

**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 2019-2020**

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, 2019.

RECITALS

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

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

C. Nassau County Health Department ("CHD") is one of the created County Health Departments.

D. It is necessary for the parties hereto to enter into this contract in order to ensure coordination between the State and the County in the operation of the CHD.

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

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

2. TERM. The parties mutually agree that this contract shall be effective from October 1, 2019, through September 30, 2020, or until a written contract replacing this contract is entered into between the parties, whichever is later, unless this contract is otherwise terminated pursuant to the termination provisions set forth in paragraph 8. below.

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

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

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

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

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

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

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

i. The State's appropriated responsibility (*direct contribution excluding any state fees, Medicaid contributions or any other funds not listed on the Schedule C*) as provided in Attachment II, Part II is an amount not to exceed \$1,050,151 (*State General Revenue, State Funds, Other State Funds and Federal Funds listed on the Schedule C*). The State's obligation to pay under this contract is contingent upon an annual appropriation by the Legislature.

ii. The County's appropriated responsibility (*direct contribution excluding any fees, other cash or local contributions*) as provided in Attachment II, Part II is an amount not to exceed \$1,091,226, (*amount listed under the "Board of County Commissioners Annual Appropriations section of the revenue attachment*).

b. Overall expenditures will not exceed available funding or budget authority, whichever is less, (either current year or from surplus trust funds) in any service category. Unless requested otherwise, any surplus at the end of the term of this contract in the County Health Department Trust Fund that is attributed to the CHD shall be carried forward to the next contract period.

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

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

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

County Health Department Trust Fund
Nassau County
1620 Nectarine Street
Fernandina Beach, FL 32034

5. CHD DIRECTOR/ADMINISTRATOR. Both parties agree the director/administrator of the CHD shall be a State employee or under contract with the State and will be under the day-to-day direction of the Deputy Secretary for County Health Systems. The director/administrator shall be selected by the State with the concurrence of the County. The director/administrator of the CHD shall ensure that non-categorical sources of funding are used to fulfill public health priorities in the community and the Long Range Program Plan.

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

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

b. The CHD shall comply with all applicable provisions of federal and state laws and regulations relating to its operation with the exception that the use of County purchasing procedures shall be allowed when it will result in a better price or service and no statewide Department of Health purchasing contract has been implemented for those goods or services. In such cases, the CHD director/administrator must sign a justification therefore, and all County purchasing procedures must be followed in their entirety, and such compliance shall be documented. Such justification and compliance documentation shall be maintained by the CHD in accordance with the terms of this contract. State procedures must be followed for all leases on facilities not enumerated in Attachment IV.

c. The CHD shall maintain books, records and documents in accordance with the Generally Accepted Accounting Principles (GAAP), as promulgated by the Governmental Accounting Standards Board (GASB), and the requirements of federal or state law. These

records shall be maintained as required by the Department of Health Policies and Procedures for Records Management and shall be open for inspection at any time by the parties and the public, except for those records that are not otherwise subject to disclosure as provided by law which are subject to the confidentiality provisions of paragraphs 6.i. and 6.k. below. Books, records and documents must be adequate to allow the CHD to comply with the following reporting requirements:

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

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

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

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

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

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

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

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

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

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

m. The CHD shall establish a system through which applicants for services and current clients may present grievances over denial, modification or termination of services. The CHD will advise applicants of the right to appeal a denial or exclusion from services, of failure to take account of a client's choice of service, and of his/her right to a fair hearing to the final governing authority of the agency. Specific references to existing laws, rules or program manuals are included in Attachment I of this contract.

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

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

- i. The DE385L1 Contract Management Variance Report and the DE580L1 Analysis of Fund Equities Report;
- ii. A written explanation to the County of service variances reflected in the year end DE385L1 report if the variance exceeds or falls below 25 percent of the planned expenditure amount for the contract year. However, if the amount of the service specific variance between actual and planned expenditures does not exceed three percent of the total planned expenditures for the level of service in which the type of service is included, a variance explanation is not required. A copy of the written explanation shall be sent to the Department of Health, Office of Budget and Revenue Management.

p. The dates for the submission of quarterly reports to the County shall be as follows unless the generation and distribution of reports is delayed due to circumstances beyond the CHD's control:

- i. March 1, 2020 for the report period October 1, 2019 through December 31, 2019;
- ii. June 1, 2020 for the report period October 1, 2019 through March 31, 2020;
- iii. September 1, 2020 for the report period October 1, 2019 through June 30, 2020; and
- iv. December 1, 2020 for the report period October 1, 2019 through September 30, 2020.

7. FACILITIES AND EQUIPMENT. The parties mutually agree that:

a. CHD facilities shall be provided as specified in Attachment IV to this contract and the County shall own the facilities used by the CHD unless otherwise provided in Attachment IV.

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

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

8. TERMINATION.

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

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

c. Termination for Breach. This contract may be terminated by one party, upon no less than thirty (30) days notice, because of the other party's failure to perform an obligation hereunder. Said notice shall be delivered by certified mail, return receipt requested, or in person to the other party's contract manager with proof of delivery. Waiver of breach of any provisions of this contract shall not be deemed to be a waiver of any other breach and shall not be construed to be a modification of the terms of this contract.

9. MISCELLANEOUS. The parties further agree:

a. Availability of Funds. If this contract, any renewal hereof, or any term, performance or payment hereunder, extends beyond the fiscal year beginning July 1, 2020, it is agreed that the performance and payment under this contract are contingent upon an annual appropriation by the Legislature, in accordance with section 287.0582, Florida Statutes.

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

For the State:

Sherry Sayre
Name
Accountant IV
Title
1620 Nectarine Street

Fernandina Beach, FL 32034
Address
(904) 557-9143
Telephone

For the County:

Mike Mullin
Name
County Manager
Title
96135 Nassau Place

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

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

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

In WITNESS THEREOF, the parties hereto have caused this eight (8) page contract, with its attachments as referenced, including Attachment I (two (2) pages), Attachment II (six (6) pages), Attachment III (one (1) page), Attachment IV (one (1) page), and Attachment V (one (1) page), to be executed by their undersigned officials as duly authorized effective the 1st day of October, 2019.

**BOARD OF COUNTY COMMISSIONERS
FOR NASSAU COUNTY**

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

SIGNED BY: _____

NAME: Justin M. Taylor

TITLE: Chairman

DATE: _____

SIGNED BY: _____

NAME: Scott A. Rivkees, MD

TITLE: State Surgeon General

DATE: _____

ATTESTED TO:

SIGNED BY: _____

NAME: John A. Crawford

TITLE: Ex-Officio Clerk

DATE: _____

SIGNED BY: _____

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

TITLE: CHD Director/Administrator

DATE: _____

NASSAU COUNTY HEALTH DEPARTMENT
Fiscal Year 2019 - 2020
Analysis of Direct Revenues and Costs for Core Contract Programs
Print Date: 7/18/2019 7:50:24 AM

[\(Return to Introduction worksheet\)](#)

