

RESOLUTION NO. 2009-258

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 Three Hundred and Twenty Six Thousand, Five Hundred and Three dollars (\$326,503.00), for environmental health services, communicable disease control and child primary care services for St. Johns County residents thru September 30, 2010; 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 15th day of September, 2009.

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

Attest:

By:

Pam Halterman
Deputy Clerk

Cyndi Stevenson
Cyndi Stevenson, Chairman

RENDITION DATE 9/16/09



**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 2009-2010**

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, 2009.

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, 2009, through September 30, 2010, 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, and occupational health.

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

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

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

a. The funding to be provided by the parties and any other sources 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 \$ 2,952,165 (*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 \$ 350,333 (*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, 2010 for the report period October 1, 2009 through December 31, 2009;
- ii. June 1, 2010 for the report period October 1, 2009 through March 31, 2010;
- iii. September 1, 2010 for the report period October 1, 2009 through June 30, 2010; and
- iv. December 1, 2010 for the report period October 1, 2009 through September 30, 2010.

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, 2009, 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:

Kathy J. Smith
Name

Michael D. Wanchick
Name

Finance & Accounting Dir
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 24 page agreement to be executed by their undersigned officials as duly authorized effective the 1st day of October, 2009.

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

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

SIGNED BY: _____

NAME: Cyndi Stevenson

TITLE: Chair

DATE: _____

ATTESTED TO:

SIGNED BY: _____

NAME: Cheryl Strickland

TITLE: Clerk of Court

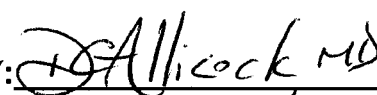
DATE: _____

SIGNED BY: _____

NAME: Ana M. Viamonte Ros, M.D., M.P.H.

TITLE: State Surgeon General

DATE: _____

SIGNED BY: 

NAME: Dawn C. Allicock, M.D., M.P.H.

TITLE: CHD Director/Administrator

DATE: 09/03/09

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 2007 Healthy Start Standards and Guidelines and as specified by the Healthy 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 Healthy Communities, Healthy People Guidebook.
8.	Environmental Health	Requirements as specified in Environmental Health Programs Manual 150-4* and DHP 50-21*
9.	HIV/AIDS Program	Requirements as specified in F.S. 384.25 and 64D-3.016 and 3.017 F.A.C. and the CHD Guidebook. Case reporting should be on Adult HIV/AIDS Confidential Case Report CDC Form 50.42A and Pediatric HIV/AIDS Confidential Case Report CDC Form 50.42B. Socio-demographic data on persons tested for HIV in CHD clinics should be reported on Lab Request DH Form 1628

ATTACHMENT I (Continued)

or Post-Test Counseling DH Form 1628C. 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.

10. School Health Services

Requirements as specified in the Florida School Health Administrative Guidelines (April 2007).

*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 09/30/09	Estimated County Share of CHD Trust Fund Balance as of 09/30/09	Total
1. CHD Trust Fund Ending Balance 09/30/09	653,416	455,589	1,109,005
2. Drawdown for Contract Year October 1, 2009 to September 30, 2010	308,321	0	308,321
3. Special Capital Project use for Contract Year October 1, 2009 to September 30, 2010	0	0	0
4. Balance Reserved for Contingency Fund October 1, 2009 to September 30, 2010	345,095	455,589	800,684

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.

ATTACHMENT II.

