

RESOLUTION NO. 2007-286

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 CHAIR 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 Sixty-Three Thousand, Four Hundred and Forty-Three dollars (\$463,443.00), for environmental health services, communicable disease control and child primary care services for St. Johns County residents thru September 30, 2008; 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

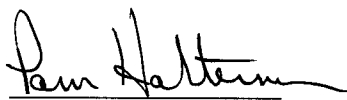
Commissioners of St. Johns County and the State of Florida Department of Health/St. Johns County Health Department and. authorizing the Chair of Board of County Commissioners to execute the Agreement on behalf of the County.

PASSED AND ADOPTED by the Board of County Commissioners of St. Johns County, Florida, this 24 day of October, 2007.

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

Attest:

By:


Deputy Clerk


Ben Rich, Chairman

RENDITION DATE 10/4/07

**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 2007-2008**

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, 2007.

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, 2007, through September 30, 2008, 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 \$ 3,399,007.00 (*State General Revenue, Other State Funds and Federal Funds listed on the Schedule C*). The State's obligation to pay under this contract is contingent upon an annual appropriation by the Legislature.

ii. The County's appropriated responsibility (*direct contribution excluding any fees, other cash or local contributions*) as provided in Attachment II, Part II is an amount not to exceed \$ 463,443.00 (*amount listed under the "Board of County Commissioners Annual Appropriations section of the revenue attachment*).

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

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

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

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

County Health Department Trust Fund
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 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 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 April 2005, 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, 2008 for the report period October 1, 2007 through December 31, 2007;
- ii. June 1, 2008 for the report period October 1, 2007 through March 31, 2008;
- iii. September 1, 2008 for the report period October 1, 2007 through June 30, 2008; and
- iv. December 1, 2008 for the report period October 1, 2007 through September 30, 2008.

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, 2008, 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:

Mary L. Garcia
Name

Michael D. Wanchick
Name

Director, Finance & Accounting
Title

County Administrator
Title

1955 US 1 South, Suite 100

4020 Lewis Speedway

St. Augustine, FL 32086
Address

St. Augustine, FL 32084
Address

(904) 825-5055 x 1067
Telephone

(904) 209-0530
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 27 page agreement to be executed by their undersigned officials as duly authorized effective the 1st day of October, 2007.

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

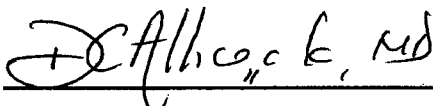
**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

SIGNED BY: _____
NAME: Ben Rich
TITLE: Chairman
DATE: _____

SIGNED BY: _____
NAME: Ana M. Viamonte Ros, M.D., M.P.H.
TITLE: State Surgeon General
DATE: _____

ATTESTED TO:

SIGNED BY: _____
NAME: _____
TITLE: _____
DATE: _____

SIGNED BY: 
NAME: Dawn C. Allicock, M.D., M.P.H.
TITLE: CHD Director
DATE: 09/25/07

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 Statute 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 09/30/07	Estimated County Share of CHD Trust Fund Balance as of 09/30/07	Total
1. CHD Trust Fund Ending Balance 09/30/07	\$ 246,734	\$ 918,755	\$ 1,165,489.00
2. Drawdown for Contract Year October 1, 2007 to September 30, 2008	\$ 59,170	\$ 85,147	\$ 144,317.00
3. Special Capital Project use for Contract Year October 1, 2007 to September 30, 2008	\$ 21,504	\$ 368,945	\$ 390,449.00
4. Balance Reserved for Contingency Fund October 1, 2007 to September 30, 2008	\$ 166,060	\$ 464,663	\$ 630,723.00