L5	Program Title	Direct Costs	Non-Admin Allocable Costs	Total Direct & Non-Admin Costs	Direct Revenue	Non-Admin Allocable Revenue	Total Direct & Non-Admin Revenue	Direct & Non-Admin Surplus/Deficit
101	Immunization	7961	778	8739	6961	0	6961	-1778
102	Sexually Trans. Dis.	105013	11507	116520	400	0	400	-116120
111	HIV/AIDS Prevention	0	0	0	0	0	0	0
112	HIV/AIDS Surveillance	0	0	0	0	0	0	0
113	HIV/AIDS Patient Care	56121	4302	60423	45000	0	45000	-15423
114	ADAP	33066	3481	36547	28591	0	28591	-7956
104	Tuberculosis	8481	825	9306	7570	0	7570	-1736
105	Non-Cphu Providers	0	0	0	0	0	0	0
106	Comm. Dis. Surv.	237264	0	237264	63678	0	63678	-173586
109	Hepatitis	0	0	0	0	0	0	0
116	Preparedness and Response	87792	0	87792	70763	0	70763	-17029
117	Adult Federal Vaccine	0	0	0	0	0	0	0
118	Refugee Health	0	0	0	0	0	0	0
180	Vital Records	69114	0	69114	82000	0	82000	12886
Communicable Disease Total:		\$604,812	\$20,893	\$625,705	\$304,963	\$0	\$304,963	(\$320,742)
210	Chronic Disease Prevention Pro	42841	25	42866	60000	39	60039	17173
211	WIC	613111	631	613742	575472	1002	576474	-37268
212	Tobacco Use Intervention	0	0	0	0	0	0	0
213	WIC Breastfeeding Peer Counseling	72480	130	72610	37500	206	37706	-34904
223	Family Planning	134556	19944	154500	94544	252	94796	-59704
225	Improved Pregnancy Outcome	0	0	0	0	0	0	0
227	Healthy Start Prenatal	163564	161	163725	287086	256	287342	123617
229	Comprehensive Child Health	11176	2118	13294	0	27	27	-13267
231	Healthy Start Child	122694	139	122833	0	221	221	-122612
234	School Health	253783	180	253963	202732	285	203017	-50946
237	Comprehensive Adult Health	345428	28863	374291	93980	365	94345	-279946
238	Community Health Development	88134	0	88134	5825	0	5825	-82309
240	Dental Health	790619	533	791152	513257	847	514104	-277048
Primary Care Total:		\$2,638,386	\$52,724	\$2,691,110	\$1,870,396	\$3,500	\$1,873,896	(\$817,214)
344	Tattoo Facility Services	1975	168	2143	3000	0	3000	857
345	Community Envir. Health	0	0	0	0	0	0	0
346	Injury Prevention	0	0	0	0	0	0	0
347	Costal Beach Monitoring	18343	1508	19851	8208	0	8208	-11643
348	Food Hygiene	34758	3760	38518	21950	0	21950	-16568
349	Body Piercing Facilities Services	0	0	0	300	0	300	300
350	Lead Monitoring Services	0	0	0	0	0	0	0
351	Group Care Facility	20404	1573	21977	15150	0	15150	-6827
352	Migrant Labor Camp	0	0	0	0	0	0	0
353	Housing & Pub. Bldg.	1617	132	1749	0	0	0	-1749
354	Mobile Home and Park	9663	793	10456	6150	0	6150	-4306
355	Storage Tank Compliance Services	0	0	0	0	0	0	0
356	SUPER Act Services	2373	264	2637	0	0	0	-2637
357	Limited Use Public Water Systems	105978	10134	116112	44000	0	44000	-72112
358	Public Water System	0	0	0	0	0	0	0
359	Private Water System	0	0	0	42050	0	42050	42050
360	Pools/Bathing Places	28704	2644	31348	26250	0	26250	-5098
361	Onsite Sewage Treatment & Disposal	230101	21257	251358	258400	0	258400	7042
362	Public Sewage	0	0	0	0	0	0	0
363	Solid Waste Disposal Service	0	0	0	0	0	0	0

364	Biomedical Waste Services	9506	832	10338	11514	0	11514	1176
365	Sanitary Nuisance	125	9	134	0	0	0	-134
366	Rabies Surveillance	5295	397	5692	0	0	0	-5692
367	Arbovirus Surveil.	47618	9489	57107	50	0	50	-57057
368	Rodent/Arthropod Control	0	0	0	0	0	0	0
369	Tanning Facility Services	3562	308	3870	4200	0	4200	330
370	Water Pollution	0	0	0	0	0	0	0
371	Indoor Air	0	0	0	0	0	0	0
372	Radiological Health	188	13	201	0	0	0	-201
373	Toxic Substances	0	0	0	0	0	0	0
Environmental Health Total:		\$520,210	\$53,281	\$573,491	\$441,222	\$0	\$441,222	(\$132,269)
Total:		\$3,763,408	\$126,898	\$3,890,306	\$2,616,581	\$3,500	\$2,620,081	(\$1,270,225)
Note: This report utilizes current FIRS Core Contract figures and methodology - Does not include any support costs or revenue								

NASSAU COUNTY HEALTH DEPARTMENT

Fiscal Year 2019 - 2020

Contract Reported

Print Date: 7/18/2019 7:50:24 AM

[\(Return to Introduction worksheet\)](#)

The Reported data below is for the month of June based on the State Fiscal Year Data. If you would like to view the CONMAN Contract Year report (based on the Sept data), click on the link below to open the Contract Management Trend Report/Extract System.

(Select the previous year, 'County Report', the 'Actual/Projected Data as of {Month}' and your CHD. Then click the 'Get Report' button.)

<http://hpe00ws.doh.state.fl.us/Conman/Conman.aspx>

Fiscal Year	Report Month	County ID	PC Code	Reported Services	Reported Clients	Reported Visits	Reported FTEs	Calculated Services per FTE	Calculated Clients per FTE	Calculated Visits per FTE
20172018	6	45	01	1085	461	533	0.65	1669.23	709.23	820.00
20172018	6	45	02	598	217	250	0.35	1708.57	620.00	714.29
20172018	6	45	03_A1	25	0	25	0.07	357.14	0.00	357.14
20172018	6	45	03_A2	0	0	0	0.01	0.00	0.00	0.00
20172018	6	45	03_A3	404	37	387	1.14	354.39	32.46	339.47
20172018	6	45	03_A4	1040	29	729	0.85	1223.53	34.12	857.65
20172018	6	45	04	236	120	172	0.18	1311.11	666.67	955.56
20172018	6	45	06	2308	0	2308	3.33	693.09	0.00	693.09
20172018	6	45	09	48	31	33	0.02	2400.00	1550.00	1650.00
20172018	6	45	10	136	0	0	0.53	256.60	0.00	0.00
20172018	6	45	115	0	0	0	0.00	0.00	0.00	0.00
20172018	6	45	12	0	0	0	0.00	0.00	0.00	0.00
20172018	6	45	16	60	0	60	2.58	23.26	0.00	23.26
20172018	6	45	18	0	0	0	0.00	0.00	0.00	0.00
20172018	6	45	21_W1	30362	2981	0	10.30	2947.77	289.42	0.00
20172018	6	45	21_W2	1687	0	0	1.32	1278.03	0.00	0.00
20172018	6	45	23	4389	601	1088	4.31	1018.33	139.44	252.44
20172018	6	45	25	139	61	64	0.05	2780.00	1220.00	1280.00
20172018	6	45	27	11591	367	2835	3.03	3825.41	121.12	935.64
20172018	6	45	29	118	1	8	0.01	11800.00	100.00	800.00
20172018	6	45	31	9705	385	2195	2.76	3516.30	139.49	795.29
20172018	6	45	34	179776	0	179776	4.66	38578.54	0.00	38578.54
20172018	6	45	37	1146	311	875	5.90	194.24	52.71	148.31
20172018	6	45	38	417	0	417	0.85	490.59	0.00	490.59
20172018	6	45	40	19943	2730	5689	8.63	2310.89	316.34	659.21
20172018	6	45	44	10	0	0	0.06	166.67	0.00	0.00
20172018	6	45	45	0	0	0	0.00	0.00	0.00	0.00
20172018	6	45	46	0	0	0	0.02	0.00	0.00	0.00
20172018	6	45	47	168	168	0	0.10	1680.00	1680.00	0.00
20172018	6	45	48	295	51	0	0.56	526.79	91.07	0.00
20172018	6	45	49	2	2	0	0.02	100.00	100.00	0.00
20172018	6	45	50	0	0	0	0.00	0.00	0.00	0.00
20172018	6	45	51	73	33	0	0.24	304.17	137.50	0.00
20172018	6	45	52	0	0	0	0.00	0.00	0.00	0.00
20172018	6	45	53	36	26	0	0.05	720.00	520.00	0.00
20172018	6	45	54	90	27	0	0.17	529.41	158.82	0.00
20172018	6	45	55	0	0	0	0.00	0.00	0.00	0.00
20172018	6	45	56	10	0	0	0.02	500.00	0.00	0.00
20172018	6	45	57	700	86	0	1.96	357.14	43.88	0.00
20172018	6	45	58	0	0	0	0.00	0.00	0.00	0.00
20172018	6	45	59	8	5	0	0.03	266.67	166.67	0.00
20172018	6	45	60	319	141	0	0.35	911.43	402.86	0.00
20172018	6	45	61	2573	1147	0	2.80	918.93	409.64	0.00
20172018	6	45	62	0	0	0	0.00	0.00	0.00	0.00
20172018	6	45	63	0	0	0	0.00	0.00	0.00	0.00
20172018	6	45	64	98	100	0	0.21	466.67	476.19	0.00
20172018	6	45	65	9	41	0	0.00	0.00	0.00	0.00
20172018	6	45	66	1	0	0	0.04	25.00	0.00	0.00
20172018	6	45	67	330	0	0	0.52	634.62	0.00	0.00
20172018	6	45	68	2	0	0	0.00	0.00	0.00	0.00
20172018	6	45	69	25	10	0	0.03	833.33	333.33	0.00
20172018	6	45	70	0	0	0	0.00	0.00	0.00	0.00
20172018	6	45	71	0	0	0	0.00	0.00	0.00	0.00
20172018	6	45	72	0	0	0	0.00	0.00	0.00	0.00