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

October 1, 2009 to September 30, 2010

		State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
1. GENERAL REVENUE - STATE						
015040	ALG/CONTR. TO CHDS-MCH HEALTH - FIELD STAFF COST	0	0	0	0	0
015040	ALG/CONTRIBUTION TO CHDS-PRIMARY CARE	16,258	0	16,258	0	16,258
015040	ALG/IPO HEALTHY START/IPO	0	0	0	0	0
015040	ALG/SCHOOL HEALTH/SUPPLEMENTAL	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	COUNTY SPECIFIC DENTAL PROJECTS - ESCAMBIA	0	0	0	0	0
015040	DUVAL TEEN PREGNANCY PREVENTION	0	0	0	0	0
015040	FL CLPPP SCREENING & CASE MANAGEMENT	0	0	0	0	0
015040	HEALTHY BEACHES MONITORING	13,638	0	13,638	0	13,638
015040	HEALTHY START MED-WAIVER - CLIENT SERVICES	0	0	0	0	0
015040	MANATEE COUNTY RURAL HEALTH SERVICES	0	0	0	0	0
015040	MINORITY OUTREACH-PENALVER CLINIC-DADE	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	ALG/CONTR TO CHDS-DENTAL PROGRAM	0	0	0	0	0
015040	ALG/CONTR. TO CHDS-IMMUNIZATION OUTREACH TEAMS	7,699	0	7,699	0	7,699
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	32,238	0	32,238	0	32,238
015040	ALG/CONTR. TO CHDS-INDOOR AIR ASSIST PROG	0	0	0	0	0
015040	ALG/CONTR TO CHDS-MIGRANT LABOR CAMP SANITATION	2,747	0	2,747	0	2,747
015040	ALG/FAMILY PLANNING	31,829	0	31,829	0	31,829
015040	ALG/CONTR. TO CHDS-SOVEREIGN IMMUNITY	0	0	0	0	0
015040	VARICELLA IMMUNIZATION REQUIREMENT	5,180	0	5,180	0	5,180
015040	STATEWIDE DENTISTRY NETWORK - ESCAMBIA	0	0	0	0	0
015040	PRIMARY CARE SPECIAL DENTAL PROJECTS	0	0	0	0	0
015040	METRO ORLANDO URBAN LEAGUE TEENAGE PREG PREV	0	0	0	0	0
015040	LA LIGA CONTRA EL CANCER	0	0	0	0	0
015040	HEALTHY START MED WAIVER - SOBRA	0	0	0	0	0
015040	FL HEPATITIS & LIVER FAILURE PREVENTION/CONTROL	0	0	0	0	0
015040	ENHANCED DENTAL SERVICES	0	0	0	0	0
015040	DENTAL SPECIAL INITIATIVE PROJECTS	19,802	0	19,802	0	19,802
015040	COMMUNITY TB PROGRAM	19,406	0	19,406	0	19,406
015040	COMMUNITY ENVIRONMENTAL HEALTH ADVISORY BOARD	20,000	0	20,000	0	20,000
015040	CATE - ESCAMBIA	0	0	0	0	0
015040	ALG/PRIMARY CARE	198,484	0	198,484	0	198,484
015040	ALG/CESSPOOL IDENTIFICATION AND ELIMINATION	0	0	0	0	0
015050	ALG/CONTR TO CHDS	1,583,858	0	1,583,858	0	1,583,858
GENERAL REVENUE TOTAL		2,051,139	0	2,051,139	0	2,051,139
2. NON GENERAL REVENUE - STATE						
015010	IMMUNIZATION SPECIAL PROJECT	5,041	0	5,041	0	5,041
015010	PUBLIC SWIMMING POOL PROGRAM	0	0	0	0	0
015010	SUPPLEMENTAL/COMPREHENSIVE SCHOOL HEALTH - TOB TF	0	0	0	0	0
015010	ALG/CONTR TO CHDS-REBASING TOBACCO TF	27,131	0	27,131	0	27,131
015010	ALG/CONTR. TO CHDS-BIOMEDICAL WASTE/DEP ADM TF	0	0	0	0	0
015010	ALG/CONTR. TO CHDS-SAFE DRINKING WATER PRG/DEP ADM	0	0	0	0	0
015010	BASIC SCHOOL HEALTH - TOBACCO TF	101,486	0	101,486	0	101,486

ATTACHMENT II.

