existing laws, rules or program manuals are included in Attachment I of this Agreement.

n. The CHD shall comply with the provisions contained in the Civil Rights Certificate, hereby incorporated into this contract as Attachment III.

o. The CHD shall submit quarterly reports to the county that shall include at least the following:

i. The DE385L1 Contract Management Variance Report and the DE580L1 Analysis of Fund Equities Report;

ii. A written explanation to the county of service variances reflected in the DE385L1 report if the variance exceeds or falls below 25 percent of the planned expenditure amount. However, if the amount of the service specific variance between actual and planned expenditures does not exceed three percent of the total planned expenditures for the level of service in which the type of service is included, a variance explanation is not required. A copy of the written explanation shall be sent to the Department of Health, Bureau of Budget 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, 2006 for the report period October 1, 2005 through December 31, 2005;
- ii. June 1, 2006 for the report period October 1, 2005 through March 31, 2006;
- iii. September 1, 2006 for the report period October 1, 2005 through June 30, 2006; and
- iv. December 1, 2006 for the report period October 1, 2005 through September 30, 2006.

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 assure adequate fire and casualty insurance coverage for County-owned CHD offices and buildings and for all furnishings and equipment in CHD offices through either a self-insurance program or insurance purchased by the County.

c. All vehicles will be transferred to the ownership of the County and registered as county vehicles. The county shall assure insurance coverage for these vehicles is available through either a self-insurance program or insurance purchased by the County. All vehicles will be used solely for CHD operations. Vehicles purchased through the County Health Department Trust Fund shall be sold at fair market value when they are no longer needed by the CHD and the proceeds returned to the County Health Department Trust Fund.

8. TERMINATION.

a. Termination at Will. This Agreement may be terminated by either party without cause upon no less than one-hundred eighty (180) calendar days notice in writing to the other party unless a lesser time is mutually agreed upon in writing by both parties. Said notice shall be delivered by certified mail, return receipt requested, or in person to the other party's contract manager with proof of delivery.

b. Termination Because of Lack of Funds. In the event funds to finance this Agreement become unavailable, either party may terminate this Agreement upon no less than twenty-four (24) hours notice. Said notice shall be delivered by certified mail, return receipt requested, or in person to the other party's contract manager with proof of delivery.

c. Termination for Breach. This Agreement may be terminated by one party, upon no less than thirty (30) days notice, because of the other party's failure to perform an

obligation hereunder. Said notice shall be delivered by certified mail, return receipt requested, or in person to the other party's contract manager with proof of delivery. Waiver of breach of any provisions of this Agreement shall not be deemed to be a waiver of any other breach and shall not be construed to be a modification of the terms of this Agreement.

9. MISCELLANEOUS. The parties further agree:

a. Availability of Funds. If this Agreement, any renewal hereof, or any term, performance or payment hereunder, extends beyond the fiscal year beginning July 1, 2006, it is agreed that the performance and payment under this Agreement are contingent upon an annual appropriation by the Legislature, in accordance with section 287.0582, Florida Statutes.

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

For the State:

James A. Pearson
Name

Business Manager
Title

Nassau County Health Department
P. O. Box 517
Fernandina Beach, FL 32035-0517
Address

(904) 548-1800 x5208
Telephone

For the County:

Michael G. Mahaney
Name

County Administrator
Title

96160 Nassau Place
Yulee, FL 32097
Address

(904) 491-7380
Telephone


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

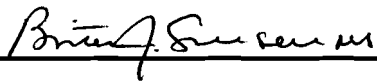
c. Captions. The captions and headings contained in this Agreement are for the convenience of the parties only and do not in any way modify, amplify, or give additional notice of the provisions hereof.


In WITNESS THEREOF, the parties hereto have caused this 28 page agreement to be executed by their undersigned officials as duly authorized effective the 1st day of October, 2005.

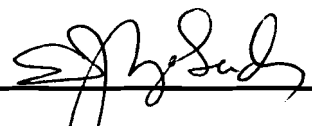
**BOARD OF COUNTY COMMISSIONERS
FOR NASSAU COUNTY**

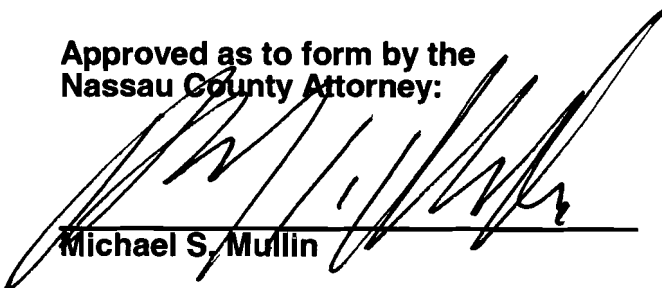
**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

SIGNED BY: 
NAME: Ansley Acree
TITLE: Board Chair
DATE: September 26, 2005

SIGNED BY: 
NAME: M. Rony Francois, M.D., M.S.P.H., Ph.D.
TITLE: Secretary
DATE: 10.6.05

ATTESTED TO:
SIGNED BY: 
NAME: J. A. Crawford
TITLE: Ex-Officio Clerk
DATE: 9-26-05

SIGNED BY: 
NAME: E. J. Ngo-Seidel, M.D., M.P.H.
TITLE: CHD Director
DATE: 9/16/05

Approved as to form by the
Nassau County Attorney:

Michael S. Mullin

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 FAC 64D-3, F.S. 381 and F.S. 384 and the CHD Guidebook.
2. Dental Health	Monthly reporting on DH Form 1008*.
3. Special Supplemental Nutrition Program for Women, Infants and Children.	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 Healthy Start Standards and Guidelines 1998 and as specified by the Health Start Coalitions in contract with each county health department.
5. Family Planning	Periodic financial and programmatic reports as specified by the program office and in the CHD Guidebook, Internal Operating Policy FAMPLAN 14*
6. Immunization	Periodic reports as specified by the department regarding the surveillance/investigation of reportable vaccine preventable diseases, vaccine usage accountability, the assessment of various immunization levels and forms reporting adverse events following immunization and Immunization Module quarterly quality audits and duplicate data reports.
7. Chronic Disease Program	Requirements as specified in the Community Intervention Program (CIP) and the CHD Guidebook.
8. Environmental Health	Requirements as specified in DHP 50-4* and 50-21*
9. HIV/AIDS Program	Requirements as specified in Florida Statue 384.25 and 64D-3.016 and 3.017 F.A.C. and the CHD Guidebook. Case reporting on CDC Forms 50.42B (Adult/ Adolescent) and 50.42A (Pediatric). Socio-demographic data on persons tested for HIV in CHD clinics should be reported on Lab Request Form 1628 or Post-Test Counseling Form 1633. These reports are to be sent to the Headquarters HIV/AIDS office within 5 days of the initial post-test counseling appointment or within 90 days of the missed post-test counseling appointment.