20172018	6	45	73	0	0	0	0.00	0.00	0.00	0.00
20172018	6	45	80	7593	2876	2499	0.92	8253.26	3126.09	2716.30
20182019	6	45	01	964	493	592	0.67	1438.81	735.82	883.58
20182019	6	45	02	793	256	312	0.46	1723.91	556.52	678.26
20182019	6	45	03_A1	126	0	126	0.09	1400.00	0.00	1400.00
20182019	6	45	03_A2	0	0	0	0.00	0.00	0.00	0.00
20182019	6	45	03_A3	513	45	500	1.04	493.27	43.27	480.77
20182019	6	45	03_A4	678	42	503	0.98	691.84	42.86	513.27
20182019	6	45	04	176	90	125	0.29	606.90	310.34	431.03
20182019	6	45	06	2133	0	2133	2.84	751.06	0.00	751.06
20182019	6	45	09	55	29	36	0.01	5500.00	2900.00	3600.00
20182019	6	45	10	143	0	0	0.75	190.67	0.00	0.00
20182019	6	45	115	0	0	0	0.00	0.00	0.00	0.00
20182019	6	45	12	0	0	0	0.00	0.00	0.00	0.00
20182019	6	45	16	115	0	115	1.31	87.79	0.00	87.79
20182019	6	45	18	0	0	0	0.00	0.00	0.00	0.00
20182019	6	45	21_W1	29168	2645	0	11.15	2615.96	237.22	0.00
20182019	6	45	21_W2	1888	0	0	1.37	1378.10	0.00	0.00
20182019	6	45	23	3960	563	1065	3.75	1056.00	150.13	284.00
20182019	6	45	25	37	36	37	0.05	740.00	720.00	740.00
20182019	6	45	27	8430	400	2190	2.97	2838.38	134.68	737.37
20182019	6	45	29	117	1	7	0.01	11700.00	100.00	700.00
20182019	6	45	31	7783	318	1759	2.76	2819.93	115.22	637.32
20182019	6	45	34	115032	0	115032	5.13	22423.39	0.00	22423.39
20182019	6	45	37	820	273	670	4.95	165.66	55.15	135.35
20182019	6	45	38	877	0	877	1.29	679.84	0.00	679.84
20182019	6	45	40	20964	2862	6087	9.33	2246.95	306.75	652.41
20182019	6	45	44	7	30	0	0.06	116.67	500.00	0.00
20182019	6	45	45	76	0	0	0.10	760.00	0.00	0.00
20182019	6	45	46	0	0	0	0.00	0.00	0.00	0.00
20182019	6	45	47	162	162	0	0.09	1800.00	1800.00	0.00
20182019	6	45	48	226	51	0	0.76	297.37	67.11	0.00
20182019	6	45	49	1	2	0	0.02	50.00	100.00	0.00
20182019	6	45	50	0	0	0	0.00	0.00	0.00	0.00
20182019	6	45	51	70	33	0	0.21	333.33	157.14	0.00
20182019	6	45	52	0	0	0	0.00	0.00	0.00	0.00
20182019	6	45	53	43	38	0	0.08	537.50	475.00	0.00
20182019	6	45	54	81	27	0	0.23	352.17	117.39	0.00
20182019	6	45	55	0	0	0	0.00	0.00	0.00	0.00
20182019	6	45	56	35	0	0	0.05	700.00	0.00	0.00
20182019	6	45	57	703	87	0	1.56	450.64	55.77	0.00
20182019	6	45	58	0	0	0	0.00	0.00	0.00	0.00
20182019	6	45	59	9	8	0	0.01	900.00	800.00	0.00
20182019	6	45	60	319	146	0	0.35	911.43	417.14	0.00
20182019	6	45	61	3458	1043	0	4.44	778.83	234.91	0.00
20182019	6	45	62	0	0	0	0.00	0.00	0.00	0.00
20182019	6	45	63	0	0	0	0.00	0.00	0.00	0.00
20182019	6	45	64	103	109	0	0.27	381.48	403.70	0.00
20182019	6	45	65	1	33	0	0.00	0.00	0.00	0.00
20182019	6	45	66	0	1	0	0.02	0.00	50.00	0.00
20182019	6	45	67	485	0	0	0.63	769.84	0.00	0.00
20182019	6	45	68	0	0	0	0.00	0.00	0.00	0.00
20182019	6	45	69	23	8	0	0.02	1150.00	400.00	0.00
20182019	6	45	70	0	0	0	0.00	0.00	0.00	0.00
20182019	6	45	71	0	0	0	0.00	0.00	0.00	0.00
20182019	6	45	72	0	0	0	0.00	0.00	0.00	0.00
20182019	6	45	73	0	0	0	0.00	0.00	0.00	0.00
20182019	6	45	80	7042	2977	2609	0.97	7259.79	3069.07	2689.69

		Clients				Services				Visits			
		Reported Clients (for Reference)	Calculated Clients (Based on prior year & Planned FTEs)	Calculated Clients (CHD may adjust)	Reported Services (for Reference)	Calculated Services (Based on prior year & Planned FTEs)	Calculated Services (CHD may adjust)	Reported Visits (for Reference)	Calculated Visits (Based on prior year & Planned FTEs)	Calculated Visits (CHD may adjust)			
PCCode	LS	Program Title	Planned FTEs for Upcoming Year	20172018	20182019	2019 - 2020	20172018	20182019	2019 - 2020	20172018	20182019	2019 - 2020	
01	101	Immunization	0.12	461	463	88	1085	964	173	533	592	106	
02	102	Sexually Trans. Dis.	1.90	217	256	1057	568	793	3275	250	312	1289	
03_A1	111	HIV/AIDS Prevention	0.00	0	0	0	25	128	0	25	128	0	
03_A2	112	HIV/AIDS Surveillance	0.00	0	0	0	0	0	0	0	0	0	
03_A3	113	HIV/AIDS Patient Care	0.70	37	45	30	404	513	345	387	500	337	
03_A4	114	ADAP	0.57	29	42	24	1040	678	394	729	503	293	
04	104	Tuberculosis	0.13	120	90	40	236	176	79	172	125	56	
05	105	Non-Cpui Providers	0.00	0	0	0	0	0	0	0	0	0	
06	106	Comm. Dis. Surv.	3.42	0	0	0	2308	2133	2569	2308	2133	2569	
09	109	Hepatitis	0.00	31	29	0	48	55	0	33	38	0	
16	116	Preparedness and Response	1.14	0	0	0	80	115	100	60	115	100	
17	117	Adult Federal Vaccine	0.00	0	0	0	0	0	0	0	0	0	
18	118	Refugee Health	0.00	0	0	0	0	0	0	0	0	0	
80	180	Vital Records	1.79	2876	2977	5494	7593	7042	12995	2499	2609	4815	
Communicable Disease Total:			9.77	3771	3932	6733	13397	12595	19830	8996	9565	9585	
10	210	Chronic Disease Prevention Pro	0.47	0	0	0	136	143	90	0	0	0	
21_W1	211	WIC	11.93	2681	2645	2830	30362	29168	31208	0	0	0	
12	212	Tobacco Use Intervention	0.00	0	0	0	0	0	0	0	0	0	
21_W2	213	WIC Breastfeeding Peer Counseling	2.45	0	0	0	1687	1888	3376	0	0	0	
23	223	Family Planning	3.27	601	563	491	4389	3660	3453	1088	1065	929	
25	225	Improved Pregnancy Outcome	0.00	61	36	0	139	37	0	64	37	0	
27	227	Healthy Start Prenatal	3.05	387	400	411	11591	8430	8657	2835	2190	2249	
29	229	Comprehensive Child Health	0.35	1	1	35	118	117	4095	8	7	245	
31	231	Healthy Start Child	2.63	385	318	303	9705	7783	7416	2195	1759	1676	
34	234	School Health	3.39	0	0	0	179776	115032	76015	179776	115032	76015	
37	237	Comprehensive Adult Health	4.73	311	273	261	1146	820	784	875	670	640	
38	238	Community Health Development	1.42	0	0	0	417	877	965	417	877	965	
40	240	Dental Health	10.07	2730	2662	3089	19643	20364	22627	5689	6087	6570	
Primary Care Total:			43.76	7437	7086	7420	259409	189219	156886	192847	127724	89289	
44	344	Tattoo Facility Services	0.03	0	30	15	10	7	4	0	0	0	
45	345	Community Envir. Health	0.00	0	0	0	0	76	0	0	0	0	
46	346	Injury Prevention	0.00	0	0	0	0	0	0	0	0	0	
47	347	Coastal Beach Monitoring	0.28	168	162	504	168	162	504	0	0	0	
48	348	Food Hygiene	0.71	51	51	48	295	226	211	0	0	0	
49	349	Body Piercing Facilities Services	0.00	2	2	0	2	1	0	0	0	0	
50	350	Lead Monitoring Services	0.00	0	0	0	0	0	0	0	0	0	
51	351	Group Care Facility	0.30	33	33	47	73	70	100	0	0	0	
52	352	Migrant Labor Camp	0.00	0	0	0	0	0	0	0	0	0	
53	353	Housing & Pub. Bldg.	0.03	26	38	14	36	43	16	0	0	0	
54	354	Mobile Home and Park	0.15	27	27	18	90	81	53	0	0	0	
55	355	Storage Tank Compliance Services	0.00	0	0	0	0	0	0	0	0	0	
56	356	SUPER Act Services	0.05	0	0	0	10	35	35	0	0	0	
57	357	Limited Use Public Water Systems	1.90	86	87	106	700	703	856	0	0	0	
58	358	Public Water System	0.00	0	0	0	0	0	0	0	0	0	
59	359	Private Water System	0.00	5	8	0	8	9	0	0	0	0	
60	360	Pools/Bathing Places	0.49	141	146	204	319	319	447	0	0	0	
61	361	Onsite Sewage Treatment & Disposal	3.97	1147	1043	933	2573	3458	3092	0	0	0	
62	362	Public Sewage	0.00	0	0	0	0	0	0	0	0	0	
63	363	Solid Waste Disposal Services	0.00	0	0	0	0	0	0	0	0	0	
64	364	Biomedical Waste Services	0.15	100	108	61	98	103	57	0	0	0	

