

RESOLUTION NO. 2012- 263

**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 THE STATE OF FLORIDA DEPARTMENT OF HEALTH FOR THE OPERATION OF THE ST. JOHNS COUNTY HEALTH DEPARTMENT; AND AUTHORIZING THE CHAIR OF THE BOARD TO EXECUTE THE AGREEMENT ON BEHALF OF THE COUNTY.**

**RECITALS**

**WHEREAS**, pursuant to Chapter 154 of the Florida Statutes, the intent of the Florida Legislature is to promote, protect, maintain and improve the health and safety of all citizens and visitors of the state through a system of coordinated county health departments services; and

**WHEREAS**, numerous County Health Departments were established throughout the state to meet said legislative intent; and

**WHEREAS**, the St. Johns County Health Department ("SJCHD") is one of such County Health Departments that promotes public health, the control and eradication of preventable diseases and the provision of primary health care; and

**WHEREAS**, it is necessary for the St. Johns County Board of County Commissioners ("Board") and the State of Florida Department of Health ("DOH") to enter into an agreement (attached hereto and incorporated herein) in order to assure proper coordination between the County and the State in operation of the SJCHD; and

**WHEREAS**, the Board has reviewed the terms, provisions, conditions and requirements of the agreement and determined that entering into the agreement promotes the health, safety and welfare of the citizens of St. Johns 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 such Recitals are adopted as findings of fact.

Section 2. The Board hereby approves the terms, provisions, conditions, and requirements of the attached agreement between the Board and DOH for the operation of the SJCHD.


Section 3. The Board hereby authorizes the Chair of the Board to execute the agreement on behalf of the County.

Section 4. To the extent that there are administrative, typographical and/or scrivener's errors contained herein that do not change the tone, tenor or concept of this Resolution, then this Resolution may be revised to correct any such error(s) without further action by the Board.

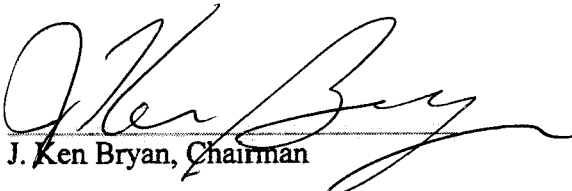
**PASSED AND ADOPTED** by the Board of County Commissioners of St. Johns County, Florida, this 18 day of September, 2012.

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

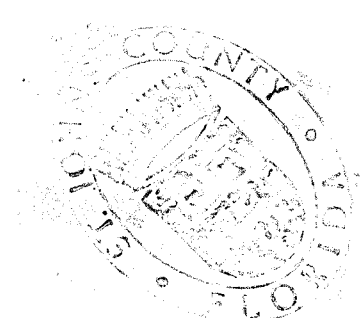
**Attest:**

  
Deputy Clerk

**By:**

  
J. Ken Bryan, Chairman

RENDITION DATE 9/20/12



**CONTRACT BETWEEN  
THE 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 2012-2013**

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, 2012.

**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, 2012, through September 30, 2013, 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 \$2,432,027 (*State General Revenue, State Funds, Other State Funds and Federal Funds listed on the Schedule C*). The State's obligation to pay under this contract is contingent upon an annual appropriation by the Legislature.

ii. The County's appropriated responsibility (*direct contribution excluding any fees, other cash or local contributions*) as provided in Attachment II, Part II is an amount not to exceed \$287,010 (*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. 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, 2013 for the report period October 1, 2012 through December 31, 2012;
- ii. June 1, 2013 for the report period October 1, 2012 through March 31, 2013;
- iii. September 1, 2013 for the report period October 1, 2012 through June 30, 2013; and
- iv. December 1, 2013 for the report period October 1, 2012 through September 30, 2013.

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, 2013, 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:

Paige Hartwell  
Name

Michael D. Wanchick  
Name

Assistant Director  
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  
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 (inclusive of Attachments I, II, III, IV and V) to be executed by their undersigned officials as duly authorized effective the 1<sup>st</sup> day of October, 2012.

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

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

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

NAME: J. Ken Bryan

TITLE: Chair

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

ATTESTED TO:

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

NAME: Cheryl Strickland

TITLE: Clerk of Court

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

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

NAME: John H. Armstrong, MD

TITLE: Surgeon General/Secretary of Health

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

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

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

TITLE: CHD Director

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

## 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*. Additional reporting requirements, under development, will be required. The additional reporting requirements will be communicated upon finalization.
3. Special Supplemental Nutrition Program for Women, Infants and Children (including the WIC Breastfeeding Peer Counseling Program)	Service documentation and monthly financial reports as specified in DHM 150-24* and all federal, state and county requirements detailed in program manuals and published procedures.
4. Healthy Start/ Improved Pregnancy Outcome	Requirements as specified in the 2007 Healthy Start Standards and Guidelines and as specified by the Healthy Start Coalitions in contract with each county health department.
5. Family Planning	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 as documented in Florida SHOTS, the assessment of various immunization levels as documented in Florida SHOTS and forms reporting adverse events following immunization.
7. Environmental Health	Requirements as specified in Environmental Health Programs Manual 150-4* and DHP 50-21*
8. HIV/AIDS Program	Requirements as specified in F.S. 384.25 and 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 DH2139 and Pediatric HIV/AIDS Confidential Case Report CDC Form DH2140. Socio-

ATTACHMENT I (Continued)

demographic data on persons tested for HIV in CHD clinics should be reported on Lab Request DH Form 1628 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.