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

October 1, 2009 to September 30, 2010

		State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
2. NON GENERAL REVENUE - STATE						
015010	CHD PROGRAM SUPPORT	0	0	0	0	0
015010	ENVIRONMENTAL HEALTH PACE PROJECTS	0	0	0	0	0
015010	FOOD AND WATERBORNE DISEASE PROGRAM ADM TF/DACS	0	0	0	0	0
015010	FULL SERVICE SCHOOLS - TOBACCO TF	83,005	0	83,005	0	83,005
015020	ALG/CONTR. TO CHDS-BIOMEDICAL WASTE/DEP ADM TF	0	0	0	0	0
015020	ALG/CONTR. TO CHDS-SAFE DRINKING WATER PRG/DEP ADM	0	0	0	0	0
015020	FOOD AND WATERBORNE DISEASE PROGRAM ADM TF/DACS	0	0	0	0	0
NON GENERAL REVENUE TOTAL		216,663	0	216,663	0	216,663
3. FEDERAL FUNDS - State						
007000	CHILDHOOD LEAD POISONING PREVENTION	0	0	0	0	0
007000	DIABETES PREVENTION & CONTROL PROGRAM	0	0	0	0	0
007000	FAMILY PLANNING EXPANSION FUNDS 2008-09	0	0	0	0	0
007000	FGTF/BREAST & CERVICAL CANCER-ADMIN/CASE MAN	0	0	0	0	0
007000	FGTF/FAMILY PLANNING-TITLE X	54,248	0	54,248	0	54,248
007000	FGTF/WIC ADMINISTRATION	541,355	0	541,355	0	541,355
007000	HEALTHY PEOPLE HEALTHY COMMUNITIES	14,366	0	14,366	0	14,366
007000	IMMUNIZATION FIELD STAFF EXPENSE	0	0	0	0	0
007000	IMMUNIZATION WIC-LINKAGES	0	0	0	0	0
007000	MCH BGTF-GADSDEN SCHOOL CLINIC	0	0	0	0	0
007000	PHP - CITIES READINESS INITIATIVE	0	0	0	0	0
007000	RAPE PREVENTION & EDUCATION GRANT	0	0	0	0	0
007000	RYAN WHITE	0	0	0	0	0
007000	BIOTERRORISM PLANNING & READINESS	975	0	975	0	975
007000	AFRICAN AMERICAN TESTING INITIATIVE (AATI)	0	0	0	0	0
007000	AIDS SURVEILLANCE	0	0	0	0	0
007000	RYAN WHITE-AIDS DRUG ASSIST PROG-ADMIN	0	0	0	0	0
007000	STD FEDERAL GRANT - CSFS	0	0	0	0	0
007000	STD PROGRAM - PHYSICIANS TRAINING CENTER	0	0	0	0	0
007000	STD PROGRAM-INFERTILITY PREVENTION PROJECT (IPP)	0	0	0	0	0
007000	TITLE X HIV/AIDS PROJECT	0	0	0	0	0
007000	WIC BREASTFEEDING PEER COUNSELING	0	0	0	0	0
007000	TUBERCULOSIS CONTROL - FEDERAL GRANT	0	0	0	0	0
007000	SYPHILIS ELIMINATION	0	0	0	0	0
007000	STD PROGRAM INFERTILITY PREVENTION PROJECT (IPP)	0	0	0	0	0
007000	STD PROGRAM - PHYSICIAN TRAINING CENTER	0	0	0	0	0
007000	RYAN WHITE-CONSORTIA	0	0	0	0	0
007000	BIOTERRORISM HOSPITAL PREPAREDNESS	0	0	0	0	0
007000	AIDS PREVENTION	0	0	0	0	0
007000	BIOTERRORISM SURVEILLANCE & EPIDEMIOLOGY	7,206	0	7,206	0	7,206
007000	COASTAL BEACH MONITORING PROGRAM	12,789	0	12,789	0	12,789
007000	FGTF/IMMUNIZATION ACTION PLAN	14,654	0	14,654	0	14,654
007000	FGTF/FAMILY PLANNING TITLE X SPECIAL INITIATIVES	0	0	0	0	0
007000	FGTF/AIDS MORBIDITY	0	0	0	0	0
007000	ENVIRONMENTAL & HEALTH EFFECT TRACKING	0	0	0	0	0
007000	RYAN WHITE - EMERGING COMMUNITIES	0	0	0	0	0
007000	RISK COMMUNICATIONS	0	0	0	0	0
007000	PUBLIC HEALTH PREPAREDNESS BASE	38,770	0	38,770	0	38,770

ATTACHMENT II.