ATTACHMENT I (Continued)

10. School Health Services

HRSM 150-25*, including the requirement for an annual plan as a condition for funding.

*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 as of 09/30/05	Estimated County Share of CHD Trust Fund Balance as of 09/30/05	Total
1. CHD Trust Fund Ending Balance 09/30/05	364,409	408,589	772,998
2. Drawdown for Contract Year October 1, 2005 to September 30, 2006			0
3. Special Capital Project use for Contract Year October 1, 2005 to September 30, 2006	176,900	181,912	358,812
4. Balance Reserved for Contingency Fund October 1, 2005 to September 30, 2006	187,509	226,677	414,186

Note: The total of items 2, 3 and 4 must equal the ending balance in item 1.

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

Pursuant to 154.02, F.S., At a minimum, the trust fund shall consist of: an operating reserve, consisting of 8.5 percent of the annual operating budget, maintained to ensure adequate cash flow from nonstate revenue sources.

NASSAU COUNTY HEALTH DEPARTMENT Part B Source of Contributions to County Health Department

09/01/2015 - 09/30/2015

State CHD Trust Fund (cash)	County CHD Trust Fund (cash)	Total CHD Trust Fund (cash)	Other Contributions	Total
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1. GENERAL REVENUE - STATE

015050	ALG/CESSPOOL IDENTIFICATION AND ELIMINATION	0	0	0	0	0
015050	ALG/CONTR TO CHDS	893,374	0	893,374	0	893,374
015050	ALG/CONTR TO CHDS-AIDS PATIENT CARE	0	0	0	0	0
015050	ALG/CONTR TO CHDS-AIDS PREV & SURV & FIELD STAFF	0	0	0	0	0
015050	ALG/CONTR TO CHDS-MIGRANT LABOR CAMP SANITATION	0	0	0	0	0
015050	ALG/CONTR. TO CHDS-DENTAL PROGRAM	27,900	0	27,900	0	27,900
015050	ALG/CONTR. TO CHDS-IMMUNIZATION OUTREACH TEAMS	3,946	0	3,946	0	3,946
015050	ALG/CONTR. TO CHDS-INDOOR AIR ASSIST PROG	0	0	0	0	0
015050	ALG/CONTR. TO CHDS-MCH HEALTH - FIELD STAFF COST	0	0	0	0	0
015050	ALG/CONTR. TO CHDS-SOVEREIGN IMMUNITY	0	0	0	0	0
015050	ALG/CONTRIBUTION TO CHDS-PRIMARY CARE	6,500	0	6,500	0	6,500
015050	ALG/FAMILY PLANNING	35,440	0	35,440	0	35,440
015050	ALG/IPO - OUTREACH SOCIAL WORKERS CAT. 050707	0	0	0	0	0
015050	ALG/IPO HEALTHY START	0	0	0	0	0
015050	ALG/IPO HEALTHY START/IPO CAT 050707	0	0	0	0	0
015050	ALG/IPO-INFANT MORTALITY PROJECT CAT. 050707	0	0	0	0	0
015050	ALG/MCH HEALTHY START/IPO CAT 050870	0	0	0	0	0
015050	ALG/MCH-INFANT MORTALITY PROJECT CAT. 050870	0	0	0	0	0
015050	ALG/MCH-OUTREACH SOCIAL WORKERS CAT 050870	0	0	0	0	0
015050	ALG/PRIMARY CARE	123,500	0	123,500	0	123,500
015050	ALG/SCHOOL HEALTH/SUPPLEMENTAL	0	0	0	0	0
015050	CHD SUPPORT SERVICES	0	0	0	0	0
015050	COMMUNITY INTERVENTION PROGRAM	0	0	0	0	0
015050	COMMUNITY TB PROGRAM	16,698	0	16,698	0	16,698
015050	CONTR TO CHDS - DUVAL TEEN PREGNANCY PREVENTION	0	0	0	0	0
015050	ENHANCED DENTAL SERVICES	0	0	0	0	0
015050	FL HEPATITIS & LIVER FAILURE PREVENTION/CONTROL	0	0	0	0	0
015050	HEALTH PROMOTION & EDUCATION INITIATIVES	0	0	0	0	0
015050	HEALTHY BEACHES MONITORING	18,935	0	18,935	0	18,935
015050	HEALTHY START - DATA COLLECTION PROJECT STAFF	0	0	0	0	0
015050	LA LIGA CONTRA EL CANCER	0	0	0	0	0
015050	MEDIVAN PROJECT	0	0	0	0	0
015050	METRO ORLANDO URBAN LEAGUE TEENAGE PREG PREV	0	0	0	0	0
015050	RED LEGISLATION - GAP GRANT (CAT 050310)	0	0	0	0	0
015050	SPECIAL NEEDS SHELTER PROGRAM	0	0	0	0	0
015050	STD GENERAL REVENUE	0	0	0	0	0
015050	VOLUNTEER SCHOOL HEALTH NURSE GRANT	0	0	0	0	0

GENERAL REVENUE TOTAL

1,126,293	0	1,126,293	0	1,126,293
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2. NON GENERAL REVENUE - STATE

015010	ALG/CONTR TO CHDS-REBASING TOBACCO TF	13,739	0	13,739	0	13,739
015010	BASIC SCHOOL HEALTH - TOBACCO TF	70,862	0	70,862	0	70,862
015010	CHD SUPPORT SERVICES	0	0	0	0	0
015010	FL HEPATITIS & LIVER FAILURE PREVENTION/CONTROL	0	0	0	0	0
015010	FULL SERVICE SCHOOLS - TOBACCO TF	63,977	0	63,977	0	63,977
015010	ONSITE SEWAGE RESEARCH FUND	0	0	0	0	0
015010	PACE EH	0	0	0	0	0
015010	SUPER ACT PROGRAM ADM TF	15,750	0	15,750	0	15,750

WATERBURY HEALTH DEPARTMENT
Part II: Sources of Contributions to County Health Department
October 1, 2005 to September 30, 2006