9. School Health Services

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

10. Tuberculosis

Tuberculosis Program Requirements as specified in FAC 64D-3, F.S. *Specific Authority* 381.0011(13), 381.003(2), 381.0031(6), 384.33, 392.53(2), 392.66 FS Law 381.0011(4), 381.003(1), 381.0031(1), (2), (6), 384.23, 384.25, 385.202, 392.53 FS.381 and Guidebook.

*Implemented*  
383.06,  
CHD

11. General Communicable Disease Control

Carry out surveillance for reportable communicable and other acute diseases, detect outbreaks, respond to individual cases of reportable diseases, investigate outbreaks, and carry out communication and quality assurance functions, as specified in the CHD Guide to Surveillance and Investigations.

\*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	Estimated County Share of CHD Trust Fund Balance	Total
1. CHD Trust Fund Ending Balance 09/30/12	246,452	340,339	586,791
2. Drawdown for Contract Year October 1, 2012 to September 30, 2013	0	0	
3. Special Capital Project use for Contract Year October 1, 2012 to September 30, 2013	0	0	
4. Balance Reserved for Contingency Fund October 1, 2012 to September 30, 2013	246,452	340,339	586,791

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

**ATTACHMENT II.**

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

October 1, 2012 to September 30, 2013

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contributions	Total
<b>1. GENERAL REVENUE - STATE</b>					
015040 AIDS PREVENTION	0	0	0	0	0
015040 AIDS SURVEILLANCE	24,288	0	24,288	0	24,288
015040 ALG/CESSPOOL IDENTIFICATION AND ELIMINATION	0	0	0	0	0
015040 ALG/CONTR TO CHDS-AIDS PATIENT CARE	100,000	0	100,000	0	100,000
015040 ALG/CONTR TO CHDS-AIDS PATIENT CARE NETWORK	0	0	0	0	0
015040 ALG/CONTR TO CHDS-SOVEREIGN IMMUNITY	0	0	0	0	0
015040 MINORITY OUTREACH-PENALVER CLINIC - MIAMI-DADE	0	0	0	0	0
015040 PREPAREDNESS GRANT MATCH	0	0	0	0	0
015040 SCHOOL HEALTH GENERAL REVENUE	58,592	0	58,592	0	58,592
015040 STATEWIDE DENTISTRY NETWORK - ESCAMBIA	0	0	0	0	0
015040 STD GENERAL REVENUE	0	0	0	0	0
015040 TREASURE COAST MIDWIFERY - MARTIN	0	0	0	0	0
015040 HEALTHY START MED-WAIVER - CLIENT SERVICES	0	0	0	0	0
015040 JESSIE TRICE CANCER CTR/HEALTH CHOICE - MIAMI-DADE	0	0	0	0	0
015040 LA LIGA-LEAGUE AGAINST CANCER - MIAMI-DADE	0	0	0	0	0
015040 MANATEE COUNTY RURAL HEALTH SERVICES	0	0	0	0	0
015040 METRO ORLANDO URBAN LEAGUE - ORANGE	0	0	0	0	0
015040 MIGRANT LABOR CAMP SANITATION	0	0	0	0	0
015040 DENTAL SPECIAL INITIATIVES	6,541	0	6,541	0	6,541
015040 DUVAL TEEN PREGANCY PREVENTION - DUVAL	0	0	0	0	0
015040 FAMILY PLANNING GENERAL REVENUE	24,902	0	24,902	0	24,902
015040 FL CLPPP SCREENING & CASE MANAGEMENT	0	0	0	0	0
015040 FL HEPATITIS & LIVER FAILURE PREVENTION/CONTROL	0	0	0	0	0
015040 HEALTHY START MED WAIVER - SOBRA	0	0	0	0	0
015040 ALG/IPO HEALTHY START/IPO	0	0	0	0	0
015040 ALG/PRIMARY CARE	196,126	0	196,126	0	196,126
015040 BREAST & CERVICAL - ADMINISTRATION/CASE MANAGEMENT	0	0	0	0	0
015040 COMMUNITY SMILES - MIAMI-DADE	0	0	0	0	0
015040 COMMUNITY TB PROGRAM	22,158	0	22,158	0	22,158
015040 COUNTY SPECIFIC DENTAL PROJECTS - ESCAMBIA	0	0	0	0	0
015050 NON-CATEGORICAL GENERAL REVENUE	1,089,595	0	1,089,595	0	1,089,595
<b>GENERAL REVENUE TOTAL</b>	<b>1,522,202</b>	<b>0</b>	<b>1,522,202</b>	<b>0</b>	<b>1,522,202</b>
<b>2. NON GENERAL REVENUE - STATE</b>					
015010 ALG/CONTR. TO CHDS-BIOMEDICAL WASTE	0	0	0	0	0
015010 ALG/CONTR. TO CHDS-SAFE DRINKING WATER PRG	0	0	0	0	0
015010 CHD PROGRAM SUPPORT	0	0	0	0	0
015010 FOOD AND WATERBORNE DISEASE PROGRAM, ADM TF/DACS	0	0	0	0	0
015010 PREPAREDNESS GRANT MATCH	0	0	0	0	0
015010 PUBLIC SWIMMING POOL PROGRAM	0	0	0	0	0
015010 SCHOOL HEALTH TOBACCO TF	101,486	0	101,486	0	101,486
015010 TOBACCO ADMINISTRATION & MANAGEMENT	0	0	0	0	0
015010 TOBACCO COMMUNITY INTERVENTION	0	0	0	0	0
015020 TRANSFER FROM ANOTHER STATE AGENCY	0	0	0	0	0
015020 TRANSFER FROM ANOTHER STATE AGENCY	0	0	0	0	0
015020 TRANSFER FROM ANOTHER STATE AGENCY	0	0	0	0	0
015060 NON-CATEGORICAL TOBACCO REBASING	6,170	0	6,170	0	6,170

