

**RESOLUTION NO. 2006-349**

**A RESOLUTION BY THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA, APPROVING THE TERMS, PROVISIONS, CONDITIONS, AND REQUIREMENTS OF AN AGREEMENT BETWEEN THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, AND STATE OF FLORIDA DEPARTMENT OF HEALTH/ST. JOHNS COUNTY HEALTH DEPARTMENT AUTHORIZING THE CHAIRMAN OF THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY TO EXECUTE THE AGREEMENT ON BEHALF OF THE COUNTY**

**WHEREAS**, the Board of County Commissioners of St. Johns County (the "Board") is providing funds to the State of Florida Department of Health/St. Johns County Health Department (the "Provider") for the purpose of providing environmental health services, communicable disease control services and child primary care services to St. Johns County residents; and,

**WHEREAS**, both the Board and the Provider have agreed to the contract to include the assurance of delivery of said services; and,

**WHEREAS**, both the Board and the Provider have agreed to compensation for this year, in the amount of the contract not to exceed Four Hundred and Forty-Four thousand, Nine hundred and fifty-seven dollars (\$444,957.00), for environmental health services, communicable disease control and child primary care services for St. Johns County residents thru September 30, 2007; and

**WHEREAS**, the Board has determined that accepting the terms of the Agreement, and entering into said amendment to the Agreement will serve the interests of the County.

**NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA, AS FOLLOWS:**

Section 1. The above Recitals are hereby incorporated into the body of this Resolution, and are adopted as Findings of Fact.

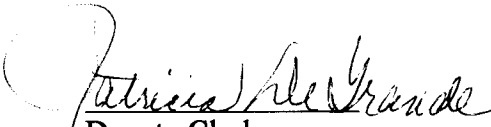
Section 2. The Board of County Commissioners hereby approves the terms, provisions, conditions, and requirements of the Agreement between the Board of County Commissioners of St. Johns County and the State of Florida Department of Health/St. Johns County Health Department and. authorizing the Chairman of the Board of County Commissioners of St. Johns County, Florida to execute the Agreement on behalf of the County.

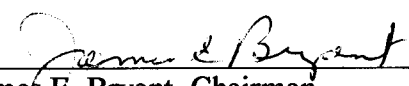
**PASSED AND ADOPTED** by the Board of County Commissioners of St. Johns County, Florida, this 17<sup>th</sup> day of October, 2006.

**BOARD OF COUNTY COMMISSIONERS OF  
ST. JOHNS COUNTY, FLORIDA**

**Attest:**

**By:**

  
Deputy Clerk

  
James E. Bryant, Chairman

RENDITION DATE 10/18/06



**CONTRACT BETWEEN  
ST. JOHNS COUNTY BOARD OF COUNTY COMMISSIONERS  
AND  
STATE OF FLORIDA DEPARTMENT OF HEALTH  
FOR OPERATION OF  
THE ST. JOHNS COUNTY HEALTH DEPARTMENT  
CONTRACT YEAR 2006-2007**

This agreement ("Agreement") is made and entered into between the State of Florida, Department of Health ("State") and the St. Johns County Board of County Commissioners ("County"), through their undersigned authorities, effective October 1, 2006.

**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. St. Johns 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, 2006, through September 30, 2007, 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 \$ 3,092,065 (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 \$444,957 (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  
St. Johns County  
1955 US 1 South; Suite 100  
St. Augustine, FL 32086

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 St. Johns 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, 2007 for the report period October 1, 2006 through December 31, 2006;
- ii. June 1, 2007 for the report period October 1, 2006 through March 31, 2007;
- iii. September 1, 2007 for the report period October 1, 2006 through June 30, 2007; and
- iv. December 1, 2007 for the report period October 1, 2006 through September 30, 2007.

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:

For the County:

Greg Ballard  
Name

Ben W. Adams, Jr.  
Name

Administrative Services Director  
Title

County Administrator  
Title

1955 US 1 South, Suite, 100  
St. Augustine, FL 32086  
Address

P.O. Drawer 349  
St. Augustine, FL 32085-0349  
Address

(904) 825-5055 ext. 1006  
Telephone

(904) 823-2505  
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 24 page agreement to be executed by their undersigned officials as duly authorized effective the 1<sup>st</sup> day of October, 2006.

**BOARD OF COUNTY COMMISSIONERS  
FOR ST. JOHNS COUNTY**

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

SIGNED BY: \_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

ATTESTED TO:

SIGNED BY: \_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNED BY: \_\_\_\_\_

NAME: M. Rony Francois, M.D., M.S.P.H., Ph.D.