65	365	Sanitary Nuisance	0.00	41	33	0	0	0	9	1	0	0	0	0	0	0	0	0	0
66	366	Rabies Surveillance	0.07	0	1	4	4	0	1	0	0	0	0	0	0	0	0	0	0
67	367	Arbovirus Surveill.	1.78	0	0	0	0	0	330	485	1370	1370	0	0	0	0	0	0	0
68	368	Rodent/Arthropod Control	0.00	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0
69	369	Tanning Facility Services	0.06	10	8	24	24	0	25	23	60	60	0	0	0	0	0	0	0
70	370	Water Pollution	0.00	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
71	371	Indoor Air	0.00	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
72	372	Radiological Health	0.00	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
73	373	Toxic Substances	0.00	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Environmental Health Total:			9.97	1537	1778	1978	1978	1978	4749	5902	6814	6814	6814	0	0	0	0	0	0
** BUDGET TOTAL **			63.50	13045	12808	18131	18131	18131	277555	207616	185430	185430	185430	199643	134775	98854	98854	98854	98854

ATTACHMENT II - WORKING COPY

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

[\(Return to Introduction worksheet\)](#)

Note: The L5s on this report are sorted in numeric order.

This may require a minor manual adjustment in the QTR 1 - 4 columns. A manual adjustment of less than 1% of the total contract amount may be needed.

[illegible]

NASSAU COUNTY HEALTH DEPARTMENT

Fiscal Year 2019 - 2020

State In-Kind Contributions

Print Date: 7/18/2019 7:50:24 AM

[\(Return to Introduction worksheet\)](#)

NOTE:

DO NOT CHANGE THE STATE IN-KIND AMOUNTS AS THEY HAVE BEEN PROVIDED BY CENTRAL OFFICE

Note:

CHD	Item	Name	State In-Kind Contributions
45	1	ADAP	72123
45	2	PHARMACY DRUG PROGRAM	9202
45	3	WIC PROGRAM	1360875
45	4	BUREAU OF PUBLIC HEALTH LABORATORIES	8114
45	5	IMMUNIZATIONS	85753
STATE IN-KIND TOTAL :			1536067

FIRS Core Contract Development Workbook

ATTACHMENT II - WORKING COPY

NASSAU COUNTY HEALTH DEPARTMENT

Part II, Sources of Contributions to County Health Department

October 1, 2019 to September 30, 2020

(Return to Introduction worksheet)

Object Code	OCA	Program Title	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
1. GENERAL REVENUE - STATE:							
015040	7F000	CHD - TB COMMUNITY PROGRAM	7420	0	7420	0	7420
015040	DNSPJ	DENTAL SPECIAL INITIATIVE PROJECTS	5977	0	5977	0	5977
015040	FMPGR	FAMILY PLANNING GENERAL REVENUE	31825	0	31825	0	31825
015040	PCG00	PRIMARY CARE PROGRAM	112960	0	112960	0	112960
015040	SCHGR	SCHOOL HEALTH SERVICES - GENERAL REVENUE	116301	0	116301	0	116301
015050	NCGRV	CHD GENERAL REVENUE NON-CATEGORICAL	776658	0	776658	0	776658
GENERAL REVENUE TOTAL:			1051141	0	1051141	0	1051141
2. NON GENERAL REVENUE - STATE:							
015010	BU000	ENVIRONMENTAL BIOMEDICAL WASTE PROGRAM	2364	0	2364	0	2364
NON GENERAL REVENUE TOTAL:			2364	0	2364	0	2364
3. FEDERAL FUNDS - STATE:							
007000	BPCxx	WIC BREASTFEEDING PEER COUNSELING PROG	37500	0	37500	0	37500
007000	CBMxx	COASTAL BEACH WATER QUALITY MONITORING	8208	0	8208	0	8208
007000	CIPxx	COMPREHENSIVE COMMUNITY CARDIO - PHBG	35000	0	35000	0	35000
007000	FMPxx	FAMILY PLANNING TITLE X - GRANT	28833	0	28833	0	28833
007000	HUFWx	HURRICANE CRISIS COAG FOOD AND WATER	1060	0	1060	0	1060
007000	IMMxx	IMMUNIZATION ACTION PLAN	6961	0	6961	0	6961
007000	MC2xx	MCH SPECIAL PRJCT UNPLANNED PREGNANCY	2336	0	2336	0	2336
007000	MC3xx	MCH SPEC PRJ SOCIAL DETERMINANTS HLTH COMM EDU	5825	0	5825	0	5825
007000	MC4xx	MCH SPECIAL PROJECT DENTAL	6000	0	6000	0	6000
007000	PHCPx	BASE COMMUNITY PREPAREDNESS CAPABILITY	70263	0	70263	0	70263
007000	PHEIx	BASE EMERGENCY OPERATIONS COORDINATON (ESF8)	62618	0	62618	0	62618
007000	PTCxx	RYAN WHITE TITLE II GRANT/CHD CONSORTIUM	45000	0	45000	0	45000
007000	SNOxx	SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM - ED	25000	0	25000	0	25000
007000	WICxx	WIC PROGRAM ADMINISTRATION	575472	0	575472	0	575472
015075	ADAxx	AIDS DRUG ASSISTANCE PROGRAM ADMIN HQ	28591	0	28591	0	28591
015075	SCHSP	SUPPLEMENTAL SCHOOL HEALTH	18817	0	18817	0	18817
FEDERAL FUNDS TOTAL:			957484	0	957484	0	957484
4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE:							
001020	ENVFE	CHD STATEWIDE ENVIRONMENTAL FEES	99825	0	99825	0	99825
001092	ENVFE	CHD STATEWIDE ENVIRONMENTAL FEES	248425	0	248425	0	248425
001206	1E000	ON SITE SEWAGE DISPOSAL PERMIT FEES	19254	0	19254	0	19254
001206	1O000	SANITATION CERTIFICATES (FOOD INSPECTION)	1400	0	1400	0	1400
001206	B9000	SEPTIC TANK RESEARCH SURCHARGE	2086	0	2086	0	2086
001206	BY000	SEPTIC TANK VARIANCE FEES 50%	600	0	600	0	600
001206	K3000	PUBLIC SWIMMING POOL PERMIT FEES-10% HQ TRANSFER	350	0	350	0	350
001206	M5000	DRINKING WATER PROGRAM OPERATIONS	1260	0	1260	0	1260
001206	PIERS	REGULATION OF BODY PIERCING SALONS	50	0	50	0	50
001206	R9000	TANNING FACILITIES	1000	0	1000	0	1000
001206	SEWTN	ONSITE SEWAGE TRAINING CENTER	600	0	600	0	600
001206	TATTO	TATTO PROGRAM ENVIRONMENTAL HEALTH	300	0	300	0	300
001206	UQ000	MOBILE HOME & RV PARK FEES	850	0	850	0	850
FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL:			376000	0	376000	0	376000
5. OTHER CASH CONTRIBUTIONS - STATE:							
-	-	No records for any codes in section 5 at this CHD	0	0	0	0	0
090001		DRAW DOWN FROM PUBLIC HEALTH UNIT	0	0	0	0	0
OTHER CASH CONTRIBUTIONS TOTAL:			0	0	0	0	0
6. MEDICAID - STATE/COUNTY:							
001057	CLFEE	CHD CLINIC FEES	0	9500	9500	0	9500
001148	CLFEE	CHD CLINIC FEES	0	467000	467000	0	467000
MEDICAID TOTAL:			0	476500	476500	0	476500
7. ALLOCABLE REVENUE - STATE:							
001009	ENVLF	CHD LOCAL ENVIRONMENTAL FEES	100	0	100	0	100