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

October 1, 2009 to September 30, 2010

		State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
3. FEDERAL FUNDS - State						
007000	MCH BGTF-HEALTHY START IPO	0	0	0	0	0
007000	IMMUNIZATION-WIC LINKAGES	0	0	0	0	0
007000	IMMUNIZATION SUPPLEMENTAL	0	0	0	0	0
007000	HIV INCIDENCE SURVEILLANCE	0	0	0	0	0
007000	HEALTH PROGRAM FOR REFUGEES	0	0	0	0	0
015009	MEDIPASS WAIVER-HLTHY STRT CLIENT SERVICES	0	0	0	0	0
015009	MEDIPASS WAIVER-SOBRA	0	0	0	0	0
015075	SCHOOL HEALTH/SUPPLEMENTAL	0	0	0	0	0
015075	Summer Feeding Program	0	0	0	0	0
FEDERAL FUNDS TOTAL		684,363	0	684,363	0	684,363
4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE						
001020	TANNING FACILITIES	6,380	0	6,380	0	6,380
001020	BODY PIERCING	0	0	0	0	0
001020	MIGRANT HOUSING PERMIT	625	0	625	0	625
001020	MOBILE HOME AND PARKS	11,300	0	11,300	0	11,300
001020	FOOD HYGIENE PERMIT	20,940	0	20,940	0	20,940
001020	BIOHAZARD WASTE PERMIT	0	0	0	0	0
001020	PRIVATE WATER CONSTR PERMIT	36,000	0	36,000	0	36,000
001020	PUBLIC WATER ANNUAL OPER PERMIT	0	0	0	0	0
001020	PUBLIC WATER CONSTR PERMIT	7,000	0	7,000	0	7,000
001020	NON-SDWA SYSTEM PERMIT	0	0	0	0	0
001020	SAFE DRINKING WATER	0	0	0	0	0
001020	SWIMMING POOLS	78,000	0	78,000	0	78,000
001092	OSDS PERMIT FEE	134,098	0	134,098	0	134,098
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
001092	NON SDWA LAB SAMPLE	0	0	0	0	0
001092	OSDS VARIANCE FEE	10,000	0	10,000	0	10,000
001092	ENVIRONMENTAL HEALTH FEES	0	0	0	0	0
001092	OSDS REPAIR PERMIT	0	0	0	0	0
001170	LAB FEE CHEMICAL ANALYSIS	0	0	0	0	0
001170	WATER ANALYSIS-POTABLE	20,000	0	20,000	0	20,000
001170	NONPOTABLE WATER ANALYSIS	0	0	0	0	0
010304	MQA INSPECTION FEE	5,000	0	5,000	0	5,000
FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL		329,343	0	329,343	0	329,343
5. OTHER CASH CONTRIBUTIONS - STATE						
010304	STATIONARY POLLUTANT STORAGE TANKS	124,272	0	124,272	0	124,272
090001	DRAW DOWN FROM PUBLIC HEALTH UNIT	258,654	0	258,654	0	258,654
OTHER CASH CONTRIBUTIONS TOTAL		382,926	0	382,926	0	382,926
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	13,981	13,981	27,962	0	27,962