TITLE: Secretary

DATE: \_\_\_\_\_

SIGNED BY: *D Allicock, MD*

NAME: Dawn Allicock, MD, MPH

TITLE: CHD Director/Administrator

DATE: 09/19/06

## ATTACHMENT I

### ST. JOHNS 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

ST. JOHNS COUNTY HEALTH DEPARTMENT

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

	Estimated State Share of CHD Trust Fund Balance as of 09/30/06	Estimated County Share of CHD Trust Fund Balance as of 09/30/06	Total
1. CHD Trust Fund Ending Balance 09/30/06	\$ 731,084	\$ 648,319	\$ 1,379,403
2. Drawdown for Contract Year October 1, 2006 to September 30, 2007	\$ 199,889	\$ 131,185	\$ 331,074
3. Special Capital Project use for Contract Year October 1, 2006 to September 30, 2007	\$ 332,528		\$ 332,528
4. Balance Reserved for Contingency Fund October 1, 2006 to September 30, 2007	\$ 198,667	\$ 517,134	\$ 715,801

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.

Working Copy ATTACHMENT II

SAINT JOHN'S COUNTY HEALTH DEPARTMENT  
Part II: Sources of Contributions to County Health Department

October 1, 2006 to September 30, 2007

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total	
<b>1. GENERAL REVENUE - STATE</b>						
015040	ALG/CESSPOOL IDENTIFICATION AND ELIMINATION	0	0	0	0	
015040	ALG/CONTR TO CHDS-AIDS PATIENT CARE	100,000	0	100,000	0	100,000
015040	ALG/CONTR TO CHDS-AIDS PREV & SURV & FIELD STAFF	34,937	0	34,937	0	34,937
015040	ALG/CONTR TO CHDS-DENTAL PROGRAM	0	0	0	0	0
015040	ALG/CONTR TO CHDS-MIGRANT LABOR CAMP SANITATION	2,975	0	2,975	0	2,975
015040	ALG/CONTR. TO CHDS-IMMUNIZATION OUTREACH TEAMS	10,083	0	10,083	0	10,083
015040	ALG/CONTR. TO CHDS-INDOOR AIR ASSIST PROG	0	0	0	0	0
015040	ALG/CONTR. TO CHDS-MCH HEALTH - FIELD STAFF COST	0	0	0	0	0
015040	ALG/CONTR. TO CHDS-SOVEREIGN IMMUNITY	0	0	0	0	0
015040	ALG/CONTRIBUTION TO CHDS-PRIMARY CARE	16,935	0	16,935	0	16,935
015040	ALG/FAMILY PLANNING	32,894	0	32,894	0	32,894
015040	ALG/IPO - OUTREACH SOCIAL WORKERS CAT. 050707	0	0	0	0	0
015040	ALG/IPO HEALTHY START	0	0	0	0	0
015040	ALG/IPO HEALTHY START/IPO CAT 050707	0	0	0	0	0
015040	ALG/IPO-INFANT MORTALITY PROJECT CAT. 050707	0	0	0	0	0
015040	ALG/MCH HEALTHY START/IPO CAT 050870	0	0	0	0	0
015040	ALG/MCH-INFANT MORTALITY PROJECT CAT. 050870	0	0	0	0	0
015040	ALG/MCH-OUTREACH SOCIAL WORKERS CAT 050870	0	0	0	0	0
015040	ALG/PRIMARY CARE	219,151	0	219,151	0	219,151
015040	ALG/SCHOOL HEALTH/SUPPLEMENTAL	0	0	0	0	0
015040	CATE ESCAMBIA	0	0	0	0	0
015040	CHD SUPPORT SERVICES	0	0	0	0	0
015040	CLOSING THE GAP PROGRAM	0	0	0	0	0
015040	COMMUNITY SMILES - DADE	0	0	0	0	0
015040	COMMUNITY TB PROGRAM	41,304	0	41,304	0	41,304
015040	DENTAL SPECIAL INITIATIVE PROJECTS	0	0	0	0	0
015040	DUVAL TEEN PREGNANCY PREVENTION	0	0	0	0	0
015040	ENHANCED DENTAL SERVICES	0	0	0	0	0
015040	FL HEPATITIS & LIVER FAILURE PREVENTION/CONTROL	0	0	0	0	0
015040	HEALTH PROMOTION & EDUCATION INITIATIVES	0	0	0	0	0
015040	HEALTHY BEACHES MONITORING	13,771	0	13,771	0	13,771
015040	HEALTHY START - DATA COLLECTION PROJECT STAFF	0	0	0	0	0
015040	LA LIGA CONTRA EL CANCER	0	0	0	0	0
015040	MEDIVAN PROJECT	0	0	0	0	0
015040	METRO ORLANDO URBAN LEAGUE TEENAGE PREG PREV	0	0	0	0	0
015040	PRIMARY CARE SPECIAL DENTAL PROJECTS	0	0	0	0	0
015040	PRIMARY CARE SPECIAL PROJECTS	0	0	0	0	0
015040	SCHOOL HEALTH-SUPPLEMENT-TANF	0	0	0	0	0
015040	SPECIAL NEEDS SHELTER PROGRAM	0	0	0	0	0
015040	STD GENERAL REVENUE	0	0	0	0	0
015040	VOLUNTEER SCHOOL HEALTH NURSE GRANT	56,000	0	56,000	0	56,000
015050	ALG/CONTR TO CHDS	1,721,948	0	1,721,948	0	1,721,948
<b>GENERAL REVENUE TOTAL</b>		<b>2,249,998</b>	<b>0</b>	<b>2,249,998</b>	<b>0</b>	<b>2,249,998</b>
<b>2. NON GENERAL REVENUE - STATE</b>						
015010	ALG/CONTR TO CHDS-REBASING TOBACCO TF	27,854	0	27,854	0	27,854
015010	BASIC SCHOOL HEALTH - TOBACCO TF	101,088	0	101,088	0	101,088
015010	CHD SUPPORT SERVICES	48,190	0	48,190	0	48,190

