

RESOLUTION NO. 2013-205

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

WHEREAS, pursuant to Chapter 154 of the Florida Statutes, the intent of the State Legislature is to promote, protect, maintain and improve the health and safety of all citizens of, and visitors to, the State of Florida through a system of coordinated County Health Department services; and

WHEREAS, County Health Departments were established throughout the State 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; and

WHEREAS, the St. Johns County Health Department is one of such County Health Departments established in the State of Florida to provide environmental health services, communicable disease control services and primary care services; and

WHEREAS, the proposed contract (attached hereto, and incorporated herein) is necessary to ensure coordination between the State of Florida Department of Health and St. Johns County in operating the St. Johns County Health Department to provide such services from October 1, 2013 through and until September 30, 2014.

**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 of St. Johns County ("Board") hereby approves the terms, provisions, conditions and requirements of the attached Contract between the Board and the State of Florida Department of Health for operation of the St. Johns County Health Department in providing the services described above from October 1, 2013 through and until September 30, 2014. The County's contribution of funding under the Contract shall not exceed \$287,249.

**Section 3.** The Board authorizes the Chair to execute the Contract on behalf of the County.

**Section 4.** To the extent that there are any administrative and/or typographical errors that do not change the tone, tenor or concept of this Resolution, then this Resolution may be revised with no further action by the Board.

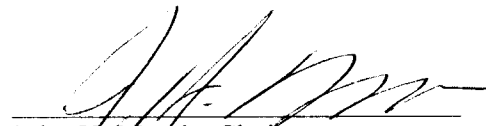
**PASSED AND ADOPTED** by the Board of County Commissioners of St. Johns County, Florida, this 17 day of September, 2013.

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

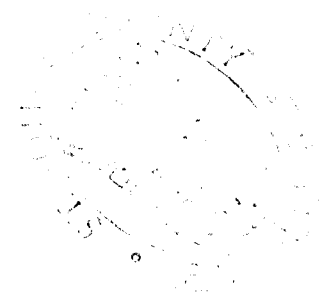
**Attest:**

**By:**

  
Deputy Clerk

  
John H. Morris, Chair

**RENDITION DATE** 9/25/13



**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 2013-2014**

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, 2013.

**RECITALS**

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

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

C. St. Johns County Health Department ("CHD") is one of the County Health Departments created throughout Florida.

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

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

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

2. TERM. The parties mutually agree that this Agreement shall be effective from October 1, 2013, through September 30, 2014, 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 \$       \$2,409,346       *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 \$       \$287,249       (*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  
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 Secretary for Statewide Services. The director/administrator shall be selected by the State with the concurrence of the County. The director/administrator of the CHD shall ensure that non-categorical sources of funding are used to fulfill public health priorities in the community and the Long Range Program Plan. 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 Secretary for Statewide Services has approved the transfer. The Deputy Secretary for Statewide Services 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, 2014 for the report period October 1, 2013 through December 31, 2013;

*ii.* June 1, 2014 for the report period October 1, 2013 through March 31, 2014;

*iii.* September 1, 2014 for the report period October 1, 2013 through June 30, 2014; and

*iv.* December 1, 2014 for the report period October 1, 2013 through September 30, 2014.

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

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

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



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

8. TERMINATION.

a. Termination at Will. This 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.

(Text continues on next page.)

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, 2014, 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 M. 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.

(Text continues on next page.)

In WITNESS THEREOF, the parties hereto have caused this 24 page agreement to be executed by their undersigned officials as duly authorized effective the 1<sup>st</sup> day of October, 2013.