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

October 1, 2007 to September 30, 2008

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
1. GENERAL REVENUE - STATE					
015040	ALG/CESSPOOL IDENTIFICATION AND ELIMINATION	0	0	0	0
015040	ALG/CONTR TO CHDS-AIDS PATIENT CARE	100,000	0	100,000	100,000
015040	ALG/CONTR TO CHDS-AIDS PREV & SURV & FIELD STAFF	34,937	0	34,937	34,937
015040	ALG/CONTR TO CHDS-DENTAL PROGRAM	0	0	0	0
015040	ALG/CONTR TO CHDS-MIGRANT LABOR CAMP SANITATION	5,790	0	5,790	5,790
015040	ALG/CONTR. TO CHDS-IMMUNIZATION OUTREACH TEAMS	10,083	0	10,083	10,083
015040	ALG/CONTR. TO CHDS-INDOOR AIR ASSIST PROG	0	0	0	0
015040	ALG/CONTR. TO CHDS-MCH HEALTH - FIELD STAFF COST	0	0	0	0
015040	ALG/CONTR. TO CHDS-SOVEREIGN IMMUNITY	0	0	0	0
015040	ALG/CONTRIBUTION TO CHDS-PRIMARY CARE	16,935	0	16,935	16,935
015040	ALG/FAMILY PLANNING	32,894	0	32,894	32,894
015040	ALG/IPO - OUTREACH SOCIAL WORKERS CAT. 050707	0	0	0	0
015040	ALG/IPO HEALTHY START/IPO CAT 050707	0	0	0	0
015040	ALG/IPO-INFANT MORTALITY PROJECT CAT. 050707	0	0	0	0
015040	ALG/MCH-INFANT MORTALITY PROJECT CAT. 050870	0	0	0	0
015040	ALG/MCH-OUTREACH SOCIAL WORKERS CAT 050870	0	0	0	0
015040	ALG/PRIMARY CARE	219,151	0	219,151	219,151
015040	ALG/SCHOOL HEALTH/SUPPLEMENTAL	0	0	0	0
015040	CATE - ESCAMBIA	0	0	0	0
015040	CLOSING THE GAP PROGRAM	0	0	0	0
015040	COMMUNITY TB PROGRAM	36,537	0	36,537	36,537
015040	DENTAL SPECIAL INITIATIVE PROJECTS	0	0	0	0
015040	DUVAL TEEN PREGNANCY PREVENTION	0	0	0	0
015040	ENHANCED DENTAL SERVICES	0	0	0	0
015040	FL CLPPP SCREENING & CASE MANAGEMENT	0	0	0	0
015040	FL HEPATITIS & LIVER FAILURE PREVENTION/CONTROL	0	0	0	0
015040	HEALTH PROMOTION & EDUCATION INITIATIVES	0	0	0	0
015040	HEALTHY BEACHES MONITORING	13,504	0	13,504	13,504
015040	INDIGENT DENTAL CARE - ESCAMBIA	0	0	0	0
015040	LA LIGA CONTRA EL CANCER	0	0	0	0
015040	MEDIVAN PROJECT - BROWARD	0	0	0	0
015040	METRO ORLANDO URBAN LEAGUE TEENAGE PREG PREV	0	0	0	0
015040	PENALVER CLINIC - MIAMI-DADE	0	0	0	0
015040	PRIMARY CARE SPECIAL DENTAL PROJECTS	35,028	0	35,028	35,028
015040	PRIMARY CARE SPECIAL PROJECTS	0	0	0	0
015040	SPECIAL NEEDS SHELTER PROGRAM	0	0	0	0
015040	STATEWIDE DENTISTRY NETWORK - ESCAMBIA	0	0	0	0
015040	STD GENERAL REVENUE	0	0	0	0
015040	VOLUNTEER SCHOOL HEALTH NURSE GRANT	56,000	0	56,000	56,000
015050	ALG/CONTR TO CHDS	1,827,550	0	1,827,550	1,827,550
GENERAL REVENUE TOTAL		2,388,409	0	2,388,409	2,388,409
2. NON GENERAL REVENUE - STATE					
015010	ALG/CONTR TO CHDS-REBASING TOBACCO TF	27,854	0	27,854	27,854
015010	BASIC SCHOOL HEALTH - TOBACCO TF	101,088	0	101,088	101,088
015010	ROBERT WOOD JOHNSON PUBLIC HEALTH GRANT	1,600	0	1,600	1,600
015010	FL HEPATITIS & LIVER FAILURE PREVENTION/CONTROL	0	0	0	0
015010	FULL SERVICE SCHOOLS - TOBACCO TF	83,005	0	83,005	83,005

Working Copy ATTACHMENT H.