## Working Copy ATTACHMENT III

SAINT JOHN'S COUNTY HEALTH DEPARTMENT  
Part II. Sources of Contributions to County Health Department

October 1, 2006 to September 30, 2007

	State @HD Trust Fund (cash)	County @HD Trust Fund	Total @HD Trust Fund (cash)	Other Contribution	Total
<b>2. NON GENERAL REVENUE - STATE</b>					
015010	FL HEPATITIS & LIVER FAILURE PREVENTION/CONTROL	0	0	0	0
015010	FULL SERVICE SCHOOLS - TOBACCO TF	83,005	0	83,005	83,005
015010	ONSITE SEWAGE RESEARCH PROGRAM	0	0	0	0
015010	LIMITED USE PUBLIC WATER	10,000	0	10,000	10,000
015010	PUBLIC SWIMMING POOL PROGRAM	0	0	0	0
015010	SUPER ACT PROGRAM ADM TF	0	0	0	0
015010	SUPPLEMENTAL/COMPREHENSIVE SCHOOL HEALTH - TOB TF	0	0	0	0
015010	VARICELLA IMMUNIZATION REQUIREMENT TOBACCO TF	5,396	0	5,396	5,396
015020	PEDS	1,075	0	1,075	1,075
015020	SAFE DRINKING WATER PRG/DEP ADM	0	0	0	0
015020	FOOD AND WATERBORNE DISEASE PROGRAM ADM TF/DACS	0	0	0	0
<b>NON GENERAL REVENUE TOTAL</b>		<b>276,608</b>	<b>0</b>	<b>276,608</b>	<b>276,608</b>
<b>3. FEDERAL FUNDS - State</b>					
007000	AIDS PREVENTION	0	0	0	0
007000	AIDS SEROPREVALENCE	0	0	0	0
007000	AIDS SURVEILLANCE	0	0	0	0
007000	BIOTERR SURVEILLANCE & EPIDEMIOLOGY	44,493	0	44,493	44,493
007000	BIOTERRORISM PLANNING & READINESS	66,823	0	66,823	66,823
007000	CDHPE PROGRAM	44,117	0	44,117	44,117
007000	CHD SUPPORT SERVICES	0	0	0	0
007000	CHILDHOOD LEAD POISONING PREVENTION	0	0	0	0
007000	COASTAL BEACH MONITORING PROGRAM	12,118	0	12,118	12,118
007000	COMPREHENSIVE CARDIOVASCULAR PROGRAM	0	0	0	0
007000	FGTF/AIDS MORBIDITY	0	0	0	0
007000	FGTF/BREAST & CERVICAL CANCER-ADMIN/CASE MAN	0	0	0	0
007000	FGTF/FAMILY PLANNING TITLE X SPECIAL INITIATIVES	0	0	0	0
007000	FGTF/FAMILY PLANNING-TITLE X	51,895	0	51,895	51,895
007000	FGTF/IMMUNIZATION ACTION PLAN	15,291	0	15,291	15,291
007000	FGTF/WIC ADMINISTRATION	323,379	0	323,379	323,379
007000	FLORIDA PANDEMIC INFLUENZA	15,164	0	15,164	15,164
007000	HEALTH PROGRAM FOR REFUGEES	0	0	0	0
007000	HOUSING OPPORTUNITIES FOR PEOPLE WITH AIDS (HOPWA)	0	0	0	0
007000	IMMUNIZATION SUPPLEMENTAL	0	0	0	0
007000	IMMUNIZATION-WIC LINKAGES	0	0	0	0
007000	MCH BGTF-GADSDEN SCHOOL CLINIC	0	0	0	0
007000	MCH BGTF-HEALTHY START IPO	0	0	0	0
007000	MCH BGTF-INFANT MORTALITY PROJECT	0	0	0	0
007000	MCH BGTF-MCH/CHILD HEALTH	9,826	0	9,826	9,826
007000	MCH BGTF-MCH/DENTAL PROJECTS	79,748	0	79,748	79,748
007000	MCH BGTF-OUTREACH SOCIAL WORKERS	0	0	0	0
007000	PHP-CITIES RESPONSE INITIATIVE	0	0	0	0
007000	RAPE PREVENTION & EDUCATION GRANT	0	0	0	0
007000	RISK COMMUNICATIONS	0	0	0	0
007000	RYAN WHITE	0	0	0	0
007000	RYAN WHITE - EMERGING COMMUNITIES	0	0	0	0
007000	RYAN WHITE-AIDS DRUG ASSIST PROG-ADMIN	16,631	0	16,631	16,631
007000	RYAN WHITE-CONSORTIA	0	0	0	0