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

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

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

NAME: John H. Morris

TITLE: Chair

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

ATTESTED TO:

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

NAME: Cheryl Strickland

TITLE: Clerk of Court

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

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

NAME: John H. Armstrong, MD, FACS

TITLE: Surgeon General/Secretary of Health

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

SIGNED BY: 

NAME: Dawn C. Allicock, MD, MPH, CPH

TITLE: CHD Director / Health Officer

DATE: 08/23/13

**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 F.A.C. 64D-3, F.S. 381 and F.S. 384.
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.
6.	Immunization	Periodic reports as specified by the department pertaining to immunization levels in kindergarten and/or seventh grade pursuant to instructions contained in the Immunization Guidelines-Florida Schools, Childcare Facilities and Family Daycare Homes (DH Form 150-615) and Rule 64D-3.046, F.A.C. In addition, periodic reports as specified by the department pertaining to the surveillance/investigation of reportable vaccine-preventable diseases, adverse events, vaccine accountability, and assessment of immunization levels as documented in Florida. SHOTS and supported by CHD Guidebook policies and technical assistance guidance.
7.	Environmental Health	Requirements as specified in Environmental Health Programs Manual 150-4* and DHP 50-21*
8.	HIV/AIDS Program	Requirements as specified in F.S. 384.25 and F.A.C. 64D-3.030 and 64D-3.031. Case reporting should be on Adult HIV/AIDS Confidential Case Report CDC Form DH2139 and Pediatric HIV/AIDS Confidential Case Report CDC Form DH2140.

ATTACHMENT I (Continued)

Requirements as specified in F.A.C. 64D-2 and 64D-3, F.S. 381 and F.S. 384. Socio-demographic and risk data on persons tested for HIV in CHD clinics should be reported on Lab Request DH Form 1628 in accordance with the Forms Instruction Guide. Requirements for the HIV/AIDS Patient Care programs are found in the Patient Care Contract Administrative Guidelines.

9. School Health Services

Requirements as specified in the Florida School Health Administrative Guidelines (May 2012).

10. Tuberculosis

Tuberculosis Program Requirements as specified in F.A.C. 64D-3 and F.S. 392.

11. General Communicable Disease Control

Carry out surveillance for reportable communicable and other acute diseases, detect outbreaks, respond to individual cases of reportable diseases, investigate outbreaks, and carry out communication and quality assurance functions, as specified in F.A.C. 64D-3, F.S. 381, F.S. 384 and the CHD Epidemiology Guide to Surveillance and Investigations.

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

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

HEALTH  
St. Johns County

**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the **Healthiest State** in the Nation

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August 23, 2013

Mr. Michael D. Wanchick, County Administrator  
St. Johns County Board of County Commissioners  
500 San Sebastian View  
St. Augustine, FL 32084

Dear Mr. Wanchick,

Enclosed you will find one copy of the Contract between the St. Johns County Board of County Commissioners and the Florida Department of Health in St. Johns County (Core Contract). Also included are three additional signature pages.

Please have all the signature pages signed by your designated authority. You should retain one copy for your files, and return three signature pages to our office.

If you have any questions, please contact me at (904)825-5055 extension 1067.

Thank you in advance.

*Gina Batchelder*  
Gina Batchelder  
Accountant IV

/gb  
Enclosure(s)

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 09/30/13	221,827	306,333	528,160
2. Drawdown for Contract Year October 1, 2013 to September 30, 2014	0	0	0
3. Special Capital Project use for Contract Year October 1, 2013 to September 30, 2014	0	0	0
4. Balance Reserved for Contingency Fund October 1, 2013 to September 30, 2014	221,827	306,333	528,160

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, 2013 to September 30, 2014**