018000	LOGOV	CHD LOCAL REVENUE & EXPENDITURES	1025	0	1025	0	1025
031005	SALGS	CHD SALE OF SERVICES IN OR OUTSIDE OF STATE GOVT	3000	0	3000	0	3000
ALLOCABLE REVENUE TOTAL:			4125	0	4125	0	4125
8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE: (NOTE: DO NOT CHANGE THE STATE IN-KIND AMOUNTS PROVIDED BY CENTRAL OFFICE)							
		ADAP	0	0	0	72123	72123
		PHARMACY DRUG PROGRAM	0	0	0	9202	9202
		WIC PROGRAM	0	0	0	1360875	1360875
		BUREAU OF PUBLIC HEALTH LABORATORIES	0	0	0	8114	8114
		IMMUNIZATIONS	0	0	0	85753	85753
OTHER STATE CONTRIBUTIONS TOTAL:			0	0	0	1536067	1536067
9. DIRECT LOCAL CONTRIBUTIONS BCC/TAX DISTRICT:							
008005	LOGOV	CHD LOCAL REVENUE & EXPENDITURES	0	1091226	1091226	0	1091226
DIRECT COUNTY CONTRIBUTIONS TOTAL:			0	1091226	1091226	0	1091226
10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY:							
001077	CLFEE	CHD CLINIC FEES	0	15050	15050	0	15050
001094	ENVLF	CHD LOCAL ENVIRONMENTAL FEES	0	82150	82150	0	82150
001110	JV000	VITAL STATISTICS CERTIFIED RECORDS	0	82000	82000	0	82000
FEES AUTHORIZED BY COUNTY TOTAL:			0	179200	179200	0	179200
11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY:							
001029	CLFEE	CHD CLINIC FEES	0	19350	19350	0	19350
001090	CLFEE	CHD CLINIC FEES	0	5000	5000	0	5000
005000	LOGOV	CHD LOCAL REVENUE & EXPENDITURES	0	1100	1100	0	1100
008050	SCHAL	SCHOOL HEALTH SERVICES - LOCAL AGENCY FUNDING	0	67614	67614	0	67614
010400	SALGS	CHD SALE OF SERVICES IN OR OUTSIDE OF STATE GOVT	0	500	500	0	500
011000	HSCNT	CHD HEALTHY START COALITION CONTRACT	0	2000	2000	0	2000
011000	LOGOV	CHD LOCAL REVENUE & EXPENDITURES	0	75	75	0	75
011001	HSCNT	CHD HEALTHY START COALITION CONTRACT	0	285086	285086	0	285086
012020	ENVLF	CHD LOCAL ENVIRONMENTAL FEES	0	50	50	0	50
029000	LOGOV	CHD LOCAL REVENUE & EXPENDITURES	0	2500	2500	0	2500
090002		DRAW DOWN FROM PUBLIC HEALTH UNIT	0	64861	64861	0	64861
OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL:			0	448136	448136	0	448136
12. ALLOCABLE REVENUE - COUNTY:							
001009	ENVLF	CHD LOCAL ENVIRONMENTAL FEES	0	100	100	0	100
018000	LOGOV	CHD LOCAL REVENUE & EXPENDITURES	0	1025	1025	0	1025
031005	SALGS	CHD SALE OF SERVICES IN OR OUTSIDE OF STATE GOVT	0	3000	3000	0	3000
COUNTY ALLOCABLE REVENUE TOTAL:			0	4125	4125	0	4125
13. BUILDINGS - COUNTY: (NOTE: CHANGE DESCRIPTIONS AND ENTER AMOUNTS IN COLUMN "G")							
		ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	3302690	3302690
		OTHER (Specify)	0	0	0	0	0
		UTILITIES	0	0	0	0	0
		BUILDING MAINTENANCE	0	0	0	63682	63682
		GROUPS MAINTENANCE	0	0	0	0	0
		INSURANCE	0	0	0	18690	18690
		OTHER (Specify)	0	0	0	0	0
		OTHER (Specify)	0	0	0	0	0
BUILDINGS TOTAL:			0	0	0	3385062	3385062
14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY: (NOTE: CHANGE DESCRIPTIONS AND ENTER COUNTY IN-KIND AMOUNTS IN COLUMN "G")							
		EQUIPMENT / VEHICLE PURCHASES	0	0	0	0	0
		VEHICLE INSURANCE	0	0	0	0	0
		VEHICLE MAINTENANCE	0	0	0	0	0
		OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
		OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
OTHER COUNTY CONTRIBUTIONS TOTAL:			0	0	0	0	0
GRAND TOTAL CHD PROGRAM:			2391114	2199187	4590301	4921129	9511430
Note: Double check the below information to verify the Total Revenue State & County amounts are equal to the Total amounts in your Expenditures report. If required make the necessary changes on the input worksheet or the Attachment II Part III Working Copy. Contact the FIRS team for assistance.							
			State Total	County Total	Grand Total		
The State, County & Grand Total amounts in the Attachment II Part III WORKING COPY Expenditures worksheet in (row 93, columns J - L).			\$2,391,114	\$2,199,187	\$4,590,301		
There should be zero (0) amounts in each of the Difference columns. Difference:			\$0	\$0	\$0		

NOTE: Any Manual changes made on the TR21_Rev worksheet do NOT automatically carry forward to this Revenue Attachment II Part II WORKING COPY data.
If needed, please make any manual changes on this worksheet so that your TR21 Grand Total amounts below zero balance.

Grand Total of Revenue amounts on Working Copy report (excluding Cash Reserve and Special Projects):			\$4,525,440		
Grand Total Amount from the TR21_Rev worksheet (excluding Cash Reserve and Special Projects):			\$4,525,440		
There should be zero (0) amounts in each of the Difference columns. Difference:			\$0		

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

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

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

- levels as documented in Florida SHOTS and supported by CHD Guidebook policies and technical assistance guidance.
7. Environmental Health Requirements as specified in Environmental Health Programs Manual 150-4* and DHP 50-21*
 8. HIV/AIDS Program Requirements as specified in F.S. 384.25 and F.A.C. 64D-3.030 and 64D-3.031. Case reporting should be on Adult HIV/AIDS Confidential Case Report CDC Form DH2139 and Pediatric HIV/AIDS Confidential Case Report CDC Form DH2140.

Requirements as specified in F.A.C. 64D-2 and 64D-3, F.S. 381 and F.S. 384. Socio-demographic and risk data on persons tested for HIV in CHD clinics should be reported on Lab Request DH Form 1628 in accordance with the Forms Instruction Guide. Requirements for the HIV/AIDS Patient Care programs are found in the Patient Care Contract Administrative Guidelines.
 9. School Health Services Requirements as specified in the Florida School Health Administrative Guidelines (May 2012). Requirements as specified in F.S. 381.0056, F.S. 381.0057, F.S. 402.3026 and F.A.C. 64F-6.
 10. Tuberculosis Tuberculosis Program Requirements as specified in F.A.C. 64D-3 and F.S. 392.
 11. General Communicable Disease Control Carry out surveillance for reportable communicable and other acute diseases, detect outbreaks, respond to individual cases of reportable diseases, investigate outbreaks, and carry out communication and quality assurance functions, as specified in F.A.C. 64D-3, F.S. 381, F.S. 384 and the CHD Epidemiology Guide to Surveillance and Investigations.
 12. Refugee Health Program Programmatic and financial requirements as specified by the program office.

*or the subsequent replacement if adopted during the contract period.

ATTACHMENT II

NASSAU COUNTY HEALTH DEPARTMENT

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

	Estimated State Share of CHD Trust Fund Balance	Estimated County Share of CHD Trust Fund Balance	Total
1. CHD Trust Fund Ending Balance 09/30/19	0	524327	524327
2. Drawdown for Contract Year October 1, 2019 to September 30, 2020	0	-64861	-64861
3. Special Capital Project use for Contract Year October 1, 2019 to September 30, 2020	0	0	0
4. Balance Reserved for Contingency Fund October 1, 2019 to September 30, 2020	0	459466	459466