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

October 1, 2007 to September 30, 2008

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
2. NON GENERAL REVENUE - STATE					
015010	ONSITE SEWAGE RESEARCH PROGRAM	0	0	0	0
015010	PACE EH	0	0	0	0
015010	PUBLIC SWIMMING POOL PROGRAM	0	0	0	0
015010	SUPPLEMENTAL/COMPREHENSIVE SCHOOL HEALTH - TOB TF	0	0	0	0
015010	TOBACCO PREVENTION & CESSATION PROGRAM	94,555	0	94,555	94,555
015010	VARICELLA IMMUNIZATION REQUIREMENT TOBACCO TF	5,396	0	5,396	5,396
015018	Summer Food Program	0	0	0	0
015020	ALG/CONTR. TO CHDS-BIOMEDICAL WASTE/DEP ADM TF	0	0	0	0
015020	ALG/CONTR. TO CHDS-SAFE DRINKING WATER PRG/DEP ADM	0	0	0	0
015020	FOOD AND WATERBORNE DISEASE PROGRAM ADM TF/DACS	0	0	0	0
015010	TITLXXI/SCHOOL HEALTH/SUPPLEMENTAL	0	0	0	0
NON GENERAL REVENUE TOTAL		313,498	0	313,498	0
3. FEDERAL FUNDS - State					
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	45,356	0	45,356	45,356
007000	BIOTERRORISM PLANNING & READINESS	66,555	0	66,555	66,555
007000	CHILDHOOD LEAD POISONING PREVENTION	0	0	0	0
007000	COASTAL BEACH MONITORING PROGRAM	12,009	0	12,009	12,009
007000	COMPREHENSIVE CARDIOVASCULAR PROGRAM	0	0	0	0
007000	DIABETES CONTROL 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	54,306	0	54,306	54,306
007000	FGTF/IMMUNIZATION ACTION PLAN	14,654	0	14,654	14,654
007000	FGTF/WIC ADMINISTRATION	389,769	0	389,769	389,769
007000	FLORIDA PANDEMIC INFLUENZA	4,150	0	4,150	4,150
007000	HEALTH PROGRAM FOR REFUGEES	0	0	0	0
007000	IMMUNIZATION FIELD STAFF EXPENSE	0	0	0	0
007000	IMMUNIZATION SPECIAL PROJECT	5,041	0	5,041	5,041
007000	IMMUNIZATION SUPPLEMENTAL	0	0	0	0
007000	IMMUNIZATION WIC-LINKAGES	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	0	0	0	0
007000	MCH BGTF-OUTREACH SOCIAL WORKERS	0	0	0	0
007000	PHHSBG/STEP UP FLORIDA! HEALTHY COMMUNITIES	44,117	0	44,117	44,117
007000	PHP-CITIES RESPONSE INITIATIVE	0	0	0	0
007000	PHP-CITIES RESPONSE INITIATIVE 2006-2007	0	0	0	0
007000	RAPE PREVENTION & EDUCATION GRANT 2007	0	0	0	0
007000	RAPE PREVENTION & EDUCATION GRANT 2008	0	0	0	0
007000	RISK COMMUNICATIONS	0	0	0	0