Working Copy ATTACHMENT III

SAINT JOHNS COUNTY HEALTH DEPARTMENT  
Part II. Sources of Contributions to County Health Department

October 1, 2006 to September 30, 2007

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>3. FEDERAL FUNDS - State</b>					
007000	STD FEDERAL GRANT - CSPS	0	0	0	0
007000	STD PROGRAM - PHYSICIAN TRAINING CENTER	0	0	0	0
007000	STD PROGRAM INFERTILITY PREVENTION PROJECT (IPP)	0	0	0	0
007000	SYPHILIS ELIMINATION	0	0	0	0
007000	TESTING HIV SERONEGATIVE HEADQUARTERS	0	0	0	0
007000	TRAINING AND EDUCATION	0	0	0	0
007000	TUBERCULOSIS CONTROL - FEDERAL GRANT	0	0	0	0
007000	WEST NILE VIRUS & EPIDEMIOLOGY PROJECTS 2006	0	0	0	0
007000	WIC BREASTFEEDING PEER COUNSELING	0	0	0	0
007000	WIC BREASTFEEDING PEER COUNSELING PROG FFY 2005	0	0	0	0
007000	WIC INFRASTRUCTURE	0	0	0	0
015009	MEDIPASS.WAIVER-HLTHY STRT CLIENT SERVICES	0	0	0	0
015009	MEDIPASS WAIVER-SOBRA	0	0	0	0
015075	FOOD HYGIENE	1,600	0	1,600	1,600
015075	NEW LINE	0	0	0	0
015075	NEW LINE	0	0	0	0
015075	NEW LINE	0	0	0	0
<b>FEDERAL FUNDS TOTAL</b>		<b>681,085</b>	<b>0</b>	<b>681,085</b>	<b>0</b>
<b>4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE</b>					
001020	MIGRANT HOUSING PERMIT	725	0	725	0
001020	MOBILE HOME AND PARKS	10,000	0	10,000	0
001020	FOOD HYGIENE PERMIT	16,000	0	16,000	0
001020	BIOHAZARD WASTE PERMIT	0	0	0	0
001020	SWIMMING POOLS	53,000	0	53,000	0
001020	PRIVATE WATER CONSTR PERMIT	0	0	0	0
001020	PUBLIC WATER ANNUAL OPER PERMIT	0	0	0	0
001020	PUBLIC WATER CONSTR PERMIT	4,000	0	4,000	0
001020	NON-SDWA SYSTEM PERMIT	3,000	0	3,000	0
001020	SAFE DRINKING WATER	0	0	0	0
001020	TANNING FACILITIES	6,750	0	6,750	0
001020	BODY PIERCING	0	0	0	0
001092	NON SDWA LAB SAMPLE	0	0	0	0
001092	OSDS VARIANCE FEE	0	0	0	0
001092	ENVIRONMENTAL HEALTH FEES	900	0	900	0
001092	OSDS REPAIR PERMIT	0	0	0	0
001092	OSDS PERMIT FEE	270,000	0	270,000	0
001092	I & M ZONED OPERATING PERMIT	0	0	0	0
001092	AEROBIC OPERATING PERMIT	0	0	0	0
001092	SEPTIC TANK SITE EVALUATION	0	0	0	0
001170	LAB FEE CHEMICAL ANALYSIS	0	0	0	0
001170	NONPOTABLE WATER ANALYSIS	0	0	0	0
001170	WATER ANALYSIS-POTABLE	0	0	0	0
010304	MQA INSPECTION FEE	1,200	0	1,200	0
<b>FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL</b>		<b>365,575</b>	<b>0</b>	<b>365,575</b>	<b>0</b>
<b>5. OTHER CASH CONTRIBUTIONS - STATE</b>					

Working Copy ATTACHMENT III

SAINT JOHNS COUNTY HEALTH DEPARTMENT  
 Partial Sources of Contributions to County Health Department