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

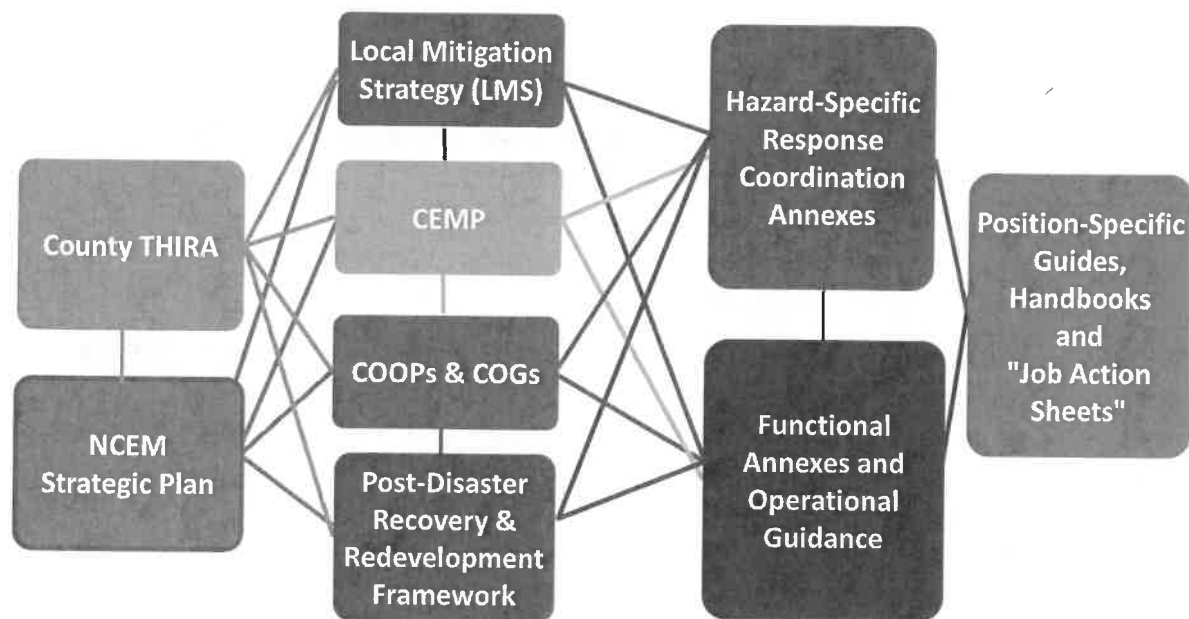


FIGURE 1 – PLAN HIERARCHY AND RELATIONSHIPS

“Base Plans” – (Strategic Plan, THIRA, CEMP, LMS, COOPs & COGs, PDRRF) approved and promulgated, these plans establish and authorize the County’s emergency management agency, institute a county-wide emergency management framework, and institute a comprehensive and cyclical program of disaster prevention, preparedness, mitigation, response, and recovery to ensure an all-hazards disaster-resilient community.

“Functional Annexes” – These operational plans explain the coordination of assisting and cooperating agencies and resources, as well as cross-cutting processes, activities, and functions that typically take place at the EOC during wide-spread emergency activities and disaster response regardless of the hazard involved (e.g., public information, alerts and warnings):

- Crisis Information/Communication (Mass Notification Alerts, Public Info)
- Logistics (Resource Management, County Staging Area, Fuel)
- Active Assailant/Mass Casualty
 - Agency Response
 - Medical Surge and Alternate Sites of Care
 - Reunification
 - Mortuary Services
- Evacuation, Transportation, and Re-entry Management
- Mass Care
 - Emergency “Risk” Sheltering (Public, Pet-Friendly, Special Medical Needs)
 - Host Sheltering (NGO and Faith-based)
 - Transitional and Long-Term Housing
- Damage and Needs Assessment

- Search and Rescue Operations
- Bulk Distribution of Commodities
 - POD Operations (e.g., Food, Water, Tarps)
 - Medical Countermeasures (push/pull; open/closed; public/private)
- Debris Management (Debris Removal & Monitoring)
- Volunteer Reception Centers and Donations Management
- Long-term Critical Infrastructure/Utilities Interruption (Consequence Management)
- Multi-Year Training & Exercise Plan (MYTEP)

“Hazard-Specific Annexes” – Based upon the jurisdiction’s THIRA, these plans describe the unique challenges and activities that must be coordinated in response to special incidents (e.g., active assailant, severe weather, wildfire, hazardous materials, infectious disease outbreak) regardless of their source, intent, or critical infrastructure impacts:

- Active Assailant/Terrorism (WMD, CBERN)
- Tropical Cyclone
- Flood (from any origin)
- Tornado/Straight-line High Winds
- Wildfire
- Extreme Temperatures
- Hazardous Material Release
- Infectious Disease (human or animal)
- Mass Transportation Accident (roads, rail, or air)
- Civil Unrest or Mass Migration

“Position-Specific Guidance” – These “PSG” documents provide guidance and outline the skillsets and responsibilities of individuals performing the various operational, logistical, financial, and planning support functions within the Emergency Operations Center during a Level 2 or Level 1 activation.

- EOC Commander/Unified Command
- Safety Officer
- Public Information Officer
 - Citizen Information Call Center (CICC)
 - Joint Information Center (Media Releases, Social Media Monitoring, Rumor Control, External Affairs)
- Liaison Officer (Point of Contact for partnering and cooperating agencies)
- Planning Section Chief
 - Resource Unit (Check-in/out, Status Tracking)
 - Situation Unit (Information Displays, Reports)
 - Documentation Unit (All Official Incident Records)
 - Demobilization Unit (Resource Accountability, Evaluations)
 - Technical Specialists (Weather Forecasters, etc.)
- Logistics Section Chief

ATTACHMENT II**NASSAU COUNTY HEALTH DEPARTMENT****Part II, Sources of Contributions to County Health Department****October 1, 2019 to September 30, 2020**

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
1. GENERAL REVENUE - STATE					
015040 CHD - TB COMMUNITY PROGRAM	7,420	0	7,420	0	7,420
015040 DENTAL SPECIAL INITIATIVE PROJECTS	5,977	0	5,977	0	5,977
015040 FAMILY PLANNING GENERAL REVENUE	31,825	0	31,825	0	31,825
015040 PRIMARY CARE PROGRAM	112,960	0	112,960	0	112,960
015040 SCHOOL HEALTH SERVICES - GENERAL REVENUE	116,301	0	116,301	0	116,301
015050 CHD GENERAL REVENUE NON-CATEGORICAL	776,658	0	776,658	0	776,658
GENERAL REVENUE TOTAL	1,051,141	0	1,051,141	0	1,051,141
2. NON GENERAL REVENUE - STATE					
015010 ENVIRONMENTAL BIOMEDICAL WASTE PROGRAM	2,364	0	2,364	0	2,364
NON GENERAL REVENUE TOTAL	2,364	0	2,364	0	2,364
3. FEDERAL FUNDS - STATE					
007000 WIC BREASTFEEDING PEER COUNSELING PROG	37,500	0	37,500	0	37,500
007000 COASTAL BEACH WATER QUALITY MONITORING	8,208	0	8,208	0	8,208
007000 COMPREHENSIVE COMMUNITY CARDIO - PHBG	35,000	0	35,000	0	35,000
007000 FAMILY PLANNING TITLE X - GRANT	28,833	0	28,833	0	28,833
007000 HURRICANE CRISIS COAG FOOD AND WATER	1,060	0	1,060	0	1,060
007000 IMMUNIZATION ACTION PLAN	6,961	0	6,961	0	6,961
007000 MCH SPECIAL PRJCT UNPLANNED PREGNANCY	2,336	0	2,336	0	2,336
007000 MCH SPEC PRJ SOCIAL DETERMINANTS HLTH COMM EDU	5,825	0	5,825	0	5,825
007000 MCH SPECIAL PROJCT DENTAL	6,000	0	6,000	0	6,000
007000 BASE COMMUNITY PREPAREDNESS CAPABILITY	70,263	0	70,263	0	70,263
007000 BASE EMERGENCY OPERATIONS COORDINATON (ESF8)	62,618	0	62,618	0	62,618
007000 RYAN WHITE TITLE II GRANT/CHD CONSORTIUM	45,000	0	45,000	0	45,000
007000 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM - ED	25,000	0	25,000	0	25,000
007000 WIC PROGRAM ADMINISTRATION	575,472	0	575,472	0	575,472
015075 AIDS DRUG ASSISTANCE PROGRAM ADMIN HQ	28,591	0	28,591	0	28,591
015075 SUPPLEMENTAL SCHOOL HEALTH	18,817	0	18,817	0	18,817
FEDERAL FUNDS TOTAL	957,484	0	957,484	0	957,484
4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE					
001020 CHD STATEWIDE ENVIRONMENTAL FEES	99,825	0	99,825	0	99,825
001092 CHD STATEWIDE ENVIRONMENTAL FEES	248,425	0	248,425	0	248,425
001206 ON SITE SEWAGE DISPOSAL PERMIT FEES	19,254	0	19,254	0	19,254
001206 SANITATION CERTIFICATES (FOOD INSPECTION)	1,400	0	1,400	0	1,400
001206 SEPTIC TANK RESEARCH SURCHARGE	2,086	0	2,086	0	2,086
001206 SEPTIC TANK VARIANCE FEES 50%	600	0	600	0	600
001206 PUBLIC SWIMMING POOL PERMIT FEES-10% HQ TRANSFER	350	0	350	0	350
001206 DRINKING WATER PROGRAM OPERATIONS	1,260	0	1,260	0	1,260
001206 REGULATION OF BODY PIERCING SALONS	50	0	50	0	50
001206 TANNING FACILITIES	1,000	0	1,000	0	1,000
001206 ONSITE SEWAGE TRAINING CENTER	600	0	600	0	600
001206 TATTO PROGRAM ENVIRONMENTAL HEALTH	300	0	300	0	300