		State CHD Trust Fund (cash)	County CHD Trust Fund (cash)	Total CHD Trust Fund (cash)	Other Contributions	Total
2. NON GENERAL REVENUE - STATE						
015010	SUPPLEMENTAL/COMPREHENSIVE SCHOOL HEALTH - TOB TF	0	0	0	0	0
015010	VARICELLA IMMUNIZATION REQUIREMENT TOBACCO TF	2,112	0	2,112	0	2,112
015020	ALG/CONTR. TO CHDS-BIOMEDICAL WASTE/DEP ADM TF	1,952	0	1,952	0	1,952
015020	ALG/CONTR. TO CHDS-SAFE DRINKING WATER PRG/DEP ADM	0	0	0	0	0
015020	FOOD AND WATERBORNE DISEASE PROGRAM ADM TF/DACS	0	0	0	0	0
NON GENERAL REVENUE TOTAL		168,392	0	168,392	0	168,392
3. FEDERAL FUNDS - State						
007000	AIDS PREVENTION	0	0	0	0	0
007000	AIDS SEROPREVALENCE	0	0	0	0	0
007000	AIDS SURVEILLANCE	0	0	0	0	0
007000	BIOTERR SURVEILLANCE & EPIDEMIOLOGY	36,774	0	36,774	0	36,774
007000	BIOTERRORISM HOSPITAL PREPAREDNESS	0	0	0	0	0
007000	BIOTERRORISM NETWORK COMMUNICATIONS	0	0	0	0	0
007000	BIOTERRORISM PLANNING & READINESS	69,571	0	69,571	0	69,571
007000	CHD SUPPORT SERVICES	0	0	0	0	0
007000	CHILDHOOD LEAD POISONING PREVENTION	0	0	0	0	0
007000	COASTAL BEACH MONITORING PROGRAM	17,148	0	17,148	0	17,148
007000	COMP COMMUNITY CARDIO - PHBG 2004-2005	0	0	0	0	0
007000	COMPREHENSIVE CARDIOVASCULAR PROGRAM	0	0	0	0	0
007000	FGTF/AIDS MORBIDITY	0	0	0	0	0
007000	FGTF/BREAST & CERVICAL CANCER-ADMIN/CASE MAN	0	0	0	0	0
007000	FGTF/FAMILY PLANNING TITLE X SPECIAL INITIATIVES	0	0	0	0	0
007000	FGTF/FAMILY PLANNING-TITLE X	54,841	0	54,841	0	54,841
007000	FGTF/IMMUNIZATION ACTION PLAN	6,234	0	6,234	0	6,234
007000	FGTF/WIC ADMINISTRATION	286,174	0	286,174	0	286,174
007000	HEALTH PROGRAM FOR REFUGEES	0	0	0	0	0
007000	HOUSING OPPORTUNITIES FOR PEOPLE WITH AIDS (HOPWA)	0	0	0	0	0
007000	IMMUNIZATION SUPPLEMENTAL	0	0	0	0	0
007000	IMMUNIZATION-WIC LINKAGES	0	0	0	0	0
007000	MCH BGTF-GADSDEN SCHOOL CLINIC	0	0	0	0	0
007000	MCH BGTF-HEALTHY START IPO	0	0	0	0	0
007000	MCH BGTF-INFANT MORTALITY PROJECT	0	0	0	0	0
007000	MCH BGTF-MCH/CHILD HEALTH	10,683	0	10,683	0	10,683
007000	MCH BGTF-MCH/DENTAL PROJECTS	30,300	0	30,300	0	30,300
007000	MCH BGTF-OUTREACH SOCIAL WORKERS	0	0	0	0	0
007000	PHP-CITIES RESPONSE INITIATIVE 2004-2005	0	0	0	0	0
007000	REDUCING BURDEN OF ARTHRITIS & RHEUMATIC COND TNS	0	0	0	0	0
007000	REFUGEE HEALTH TB TARGETED TESTING	0	0	0	0	0
007000	RISK COMMUNICATIONS	0	0	0	0	0
007000	RYAN WHITE	0	0	0	0	0
007000	RYAN WHITE - EMERGING COMMUNITIES	0	0	0	0	0
007000	RYAN WHITE-AIDS DRUG ASSIST PROG-ADMIN	0	0	0	0	0
007000	RYAN WHITE-CONSORTIA	0	0	0	0	0
007000	STATE PROGRAMS TO PREVENT OBESITY 2003-04	0	0	0	0	0
007000	STD FEDERAL GRANT - CSPS	0	0	0	0	0
007000	STD PROGRAM - PHYSICIAN TRAINING CENTER	0	0	0	0	0
007000	STD PROGRAM - SYPHILIS ELIMINATION (SE)	0	0	0	0	0

NASSAU COUNTY HEALTH DEPARTMENT Part II: Sources of Contributions to County Health Department

October 1, 2005 to September 30, 2006

State CHD Trust Fund (cash)	County CHD Trust Fund (cash)	Total CHD Trust Fund (cash)	Other Contributions	Total
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3. FEDERAL FUNDS - State

007000	STD PROGRAM INFERTILITY PREVENTION PROJECT (IPP)	0	0	0	0	0
007000	STD PROGRAM-INFERTILITY PREVENTION PROJECT (IPP)	0	0	0	0	0
007000	STRATEGIC NATIONAL STOCKPILE	0	0	0	0	0
007000	TRAINING AND EDUCATION	0	0	0	0	0
007000	TUBERCULOSIS CONTROL - FEDERAL GRANT	0	0	0	0	0
007000	WIC BREASTFEEDING PEER COUNSELING PROG FFY 2004	8,701	0	8,701	0	8,701
007000	WIC INFRASTRUCTURE GRANT 2005-2006	0	0	0	0	0
015009	MEDIPASS WAIVER-HLTHY STRT CLIENT SERVICES	0	0	0	0	0
015009	MEDIPASS WAIVER-SOBRA	0	0	0	0	0
015009	SCHOOL HEALTH-SUPPLEMENT-TANF	0	0	0	0	0
015075	CHD SUPPORT SERVICES	0	0	0	0	0
015075	TITLEXXI/SCHOOL HEALTH/SUPPLEMENTAL	0	0	0	0	0
015075	REFUGEE SCREENING REIMBURSEMENT	0	0	0	0	0

FEDERAL FUNDS TOTAL

520,426	0	520,426	0	520,426
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4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE

001020	MIGRANT HOUSING PERMIT	0	0	0	0	0
001020	MOBILE HOME AND PARKS	2,873	0	2,873	0	2,873
001020	FOOD HYGIENE PERMIT	6,912	0	6,912	0	6,912
001020	BIOHAZARD WASTE PERMIT	5,090	0	5,090	0	5,090
001020	SWIMMING POOLS	18,225	0	18,225	0	18,225
001020	PRIVATE WATER CONSTR PERMIT	9,681	0	9,681	0	9,681
001020	PUBLIC WATER ANNUAL OPER PERMIT	0	0	0	0	0
001020	PUBLIC WATER CONSTR PERMIT	0	0	0	0	0
001020	NON-SDWA SYSTEM PERMIT	0	0	0	0	0
001020	SAFE DRINKING WATER	0	0	0	0	0
001021	TANNING FACILITIES	5,065	0	5,065	0	5,065
001021	BODY PIERCING	270	0	270	0	270
001092	NON SDWA LAB SAMPLE	0	0	0	0	0
001092	OSDS VARIANCE FEE	0	0	0	0	0
001092	ENVIRONMENTAL HEALTH FEES	630	0	630	0	630
001092	OSDS REPAIR PERMIT	0	0	0	0	0
001092	OSDS PERMIT FEE	227,058	0	227,058	0	227,058
001092	I & M ZONED OPERATING PERMIT	0	0	0	0	0
001092	AEROBIC OPERATING PERMIT	0	0	0	0	0
001092	SEPTIC TANK SITE EVALUATION	0	0	0	0	0
001170	LAB FEE CHEMICAL ANALYSIS	0	0	0	0	0
001170	NONPOTABLE WATER ANALYSIS	0	0	0	0	0
001170	WATER ANALYSIS-POTABLE	0	0	0	0	0
010304	MQA INSPECTION FEE	0	0	0	0	0
010403	FEES-COPY OF PUBLIC DOC	0	0	0	0	0

FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL

275,804	0	275,804	0	275,804
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5. OTHER CASH CONTRIBUTIONS - STATE

010304	STATIONARY POLLUTANT STORAGE TANKS	71,121	0	71,121	0	71,121
090001	DRAW DOWN FROM PUBLIC HEALTH UNIT	0	0	0	0	0

OTHER CASH CONTRIBUTIONS TOTAL

71,121	0	71,121	0	71,121
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STATE COUNTY HEALTH DEPARTMENT

STATE AND COUNTY CONTRIBUTION TO COUNTY HEALTH DEPARTMENT

October 1, 2005 to September 30, 2006

		State CHD Trust Fund (cash)	County CHD Trust Fund (cash)	Total CHD Trust Fund (cash)	Other Contributions	Total
6. MEDICAID - STATE/COUNTY						
001080	CHD INCM:MEDICAID-NURSING	0	0	0	0	0
001080	CHD INCM:MEDICAID-STD	0	0	0	0	0
001080	MEDICAID AIDS	0	0	0	0	0
001080	MEDICAID HMO RATE	0	0	0	0	0
001080	CHD INCM:MEDICAID MATERNITY	0	0	0	0	0
001080	CHD INCM:MEDICAID COMP. CHILD	0	0	0	0	0
001080	CHD INCM:MEDICAID COMP. ADULT	0	0	0	0	0
001080	MEDICAID-LAB	0	0	0	0	0
001080	CHD INCM:MEDICAID-PHARMACY	0	0	0	0	0
001080	MEDICAID-TB	0	0	0	0	0
001080	MEDICAID-ADMINISTRATION VACCINE	0	0	0	0	0
001080	MEDICAID-CASE MANAGEMENT	0	0	0	0	0
001080	CHD INCM:MEDICAID-OTHER	14,796	21,204	36,000	0	36,000
001080	CHD INCM:MEDICAID-CHILD HEALTH CHECKUP	1,069	1,531	2,600	0	2,600
001080	CHD INCM:MEDICAID-DENTAL	123,864	177,508	301,372	0	301,372
001083	CHD INCM:MEDICAID-FP	4,067	36,605	40,672	0	40,672
001208	MEDIPASS \$3.00 ADM. FEE	385	551	936	0	936
MEDICAID TOTAL		144,180	237,400	381,580	0	381,580
7. ALLOCABLE REVENUE - STATE						
018000	REFUNDS, SALARY	600	0	600	0	600
018000	REFUNDS, OTHER PERSONAL SERVICES	0	0	0	0	0
018000	REFUNDS, EXPENSES	3,000	0	3,000	0	3,000
018000	REFUNDS, OPERATING CAPITAL OUTLAY	0	0	0	0	0
018000	REFUNDS, SPECIAL CATEGORY	0	0	0	0	0
018000	REFUNDS, OTHER	0	0	0	0	0
018000	DMS REFUNDS BY JOURNAL TRANSFER-65900	0	0	0	0	0
018000	REFUNDS, CERTIFIED FORWARD	0	0	0	0	0
037000	PRIOR YEAR WARRANT	0	0	0	0	0
038000	12 MONTH OLD WARRANT	0	0	0	0	0
ALLOCABLE REVENUE TOTAL		3,600	0	3,600	0	3,600
8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE						
	STATE PHARMACY SERVICES	0	0	0	42,246	42,246
	STATE LABORATORY SERVICES	0	0	0	69,159	69,159
	STATE TB SERVICES	0	0	0	0	0
	STATE IMMUNIZATION SERVICES	0	0	0	19,937	19,937
	STATE STD SERVICES	0	0	0	0	0
	STATE CONSTRUCTION/RENOVATION	0	0	0	0	0
	WIC FOOD	0	0	0	803,370	803,370
	OTHER (SPECIFY)	0	0	0	0	0
	OTHER (SPECIFY)	0	0	0	0	0
	OTHER (SPECIFY)	0	0	0	0	0
	OTHER (SPECIFY)	0	0	0	0	0
OTHER STATE CONTRIBUTIONS TOTAL		0	0	0	934,712	934,712
9. DIRECT COUNTY CONTRIBUTIONS - COUNTY						

MASSACHUSETTS COUNTY HEALTH DEPARTMENT
Part II Sources of Contributions to County Health Department

October 1, 2005 to September 30, 2006

	State CHD	County CHD	City CHD	Other	Total
	(cash)	(cash)	(cash)	Contributions	

9. DIRECT COUNTY CONTRIBUTIONS - COUNTY

008030	GRANTS-COUNTY TAX DIRECT	0	1,188,795	1,188,795	0	1,188,795
008034	GRANTS CNTY COMMSN OTHER	0	0	0	0	0

BOARD OF COUNTY COMMISSIONERS TOTAL

0	1,188,795	1,188,795	0	1,188,795
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10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY

001060	VITAL STATISTICS FEES OTHER	0	0	0	0	0
001077	RABIES VACCINE	0	0	0	0	0
001077	CHILD CAR SEAT PROG	0	1,200	1,200	0	1,200
001077	PRIMARY CARE FEES	0	52,800	52,800	0	52,800
001077	COMMUNICABLE DISEASE FEES	0	0	0	0	0
001094	ENVIRONMENTAL HEALTH FEES	0	71,445	71,445	0	71,445
001094	ADULT ENTER. PERMIT FEES	0	0	0	0	0
001114	NEW BIRTH CERTIFICATES	0	5,600	5,600	0	5,600
001115	DEATH CERTIFICATES	0	14,200	14,200	0	14,200
001117	VITAL STATS-ADM. FEE 50 CENTS	0	400	400	0	400

FEES AUTHORIZED BY COUNTY TOTAL

0	145,645	145,645	0	145,645
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11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY

001009	DEBIT MEMO-BAD CHECKS	0	0	0	0	0
001009	RECOVERY-BAD CHECKS	0	0	0	0	0
001009	RECOVERY OF COLLECTION OF AGENCY PLACEMENTS	0	0	0	0	0
001009	RETURNED CHECK FEE	0	25	25	0	25
001029	THIRD PARTY REIMBURSEMENT	0	23,200	23,200	0	23,200
001029	HEALTH MAINTENANCE ORGAN. (HMO)	0	0	0	0	0
001077	RYAN WHITE LOCAL REVENUES	0	0	0	0	0
001077	RYAN WHITE TITLE II	0	0	0	0	0
001090	MEDICARE	0	9,000	9,000	0	9,000
005040	INTEREST EARNED	0	0	0	0	0
005041	INTEREST EARNED-STATE INVESTMENT ACCOUNT	0	11,800	11,800	0	11,800
007010	U.S. GRANTS DIRECT	0	0	0	0	0
010300	SALE OF GOODS AND SERVICES	0	0	0	0	0
010301	EXP WITNESS FEE CONSULTNT CHARGES	0	0	0	0	0
010403	FEES-COPIES OF DOCUMENTS	0	1,200	1,200	0	1,200
010405	SALE OF PHARMACEUTICALS	0	0	0	0	0
010409	SALE OF GOODS OUTSIDE STATE GOVERNMENT	0	0	0	0	0
010500	SALES OF SERVICES OUTSIDE STATE GOVERNMENT	0	0	0	0	0
011000	RAPID AIDS TESTING - JAIL INMATES 2003	0	0	0	0	0
011001	HEALTHY START COALITION CONTRIBUTIONS	0	0	0	0	0
011007	CASH DONATIONS PRIVATE	0	120	120	0	120
012020	FINES AND FORFEITURES	0	0	0	0	0
012021	RETURN CHECK CHARGE	0	0	0	0	0
028020	INSURANCE RECOVERIES-OTHER	0	0	0	0	0
090002	DRAW DOWN FROM PUBLIC HEALTH UNIT	0	0	0	0	0
011000	RAPID AIDS TESTING	0	0	0	0	0
011000	GRANT-DIRECT-SCHOOL BOARD	0	78,959	78,959	0	78,959
011000	GRANT-DIRECT-RURAL HEALTH GRANT	0	183,341	183,341	0	183,341
011000	GRANT-DIRECT-HEALTHY FAMILIES	0	451,098	451,098	0	451,098

COUNTY OF NASSAU HEALTH DEPARTMENT

NASSAU COUNTY HEALTH DEPARTMENT

PERIOD: 01/01/05 TO September 30, 2006

State CHD Trust Fund (cash)	County CHD Trust Fund (cash)	Total CHD Trust Fund (cash)	Other Contributions	Total
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11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY

011000	GRANT-DIRECT-HEALTHY START	0	170,555	170,555	0	170,555
011000	GRANT-DIRECT-NASSAU HALFWAY HOUSE & HEAD START	0	2,150	2,150	0	2,150
011000	GRANT-DIRECT-BREAST HEALTH SCREENING PROGRAM	0	20,000	20,000	0	20,000
011000	GRANT-DIRECT-MHOM HEALTH VAN	0	28,000	28,000	0	28,000
011000	GRANT-DIRECT-JFCS HIV/AIDS PROGRAM	0	41,540	41,540	0	41,540
010408	COPY FEES INTRA/INTER AGENCY	0	720	720	0	720

OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL

0	1,021,708	1,021,708	0	1,021,708
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12. ALLOCABLE REVENUE - COUNTY

018000	REFUNDS, SALARY	0	600	600	0	600
018000	REFUNDS, OTHER PERSONAL SERVICES	0	0	0	0	0
018000	REFUNDS, EXPENSES	0	3,000	3,000	0	3,000
018000	REFUNDS, OPERATING CAPITAL OUTLAY	0	0	0	0	0
018000	REFUNDS, SPECIAL CATEGORY	0	0	0	0	0
018000	REFUNDS, OTHER	0	0	0	0	0
018000	DMS REFUNDS BY JOURNAL TRANSFER-65900	0	0	0	0	0
018000	REFUNDS, CERTIFIED FORWARD	0	0	0	0	0
037000	PRIOR YEAR WARRANT	0	0	0	0	0
038000	12 MONTH OLD WARRANT	0	0	0	0	0

COUNTY ALLOCABLE REVENUE TOTAL

0	3,600	3,600	0	3,600
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13. BUILDINGS - COUNTY

ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	0	0
MAINTENANCE	0	0	0	0	0
OTHER (SPECIFY)	0	0	0	0	0
OTHER (SPECIFY)	0	0	0	0	0
OTHER (SPECIFY)	0	0	0	0	0
OTHER (SPECIFY)	0	0	0	0	0
OTHER (SPECIFY)	0	0	0	0	0

BUILDINGS TOTAL

0	0	0	0	0
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14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY

OTHER COUNTY CONTRIBUTION OF SOME UNKNOWN ORIGIN	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 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
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GRAND TOTAL CHD PROGRAM

2,309,816	2,597,148	4,906,964	934,712	5,841,676
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ATTACHMENT II
NASSAU COUNTY HEALTH DEPARTMENT