ATTACHMENT II

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

October 1, 2009 to September 30, 2010

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total	
6. MEDICAID - STATE/COUNTY						
001079	MEDICAID CASE MANAGEMENT	18,000	18,000	36,000	0	36,000
001081	MEDICAID CHILD HEALTH CHECK UP	46,434	97,059	143,493	0	143,493
001082	MEDICAID DENTAL	459,783	961,054	1,420,837	0	1,420,837
001083	MEDICAID FAMILY PLANNING	8,114	73,022	81,135	0	81,135
001087	MEDICAID STD	6,355	13,284	19,639	0	19,639
001089	MEDICAID AIDS	0	0	0	0	0
001147	MEDICAID HMO RATE	0	0	0	0	0
001191	MEDICAID MATERNITY	38,882	81,272	120,154	0	120,154
001192	MEDICAID COMPREHENSIVE CHILD	275,228	575,291	850,519	0	850,519
001193	MEDICAID COMPREHENSIVE ADULT	1,091	2,279	3,370	0	3,370
001194	MEDICAID LABORATORY	0	0	0	0	0
001208	MEDIPASS \$3.00 ADM. FEE	10,134	10,134	20,268	0	20,268
001059	Medicaid Low Income Pool	0	0	0	0	0
001051	Emergency Medicaid	0	0	0	0	0
001058	Medicaid - Behavioral Health	0	0	0	0	0
001071	Medicaid - Orthopedic	0	0	0	0	0
001072	Medicaid - Dermatology	0	0	0	0	0
001075	Medicaid - School Health Certified Match	0	0	0	0	0
001069	Medicaid - Refugee Health	0	0	0	0	0
001055	Medicaid - Hospital	0	0	0	0	0
MEDICAID TOTAL	878,001	1,845,376	2,723,377	0	2,723,377	
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	76,094	76,094
	LABORATORY SERVICES	0	0	0	81,809	81,809
	TB SERVICES	0	0	0	0	0
	IMMUNIZATION SERVICES	0	0	0	418,947	418,947
	STD SERVICES	0	0	0	0	0
	CONSTRUCTION/RENOVATION	0	0	0	0	0
	WIC FOOD	0	0	0	2,142,898	2,142,898
	ADAP	0	0	0	261,775	261,775
	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	2,981,523	2,981,523	
9. DIRECT COUNTY CONTRIBUTIONS - COUNTY						
008030	BCC Contribution from Health Care Tax	0	0	0	0	0
008034	BCC Contribution from General Fund	0	350,333	350,333	0	350,333
DIRECT COUNTY CONTRIBUTION TOTAL	0	350,333	350,333	0	350,333	

ATTACHMENT II

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

October 1, 2009 to September 30, 2010

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY					
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT DIRECT-ARROW	0	0	0	0	0
011000 GRANT DIRECT-QUANTUM DENTAL	0	0	0	0	0
011000 GRANT DIRECT-HEALTH CARE DISTRICT PAHOKEE	0	0	0	0	0
010402 Recycled Material Sales	0	0	0	0	0
010303 FDLE Fingerprinting	0	0	0	0	0
007050 ARRA Federal Grants Direct to CHD	0	0	0	0	0
001010 Recovery of Bad Checks	0	0	0	0	0
008065 FCO Contribution	0	0	0	0	0
011006 Restricted Cash Donation	0	0	0	0	0
028000 Insurance Recoveries	0	0	0	0	0
001033 CMS Management Fee - PMPMPC	0	0	0	0	0
010400 Sale of Goods Outside State Government	0	0	0	0	0
001069 Medicaid - Refugee Health	0	0	0	0	0
OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL	0	822,634	822,634	0	822,634
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
GROUNDS MAINTENANCE	0	0	0	0	0
OTHER (SPECIFY)	0	0	0	0	0
INSURANCE	0	0	0	0	0
UTILITIES	0	0	0	0	0
OTHER (SPECIFY)	0	0	0	0	0
BUILDING MAINTENANCE	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	4,592,102	3,405,161	7,997,263	3,713,545	11,710,808

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, 2009 to September 30, 2010