Working Copy ATTACHMENT II

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

October 1, 2007 to September 30, 2008

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
3. FEDERAL FUNDS - State					
007000 RYAN WHITE	0	0	0	0	0
007000 RYAN WHITE - EMERGING COMMUNITIES	0	0	0	0	0
007000 RYAN WHITE-AIDS DRUG ASSIST PROG-ADMIN	16,631	0	16,631	0	16,631
007000 RYAN WHITE-CONSORTIA	0	0	0	0	0
007000 SCHOOL HEALTH BASIC - MCH BLOCK GRANT	9,409	0	9,409	0	9,409
007000 STD FEDERAL GRANT - CSPS	0	0	0	0	0
007000 STD PROGRAM - PHYSICIAN TRAINING CENTER	0	0	0	0	0
007000 STD PROGRAM INFERTILITY PREVENTION PROJECT (IPP)	0	0	0	0	0
007000 STD PROGRAM-INFERTILITY PREVENTION PROJECT (IPP)	0	0	0	0	0
007000 STEP UP FLORIDA! HEALTHY COMMUNITIES	14,706	0	14,706	0	14,706
007000 SYPHILIS ELIMINATION	0	0	0	0	0
007000 TESTING HIV SERONEGATIVE HEADQUARTERS	0	0	0	0	0
007000 TUBERCULOSIS CONTROL - FEDERAL GRANT	0	0	0	0	0
007000 WIC BREASTFEEDING PEER COUNSELING 2007	0	0	0	0	0
007000 WIC BREASTFEEDING PEER COUNSELING PROG FFY 2005	0	0	0	0	0
007000 WIC INFRASTRUCTURE 2006	12,982	0	12,982	0	12,982
015009 MEDIPASS WAIVER-HLTHY STRT CLIENT SERVICES	0	0	0	0	0
015009 MEDIPASS WAIVER-SOBRA	0	0	0	0	0
015009 SCHOOL HEALTH-SUPPLEMENT-TANF	0	0	0	0	0
015075 Refugee Screening	0	0	0	0	0
FEDERAL FUNDS TOTAL	699,511	0	699,511	0	699,511
4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE					
001020 TANNING FACILITIES	7,500	0	7,500	0	7,500
001020 BODY PIERCING	0	0	0	0	0
001020 MIGRANT HOUSING PERMIT	375	0	375	0	375
001020 MOBILE HOME AND PARKS	8,000	0	8,000	0	8,000
001020 FOOD HYGIENE PERMIT	20,500	0	20,500	0	20,500
001020 BIOHAZARD WASTE PERMIT	0	0	0	0	0
001020 SWIMMING POOLS	50,000	0	50,000	0	50,000
001020 PRIVATE WATER CONSTR PERMIT	0	0	0	0	0
001020 PUBLIC WATER ANNUAL OPER PERMIT	4,000	0	4,000	0	4,000
001020 PUBLIC WATER CONSTR PERMIT	0	0	0	0	0
001020 NON-SDWA SYSTEM PERMIT	0	0	0	0	0
001020 SAFE DRINKING WATER	0	0	0	0	0
001092 NON SDWA LAB SAMPLE	0	0	0	0	0
001092 OSDS VARIANCE FEE	0	0	0	0	0
001092 ENVIRONMENTAL HEALTH FEES	0	0	0	0	0
001092 OSDS REPAIR PERMIT	0	0	0	0	0
001092 OSDS PERMIT FEE	270,000	0	270,000	0	270,000
001092 I & M ZONED OPERATING PERMIT	0	0	0	0	0
001092 AEROBIC OPERATING PERMIT	0	0	0	0	0
001092 SEPTIC TANK SITE EVALUATION	0	0	0	0	0
001170 LAB FEE CHEMICAL ANALYSIS	0	0	0	0	0
001170 NONPOTABLE WATER ANALYSIS	0	0	0	0	0
001170 WATER ANALYSIS-POTABLE	0	0	0	0	0
010304 MQA INSPECTION FEE	0	0	0	0	0