**ATTACHMENT II.**

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

October 1, 2012 to September 30, 2013

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>NON GENERAL REVENUE TOTAL</b>	107,656	0	107,656	0	107,656
<b>3. FEDERAL FUNDS - State</b>					
007000 ABSTINENCE EDUCATION GRANT PROGRAM	0	0	0	0	0
007000 AIDS PREVENTION	0	0	0	0	0
007000 AIDS SURVEILLANCE	0	0	0	0	0
007000 BIOTERRORISM HOSPITAL PREPAREDNESS	22,750	0	22,750	0	22,750
007000 CHRONIC DISEASE PREVENTION & HEALTH PROMOTION	0	0	0	0	0
007000 COASTAL BEACH MONITORING PROGRAM	8,209	0	8,209	0	8,209
007000 TUBERCULOSIS CONTROL - FEDERAL GRANT	0	0	0	0	0
007000 UNINTENDED/UNWANTED PREG-TEEN PREGNANCY PREV	0	0	0	0	0
007000 WIC ADMINISTRATION	437,464	0	437,464	0	437,464
007000 WIC BREASTFEEDING PEER COUNSELING	49,862	0	49,862	0	49,862
007000 STD FEDERAL GRANT - CSPPS	0	0	0	0	0
007000 STD PROGRAM INFERTILITY PREVENTION PROJECT (IPP)	0	0	0	0	0
007000 SYPHILIS ELIMINATION	0	0	0	0	0
007000 TEENAGE PREGNANCY PREVENTION REPLICATION	0	0	0	0	0
007000 TITLE X HIV/AIDS PROJECT	0	0	0	0	0
007000 TOBACCO FAITH BASED PROJECT	0	0	0	0	0
007000 RAPE PREVENTION & EDUCATION	0	0	0	0	0
007000 RYAN WHITE	0	0	0	0	0
007000 RYAN WHITE - EMERGING COMMUNITIES	0	0	0	0	0
007000 RYAN WHITE-AIDS DRUG ASSIST PROG-ADMIN	16,631	0	16,631	0	16,631
007000 RYAN WHITE-CONSORTIA	0	0	0	0	0
007000 SAFE SLEEP EDUCATION	0	0	0	0	0
007000 MINORITY INVOLVEMENT IN HIV/AIDS PROGRAM	0	0	0	0	0
007000 PHP - CITIES READINESS INITIATIVE	0	0	0	0	0
007000 PRECONCEPTION HEALTH CARE	0	0	0	0	0
007000 PREGNANCY ASSOCIATED MORTALITY PREVENTION	25,859	0	25,859	0	25,859
007000 PUBLIC HEALTH INFRASTRUCTURE	0	0	0	0	0
007000 PUBLIC HEALTH PREPAREDNESS BASE	148,079	0	148,079	0	148,079
007000 IMMUNIZATION WIC LINKAGES	0	0	0	0	0
007000 MCH BGTF-GADSDEN SCHOOL CLINIC	0	0	0	0	0
007000 MCH BGTF-HEALTHY START COALITIONS	0	0	0	0	0
007000 MCH QUALITY IMPROVEMENT ACTIVITIES MCHBO	0	0	0	0	0
007000 MINORITY AIDS INITIATIVE	0	0	0	0	0
007000 MINORITY AIDS INITIATIVE TCE COLLABORATIVE	0	0	0	0	0
007000 FGTF/FAMILY PLANNING-TITLE X	54,248	0	54,248	0	54,248
007000 HEALTHY HOMES AND LEAD POISONING GRANT	0	0	0	0	0
007000 HIV HOUSING FOR PEOPLE LIVING WITH AIDS	0	0	0	0	0
007000 HIV INCIDENCE SURVEILLANCE	0	0	0	0	0
007000 IMMUNIZATION FEDERAL GRANT ACTIVITY SUPPORT	14,654	0	14,654	0	14,654
007000 IMMUNIZATION FIELD STAFF EXPENSE	0	0	0	0	0
007000 COLORECTAL CANCER SCREENING 2009-10	0	0	0	0	0
007000 DENTAL SERVICES	0	0	0	0	0
007000 ENHANCE COMPREHENSIVE PREVENTION PLANNING AND IM	0	0	0	0	0
007000 EXPANDED TESTING INITIATIVE (ETI)	0	0	0	0	0
007000 FGTF/AIDS MORBIDITY	0	0	0	0	0
007000 FGTF/BREAST & CERVICAL CANCER-ADMIN/CASE MAN	0	0	0	0	0