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

October 1, 2005 to September 30, 2006

	FTE's (0.00)	Clients Units	Services	Quarterly Expenditure Plan				County	State	Grand Total
				1st	2nd (Whole dollars only)	3rd	4th			
A. COMMUNICABLE DISEASE CONTROL:										
IMMUNIZATION (101)	2.40	3,145	3,713	34,523	34,523	34,523	34,523	73,188	64,904	138,092
STD (102)	0.40	121	497	4,929	4,929	4,929	4,929	10,450	9,266	19,716
A.I.D.S. (103)	1.50	72	383	17,999	17,999	17,999	17,999	38,158	33,838	71,996
TB CONTROL SERVICES (104)	0.60	27	225	10,311	10,311	10,311	10,311	21,860	19,384	41,244
COMM. DISEASE SURV. (106)	1.20	0	1,083	20,054	20,054	20,054	20,054	42,514	37,702	80,216
HEPATITIS PREVENTION (109)	0.05	17	52	589	589	589	589	1,248	1,108	2,356
PUBLIC HEALTH PREP AND RESP (116)	2.50	0	93	41,850	41,850	41,850	41,850	88,722	78,678	167,400
VITAL STATISTICS (180)	0.40	0	0	4,628	4,628	4,628	4,628	18,512	0	18,512
COMMUNICABLE DISEASE SUBTOTAL	9.05	3,382	6,046	134,883	134,883	134,883	134,883	294,652	244,880	539,532
B. PRIMARY CARE:										
CHRONIC DISEASE SERVICES (210)	2.40	657	229	24,054	24,054	48,110	48,110	74,627	69,701	144,328
TOBACCO PREVENTION (212)	0.00	0	0	0	0	0	0	0	0	0
HOME HEALTH (215)	0.00	0	0	0	0	0	0	0	0	0
W.I.C. (221)	9.00	3,831	26,052	111,235	111,235	111,235	111,235	150,065	294,875	444,940
FAMILY PLANNING (223)	8.00	1,573	6,156	112,811	112,811	112,811	112,811	239,159	212,085	451,244
IMPROVED PREGNANCY OUTCOME (225)	0.05	36	96	483	483	483	483	1,024	908	1,932
HEALTHY START PRENATAL (227)	3.50	641	10,803	44,359	44,359	44,359	44,359	94,041	83,395	177,436
COMPREHENSIVE CHILD HEALTH (229)	11.50	113	7,543	141,240	141,240	141,240	141,240	380,121	184,839	564,960
HEALTHY START INFANT (231)	1.80	251	2,001	21,486	21,486	21,486	21,486	45,550	40,394	85,944
SCHOOL HEALTH (234)	4.00	0	91,760	99,311	99,311	99,311	99,311	210,539	186,705	397,244
COMPREHENSIVE ADULT HEALTH (237)	18.00	1,484	7,264	267,545	267,545	298,729	298,729	601,033	531,515	1,132,548
DENTAL HEALTH (240)	4.00	3,071	13,100	84,040	84,040	84,040	84,040	178,165	157,995	336,160
PRIMARY CARE SUBTOTAL	62.25	11,657	165,004	906,564	906,564	961,804	961,804	1,974,324	1,762,412	3,736,736
C. ENVIRONMENTAL HEALTH:										
Water and Onsite Sewage Programs										
COASTAL BEACH MONITORING (347)	0.10	297	305	7,001	7,001	7,001	7,001	14,842	13,162	28,004
LIMITED USE PUBLIC WATER SYSTEMS (357)	0.80	81	451	8,404	4,202	4,202	33,620	26,727	23,701	50,428
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
INDIVIDUAL SEWAGE DISP. (361)	5.50	1,724	6,407	85,874	85,874	85,874	85,874	189,689	153,807	343,496
Group Total	6.40	2,102	7,163	101,279	97,077	97,077	126,495	231,258	190,670	421,928
Facility Programs										
FOOD HYGIENE (348)	0.30	41	172	3,190	1,595	1,595	12,760	10,144	8,996	19,140
BODY ART (349)	0.00	0	0	0	0	0	0	0	0	0
GROUP CARE FACILITY (351)	0.20	75	112	3,861	3,861	3,861	3,861	15,444	0	15,444
MIGRANT LABOR CAMP (352)	0.00	0	0	0	0	0	0	0	0	0
HOUSING,PUBLIC BLDG SAFETY,SANITATION (359)(00)	0.00	0	0	0	0	0	0	0	0	0
MOBILE HOME AND PARKS SERVICES (354)	0.20	35	79	1,892	946	946	7,572	6,019	5,337	11,356
SWIMMING POOLS BATHING (360)	0.20	91	189	1,071	0	9,639	2,142	6,812	6,040	12,852
BIOMEDICAL WASTE SERVICES (364)	0.05	60	60	1,213	1,213	1,213	1,213	2,572	2,280	4,852
TANNING FACILITY SERVICES (369)	0.05	19	36	809	161	161	809	1,028	912	1,940

ATTACHMENT II.
NASSAU COUNTY HEALTH DEPARTMENT

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

October 1, 2005 to September 30, 2006

	FTE's (0.00)	Clients Units	Services	Quarterly Expenditure Plan				County	State	Grand Total
				1st	2nd	3rd	4th			
				(Whole dollars only)						
C. ENVIRONMENTAL HEALTH:										
Group Total	1.00	321	648	12,036	7,776	17,415	28,357	42,019	23,565	65,584
Groundwater Contamination										
STORAGE TANK COMPLIANCE (355)	1.20	125	195	19,964	19,964	19,964	19,964	8,735	71,121	79,856
SUPER ACT SERVICE (356)	0.50	120	353	7,718	7,718	7,718	7,718	16,362	14,510	30,872
Group Total	1.70	245	548	27,682	27,682	27,682	27,682	25,097	85,631	110,728
Community Hygiene										
OCCUPATIONAL HEALTH (344)	0.00	0	0	0	0	0	0	0	0	0
CONSUMER PRODUCT SAFETY (345)	0.00	0	0	0	0	0	0	0	0	0
INJURY PREVENTION (346)	0.00	0	0	0	0	0	0	0	0	0
LEAD MONITORING SERVICES (350)	0.00	0	0	0	0	0	0	0	0	0
PUBLIC SEWAGE (362)	0.00	0	0	0	0	0	0	0	0	0
SOLID WASTE DISPOSAL (363)	0.00	0	0	0	0	0	0	0	0	0
SANITARY NUISANCE (365)	0.05	24	61	810	810	810	810	3,240	0	3,240
RABIES SURVEILLANCE/CONTROL SERVICES (366)	0.00	0	0	0	0	0	0	0	0	0
ARBOVIRUS SURVEILLANCE (367)	0.25	0	903	1,964	0	10,798	10,798	23,560	0	23,560
RODENT/ARTHROPOD CONTROL (368)	0.00	0	0	0	0	0	0	0	0	0
WATER POLLUTION (370)	0.00	0	0	0	0	0	0	0	0	0
AIR POLLUTION (371)	0.05	0	7	1,414	1,414	1,414	1,414	2,998	2,658	5,656
RADIOLOGICAL HEALTH (372)	0.00	0	0	0	0	0	0	0	0	0
TOXIC SUBSTANCES (373)	0.00	0	0	0	0	0	0	0	0	0
Group Total	0.35	24	971	4,188	2,224	13,022	13,022	29,798	2,658	32,456
ENVIRONMENTAL HEALTH SUBTOTAL	9.45	2,692	9,330	145,185	134,759	155,196	195,556	328,172	302,524	630,696
D. SPECIAL CONTRACTS:										
SPECIAL CONTRACTS (599)	0.00	0	0	0	0	0	0	0	0	0
SPECIAL CONTRACTS SUBTOTAL	0.00	0	0	0	0	0	0	0	0	0
TOTAL CONTRACT	80.75	17,731	180,380	1,186,632	1,176,206	1,251,883	1,292,243	2,597,148	2,309,816	4,906,964

ATTACHMENT III

NASSAU COUNTY HEALTH DEPARTMENT

CIVIL RIGHTS CERTIFICATE

The applicant provides this assurance in consideration of and for the purpose of obtaining federal grants, loans, contracts (except contracts of insurance or guaranty), property, discounts, or other federal financial assistance to programs or activities receiving or benefiting from federal financial assistance. The provider agrees to complete the Civil Rights Compliance Questionnaire, DH Forms 946 A and B (or the subsequent replacement if adopted during the contract period), if so requested by the department.