ATTACHMENT II

NASSAU COUNTY HEALTH DEPARTMENT

Part II, Sources of Contributions to County Health Department

October 1, 2019 to September 30, 2020

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
001206 MOBILE HOME & RV PARK FEES	850	0	850	0	850
FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL	376,000	0	376,000	0	376,000
5. OTHER CASH CONTRIBUTIONS - STATE:					
	0	0	0	0	0
090001 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	0	0	0	0
OTHER CASH CONTRIBUTION TOTAL	0	0	0	0	0
6. MEDICAID - STATE/COUNTY:					
001057 CHD CLINIC FEES	0	9,500	9,500	0	9,500
001148 CHD CLINIC FEES	0	467,000	467,000	0	467,000
MEDICAID TOTAL	0	476,500	476,500	0	476,500
7. ALLOCABLE REVENUE - STATE:					
001009 CHD LOCAL ENVIRONMENTAL FEES	100	0	100	0	100
018000 CHD LOCAL REVENUE & EXPENDITURES	1,025	0	1,025	0	1,025
031005 CHD SALE OF SERVICES IN OR OUTSIDE OF STATE GOVT	3,000	0	3,000	0	3,000
ALLOCABLE REVENUE TOTAL	4,125	0	4,125	0	4,125
8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE					
ADAP	0	0	0	72,123	72,123
PHARMACY DRUG PROGRAM	0	0	0	9,202	9,202
WIC PROGRAM	0	0	0	1,360,875	1,360,875
BUREAU OF PUBLIC HEALTH LABORATORIES	0	0	0	8,114	8,114
IMMUNIZATIONS	0	0	0	85,753	85,753
OTHER STATE CONTRIBUTIONS TOTAL	0	0	0	1,536,067	1,536,067
9. DIRECT LOCAL CONTRIBUTIONS - BCC/TAX DISTRICT					
008005 CHD LOCAL REVENUE & EXPENDITURES	0	1,091,226	1,091,226	0	1,091,226
DIRECT COUNTY CONTRIBUTIONS TOTAL	0	1,091,226	1,091,226	0	1,091,226
10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY					
001077 CHD CLINIC FEES	0	15,050	15,050	0	15,050
001094 CHD LOCAL ENVIRONMENTAL FEES	0	82,150	82,150	0	82,150
001110 VITAL STATISTICS CERTIFIED RECORDS	0	82,000	82,000	0	82,000
FEES AUTHORIZED BY COUNTY TOTAL	0	179,200	179,200	0	179,200
11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY					
001029 CHD CLINIC FEES	0	19,350	19,350	0	19,350
001090 CHD CLINIC FEES	0	5,000	5,000	0	5,000
005000 CHD LOCAL REVENUE & EXPENDITURES	0	1,100	1,100	0	1,100
008050 SCHOOL HEALTH SERVICES - LOCAL AGENCY FUNDING	0	67,614	67,614	0	67,614
010400 CHD SALE OF SERVICES IN OR OUTSIDE OF STATE GOVT	0	500	500	0	500
011000 CHD HEALTHY START COALITION CONTRACT	0	2,000	2,000	0	2,000
011000 CHD LOCAL REVENUE & EXPENDITURES	0	75	75	0	75
011001 CHD HEALTHY START COALITION CONTRACT	0	285,086	285,086	0	285,086

ATTACHMENT II

NASSAU COUNTY HEALTH DEPARTMENT

Part II, Sources of Contributions to County Health Department

October 1, 2019 to September 30, 2020

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
012020 CHD LOCAL ENVIRONMENTAL FEES	0	50	50	0	50
029000 CHD LOCAL REVENUE & EXPENDITURES	0	2,500	2,500	0	2,500
090002 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	64,861	64,861	0	64,861
OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL	0	448,136	448,136	0	448,136
12. ALLOCABLE REVENUE - COUNTY					
001009 CHD LOCAL ENVIRONMENTAL FEES	0	100	100	0	100
018000 CHD LOCAL REVENUE & EXPENDITURES	0	1,025	1,025	0	1,025
031005 CHD SALE OF SERVICES IN OR OUTSIDE OF STATE GOVT	0	3,000	3,000	0	3,000
COUNTY ALLOCABLE REVENUE TOTAL	0	4,125	4,125	0	4,125
13. BUILDINGS - COUNTY					
ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	3,302,690	3,302,690
OTHER (Specify)	0	0	0	0	0
UTILITIES	0	0	0	0	0
BUILDING MAINTENANCE	0	0	0	63,682	63,682
GROUNDS MAINTENANCE	0	0	0	0	0
INSURANCE	0	0	0	18,690	18,690
OTHER (Specify)	0	0	0	0	0
OTHER (Specify)	0	0	0	0	0
BUILDINGS TOTAL	0	0	0	3,385,062	3,385,062
14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY					
EQUIPMENT / VEHICLE PURCHASES	0	0	0	0	0
VEHICLE INSURANCE	0	0	0	0	0
VEHICLE MAINTENANCE	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
OTHER COUNTY CONTRIBUTIONS TOTAL	0	0	0	0	0
GRAND TOTAL CHD PROGRAM	2,391,114	2,199,187	4,590,301	4,921,129	9,511,430

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, 2019 to September 30, 2020

	Quarterly Expenditure Plan									Grand Total
	FTE's	Clients	Services/	1st	2nd	3rd	4th	State	County	
	(0.00)	Units	Visits	(Whole dollars only)						
A. COMMUNICABLE DISEASE CONTROL:										
IMMUNIZATION (101)	0.12	88	106	2,325	2,712	2,712	2,325	10,074	0	10,074
SEXUALLY TRANS. DIS. (102)	1.90	1,057	1,289	31,447	36,679	36,679	31,448	0	136,253	136,253
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)	0.70	30	337	15,648	18,251	18,251	15,649	67,799	0	67,799
ADAP (03A4)	0.57	24	293	9,813	11,446	11,446	9,812	42,517	0	42,517
TUBERCULOSIS (104)	0.13	40	56	2,474	2,886	2,886	2,475	10,571	150	10,721
COMM. DIS. SURV. (106)	3.42	0	2,569	63,669	74,263	74,263	63,669	275,864	0	275,864
HEPATITIS (109)	0.00	0	0	0	0	0	0	0	0	0
PREPAREDNESS AND RESPONSE (116)	1.14	0	100	23,232	27,097	27,097	23,233	100,159	500	100,659
REFUGEE HEALTH (118)	0.00	0	0	0	0	0	0	0	0	0
VITAL RECORDS (180)	1.79	5,494	12,995	20,629	24,061	24,061	20,629	0	89,380	89,380
COMMUNICABLE DISEASE SUBTOTAL	9.77	6,733	17,745	169,237	197,395	197,395	169,240	506,984	226,283	733,267
B. PRIMARY CARE:										
CHRONIC DISEASE PREVENTION PRO (210)	0.47	0	90	11,119	12,969	12,969	11,118	48,144	31	48,175
WIC (21W1)	11.93	2,830	31,208	172,759	201,503	201,503	172,759	747,522	1,002	748,524
TOBACCO USE INTERVENTION (212)	0.00	0	0	0	0	0	0	0	0	0
WIC BREASTFEEDING PEER COUNSELING (21W2)	2.45	0	3,376	23,143	26,994	26,994	23,143	100,068	206	100,274
FAMILY PLANNING (223)	3.27	491	929	43,489	50,725	50,725	43,490	62,994	125,435	188,429
IMPROVED PREGNANCY OUTCOME (225)	0.00	0	0	0	0	0	0	0	0	0
HEALTHY START PRENATAL (227)	3.05	411	2,249	45,747	53,358	53,358	45,746	0	198,209	198,209
COMPREHENSIVE CHILD HEALTH (229)	0.35	35	245	3,900	4,549	4,549	3,899	0	16,897	16,897
HEALTHY START CHILD (231)	2.63	303	1,676	35,199	41,055	41,055	35,199	0	152,508	152,508
SCHOOL HEALTH (234)	3.39	0	76,015	67,476	78,703	78,703	67,477	172,838	119,521	292,359
COMPREHENSIVE ADULT HEALTH (237)	4.73	261	640	97,719	113,977	113,977	97,719	57,480	365,912	423,392
COMMUNITY HEALTH DEVELOPMENT (238)	1.42	0	965	24,034	28,033	28,033	24,034	104,134	0	104,134
DENTAL HEALTH (240)	10.07	3,089	6,570	208,884	243,638	243,638	208,883	68,457	836,586	905,043
PRIMARY CARE SUBTOTAL	43.76	7,420	123,963	733,469	855,504	855,504	733,467	1,361,637	1,816,307	3,177,944
C. ENVIRONMENTAL HEALTH:										
Water and Onsite Sewage Programs										
COSTAL BEACH MONITORING (347)	0.28	504	504	5,090	5,937	5,937	5,089	22,053	0	22,053
LIMITED USE PUBLIC WATER SYSTEMS (357)	1.90	106	856	30,214	35,241	35,241	30,213	100,817	30,092	130,909
PUBLIC WATER SYSTEM (358)	0.00	0	0	0	0	0	0	0	0	0
PRIVATE WATER SYSTEM (359)	0.00	0	0	0	0	0	0	0	0	0
ONSITE SEWAGE TREATMENT & DISPOSAL (361)	3.97	933	3,092	65,177	76,021	76,021	65,177	270,146	12,250	282,396
Group Total	6.15	1,543	4,452	100,481	117,199	117,199	100,479	393,016	42,342	435,358
Facility Programs										
TATTOO FACILITY SERVICES (344)	0.03	15	4	551	643	643	552	2,389	0	2,389
FOOD HYGIENE (348)	0.71	48	211	10,157	11,847	11,847	10,158	37,920	6,089	44,009