Working Copy ATTACHMENT II

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

October 1, 2007 to September 30, 2008

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL	360,375	0	360,375	0	360,375
5. OTHER CASH CONTRIBUTIONS - STATE					
010304 STATIONARY POLLUTANT STORAGE TANKS	118,782	0	118,782	0	118,782
090001 DRAW DOWN FROM PUBLIC HEALTH UNIT	80,674	0	80,674	0	80,674
OTHER CASH CONTRIBUTIONS TOTAL	199,456	0	199,456	0	199,456
6. MEDICAID - STATE/COUNTY					
001056 MEDICAID PHARMACY	0	0	0	0	0
001076 MEDICAID TB	0	0	0	0	0
001078 MEDICAID ADMINISTRATION OF VACCINE	10,000	10,000	20,000	0	20,000
001079 MEDICAID CASE MANAGEMENT	18,000	18,000	36,000	0	36,000
001080 MEDICAID OTHER	3,108	4,428	7,536	0	7,536
001081 MEDICAID CHILD HEALTH CHECK UP	65,984	94,016	160,000	0	160,000
001082 MEDICAID DENTAL	160,836	229,164	390,000	0	390,000
001083 MEDICAID FAMILY PLANNING	4,500	40,500	45,000	0	45,000
001087 MEDICAID STD	4,398	6,267	10,665	0	10,665
001089 MEDICAID AIDS	10,310	14,690	25,000	0	25,000
001147 MEDICAID HMO RATE	0	0	0	0	0
001191 MEDICAID MATERNITY	37,116	52,884	90,000	0	90,000
001192 MEDICAID COMPREHENSIVE CHILD	226,820	323,180	550,000	0	550,000
001193 MEDICAID COMPREHENSIVE ADULT	0	0	0	0	0
001194 MEDICAID LABORATORY	0	0	0	0	0
001208 MEDIPASS \$3.00 ADM. FEE	25,540	25,540	51,080	0	51,080
MEDICAID TOTAL	566,612	818,669	1,385,281	0	1,385,281
7. ALLOCABLE REVENUE - STATE					
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
ALLOCABLE REVENUE TOTAL	0	0	0	0	0
8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE					
PHARMACY SERVICES	0	0	0	57,533	57,533
LABORATORY SERVICES	0	0	0	173,611	173,611
TB SERVICES	0	0	0	0	0
IMMUNIZATION SERVICES	0	0	0	403,664	403,664
STD SERVICES	0	0	0	0	0
CONSTRUCTION/RENOVATION	0	0	0	0	0
WIC FOOD	0	0	0	1,635,573	1,635,573
ADAP	0	0	0	209,143	209,143
DENTAL SERVICES	0	0	0	0	0
OTHER (SPECIFY)	0	0	0	0	0
OTHER (SPECIFY)	0	0	0	0	0
OTHER STATE CONTRIBUTIONS TOTAL	0	0	0	2,479,524	2,479,524
9. DIRECT COUNTY CONTRIBUTIONS - COUNTY					
008030 BCC Contribution from Health Care Tax	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, 2007 to September 30, 2008

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
9. DIRECT COUNTY CONTRIBUTIONS - COUNTY					
008034 BCC Contribution from General Fund	0	463,443	463,443	0	463,443