October 1, 2006 to September 30, 2007

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>5. OTHER CASH CONTRIBUTIONS - STATE</b>					
010304 STATIONARY POLLUTANT STORAGE TANKS	115,000	0	115,000	0	115,000
090001 DRAW DOWN FROM PUBLIC HEALTH UNIT	532,417	0	532,417	0	532,417
<b>OTHER CASH CONTRIBUTIONS TOTAL</b>	<b>647,417</b>	<b>0</b>	<b>647,417</b>	<b>0</b>	<b>647,417</b>
<b>6. MEDICAID - STATE/COUNTY</b>					
001056 MEDICAID PHARMACY	0	0	0	0	0
001076 MEDICAID TB	0	0	0	0	0
001078 MEDICAID ADMINISTRATION OF VACCINE	10,229	10,229	20,458	0	20,458
001079 MEDICAID CASE MANAGEMENT	25,572	25,572	51,144	0	51,144
001080 MEDICAID OTHER	0	0	0	0	0
001081 MEDICAID CHILD HEALTH CHECK UP	87,882	125,218	213,100	0	213,100
001082 MEDICAID DENTAL	146,166	208,262	354,428	0	354,428
001087 MEDICAID STD	4,394	6,261	10,655	0	10,655
001089 MEDICAID AIDS	14,061	20,035	34,096	0	34,096
001147 MEDICAID HMO RATE	0	0	0	0	0
001191 MEDICAID MATERNITY	42,184	60,104	102,288	0	102,288
001192 MEDICAID COMPREHENSIVE CHILD	263,647	375,653	639,300	0	639,300
001193 MEDICAID COMPREHENSIVE ADULT	0	0	0	0	0
001194 MEDICAID LABORATORY	0	0	0	0	0
001083 MEDICAID FAMILY PLANNING	4,262	38,358	42,620	0	42,620
001208 MEDIPASS \$3.00 ADM. FEE	27,000	27,000	54,000	0	54,000
<b>MEDICAID TOTAL</b>	<b>625,398</b>	<b>896,691</b>	<b>1,522,089</b>	<b>0</b>	<b>1,522,089</b>
<b>7. ALLOCABLE REVENUE - STATE</b>					
018000 REFUNDS	0	0	0	0	0
037000 PRIOR YEAR WARRANT	0	0	0	0	0
038000 12 MONTH OLD WARRANT	0	0	0	0	0
<b>ALLOCABLE REVENUE TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE</b>					
PHARMACY SERVICES	0	0	0	0	0
LABORATORY SERVICES	0	0	0	122,268	122,268
TB SERVICES	0	0	0	0	0
IMMUNIZATION SERVICES	0	0	0	216,452	216,452
STD SERVICES	0	0	0	0	0
CONSTRUCTION/RENOVATION	0	0	0	0	0
WIC FOOD	0	0	0	1,444,157	1,444,157
ADAP	0	0	0	0	0
DENTAL SERVICES	0	0	0	79,748	79,748
OTHER (SPECIFY)	0	0	0	0	0
OTHER (SPECIFY)	0	0	0	0	0
<b>OTHER STATE CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,862,625</b>	<b>1,862,625</b>
<b>9. DIRECT COUNTY CONTRIBUTIONS - COUNTY</b>					
008030 GRANTS-COUNTY TAX DIRECT	0	444,957	444,957	0	444,957
008034 GRANTS CNTY COMMSN OTHER	0	0	0	0	0