The applicant assures that it will comply with:

1. Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C., 2000 Et seq., which prohibits discrimination on the basis of race, color or national origin in programs and activities receiving or benefiting from federal financial assistance.
2. Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. 794, which prohibits discrimination on the basis of handicap in programs and activities receiving or benefiting from federal financial assistance.
3. Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. 1681 et seq., which prohibits discrimination on the basis of sex in education programs and activities receiving or benefiting from federal financial assistance.
4. The Age Discrimination Act of 1975, as amended, 42 U.S.C. 6101 et seq., which prohibits discrimination on the basis of age in programs or activities receiving or benefiting from federal financial assistance.
5. The Omnibus Budget Reconciliation Act of 1981, P.L. 97-35, which prohibits discrimination on the basis of sex and religion in programs and activities receiving or benefiting from federal financial assistance.
6. All regulations, guidelines and standards lawfully adopted under the above statutes. The applicant agrees that compliance with this assurance constitutes a condition of continued receipt of or benefit from federal financial assistance, and that it is binding upon the applicant, its successors, transferees, and assignees for the period during which such assistance is provided. The applicant further assures that all contracts, subcontractors, subgrantees or others with whom it arranges to provide services or benefits to participants or employees in connection with any of its programs and activities are not discriminating against those participants or employees in connection with any of its programs and activities are not discriminating against those participants or employees in violation of the above statutes, regulations, guidelines, and standards. In the event of failure to comply, the applicant understands that the grantor may, at its discretion, seek a court order requiring compliance with the terms of this assurance or seek other appropriate judicial or administrative relief, to include assistance being terminated and further assistance being denied.

ATTACHMENT IV

NASSAU COUNTY HEALTH DEPARTMENT

FACILITIES UTILIZED BY THE COUNTY HEALTH DEPARTMENT

<u>Facility Description</u>	<u>Location</u>	<u>Owned By</u>
Administration and Field Services (Healthy Families/Healthy Start/ Epidemiology)	30 South 4 th Street Fernandina Beach, FL	Nassau BOCC
Environmental Health Division	1015 South 14 th Street Fernandina Beach, FL	Nassau BOCC
Fernandina Beach Clinic	1620 Nectarine Street Fernandina Beach, FL	Nassau BOCC
Yulee Clinic	86014 Page's Dairy Road Yulee, FL	Nassau BOCC
Dental Clinic/Health Education (Full Service School)	86207 Felmore Road Yulee, FL	Nassau County School Board
Callahan Clinic	45397 Mickler Street Callahan, FL	Nassau BOCC
Hilliard Clinic	37203 Pecan Street Hilliard, FL	Nassau BOCC

ATTACHMENT V
NASSAU COUNTY HEALTH DEPARTMENT
SPECIAL PROJECTS SAVINGS PLAN

IDENTIFY THE AMOUNT OF CASH THAT IS ANTICIPATED TO BE SET ASIDE ANNUALLY FOR THE PROJECT.

<u>CONTRACT YEAR</u>	<u>STATE</u>	<u>COUNTY</u>	<u>TOTAL</u>
2003-2004	\$ _____	\$ _____	\$ _____ -
2004-2005	\$ _____	\$ _____	\$ _____ -
2005-2006	\$ 55,000	56,000	\$ 111,000
2006-2007	\$ _____	\$ _____	\$ _____ -
2007-2008	\$ _____	\$ _____	\$ _____ -
PROJECT TOTAL	\$ 55,000	\$ 56,000	\$ 111,000

SPECIAL PROJECT CONSTRUCTION/RENOVATION PLAN

PROJECT TITLE: Administration/Field Services Building - Renovation

LOCATION: 30 South 4th Street, Fernandina Beach, FL

CATEGORY: NEW FACILITY _____ ROOFING X
RENOVATION X PLANNING STUDY _____
NEW ADDITION _____

SQUARE FOOTAGE: 6,000

PROJECT SUMMARY: *Describe scope of work in reasonable detail.*
New roof, replace 3 heating/air conditioning systems, paint interior walls, and replace worn carpet.

ESTIMATED PROJECT INFORMATION:

START DATE *(initial expenditure of funds)*: 10/01/05

COMPLETION DATE: 03/31/05

DESIGN FEES: \$ _____

CONSTRUCTION COSTS: \$ 42,000

FURNITURE/EQUIPMENT \$ 69,000

TOTAL PROJECT COST: \$ 111,000

COST PER SQ FOOT: \$ 7.00

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

ATTACHMENT V
NASSAU COUNTY HEALTH DEPARTMENT
SPECIAL PROJECTS SAVINGS PLAN

IDENTIFY THE AMOUNT OF CASH THAT IS ANTICIPATED TO BE SET ASIDE ANNUALLY FOR THE PROJECT.

<u>CONTRACT YEAR</u>	<u>STATE</u>	<u>COUNTY</u>	<u>TOTAL</u>
2002-2003	\$ _____	\$ _____	\$ _____ -
2003-2004	\$ _____	\$ _____	\$ _____ -
2004-2005	\$ _____	500	\$ _____ 500
2005-2006	\$ _____ 80,000	\$ _____ 82,000	\$ _____ 162,000
2006-2007	\$ _____	\$ _____	\$ _____ -
PROJECT TOTAL	\$ _____ 80,000	\$ _____ 82,500	\$ _____ 162,500

SPECIAL PROJECT CONSTRUCTION/RENOVATION PLAN

PROJECT TITLE: Environmental Health/Epidemiology Building - Renovation

LOCATION: 2292 SR-200, Fernandina Beach, FL

CATEGORY: NEW FACILITY ROOFING X
RENOVATION X PLANNING STUDY
NEW ADDITION

SQUARE FOOTAGE: 4,000

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

Nassau County leases a single-wide trailer to provide ADA compliant public access to Environmental Health services. The trailer is 8 years old, needs repair and is insufficient for current needs and any anticipated growth. The Board of County Commissioners has approved that the Environmental Health Division and Epidemiology field staff can occupy the vacant buildings at Five Points. Cost of renovations are the responsibility of the Health department.

ESTIMATED PROJECT INFORMATION:

START DATE *(initial expenditure of funds)*: 09/01/05
COMPLETION DATE: 06/30/06

DESIGN FEES: \$ 13,850
CONSTRUCTION COSTS: \$ 108,000
FURNITURE/EQUIPMENT \$ 40,650
TOTAL PROJECT COST: \$ 162,500

COST PER SQ FOOT: \$ 30.46

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

ATTACHMENT V
NASSAU COUNTY HEALTH DEPARTMENT
SPECIAL PROJECTS SAVINGS PLAN

IDENTIFY THE AMOUNT OF CASH THAT IS ANTICIPATED TO BE SET ASIDE ANNUALLY FOR THE PROJECT.