**ATTACHMENT H.**

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

**October 1, 2012 to September 30, 2013**

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>3. FEDERAL FUNDS - State</b>					
015009	MEDIPASS WAIVER-HLTHY STRT CLIENT SERVICES	0	0	0	0
015009	MEDIPASS WAIVER-SOBRA	0	0	0	0
007055	ARRA FEDERAL GRANT - SCHEDULE C	0	0	0	0
015075	SCHOOL HEALTH TITLE XXI	24,413	0	24,413	24,413
015075	SUMMER FOOD PROGRAM INSPECTIONS	0	0	0	0
015075	ENTER TITLE	0	0	0	0
<b>FEDERAL FUNDS TOTAL</b>	<b>802,169</b>	<b>0</b>	<b>802,169</b>	<b>0</b>	<b>802,169</b>
<b>4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE</b>					
001020	TANNING FACILITIES	4,500	0	4,500	4,500
001020	BODY PIERCING	0	0	0	0
001020	MIGRANT HOUSING PERMIT	825	0	825	825
001020	MOBILE HOME AND PARKS	12,296	0	12,296	12,296
001020	FOOD HYGIENE PERMIT	22,800	0	22,800	22,800
001020	BIOHAZARD WASTE PERMIT	0	0	0	0
001020	PRIVATE WATER CONSTR PERMIT	40,000	0	40,000	40,000
001020	PUBLIC WATER ANNUAL OPER PERMIT	0	0	0	0
001020	PUBLIC WATER CONSTR PERMIT	7,000	0	7,000	7,000
001020	NON-SDWA SYSTEM PERMIT	0	0	0	0
001020	SAFE DRINKING WATER	0	0	0	0
001020	SWIMMING POOLS	139,700	0	139,700	139,700
001092	OSDS PERMIT FEE	14,500	0	14,500	14,500
001092	I & M ZONED OPERATING PERMIT	0	0	0	0
001092	AEROBIC OPERATING PERMIT	0	0	0	0
001092	SEPTIC TANK SITE EVALUATION	0	0	0	0
001092	NON SDWA LAB SAMPLE	0	0	0	0
001092	OSDS VARIANCE FEE	0	0	0	0
001092	ENVIRONMENTAL HEALTH FEES	112,500	0	112,500	112,500
001092	OSDS REPAIR PERMIT	0	0	0	0
001170	LAB FEE CHEMICAL ANALYSIS	0	0	0	0
001170	WATER ANALYSIS-POTABLE	0	0	0	0
001170	NONPOTABLE WATER ANALYSIS	0	0	0	0
010304	MQA INSPECTION FEE	0	0	0	0
001206	CENTRAL OFFICE SURCHARGE	0	0	0	0
<b>FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL</b>	<b>354,121</b>	<b>0</b>	<b>354,121</b>	<b>0</b>	<b>354,121</b>
<b>5. OTHER CASH CONTRIBUTIONS - STATE</b>					
010304	INSPECTION FEE PETROLEUM STORAGE TANK DEP	95,914	0	95,914	95,914
090001	DRAW DOWN FROM PUBLIC HEALTH UNIT	0	0	0	0
<b>OTHER CASH CONTRIBUTIONS TOTAL</b>	<b>95,914</b>	<b>0</b>	<b>95,914</b>	<b>0</b>	<b>95,914</b>
<b>6. MEDICAID - STATE/COUNTY</b>					
001056	MEDICAID PHARMACY	0	0	0	0
001076	MEDICAID TB	0	0	0	0
001078	MEDICAID ADMINISTRATION OF VACCINE	0	15,028	15,028	15,028
001079	MEDICAID CASE MANAGEMENT	0	0	0	0
001081	MEDICAID CHILD HEALTH CHECK UP	0	165,745	165,745	165,745