DIRECT COUNTY CONTRIBUTION TOTAL	0	463,443	463,443	0	463,443
10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY					
001060 VITAL STATISTICS FEES OTHER	0	40,000	40,000	0	40,000
001077 RABIES VACCINE	0	7,000	7,000	0	7,000
001077 CHILD CAR SEAT PROG	0	0	0	0	0
001077 PERSONAL HEALTH FEES	0	480,603	480,603	0	480,603
001077 AIDS CO-PAYS	0	500	500	0	500
001094 LOCAL ORDINANCE FEES	0	421,000	421,000	0	421,000
001094 ADULT ENTER. PERMIT FEES	0	0	0	0	0
001114 NEW BIRTH CERTIFICATES	0	26,400	26,400	0	26,400
001115 DEATH CERTIFICATES	0	55,600	55,600	0	55,600
001117 VITAL STATS-ADM. FEE 50 CENTS	0	1,400	1,400	0	1,400
FEES AUTHORIZED BY COUNTY TOTAL	0	1,032,503	1,032,503	0	1,032,503
11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY					
001009 RETURNED CHECK ITEM	0	0	0	0	0
001029 THIRD PARTY REIMBURSEMENT	0	114,800	114,800	0	114,800
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	0	0	0	0
001090 MEDICARE PART B	0	36,500	36,500	0	36,500
001190 Health Maintenance Organization	0	0	0	0	0
005040 INTEREST EARNED	0	54,000	54,000	0	54,000
005041 INTEREST EARNED-STATE INVESTMENT ACCOUNT	0	0	0	0	0
007010 U.S. GRANTS DIRECT - Ryan White Part C	0	361,238	361,238	0	361,238
008010 Contribution from City Government	0	0	0	0	0
008020 Contribution from Health Care Tax not thru BCC	0	0	0	0	0
008050 School Board Contribution	0	0	0	0	0
010300 SALE OF GOODS AND SERVICES TO STATE AGENCIES	0	13,520	13,520	0	13,520
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
011000 GRANT-DIRECT - March of Dimes	0	5,000	5,000	0	5,000
011000 GRANT-DIRECT - Wildflower; Healthy Start Contract	0	10,000	10,000	0	10,000
011000 GRANT-DIRECT - Susan G. Komen	0	51,255	51,255	0	51,255
011000 GRANT-DIRECT - Dental	0	36,801	36,801	0	36,801
011000 GRANT-DIRECT - Ryan White Part B (Duval)	0	214,243	214,243	0	214,243
011000 GRANT-DIRECT - Ryan White Part C- Capacity Development (pending)	0	100,000	100,000	0	100,000
011000 GRANT-DIRECT - Health Disparities Grant (pending)	0	250,000	250,000	0	250,000
011000 GRANT-DIRECT	0	0	0	0	0
011001 HEALTHY START COALITION CONTRIBUTIONS	0	293,999	293,999	0	293,999
011007 CASH DONATIONS PRIVATE	0	66,991	66,991	0	66,991
012020 FINES AND FORFEITURES	0	0	0	0	0
012021 RETURN CHECK CHARGE	0	0	0	0	0
028020 INSURANCE RECOVERIES-OTHER	0	0	0	0	0