Working Copy ATTACHMENT II

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

October 1, 2006 to September 30, 2007

	State CHD Trust fund (cash)	County CHD Trust fund	Total CHD Trust fund (cash)	Other Contribution	Total
<b>BOARD OF COUNTY COMMISSIONERS TOTAL</b>	0	444,957	444,957	0	444,957
<b>10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY</b>					
001060 VITAL STATISTICS FEES OTHER	0	0	0	0	0
001077 RABIES VACCINE	0	9,000	9,000	0	9,000
001077 CHILD CAR SEAT PROG	0	0	0	0	0
001077 PERSONAL HEALTH FEES	0	166,376	166,376	0	166,376
001077 AIDS CO-PAYS	0	0	0	0	0
001094 LOCAL ORDINANCE FEES	0	303,000	303,000	0	303,000
001094 ADULT ENTER. PERMIT FEES	0	0	0	0	0
001114 NEW BIRTH CERTIFICATES	0	22,000	22,000	0	22,000
001115 DEATH CERTIFICATES	0	62,000	62,000	0	62,000
001117 VITAL STATS-ADM. FEE 50 CENTS	0	1,200	1,200	0	1,200
<b>FEES AUTHORIZED BY COUNTY TOTAL</b>	0	563,576	563,576	0	563,576
<b>11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY</b>					
001009 RETURNED CHECK ITEM	0	200	200	0	200
001029 THIRD PARTY REIMBURSEMENT	0	49,160	49,160	0	49,160
001029 HEALTH MAINTENANCE ORGAN. (HMO)	0	0	0	0	0
001054 MEDICARE PART D	0	0	0	0	0
001077 RYAN WHITE TITLE II	0	400	400	0	400
001090 MEDICARE PART B	0	50,000	50,000	0	50,000
005040 INTEREST EARNED	0	0	0	0	0
005041 INTEREST EARNED-STATE INVESTMENT ACCOUNT	0	70,000	70,000	0	70,000
007010 U.S. GRANTS DIRECT	0	0	0	0	0
010300 SALE OF GOODS AND SERVICES TO STATE AGENCIES	0	87,746	87,746	0	87,746
010301 EXP WITNESS FEE CONSULTNT CHARGES	0	0	0	0	0
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 GRANT-DIRECT-IMMU	0	2,700	2,700	0	2,700
011000 GRANT-DIRECT-ADULT	0	35,000	35,000	0	35,000
011000 GRANT-DIRECT-RYAN WHITE I & II	0	213,982	213,982	0	213,982
011000 GRANT-DIRECT-RYAN WHITE III	0	361,428	361,428	0	361,428
011000 GRANT-DIRECT-DENTAL	0	22,000	22,000	0	22,000
011000 GRANT-DIRECT-SCHOOL HEALTH	0	25,000	25,000	0	25,000
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
011001 HEALTHY START COALITION CONTRIBUTIONS	0	273,206	273,206	0	273,206
011007 CASH DONATIONS PRIVATE	0	0	0	0	0
012020 FINES AND FORFEITURES	0	0	0	0	0
012021 RETURN CHECK CHARGE	0	100	100	0	100
028020 INSURANCE RECOVERIES-OTHER	0	0	0	0	0
090002 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	131,185	131,185	0	131,185
<b>OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL</b>	0	1,322,107	1,322,107	0	1,322,107
<b>12. ALLOCABLE REVENUE - COUNTY</b>					
018000 REFUNDS	0	4,315	4,315	0	4,315
037000 PRIOR YEAR WARRANT	0	0	0	0	0

Working Copy ATTACHMENT II

SAINT JOHNS COUNTY HEALTH DEPARTMENT  
 Partial Sources of Contributions to County Health Department

October 1, 2006 to September 30, 2007

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>12. ALLOCABLE REVENUE - COUNTY</b>					
038000 12 MONTH OLD WARRANT	0	0	0	0	0
<b>COUNTY ALLOCABLE REVENUE TOTAL</b>	<b>0</b>	<b>4,315</b>	<b>4,315</b>	<b>0</b>	<b>4,315</b>
<b>13. BUILDINGS - COUNTY</b>					
ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	676,324	676,324
BUILDING MAINTENANCE	0	0	0	65,000	65,000
INSURANCE	0	0	0	0	0
UTILITIES	0	0	0	0	0
GROUNDS MAINTENANCE	0	0	0	0	0
OTHER (SPECIFY)	0	0	0	0	0
OTHER (SPECIFY)	0	0	0	0	0
<b>BUILDINGS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>741,324</b>	<b>741,324</b>
<b>14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY</b>					
EQUIPMENT/VEHICLE PURCHASES	0	0	0	0	0
VEHICLE INSURANCE	0	0	0	0	0
VEHICLE MAINTENANCE	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
<b>OTHER COUNTY CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>GRAND TOTAL CHD PROGRAM</b>	<b>4,846,081</b>	<b>3,231,646</b>	<b>8,077,727</b>	<b>2,603,949</b>	<b>10,681,676</b>