**ATTACHMENT II**

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

October 1, 2012 to September 30, 2013

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total	
<b>6. MEDICAID - STATE/COUNTY</b>						
001082	MEDICAID DENTAL	0	1,317,000	1,317,000	0	1,317,000
001083	MEDICAID FAMILY PLANNING	0	44,481	44,481	0	44,481
001087	MEDICAID STD	0	13,652	13,652	0	13,652
001089	MEDICAID AIDS	0	29,165	29,165	0	29,165
001147	MEDICAID HMO CAPITATION	0	0	0	0	0
001191	MEDICAID MATERNITY	0	85,639	85,639	0	85,639
001192	MEDICAID COMPREHENSIVE CHILD	0	362,788	362,788	0	362,788
001193	MEDICAID COMPREHENSIVE ADULT	0	0	0	0	0
001194	MEDICAID LABORATORY	0	0	0	0	0
001208	MEDIPASS \$3.00 ADM. FEE	0	0	0	0	0
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
001148	MEDICAID HMO NON-CAPITATION	0	0	0	0	0
001074	MEDICAID - NEWBORN SCREENING	0	0	0	0	0
<b>MEDICAID TOTAL</b>	0	2,033,498	2,033,498	0	2,033,498	
<b>7. ALLOCABLE REVENUE - STATE</b>						
018000	REFUNDS	0	0	0	0	0
037000	PRIOR YEAR WARRANT	0	0	0	0	0
038000	12 MONTH OLD WARRANT	0	0	0	0	0
<b>ALLOCABLE REVENUE TOTAL</b>	0	0	0	0	0	
<b>8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE</b>						
	PHARMACY SERVICES	0	0	0	49,557	49,557
	LABORATORY SERVICES	0	0	0	60,597	60,597
	TB SERVICES	0	0	0	0	0
	IMMUNIZATION SERVICES	0	0	0	278,481	278,481
	STD SERVICES	0	0	0	0	0
	CONSTRUCTION/RENOVATION	0	0	0	0	0
	WIC FOOD	0	0	0	1,905,245	1,905,245
	ADAP	0	0	0	304,015	304,015
	DENTAL SERVICES	0	0	0	0	0
	OTHER (SPECIFY)	0	0	0	0	0
	OTHER (SPECIFY)	0	0	0	0	0
<b>OTHER STATE CONTRIBUTIONS TOTAL</b>	0	0	0	2,597,895	2,597,895	
<b>9. DIRECT LOCAL CONTRIBUTIONS - BCC/TAX DISTRICT</b>						
008010	CONTRIBUTION FROM CITY GOVERNMENT	0	0	0	0	0
008020	CONTRIBUTION FROM HEALTH CARE TAX NOT THRU BCC	0	0	0	0	0
008040	BCC GRANT/CONTRACT	0	0	0	0	0
008030	CONTRIBUTION FROM HEALTH CARE TAX	0	0	0	0	0

**ATTACHMENT II:**

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

October 1, 2012 to September 30, 2013

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total	
<b>9. DIRECT LOCAL CONTRIBUTIONS - BCC/TAX DISTRICT</b>						
008034	BCC CONTRIBUTION FROM GENERAL FUND	0	287,010	287,010	0	287,010
<b>DIRECT COUNTY CONTRIBUTION TOTAL</b>		0	287,010	287,010	0	287,010
<b>10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY</b>						
001060	CHD SUPPORT POSITION	0	0	0	0	0
001077	RABIES VACCINE	0	0	0	0	0
001077	CHILD CAR SEAT PROG	0	0	0	0	0
001077	PERSONAL HEALTH FEES	0	34,762	34,762	0	34,762
001077	AIDS CO-PAYS	0	0	0	0	0
001094	ADULT ENTER. PERMIT FEES	0	0	0	0	0
001094	ENVIRONMENTAL HEALTH	0	96,540	96,540	0	96,540
001114	NEW BIRTH CERTIFICATES	0	47,404	47,404	0	47,404
001115	VITAL STATISTICS - DEATH CERTIFICATE	0	92,835	92,835	0	92,835
001117	VITAL STATS-ADM. FEE 50 CENTS	0	1,970	1,970	0	1,970
001073	CO-PAY FOR THE AIDS CARE PROGRAM	0	0	0	0	0
001025	CLIENT REVENUE FROM GRC	0	0	0	0	0
001040	CELL PHONE ADMINISTRATIVE FEE	0	0	0	0	0
<b>FEES AUTHORIZED BY COUNTY TOTAL</b>		0	273,511	273,511	0	273,511
<b>11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY</b>						
001009	RETURNED CHECK ITEM	0	0	0	0	0
001029	THIRD PARTY REIMBURSEMENT	0	26,785	26,785	0	26,785
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	9,375	9,375	0	9,375
001190	HEALTH MAINTENANCE ORGANIZATION	0	0	0	0	0
005040	INTEREST EARNED	0	0	0	0	0
005041	INTEREST EARNED-STATE INVESTMENT ACCOUNT	0	0	0	0	0
007010	U.S. GRANTS DIRECT	0	326,804	326,804	0	326,804
008050	SCHOOL BOARD CONTRIBUTION	0	0	0	0	0
008060	SPECIAL PROJECT CONTRIBUTION	0	0	0	0	0
010300	SALE OF GOODS AND SERVICES TO STATE AGENCIES	0	0	0	0	0
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
011001	HEALTHY START COALITION CONTRIBUTIONS	0	279,859	279,859	0	279,859
011007	CASH DONATIONS PRIVATE	0	0	0	0	0
012020	FINES AND FORFEITURES	0	0	0	0	0
012021	RETURN CHECK CHARGE	0	0	0	0	0
028020	INSURANCE RECOVERIES-OTHER	0	0	0	0	0
090002	DRAW DOWN FROM PUBLIC HEALTH UNIT	0	0	0	0	0
011000	GRANT DIRECT-NOVA UNIVERSITY CHD TRAINING	0	0	0	0	0
011000	GRANT-DIRECT NACCHO	0	5,000	5,000	0	5,000
011000	GRANT DIRECT-COUNTY HEALTH DEPARTMENT DIRECT SER	0	0	0	0	0
011000	DIRECT-ARROW	0	0	0	0	0
011000	GRANT-DIRECT	0	0	0	0	0