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, 2019 to September 30, 2020

	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)	0.00	0	0	0	0	0	0	0	0	0
GROUP CARE FACILITY (351)	0.30	47	100	5,602	6,535	6,535	5,602	150	24,124	24,274
MIGRANT LABOR CAMP (352)	0.00	0	0	0	0	0	0	0	0	0
HOUSING & PUB. BLDG. (353)	0.03	14	16	448	523	523	448	0	1,942	1,942
MOBILE HOME AND PARK (354)	0.15	18	53	2,681	3,126	3,126	2,681	10,936	678	11,614
POOLS/BATHING PLACES (360)	0.49	204	447	8,126	9,478	9,478	8,127	35,059	150	35,209
BIOMEDICAL WASTE SERVICES (364)	0.15	61	57	2,666	3,110	3,110	2,667	11,003	550	11,553
TANNING FACILITY SERVICES (369)	0.06	24	69	997	1,163	1,163	997	4,270	50	4,320
Group Total	1.92	431	957	31,228	36,425	36,425	31,232	101,727	33,583	135,310
Groundwater Contamination										
STORAGE TANK COMPLIANCE SERVICES (355)	0.00	0	0	0	0	0	0	0	0	0
SUPER ACT SERVICES (356)	0.05	0	35	698	814	814	697	0	3,023	3,023
Group Total	0.05	0	35	698	814	814	697	0	3,023	3,023
Community Hygiene										
COMMUNITY ENVIR. HEALTH (345)	0.00	0	0	0	0	0	0	0	0	0
INJURY PREVENTION (346)	0.00	0	0	0	0	0	0	0	0	0
LEAD MONITORING SERVICES (350)	0.00	0	0	0	0	0	0	0	0	0
PUBLIC SEWAGE (362)	0.00	0	0	0	0	0	0	0	0	0
SOLID WASTE DISPOSAL SERVICE (363)	0.00	0	0	0	0	0	0	0	0	0
SANITARY NUISANCE (365)	0.00	0	0	34	40	40	33	0	147	147
RABIES SURVEILLANCE (366)	0.07	4	0	1,447	1,688	1,688	1,447	0	6,270	6,270
ARBORVIRUS SURVEIL. (367)	1.78	0	1,370	16,378	19,103	19,103	16,378	0	70,962	70,962
RODENT/ARTHROPOD CONTROL (368)	0.00	0	0	0	0	0	0	0	0	0
WATER POLLUTION (370)	0.00	0	0	0	0	0	0	0	0	0
INDOOR AIR (371)	0.00	0	0	0	0	0	0	0	0	0
RADIOLOGICAL HEALTH (372)	0.00	0	0	51	59	59	51	0	220	220
TOXIC SUBSTANCES (373)	0.00	0	0	0	0	0	0	0	0	0
Group Total	1.85	4	1,370	17,910	20,890	20,890	17,909	0	77,599	77,599
ENVIRONMENTAL HEALTH SUBTOTAL	9.97	1,978	6,814	150,317	175,328	175,328	150,317	494,743	156,547	651,290
D. NON-OPERATIONAL COSTS:										
NON-OPERATIONAL COSTS (599)	0.00	0	0	0	0	0	0	0	0	0
ENVIRONMENTAL HEALTH SURCHARGE (399)	0.00	0	0	6,405	7,470	7,470	6,405	27,750	0	27,750
MEDICAID BUYBACK (611)	0.00	0	0	12	13	13	12	0	50	50
NON-OPERATIONAL COSTS SUBTOTAL	0.00	0	0	6,417	7,483	7,483	6,417	27,750	50	27,800
TOTAL CONTRACT	63.50	16,181	148,522	1,059,440	1,235,710	1,235,710	1,059,441	2,391,114	2,199,187	4,590,301

ATTACHMENT III
NASSAU COUNTY HEALTH DEPARTMENT
CIVIL RIGHTS CERTIFICATE

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

The applicant assures that it will comply with:

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

Attachment IV

Fiscal Year - 2019 - 2020

Nassau County Health Department

Facilities Utilized by the County Health Department

Complete Location (Street/Address, City, Zip)	Facility Description And Official Building Name (if applicable) (Admin, Clinic, Envn Hlth, etc.)	Lease/ Agreement Number	Type of Agreement (Private Lease thru State or County, other - please define)	Complete Legal Name of Owner	SQ Feet	Employee Count (FTE/OPS/ Contract)
30 S 4th Street, Fernandina Beach, FL 32034	Admin (EPI, Director, Business Office)	N/A	County Owned	Board of County Commissioners	6220	7
1620 Nectarine St, Fernandina Beach, FL 32034	Clinic/Vital Stats/HS/HIV	N/A	County Owned	Board of County Commissioners	5850	14
45377 Mickler St, Callahan, FL 32011	Clinic/WIC/Schl hith	N/A	County Owned	Board of County Commissioners	2500	7
37203 Pecan St, Hilliard, FL 32046	Dental Clinic/WIC/Schl hith	N/A	County Owned	Board of County Commissioners	4350	7
86014 Pages Dairy Rd, Yulee, FL 32097	Clinic/WIC/Schl hith	N/A	County Owned	Board of County Commissioners	5765	9
96135 Nassau Place, Ste B, Yulee, FL 32097	Envn Hlth	N/A	County Owned	Board of County Commissioners	1350	5
Yulee Dental Clinic 86207 Felmore Rd Yulee FL 32097	Dental Clinic	NA	Private Lease	Nassau County School Board	1289	8
77150 Citizens Circle, Yulee, FL 32097	Information Tech	N/A	County Owned	Board of County Commissioners	225	1

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

COUNTY HEALTH DEPARTMENT
2019 - 2020 CORE CONTRACT REVIEW CHECK LIST

COUNTY:

	Check when Complete	Instructions
1.	✓	Three original contracts submitted.
2.	✓	Changes to contract approved by Deputy General Counsel. Yes: Proceed with review. No: Return to CHD.
3.	✓	<u>Contract Document, Page 1</u> County name entered in various required fields.
4.	✓	<u>Contract Document, Page 2</u> In section 4.a.i., amount equals or less than the Schedule C total for General Revenue, Other State Funds and Federal Funds.
5.	✓	<u>Contract Document, Page 2</u> In section 4.a.ii., amount equals the Board of County Commissioners Annual Appropriated Amount (Attachment II, Part II, Section 9).
6.	✓	<u>Contract Document, Page 3</u> In section 4.e., county name and address is entered.
7.	✓	<u>Contract Document, Page 4</u> In section 6.d., county name is entered.
8.	✓	<u>Contract Document, Page 7</u> In section 9.b., State and County contract manager information is entered in the respective fields.
9.	✓	<u>Contract Document, Page 8</u> Number of contract document pages is entered and correct.
10.	✓	<u>Contract Document, Page 8</u> County name for the BOCC is entered.
11.	✓	<u>Contract Document, Page 8</u> Required signatures from Board of County Commissioners, the Witness ("Attested To"), and the CHD Director/Administrator in the respective fields. Exception: If the board of County Commissioners requires DOH to sign first.
12.	✓	<u>Attachment II, Part I:</u> Section 1. - CHD Trust Fund Ending Balance 9/30/19 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.	✓ 10.08%	<u>Attachment II, Part I:</u> Section 4. - Cash-to budget percentage is within the CHD's minimum and maximum reserve requirement. Divide the 9/30/20 total cash balance by the total planned expenditures. <u>10.08%</u>
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.