Working Copy ATTACHMENT II

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

October 1, 2007 to September 30, 2008

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY					
090002 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	85,147	85,147	0	85,147
008060 Special Project Contribution	0	368,945	368,945	0	368,945
OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL	0	2,062,439	2,062,439	0	2,062,439
12. ALLOCABLE REVENUE - COUNTY					
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
COUNTY ALLOCABLE REVENUE TOTAL	0	0	0	0	0
13. BUILDINGS - COUNTY					
ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	732,022	732,022
BUILDING MAINTENANCE	0	0	0	0	0
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
BUILDINGS TOTAL	0	0	0	732,022	732,022
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	4,527,861	4,377,054	8,904,915	3,211,546	12,116,461

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, 2007 to September 30, 2008

	FTE's (0:00)	Clients Units	Services	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd (Whole dollars only)	3rd	4th			
A. COMMUNICABLE DISEASE CONTROL:										
VITAL STATISTICS (180)	1.56	3,536	10,341	21,225	24,496	20,975	24,748	0	91,444	91,444
IMMUNIZATION (101)	7.91	5,200	14,000	196,187	139,862	44,760	141,288	339,384	182,713	522,097
STD (102)	6.57	700	4,500	91,367	105,446	90,291	106,520	284,575	109,049	393,624
A.I.D.S. (103)	15.93	270	12,000	264,278	305,001	261,167	308,112	225,095	913,463	1,138,558
TB CONTROL SERVICES (104)	1.92	321	800	25,525	29,459	25,225	29,759	89,802	20,166	109,968
COMM. DISEASE SURV. (106)	3.63	0	450	51,628	59,583	51,020	60,192	176,441	45,982	222,423
HEPATITIS PREVENTION (109)	0.00	0	0	0	0	0	0	0	0	0
PUBLIC HEALTH PREP AND RESP (116)	3.12	0	20	47,453	54,765	46,894	55,323	173,302	31,133	204,435
COMMUNICABLE DISEASE SUBTOTAL	40.64	10,027	42,111	697,663	718,612	540,332	725,942	1,288,599	1,393,950	2,682,549
B. PRIMARY CARE:										
CHRONIC DISEASE SERVICES (210)	1.26	9,679	300	17,743	20,477	17,534	20,684	60,695	15,743	76,438
TOBACCO PREVENTION (212)	1.04	0	0	24,730	28,541	24,439	28,831	94,555	11,986	106,541
HOME HEALTH (215)	0.00	0	0	0	0	0	0	0	0	0
W.I.C. (221)	10.77	3,500	24,000	134,698	155,455	133,112	157,040	568,974	11,331	580,305
FAMILY PLANNING (223)	9.77	1,750	4,500	151,204	174,504	151,836	176,285	463,155	190,674	653,829
IMPROVED PREGNANCY OUTCOME (225)	1.73	550	2,000	23,332	26,928	23,058	27,202	37,116	63,404	100,520
HEALTHY START PRENATAL (227)	4.24	450	9,886	55,824	64,426	55,167	65,083	0	240,500	240,500
COMPREHENSIVE CHILD HEALTH (229)	19.55	3,115	12,484	300,357	346,284	296,372	349,826	645,689	647,150	1,292,839
HEALTHY START INFANT (231)	3.74	300	7,000	46,975	54,214	46,422	54,768	52,837	149,542	202,379
SCHOOL HEALTH (234)	4.48	0	27,300	86,816	100,193	85,794	101,215	312,469	61,549	374,018
COMPREHENSIVE ADULT HEALTH (237)	2.78	400	700	49,810	57,485	49,224	58,071	119,892	94,698	214,590
DENTAL HEALTH (240)	12.06	1,634	13,265	190,106	219,400	187,868	221,639	387,590	431,423	819,013
Healthy Start Interconception Woman (232)	0.26	50	200	3,524	4,067	3,483	4,109	1,624	13,559	15,183
PRIMARY CARE SUBTOTAL	71.68	21,428	101,635	1,085,119	1,251,974	1,074,309	1,264,753	2,744,596	1,931,559	4,676,155
C. ENVIRONMENTAL HEALTH:										
Water and Onsite Sewage Programs										
COASTAL BEACH MONITORING (347)	0.33	412	600	7,859	9,070	7,766	9,162	32,389	1,468	33,857
LIMITED USE PUBLIC WATER SYSTEMS (357)	0.08	90	700	1,595	1,841	1,576	1,860	927	5,945	6,872
PUBLIC WATER SYSTEM (358)	0.33	10	40	6,305	7,275	6,230	7,351	3,054	24,107	27,161
PRIVATE WATER SYSTEM (359)	1.97	300	1,500	26,041	30,055	25,735	30,360	58,404	53,787	112,191
INDIVIDUAL SEWAGE DISP. (361)	8.95	1,500	7,300	129,661	149,641	128,135	151,167	82,914	475,690	558,604
Group Total	11.66	2,312	10,140	171,461	197,882	169,442	199,900	177,688	560,997	738,685
Facility Programs										
FOOD HYGIENE (348)	0.38	75	750	6,351	7,329	6,276	7,405	3,479	23,882	27,361
BODY ART (349)	0.06	0	0	835	963	825	973	3,314	282	3,596
GROUP CARE FACILITY (351)	0.88	161	329	13,532	15,618	13,374	15,776	50,883	7,417	58,300
MIGRANT LABOR CAMP (352)	0.13	15	110	2,181	2,517	2,156	2,543	8,163	1,234	9,397
HOUSING,PUBLIC BLDG SAFETY,SANITATION (353)	0.00	0	0	0	0	0	0	0	0	0
MOBILE HOME AND PARKS SERVICES (354)	0.06	50	120	1,091	1,259	1,078	1,271	580	4,119	4,699
SWIMMING POOLS/BATHING (360)	0.70	600	1,200	298	1,885	177	42,007	6,494	37,873	44,367
BIOMEDICAL WASTE SERVICES (364)	0.00	0	0	10	12	11	12	45	0	45