**ATTACHMENT II**

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

October 1, 2012 to September 30, 2013

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY</b>					
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
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT-DIRECT	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 GRANT	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
010500 REFUGEE HEALTH	0	0	0	0	0
005045 INTEREST EARNED-THIRD PARTY PROVIDER	0	0	0	0	0
005043 INTEREST EARNED-CONTRACT/GRANT	0	0	0	0	0
010306 DOH/DOC INTERAGENCY AGREEMENT	0	0	0	0	0
011002 ARRA FEDERAL GRANT - SUB-RECIPIENT	0	0	0	0	0
011004 LOW INCOME POOL - SUBRECIPIENT	0	0	0	0	0
<b>OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL</b>	0	647,823	647,823	0	647,823
<b>12. ALLOCABLE REVENUE - COUNTY</b>					
018000 REFUNDS	0	0	0	0	0
037000 PRIOR YEAR WARRANT	0	0	0	0	0
038000 12 MONTH OLD WARRANT	0	0	0	0	0
<b>COUNTY ALLOCABLE REVENUE TOTAL</b>	0	0	0	0	0
<b>13. BUILDINGS - COUNTY</b>					
ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	0	0
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
<b>BUILDINGS TOTAL</b>	0	0	0	0	0
<b>14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY</b>					
EQUIPMENT/VEHICLE PURCHASES	0	0	0	0	0
VEHICLE INSURANCE	0	0	0	0	0
VEHICLE MAINTENANCE	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0

**ATTACHMENT II.**

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

**October 1, 2012 to September 30, 2013**

	<b>State CHD Trust Fund (cash)</b>	<b>County CHD Trust Fund</b>	<b>Total CHD Trust Fund (cash)</b>	<b>Other Contribution</b>	<b>Total</b>
<b>14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY</b>					
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
<b>OTHER COUNTY CONTRIBUTIONS TOTAL</b>	0	0	0	0	0
<b>GRAND TOTAL CHD PROGRAM</b>	2,882,062	3,241,842	6,123,904	2,597,895	8,721,799