	FTE's (0.00)	Clients		Quarterly Expenditure Plan				State	County	Grand Total
		Units	Services	1st	2nd (Whole dollars only)	3rd	4th			
A. COMMUNICABLE DISEASE CONTROL:										
VITAL STATISTICS (180)	1.42	4,400	10,750	22,129	21,723	21,927	22,130	0	87,909	87,909
IMMUNIZATION (101)	6.47	4,200	18,000	118,139	116,353	117,246	118,138	133,788	336,088	469,876
STD (102)	9.64	775	4,310	146,962	144,097	145,529	146,962	27,701	555,849	583,550
A.I.D.S. (103)	9.39	480	9,000	183,710	181,233	182,471	183,710	191,724	539,400	731,124
TB CONTROL SERVICES (104)	1.45	250	600	19,488	19,130	19,309	19,487	40,932	36,482	77,414
COMM. DISEASE SURV. (106)	4.52	0	660	68,948	67,661	68,305	68,948	0	273,862	273,862
HEPATITIS PREVENTION (109)	0.00	180	282	0	0	0	0	0	0	0
PUBLIC HEALTH PREP AND RESP (116)	3.12	0	560	46,982	46,067	46,525	46,982	114,628	71,928	186,556
COMMUNICABLE DISEASE SUBTOTAL	36.01	10,285	44,162	606,358	596,264	601,312	606,357	508,773	1,901,518	2,410,291
B. PRIMARY CARE:										
CHRONIC DISEASE SERVICES (210)	3.13	11,000	1,800	40,794	40,021	40,408	40,794	49,518	112,499	162,017
TOBACCO PREVENTION (212)	1.14	0	30	14,460	14,191	14,325	14,459	0	57,435	57,435
HOME HEALTH (215)	0.00	0	0	0	0	0	0	0	0	0
W.I.C. (221)	14.23	4,700	42,500	207,103	203,632	205,368	207,104	810,820	12,387	823,207
FAMILY PLANNING (223)	10.52	1,400	6,400	173,265	170,037	171,651	173,265	503,060	185,158	688,218
IMPROVED PREGNANCY OUTCOME (225)	1.67	270	700	22,541	22,103	22,322	22,540	19,340	70,166	89,506
HEALTHY START PRENATAL (227)	4.93	550	8,000	77,438	75,993	76,715	77,438	0	307,584	307,584
COMPREHENSIVE CHILD HEALTH (229)	16.72	3,000	14,000	284,106	278,730	281,418	284,105	417,984	710,375	1,128,359
HEALTHY START INFANT (231)	2.45	245	4,000	38,743	38,012	38,377	38,743	0	153,875	153,875
SCHOOL HEALTH (234)	0.14	0	160,000	44,034	43,987	44,011	44,034	176,035	31	176,066
COMPREHENSIVE ADULT HEALTH (237)	0.00	32	50	853	852	852	852	3,221	188	3,409
DENTAL HEALTH (240)	13.62	4,436	30,049	221,290	217,603	219,446	221,289	275,740	603,888	879,628
Healthy Start Interconception Woman (232)	1.57	0	0	20,828	20,425	20,627	20,828	0	82,708	82,708
PRIMARY CARE SUBTOTAL	70.12	25,633	267,529	1,145,455	1,125,586	1,135,520	1,145,451	2,255,718	2,296,294	4,552,012
C. ENVIRONMENTAL HEALTH:										
Water and Onsite Sewage Programs										
COASTAL BEACH MONITORING (347)	0.20	522	522	7,298	7,241	7,270	7,298	28,470	637	29,107
LIMITED USE PUBLIC WATER SYSTEMS (357)	0.62	12	1,000	10,040	9,847	9,944	10,041	36,229	3,643	39,872
PUBLIC WATER SYSTEM (358)	0.78	50	325	11,727	11,512	11,619	11,727	0	46,585	46,585
PRIVATE WATER SYSTEM (359)	0.94	125	900	15,237	14,957	15,097	15,237	52,864	7,664	60,528
INDIVIDUAL SEWAGE DISP. (361)	7.48	525	1,900	109,425	107,329	108,376	109,424	222,540	212,014	434,554
Group Total	10.02	1,234	4,647	153,727	150,886	152,306	153,727	340,103	270,543	610,646
Facility Programs										
FOOD HYGIENE (348)	1.03	103	476	19,393	19,026	19,210	19,393	49,271	27,751	77,022
BODY ART (349)	0.00	0	0	3	3	2	2	0	10	10
GROUP CARE FACILITY (351)	0.52	227	350	9,910	9,721	9,815	9,910	0	39,356	39,356
MIGRANT LABOR CAMP (352)	0.07	8	45	1,394	1,367	1,380	1,394	4,870	665	5,535
HOUSING,PUBLIC BLDG SAFETY,SANITATION (353)	0.00	0	0	0	0	0	0	0	0	0
MOBILE HOME AND PARKS SERVICES (354)	0.26	70	160	4,645	4,558	4,602	4,646	15,579	2,872	18,451
SWIMMING POOLS/BATHING (360)	1.09	412	2,300	17,684	17,374	17,530	17,686	70,079	195	70,274
BIOMEDICAL WASTE SERVICES (364)	0.00	0	1	84	82	83	84	0	333	333