<u>CONTRACT YEAR</u>	<u>STATE</u>	<u>COUNTY</u>	<u>TOTAL</u>
2002-2003	\$ _____	\$ _____	\$ _____ -
2003-2004	\$ _____	\$ _____	\$ _____ -
2004-2005	\$ 14,237	\$ 1,225	\$ 15,462
2005-2006	\$ 10,900	\$ 11,912	\$ 22,812
2006-2007	\$ _____	\$ _____	\$ _____ -
PROJECT TOTAL	\$ 25,137	\$ 13,137	\$ 38,274

SPECIAL PROJECT CONSTRUCTION/RENOVATION PLAN

PROJECT TITLE: Hilliard Clinic Renovation

LOCATION: 37203 Pecan Street, Hilliard

CATEGORY: NEW FACILITY ☐ ROOFING ☐
RENOVATION ☒ PLANNING STUDY ☐
NEW ADDITION ☐ OTHER ☐

SQUARE FOOTAGE: 1,000 Approximate

PROJECT SUMMARY: *Describe scope of work in reasonable detail.*
Paint interior, install new flooring, improve lighting, renew restroom fixtures in area vacated by Station 40 Fire/Rescue.

ESTIMATED PROJECT INFORMATION:

START DATE *(initial expenditure of funds)*: 04/05/05

COMPLETION DATE: 12/31/05

DESIGN FEES: \$ _____

CONSTRUCTION COSTS: \$ 32,274

FURNITURE/EQUIPMENT \$ 6,000

TOTAL PROJECT COST: \$ 38,274

COST PER SQ FOOT: \$ 38.27

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

ATTACHMENT V
NASSAU COUNTY HEALTH DEPARTMENT
SPECIAL PROJECTS SAVINGS PLAN

IDENTIFY THE AMOUNT OF CASH THAT IS ANTICIPATED TO BE SET ASIDE ANNUALLY FOR THE PROJECT.

<u>CONTRACT YEAR</u>	<u>STATE</u>	<u>COUNTY</u>	<u>TOTAL</u>
2002-2003	\$ _____	\$ _____	\$ _____ -
2003-2004	\$ _____	\$ _____	\$ _____ -
2004-2005	\$ _____	_____	\$ _____ -
2005-2006	\$ 13,500	\$ 14,500	\$ 28,000
2006-2007	\$ _____	\$ _____	\$ _____ -
PROJECT TOTAL	\$ 13,500	\$ 14,500	\$ 28,000

SPECIAL PROJECT CONSTRUCTION/RENOVATION PLAN

PROJECT TITLE: Hurricane Shutters - Fernandina Beach Clinic

LOCATION: 1620 Nectarine Street, Fernandina Beach

CATEGORY: NEW FACILITY ROOFING
 RENOVATION X PLANNING STUDY
 NEW ADDITION

SQUARE FOOTAGE: NA

PROJECT SUMMARY: *Describe scope of work in reasonable detail.*
 Install hurricane/storm shutters at Fernandina Beach Clinic.

ESTIMATED PROJECT INFORMATION:

START DATE *(initial expenditure of funds)*: 12/01/05
 COMPLETION DATE: 04/30/06

DESIGN FEES: \$ _____
 CONSTRUCTION COSTS: \$ 28,000
 FURNITURE/EQUIPMENT \$ _____
 TOTAL PROJECT COST: \$ 28,000

COST PER SQ FOOT: \$ NA

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

ATTACHMENT V
NASSAU COUNTY HEALTH DEPARTMENT
SPECIAL PROJECTS SAVINGS PLAN

IDENTIFY THE AMOUNT OF CASH THAT IS ANTICIPATED TO BE SET ASIDE ANNUALLY FOR THE PROJECT.

<u>CONTRACT YEAR</u>	<u>STATE</u>	<u>COUNTY</u>	<u>TOTAL</u>
2002-2003	\$ _____	\$ _____	\$ _____ -
2003-2004	\$ _____	\$ _____	\$ _____ -
2004-2005	\$ _____	_____	\$ _____ -
2005-2006	\$ _____ 17,000	\$ _____ 18,000	\$ _____ 35,000
2006-2007	\$ _____	\$ _____	\$ _____ -
PROJECT TOTAL	\$ _____ 17,000	\$ _____ 18,000	\$ _____ 35,000

SPECIAL PROJECT CONSTRUCTION/RENOVATION PLAN

PROJECT TITLE: Yulee Clinic - Renovation

LOCATION: 86014 Page's Dairy Road, Yulee, FL

CATEGORY: NEW FACILITY _____ ROOFING _____
 RENOVATION X PLANNING STUDY _____
 NEW ADDITION _____

SQUARE FOOTAGE: NA

PROJECT SUMMARY: *Describe scope of work in reasonable detail.*
 Ventilation system cleaning, paint interior walls, replace ceiling tiles.

ESTIMATED PROJECT INFORMATION:

START DATE *(initial expenditure of funds)*: 12/01/05
 COMPLETION DATE: 04/30/06

DESIGN FEES: \$ _____
 CONSTRUCTION COSTS: \$ _____ 35,000
 FURNITURE/EQUIPMENT \$ _____
 TOTAL PROJECT COST: \$ _____ 35,000

COST PER SQ FOOT: \$ _____ NA

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

ATTACHMENT VI

Primary Care

"Primary Care" as conceptualized for the county health departments and for the use of categorical Primary Care funds (revenue object code 015011) is defined as:

"Health care services for the prevention or treatment of acute or chronic medical conditions or minor injuries of individuals which is provided in a clinic setting and may include family planning and maternity care."

Indicate below the county health department programs that will be supported at least in part with categorical Primary Care funds this contract year:

- ☒ Comprehensive Child Health (229/29)
- ☒ Comprehensive Adult Health (237/37)
- ☒ Family Planning (223/23)
- ☐ Maternal Health/IPO (225/25)
- ☒ Laboratory (242/42)
- ☒ Pharmacy (241/93)
- ☐ Other Medical Treatment Program (please identify) _____

Describe the target population to be served with categorical Primary Care funds.
Below 200% of federal poverty guidelines based on family size and income.

Does the health department intend to contract with other providers for the delivery of primary health care services using categorical (015011) Primary Care funds? If so, please identify the provider(s), describe the services to be delivered, and list the anticipated contractual amount by provider. In addition, contract providers are required to provide data on patients served and the services provided so that the patients may be registered and the service data entered into HCMS.

NA