**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, 2012 to September 30, 2013**

	FTE's (0.00)	Clients Units	Services/ Visits	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd (Whole dollars only)	3rd	4th			
<b>A. COMMUNICABLE DISEASE CONTROL:</b>										
IMMUNIZATION (101)	4.86	3,093	4,164	76,375	65,464	76,375	65,465	131,760	151,919	283,679
STD (102)	5.26	834	1,487	86,489	74,133	86,489	74,132	0	321,243	321,243
HIV/AIDS PREVENTION (03A1)	1.48	0	0	18,999	16,285	18,999	16,284	26,587	43,980	70,567
HIV/AIDS SURVEILLANCE (03A2)	3.80	0	0	48,910	41,923	48,910	41,922	181,665	0	181,665
HIV/AIDS PATIENT CARE (03A3)	6.92	0	0	120,636	103,403	120,636	103,403	95,567	352,511	448,078
ADAP (03A4)	0.68	0	0	8,227	7,051	8,227	7,051	30,556	0	30,556
TB CONTROL SERVICES (104)	1.11	356	447	15,500	13,286	15,500	13,285	46,958	10,613	57,571
COMM. DISEASE SURV. (106)	2.54	0	2,793	34,807	29,835	34,807	29,834	48,710	80,573	129,283
HEPATITIS PREVENTION (109)	0.00	0	0	0	0	0	0	0	0	0
PUBLIC HEALTH PREP AND RESP (116)	2.90	0	1,418	148,869	127,602	148,869	127,603	537,219	15,724	552,943
VITAL STATISTICS (180)	1.50	5,911	13,788	20,530	17,597	20,530	17,597	0	76,254	76,254
<b>COMMUNICABLE DISEASE SUBTOTAL</b>	<b>31.05</b>	<b>10,194</b>	<b>24,097</b>	<b>579,342</b>	<b>496,579</b>	<b>579,342</b>	<b>496,576</b>	<b>1,099,022</b>	<b>1,052,817</b>	<b>2,151,839</b>
<b>B. PRIMARY CARE:</b>										
CHRONIC DISEASE SERVICES (210)	0.03	1	8	413	354	413	354	578	956	1,534
TOBACCO PREVENTION (212)	1.23	0	37	16,639	14,262	16,639	14,260	23,284	38,516	61,800
WIC (21W1)	13.95	0	0	186,697	160,026	186,697	160,026	693,446	0	693,446
WIC BREASTFEEDING PEER COUNSELING (21W2)	3.97	0	0	36,506	31,291	36,506	31,291	135,594	0	135,594
FAMILY PLANNING (223)	7.08	1,022	1,775	128,365	110,028	128,365	110,028	285,208	191,578	476,786
IMPROVED PREGNANCY OUTCOME (225)	3.49	855	1,103	44,470	38,117	44,470	38,116	38,307	126,866	165,173
HEALTHY START PRENATAL (227)	4.50	748	4,095	61,533	52,743	61,533	52,742	0	228,551	228,551
COMPREHENSIVE CHILD HEALTH (229)	13.27	1,896	4,486	190,604	163,374	190,604	163,374	108,401	599,555	707,956
HEALTHY START INFANT (231)	2.58	649	3,418	35,840	30,720	35,840	30,721	0	133,121	133,121
SCHOOL HEALTH (234)	0.22	0	1,818,192	48,202	41,316	48,202	41,316	179,036	0	179,036
COMPREHENSIVE ADULT HEALTH (237)	0.09	8	27	1,056	905	1,056	905	3,920	2	3,922
COMMUNITY HEALTH DEVELOPMENT (238)	0.26	0	286	5,267	4,515	5,267	4,515	7,371	12,193	19,564
DENTAL HEALTH (240)	12.57	3,299	6,572	155,612	133,382	155,612	133,382	2,804	575,184	577,988
<b>PRIMARY CARE SUBTOTAL</b>	<b>63.24</b>	<b>8,478</b>	<b>1,839,999</b>	<b>911,204</b>	<b>781,033</b>	<b>911,204</b>	<b>781,030</b>	<b>1,477,949</b>	<b>1,906,522</b>	<b>3,384,471</b>
<b>C. ENVIRONMENTAL HEALTH:</b>										
<b>Water and Onsite Sewage Programs</b>										
COASTAL BEACH MONITORING (347)	0.15	245	245	3,302	2,830	3,302	2,830	12,264	0	12,264
LIMITED USE PUBLIC WATER SYSTEMS (357)	0.26	49	81	3,364	2,884	3,364	2,883	12,495	0	12,495
PUBLIC WATER SYSTEM (358)	0.07	0	172	848	727	848	728	1,188	1,963	3,151
PRIVATE WATER SYSTEM (359)	0.23	27	131	2,890	2,477	2,890	2,476	10,733	0	10,733
INDIVIDUAL SEWAGE DISP. (361)	5.29	703	1,676	74,613	63,954	74,613	63,956	164,515	112,621	277,136
<b>Group Total</b>	<b>6.00</b>	<b>1,024</b>	<b>2,305</b>	<b>85,017</b>	<b>72,872</b>	<b>85,017</b>	<b>72,873</b>	<b>201,195</b>	<b>114,584</b>	<b>315,779</b>
<b>Facility Programs</b>										
FOOD HYGIENE (348)	0.46	72	321	7,117	6,100	7,117	6,100	26,434	0	26,434
BODY PIERCING FACILITIES SERVICES	0.34	0	0	6,159	5,279	6,159	5,278	8,619	14,256	22,875
GROUP CARE FACILITY (351)	0.27	351	105	3,889	3,333	3,889	3,334	0	14,445	14,445
MIGRANT LABOR CAMP (352)	0.07	4	26	1,076	923	1,076	923	3,998	0	3,998
HOUSING,PUBLIC BLDG SAFETY,SANITATION (353)	0.00	0	0	2	2	2	3	3	6	9