**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, 2009 to September 30, 2010**

	FTE's (0.00)	Clients Units	Services	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd (Whole dollars only)	3rd	4th			
C. ENVIRONMENTAL HEALTH:										
Facility Programs										
TANNING FACILITY SERVICES (369)	0.14	30	60	2,383	2,339	2,361	2,383	8,574	892	9,466
Group Total	3.11	850	3,392	55,496	54,470	54,983	55,498	148,373	72,074	220,447
Groundwater Contamination										
STORAGE TANK COMPLIANCE (355)	1.20	307	2,100	25,391	24,886	25,139	25,391	100,807	0	100,807
SUPER ACT SERVICE (356)	0.28	32	160	5,588	5,504	5,546	5,587	17,433	4,792	22,225
Group Total	1.48	339	2,260	30,979	30,390	30,685	30,978	118,240	4,792	123,032
Community Hygiene										
RADIOLOGICAL HEALTH (372)	0.02	0	0	313	306	309	312	0	1,240	1,240
TOXIC SUBSTANCES (373)	0.03	0	1	412	404	408	412	0	1,636	1,636
OCCUPATIONAL HEALTH (344)	0.10	0	130	1,851	1,817	1,834	1,852	6,679	675	7,354
CONSUMER PRODUCT SAFETY (345)	0.03	0	0	423	415	419	423	0	1,680	1,680
INJURY PREVENTION (346)	0.00	0	0	0	0	0	0	0	0	0
LEAD MONITORING SERVICES (350)	0.01	2	5	202	199	201	203	0	805	805
PUBLIC SEWAGE (362)	0.00	0	0	8,856	8,857	8,857	8,857	0	35,427	35,427
SOLID WASTE DISPOSAL (363)	0.00	0	0	0	0	0	0	0	0	0
SANITARY NUISANCE (365)	0.19	30	40	3,248	3,187	3,218	3,248	0	12,901	12,901
RABIES SURVEILLANCE/CONTROL SERVICES (366)	0.00	0	0	93	93	94	95	0	375	375
ARBOVIRUS SURVEILLANCE (367)	0.00	0	0	0	0	0	0	0	0	0
RODENT/ARTHROPOD CONTROL (368)	0.00	0	0	1,250	1,250	1,250	1,250	0	5,000	5,000
WATER POLLUTION (370)	0.00	0	0	3	3	2	2	0	10	10
AIR POLLUTION (371)	0.00	0	1	102	102	101	102	0	407	407
Group Total	0.38	32	177	16,753	16,633	16,693	16,756	6,679	60,156	66,835
ENVIRONMENTAL HEALTH SUBTOTAL	14.99	2,455	10,476	256,955	252,379	254,667	256,959	613,395	407,565	1,020,960
D. SPECIAL CONTRACTS:										
SPECIAL CONTRACTS (599)	0.00	0	0	3,500	3,500	3,500	3,500	14,000	0	14,000
SPECIAL CONTRACTS SUBTOTAL	0.00	0	0	3,500	3,500	3,500	3,500	14,000	0	14,000
TOTAL CONTRACT	121.12	38,373	322,167	2,012,268	1,977,729	1,994,999	2,012,267	3,391,886	4,605,377	7,997,263

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>
2007-2008	\$ _____	\$ _____	\$ _____ -
2008-2009	\$ _____	\$ _____	\$ _____ -
2009-2010	\$ _____	\$ _____	\$ _____ -
2010-2011	\$ _____	\$ _____	\$ _____ -
2011-2012	\$ _____	\$ _____	\$ _____ -
PROJECT TOTAL	\$ _____ -	\$ _____ -	\$ _____ -

SPECIAL PROJECT CONSTRUCTION/RENOVATION PLAN

PROJECT NAME: _____

LOCATION/ ADDRESS: _____

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

SQUARE FOOTAGE: _____

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

ESTIMATED PROJECT INFORMATION:

START DATE *(initial expenditure of funds)*: _____

COMPLETION DATE: _____

DESIGN FEES: \$ _____

CONSTRUCTION COSTS: \$ _____

FURNITURE/EQUIPMENT \$ _____

TOTAL PROJECT COST: \$ _____ -

COST PER SQ FOOT: \$ _____ -

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:

- X Comprehensive Child Health (229/29)
- Comprehensive Adult Health (237/37)
- X Family Planning (223/23)
- X Maternal Health/IPO (225/25)
- Laboratory (242/42)
- Pharmacy (241/93)
- X Other Medical Treatment Program (please identify) STD (102)

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.

No.