		State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>1. GENERAL REVENUE - STATE</b>						
015040	AIDS PREVENTION	0	0	0	0	0
015040	ALG/CESSPOOL IDENTIFICATION AND ELIMINATION	0	0	0	0	0
015040	ALG/CONTR TO CHDS-AIDS PATIENT CARE NETWORK	0	0	0	0	0
015040	ALG/IPO HEALTHY START/IPO	0	0	0	0	0
015040	COMMUNITY SMILES - MIAMI-DADE	0	0	0	0	0
015040	COUNTY SPECIFIC DENTAL PROJECTS - ESCAMBIA	0	0	0	0	0
015040	DUVAL TEEN PREGANCY PREVENTION - DUVAL	0	0	0	0	0
015040	FL CLPPP SCREENING & CASE MANAGEMENT	0	0	0	0	0
015040	HEALTHY START GENERAL REVENUE CHD	0	0	0	0	0
015040	HEALTHY START MED-WAIVER - CLIENT SERVICES	0	0	0	0	0
015040	LA LIGA-LEAGUE AGAINST CANCER - MIAMI-DADE	0	0	0	0	0
015040	METRO ORLANDO URBAN LEAGUE - ORANGE	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	AIDS SURVEILLANCE	24,288	0	24,288	0	24,288
015040	ALG/CONTR TO CHDS-AIDS PATIENT CARE	100,000	0	100,000	0	100,000
015040	ALG/CONTR TO CHDS-SOVEREIGN IMMUNITY	0	0	0	0	0
015040	ALG/PRIMARY CARE	196,126	0	196,126	0	196,126
015040	COMMUNITY TB PROGRAM	22,326	0	22,326	0	22,326
015040	DENTAL SPECIAL INITIATIVES	6,541	0	6,541	0	6,541
015040	FAMILY PLANNING GENERAL REVENUE	24,902	0	24,902	0	24,902
015040	FL HEPATITIS & LIVER FAILURE PREVENTION/CONTROL	0	0	0	0	0
015040	HEALTHY START MED WAIVER - SOBRA	0	0	0	0	0
015040	JESSIE TRICE CANCER CTR/HEALTH CHOICE - MIAMI-DADE	0	0	0	0	0
015040	MANATEE COUNTY RURAL HEALTH SERVICES	0	0	0	0	0
015040	MIGRANT LABOR CAMP SANITATION	0	0	0	0	0
015050	NON-CATEGORICAL GENERAL REVENUE	1,067,172	0	1,067,172	0	1,067,172
<b>GENERAL REVENUE TOTAL</b>		<b>1,499,947</b>	<b>0</b>	<b>1,499,947</b>	<b>0</b>	<b>1,499,947</b>
<b>2. NON GENERAL REVENUE - STATE</b>						
015010	DOH INDIRECT	58,301	0	58,301	0	58,301
015010	FOOD AND WATERBORNE DISEASE PROGRAM ADM TF/DACS	0	0	0	0	0
015010	PREPAREDNESS GRANT MATCH	0	0	0	0	0
015010	SCHOOL HEALTH TOBACCO TF	101,486	0	101,486	0	101,486
015010	TOBACCO COMMUNITY INTERVENTION	0	0	0	0	0
015010	ALG/CONTR. TO CHDS-SAFE DRINKING WATER PRG	0	0	0	0	0
015010	MEDICAID INCENTIVE FOR ELECTRONIC HEALTH RECORDS	54,770	0	54,770	0	54,770
015010	PUBLIC SWIMMING POOL PROGRAM	0	0	0	0	0
015010	TOBACCO ADMINISTRATION & MANAGEMENT	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, 2013 to September 30, 2014