Working Copying ATTACHMENT II  
 SAINT JOHNS COUNTY HEALTH DEPARTMENT

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

October 1, 2006 to September 30, 2007

	Funds (000)	Clients Units	Services	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd	3rd	4th			
				(Whole dollars only)						
<b>A. COMMUNICABLE DISEASE CONTROL:</b>										
STD (102)	4.13	844	4,465	63,203	72,167	62,459	73,656	176,548	94,937	271,485
A.I.D.S. (103)	16.58	358	12,899	265,758	303,453	262,631	309,707	403,635	737,914	1,141,549
IMMUNIZATION (101)	7.86	4,669	14,884	203,790	147,057	52,274	150,088	319,411	233,798	553,209
TB CONTROL SERVICES (104)	1.67	435	1,091	22,457	25,642	22,192	26,171	72,811	23,651	96,462
COMM. DISEASE SURV. (106)	2.76	0	595	41,375	47,243	40,888	48,217	123,443	54,280	177,723
HEPATITIS PREVENTION (109)	0.01	194	992	141	161	139	164	418	187	605
PUBLIC HEALTH PREP AND RESP (116)	3.04	0	25	48,164	54,996	47,597	56,130	180,612	26,275	206,887
VITAL STATISTICS (180)	1.26	0	0	16,509	18,851	16,315	19,239	0	70,914	70,914
<b>COMMUNICABLE DISEASE SUBTOTAL</b>	<b>37.31</b>	<b>6,500</b>	<b>34,951</b>	<b>661,397</b>	<b>669,570</b>	<b>504,495</b>	<b>683,372</b>	<b>1,276,878</b>	<b>1,241,956</b>	<b>2,518,834</b>
<b>B. PRIMARY CARE:</b>										
CHRONIC DISEASE SERVICES (210)	1.32	13,283	794	20,239	23,110	20,001	23,585	69,130	17,805	86,935
TOBACCO PREVENTION (212)	0.92	25	100	15,994	18,263	15,806	18,639	67,431	1,271	68,702
HOME HEALTH (215)	0.00	0	0	0	0	0	0	0	0	0
W.I.C. (221)	10.21	3,628	23,814	126,389	144,315	124,901	147,290	528,861	14,034	542,895
FAMILY PLANNING (223)	8.75	1,735	13,892	134,193	153,227	132,614	156,384	508,339	68,079	576,418
IMPROVED PREGNANCY OUTCOME (225)	2.52	549	9,273	35,133	40,116	34,720	40,944	87,340	63,573	150,913
HEALTHY START PRENATAL (227)	5.02	475	8,930	68,097	77,755	67,295	79,359	103,466	189,040	292,506
COMPREHENSIVE CHILD HEALTH (229)	15.79	2,938	19,926	252,147	287,910	249,179	293,845	511,421	571,660	1,083,081
HEALTHY START INFANT (231)	3.72	420	5,954	48,061	54,878	47,496	56,010	110,262	96,183	206,445
SCHOOL HEALTH (234)	3.78	0	44,651	74,259	84,791	73,385	86,539	258,531	60,443	318,974
COMPREHENSIVE ADULT HEALTH (237)	1.43	231	0	23,998	27,402	23,716	27,968	103,084	0	103,084
DENTAL HEALTH (240)	10.25	1,634	15,876	161,092	183,941	159,196	187,732	352,829	339,132	691,961
<b>PRIMARY CARE SUBTOTAL</b>	<b>63.71</b>	<b>24,918</b>	<b>143,210</b>	<b>959,602</b>	<b>1,095,708</b>	<b>948,309</b>	<b>1,118,295</b>	<b>2,700,694</b>	<b>1,421,220</b>	<b>4,121,914</b>
<b>C. ENVIRONMENTAL HEALTH:</b>										
<b>Water and Onsite Sewage Programs</b>										
COASTAL BEACH MONITORING (347)	0.21	412	427	6,230	7,113	6,156	7,260	26,284	475	26,759
LIMITED USE PUBLIC WATER SYSTEMS (357)	0.68	315	496	10,048	11,473	9,930	11,710	13,000	30,161	43,161
PUBLIC WATER SYSTEM (358)	0.25	58	908	4,936	5,637	4,878	5,754	4,000	17,205	21,205
PRIVATE WATER SYSTEM (359)	0.58	88	372	8,509	9,716	8,409	9,917	25,331	11,220	36,551
INDIVIDUAL SEWAGE DISP. (361)	9.58	1,612	7,343	128,224	146,411	126,715	149,427	284,796	265,981	550,777
<b>Group Total</b>	<b>11.30</b>	<b>2,485</b>	<b>9,546</b>	<b>157,947</b>	<b>180,350</b>	<b>156,088</b>	<b>184,068</b>	<b>353,411</b>	<b>325,042</b>	<b>678,453</b>
<b>Facility Programs</b>										
FOOD HYGIENE (348)	1.02	111	754	14,777	16,873	14,603	17,221	49,350	14,124	63,474
BODY ART (349)	0.01	5	0	175	200	173	202	521	229	750
GROUP CARE FACILITY (351)	0.44	207	298	6,949	7,935	6,867	8,098	15,429	14,420	29,849
MIGRANT LABOR CAMP (352)	0.20	14	109	3,334	3,806	3,294	3,885	10,387	3,932	14,319
HOUSING,PUBLIC BLDG SAFETY,SANITATION (353)	0.00	0	0	0	0	0	0	0	0	0
MOBILE HOME AND PARKS SERVICES (354)	0.17	86	238	2,364	2,699	2,336	2,756	10,000	155	10,155
SWIMMING POOLS/BATHING (360)	0.74	593	1,573	2,386	4,143	2,241	44,435	53,000	205	53,205
BIOMEDICAL WASTE SERVICES (364)	0.00	0	0	0	0	0	0	0	0	0
TANNING FACILITY SERVICES (369)	0.07	25	50	970	1,108	959	1,131	4,168	0	4,168

Working Copying ATTACHMENT III  
 SAINT JOHNS COUNTY HEALTH DEPARTMENT

Part III: Planned Staffing, Clients, Services, and Expenditures By Program/Service Area Within Each Level of Service  
 October 1, 2006 to September 30, 2007