**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, 2012 to September 30, 2013**

	FTE's (0.00)	Clients Units	Services/ Visits	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd (Whole dollars only)	3rd	4th			
<b>C. ENVIRONMENTAL HEALTH:</b>										
<b>Facility Programs</b>										
MOBILE HOME AND PARKS SERVICES (354)	0.18	49	135	2,594	2,224	2,594	2,225	9,637	0	9,637
SWIMMING POOLS/BATHING (360)	1.04	289	1,395	13,703	11,745	13,703	11,746	50,897	0	50,897
BIOMEDICAL WASTE SERVICES (364)	0.00	0	0	0	0	0	0	0	0	0
TANNING FACILITY SERVICES (369)	0.01	3	6	104	89	104	90	387	0	387
<b>Group Total</b>	<b>2.37</b>	<b>768</b>	<b>1,988</b>	<b>34,644</b>	<b>29,695</b>	<b>34,644</b>	<b>29,699</b>	<b>99,975</b>	<b>28,707</b>	<b>128,682</b>
<b>Groundwater Contamination</b>										
STORAGE TANK COMPLIANCE (355)	1.20	208	1,390	26,311	22,552	26,311	22,551	97,725	0	97,725
SUPER ACT SERVICE (356)	0.00	0	0	38	33	38	33	53	89	142
<b>Group Total</b>	<b>1.20</b>	<b>208</b>	<b>1,390</b>	<b>26,349</b>	<b>22,585</b>	<b>26,349</b>	<b>22,584</b>	<b>97,778</b>	<b>89</b>	<b>97,867</b>
<b>Community Hygiene</b>										
TATTOO FACILITIES SERVICES	0.00	0	0	5	4	5	4	7	11	18
COMMUNITY ENVIR. HEALTH (345)	0.01	0	2	90	77	90	77	126	208	334
INJURY PREVENTION (346)	0.00	0	0	0	0	0	0	0	0	0
LEAD MONITORING SERVICES (350)	0.00	0	0	10	8	10	9	14	23	37
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)	0.31	64	215	4,617	3,957	4,617	3,958	6,461	10,688	17,149
RABIES SURVEILLANCE/CONTROL SERVICES (366)	0.00	0	0	63	54	63	55	88	147	235
ARBOVIRUS SURVEILLANCE (367)	0.00	0	0	78	66	78	66	108	180	288
RODENT/ARTHROPOD CONTROL (368)	0.00	0	0	2	2	2	3	3	6	9
WATER POLLUTION (370)	0.00	0	0	0	0	0	0	0	0	0
INDOOR AIR (371)	0.01	0	0	187	161	187	161	262	434	696
RADIOLOGICAL HEALTH (372)	0.03	0	0	404	346	404	346	565	935	1,500
TOXIC SUBSTANCES (373)	0.00	0	0	0	0	0	0	0	0	0
<b>Group Total</b>	<b>0.36</b>	<b>64</b>	<b>217</b>	<b>5,456</b>	<b>4,675</b>	<b>5,456</b>	<b>4,679</b>	<b>7,634</b>	<b>12,632</b>	<b>20,266</b>
<b>ENVIRONMENTAL HEALTH SUBTOTAL</b>	<b>9.93</b>	<b>2,064</b>	<b>5,900</b>	<b>151,466</b>	<b>129,827</b>	<b>151,466</b>	<b>129,835</b>	<b>406,582</b>	<b>156,012</b>	<b>562,594</b>
<b>D. NON-OPERATIONAL COSTS:</b>										
NON-OPERATIONAL COSTS (599)	0.00	0	0	0	0	0	0	0	0	0
ENVIRONMENTAL HEALTH SURCHARGE (399)	0.00	0	0	6,731	5,769	6,731	5,769	9,419	15,581	25,000
<b>NON-OPERATIONAL COSTS SUBTOTAL</b>	<b>0.00</b>	<b>0</b>	<b>0</b>	<b>6,731</b>	<b>5,769</b>	<b>6,731</b>	<b>5,769</b>	<b>9,419</b>	<b>15,581</b>	<b>25,000</b>
<b>TOTAL CONTRACT</b>	<b>104.22</b>	<b>20,736</b>	<b>1,869,996</b>	<b>1,648,743</b>	<b>1,413,208</b>	<b>1,648,743</b>	<b>1,413,210</b>	<b>2,992,972</b>	<b>3,130,932</b>	<b>6,123,904</b>

## 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 US 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>
2010-2011	\$ _____	\$ _____	\$ _____ -
2011-2012	\$ _____	\$ _____	\$ _____ -
2012-2013	\$ _____	\$ _____	\$ _____ -
2013-2014	\$ _____	\$ _____	\$ _____ -
2014-2015	\$ _____	\$ _____	\$ _____ -
PROJECT TOTAL	\$ _____ -	\$ _____ -	\$ _____ -

**SPECIAL PROJECT CONSTRUCTION/RENOVATION PLAN**

PROJECT NAME: N/A

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: \$ \_\_\_\_\_ 0

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