**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, 2007 to September 30, 2008**

	FTE's (0.00)	Clients		Quarterly Expenditure Plan				State	County	Grand Total
		Units	Services	1st	2nd (Whole dollars only)	3rd	4th			
C. ENVIRONMENTAL HEALTH:										
Facility Programs										
TANNING FACILITY SERVICES (369)	0.06	25	50	909	1,049	898	1,059	586	3,329	3,915
Group Total	2.27	926	2,559	25,207	30,632	24,795	71,046	73,544	78,136	151,680
Groundwater Contamination										
STORAGE TANK COMPLIANCE (355)	1.70	600	4,000	38,795	44,774	38,338	45,227	134,482	32,652	167,134
SUPER ACT SERVICE (356)	0.31	150	275	4,016	4,635	3,969	4,683	10,904	6,399	17,303
Group Total	2.01	750	4,275	42,811	49,409	42,307	49,910	145,386	39,051	184,437
Community Hygiene										
RADIOLOGICAL HEALTH (372)	0.00	0	0	0	0	0	0	0	0	0
TOXIC SUBSTANCES (373)	0.01	0	0	92	106	91	106	371	24	395
OCCUPATIONAL HEALTH (344)	0.06	0	0	975	1,125	964	1,137	3,950	251	4,201
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)	0.01	0	0	91	105	90	106	367	25	392
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)	0.51	86	217	7,833	9,040	7,740	9,131	31,457	2,287	33,744
RABIES SURVEILLANCE/CONTROL SERVICES (366)	0.01	0	10	206	238	204	240	856	32	888
ARBOVIRUS SURVEILLANCE (367)	0.00	0	0	0	0	0	0	0	0	0
RODENT/ARTHROPOD CONTROL (368)	0.00	0	0	0	0	0	0	0	0	0
WATER POLLUTION (370)	0.75	0	1,000	9,537	11,007	9,425	11,118	37,731	3,356	41,087
AIR POLLUTION (371)	0.00	0	0	59	68	58	68	238	15	253
Group Total	1.35	86	1,227	18,793	21,689	18,572	21,906	74,970	5,990	80,960
ENVIRONMENTAL HEALTH SUBTOTAL	17.29	4,074	18,201	258,272	299,612	255,116	342,762	471,588	684,174	1,155,762
D. SPECIAL CONTRACTS:										
SPECIAL CONTRACTS (599)	0.00	0	0	0	342,000	48,449	0	23,078	367,371	390,449
SPECIAL CONTRACTS SUBTOTAL	0.00	0	0	0	342,000	48,449	0	23,078	367,371	390,449
TOTAL CONTRACT	129.61	35,529	161,947	2,041,054	2,612,198	1,918,206	2,333,457	4,527,861	4,377,054	8,904,915

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 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 (Suite 100)	St. Johns County
St. Johns County Permitting Building	4040 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>
2005-2006	\$ _____	\$ _____	\$ _____ -
2006-2007	\$ <u>21,504</u>	\$ <u>30,945</u>	\$ <u>52,449</u>
2007-2008	\$ _____ -	\$ _____	\$ _____ -
2008-2009	\$ _____	\$ _____	\$ _____ -
2009-2010	\$ _____	\$ _____	\$ _____ -
PROJECT TOTAL	\$ <u><u>21,504</u></u>	\$ <u><u>30,945</u></u>	\$ <u><u>52,449</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.*

Remaining to be completed:
 Renovation of existing exam rooms to create a negative airflow room.

ESTIMATED PROJECT INFORMATION:

START DATE *(initial expenditure of funds)*: 5/1/2006
 COMPLETION DATE: 6/30/2008

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 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>
2005-2006	\$ _____	\$ _____	\$ _____ -
2006-2007	\$ _____ -	\$ _____	\$ _____ -
2007-2008	\$ _____ -	\$ 338,000	\$ 338,000
2008-2009	\$ _____	\$ _____	\$ _____ -
2009-2010	\$ _____	\$ _____	\$ _____ -
PROJECT TOTAL	\$ _____ -	\$ 338,000	\$ 338,000

SPECIAL PROJECT CONSTRUCTION/RENOVATION PLAN

PROJECT NAME: Mobile Health Van: Health Disparities Grant
 LOCATION/ ADDRESS: 1955 South US 1, St. Augustine
 PROJECT TYPE: NEW BUILDING ROOFING
 RENOVIATION PLANNING STUDY
 NEW ADDITION OTHER
 SQUARE FOOTAGE: 0

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

We have submitted a three year grant to the Office of Minority Health for the purchase of a Mobile Health Van. The grant would pay for the van over the course of the three years. We would need to purchase the van up front. Total cost is \$338,000, but we will be reimbursed 1/3 of the cost from the grant in 2007-2008.

ESTIMATED PROJECT INFORMATION:

START DATE (initial expenditure of funds): 10/1/2007
 COMPLETION DATE: 9/30/2008

DESIGN FEES: \$ _____
 CONSTRUCTION COSTS: \$ _____ -
 FURNITURE/EQUIPMENT \$ 338,000
 TOTAL PROJECT COST: \$ 338,000
 COST PER SQ FOOT: \$ _____ NA

Special Capital Projects are new construction or renovation projects and new furniture or equipment associated with these projects and mobile 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 015040) 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) STD

Describe the target population to be served with categorical Primary Care funds.

- (229) Qualified children in the St. Johns area.
- (102 & 223) Qualified citizens 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 (015040) 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 HMS.