	FTEs (0.00)	Clients Units	Services	FTE	Quarterly Expenditure (2006)			State	County	Grand Total
					1st	2nd	3rd			
					(Whole dollars only)					
<b>C. ENVIRONMENTAL HEALTH:</b>										
<b>Group Total</b>	2.65	1,041	3,022	30,955	36,764	30,473	77,728	142,855	33,065	175,920
<b>Groundwater Contamination</b>										
STORAGE TANK COMPLIANCE (355)	2.03	299	2,481	35,932	41,028	35,509	41,873	139,821	14,521	154,342
SUPER ACT SERVICE (356)	0.19	226	248	2,479	2,830	2,450	2,889	5,115	5,533	10,648
<b>Group Total</b>	2.22	525	2,729	38,411	43,858	37,959	44,762	144,936	20,054	164,990
<b>Community Hygiene</b>										
OCCUPATIONAL HEALTH (344)	0.05	0	0	874	998	863	1,017	1,755	1,997	3,752
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)	0.02	2	45	373	426	368	434	1,085	516	1,601
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)	0.39	118	278	5,506	6,287	5,441	6,415	14,457	9,192	23,649
RABIES SURVEILLANCE/CONTROL SERVICES (366)	0.04	2	40	1,106	1,262	1,093	1,288	3,324	1,425	4,749
ARBOVIRUS SURVEILLANCE (367)	0.01	0	1	210	240	208	246	630	274	904
RODENT/ARTHROPOD CONTROL (368)	0.00	0	0	0	0	0	0	0	0	0
WATER POLLUTION (370)	0.01	0	1	144	165	143	168	429	191	620
AIR POLLUTION (371)	0.01	0	0	175	200	173	202	521	229	750
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
<b>Group Total</b>	0.53	122	365	8,388	9,578	8,289	9,770	22,201	13,824	36,025
<b>ENVIRONMENTAL HEALTH SUBTOTAL</b>	16.70	4,173	15,662	235,701	270,550	232,809	316,328	663,403	391,985	1,055,388
<b>D. SPECIAL CONTRACTS:</b>										
SPECIAL CONTRACTS (599)	1.00	0	0	88,836	101,437	87,791	103,527	205,106	176,485	381,591
<b>SPECIAL CONTRACTS SUBTOTAL</b>	1.00	0	0	88,836	101,437	87,791	103,527	205,106	176,485	381,591
<b>TOTAL CONTRACT</b>	118.72	35,591	193,823	1,945,536	2,137,265	1,773,404	2,221,522	4,846,081	3,231,646	8,077,727

**ATTACHMENT III**

**ST. JOHNS 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**  
**ST. JOHNS COUNTY HEALTH DEPARTMENT**  
**FACILITIES UTILIZED BY THE COUNTY HEALTH DEPARTMENT**

<u>Facility Description</u>	<u>Location</u>	<u>Owned By</u>
St. Johns County Health & Human Services Center 42,500 sq.ft.	1955 U.S. 1 South St. Augustine, FL	St. Johns County
St. Johns County Administration Building	Lewis Speedway St. Augustine, FL	St. Johns County



**ATTACHMENT V**  
**ST. JOHNS 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>
2004-2005	\$ _____	\$ _____	\$ _____ -
2005-2006	\$ _____	\$ _____	\$ _____ -
2006-2007	\$ <u>332,528</u>	\$ _____	\$ <u>332,528</u>
2007-2008	\$ _____	\$ _____	\$ _____ -
2008-2009	\$ _____	\$ _____	\$ _____ -
PROJECT TOTAL	\$ <u><u>332,528</u></u>	\$ <u><u>-</u></u>	\$ <u><u>332,528</u></u>

**SPECIAL PROJECT CONSTRUCTION/RENOVATION PLAN**

PROJECT NAME: Main Clinic Renovations

LOCATION/ ADDRESS: 1955 South US 1, St. Augustine

PROJECT TYPE: NEW BUILDING  ROOFING   
 RENOVATION  PLANNING STUDY   
 NEW ADDITION  OTHER

SQUARE FOOTAGE: 5796

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

Renovate administrative area to enhance security and create additional office space. Renovate break room to create meeting space capable of seating all SJCHD staff. Renovate existing exam rooms to create a negative airflow room.

ESTIMATED PROJECT INFORMATION:

START DATE (initial expenditure of funds): 5/1/2006

COMPLETION DATE: 6/30/2007

DESIGN FEES: \$ \_\_\_\_\_

CONSTRUCTION COSTS: \$ 322,528

FURNITURE/EQUIPMENT \$ 10,000

TOTAL PROJECT COST: \$ 332,528

COST PER SQ FOOT: \$ 55.64665286

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

**ATTACHMENT VI**  
**ST. JOHNS**  
**COUNTY HEALTH DEPARTMENT**  
**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.

Qualified children in the St. Johns area.

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.