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>NON GENERAL REVENUE TOTAL</b>	220,727	0	220,727	0	220,727
<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 BIOTERRORISM HOSPITAL PREPAREDNESS	24,022	0	24,022	0	24,022
007000 COASTAL BEACH MONITORING PROGRAM	9,302	0	9,302	0	9,302
007000 DENTAL SERVICES	0	0	0	0	0
007000 EPIDEMIOLOGY & LABORATORY CAPACITY FOR INFECTIOUS	0	0	0	0	0
007000 EXPANDED TESTING INITIATIVE (ETI)	0	0	0	0	0
007000 FGTF/BREAST & CERVICAL CANCER-ADMIN/CASE MAN	0	0	0	0	0
007000 HEPATITIS B VACCINATION PILOT PROJECT	0	0	0	0	0
007000 IMMUNIZATION AFIX	0	0	0	0	0
007000 IMMUNIZATION FIELD STAFF EXPENSE	0	0	0	0	0
007000 MCH BGTF-HEALTHY START COALITIONS	0	0	0	0	0
007000 MINORITY AIDS INITIATIVE	0	0	0	0	0
007000 MINORITY INVOLVEMENT IN HIV/AIDS PROGRAM	0	0	0	0	0
007000 PREGNANCY ASSOCIATED MORTALITY PREVENTION	17,239	0	17,239	0	17,239
007000 PUBLIC HEALTH PREPAREDNESS BASE	70,963	0	70,963	0	70,963
007000 RYAN WHITE	0	0	0	0	0
007000 RYAN WHITE-AIDS DRUG ASSIST PROG-ADMIN	16,631	0	16,631	0	16,631
007000 STATE OFFICE OF RURAL HEALTH	0	0	0	0	0
007000 STD FEDERAL GRANT - CSPTS	0	0	0	0	0
007000 SYPHILIS ELIMINATION	0	0	0	0	0
007000 TOBACCO FAITH BASED PROJECT	0	0	0	0	0
007000 UNINTENDED/UNWANTED PREG-TEEN PREGNANCY PREV	0	0	0	0	0
007000 WIC BREASTFEEDING PEER COUNSELING	38,558	0	38,558	0	38,558
007000 ADULT VIRAL HEPATITIS PREVENTION & SURVEILLANCE	0	0	0	0	0
007000 AIDS SURVEILLANCE	0	0	0	0	0
007000 CHRONIC DISEASE PREVENTION & HEALTH PROMOTION	0	0	0	0	0
007000 COLORECTAL CANCER SCREENING	0	0	0	0	0
007000 ENHANCE COMPREHENSIVE PREVENTION PLANNING AND IMPL	0	0	0	0	0
007000 EPIDEMIOLOGY & LABORATORY CAPACITY HAI	0	0	0	0	0
007000 FGTF/AIDS MORBIDITY	0	0	0	0	0
007000 FGTF/FAMILY PLANNING-TITLE X	51,536	0	51,536	0	51,536
007000 HIV HOUSING FOR PEOPLE LIVING WITH AIDS	0	0	0	0	0
007000 IMMUNIZATION FEDERAL GRANT ACTIVITY SUPPORT	13,555	0	13,555	0	13,555
007000 MCH BGTF-GADSDEN SCHOOL CLINIC	0	0	0	0	0
007000 MEDICARE RURAL HOSPITAL FLEXIBILITY PROGRAM	0	0	0	0	0
007000 MINORITY AIDS INITIATIVE TCE COLLABORATIVE	0	0	0	0	0
007000 PHP - CITIES READINESS INITIATIVE	0	0	0	0	0
007000 PUBLIC HEALTH INFRASTRUCTURE	0	0	0	0	0
007000 RAPE PREVENTION & EDUCATION	0	0	0	0	0
007000 RYAN WHITE - EMERGING COMMUNITIES	0	0	0	0	0
007000 RYAN WHITE-CONSORTIA	0	0	0	0	0
007000 STATEWIDE ASTHMA PROGRAM	0	0	0	0	0
007000 STD PROGRAM INFERTILITY PREVENTION PROJECT (IPP)	0	0	0	0	0
007000 TEENAGE PREGNANCY PREVENTION REPLICATION	0	0	0	0	0
007000 TUBERCULOSIS CONTROL - FEDERAL GRANT	0	0	0	0	0

**ATTACHMENT II.**

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

**October 1, 2013 to September 30, 2014**

		State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>3. FEDERAL FUNDS - State</b>						
007000	WIC ADMINISTRATION	422,453	0	422,453	0	422,453
015009	MEDIPASS WAIVER-HLTHY STRT CLIENT SERVICES	0	0	0	0	0
015009	MEDIPASS WAIVER-SOBRA	0	0	0	0	0
007055	ARRA FEDERAL GRANT - SCHEDULE C	0	0	0	0	0
015075	SCHOOL HEALTH TITLE XXI	24,413	0	24,413	0	24,413
015075	SCHOOL HEALTH	0	0	0	0	0
015075	SCHOOL HEALTH	0	0	0	0	0
015075	SCHOOL HEALTH	0	0	0	0	0
<b>FEDERAL FUNDS TOTAL</b>		688,672	0	688,672	0	688,672
<b>4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE</b>						
001020	PUBLIC WATER ANNUAL OPER PERMIT	0	0	0	0	0
001020	ENVIRONMENTAL HEALTH FEES	40,421	0	40,421	0	40,421
001020	SWIMMING POOLS	186,700	0	186,700	0	186,700
001020	BODY PIERCING	0	0	0	0	0
001020	MOBILE HOME AND PARKS	0	0	0	0	0
001020	BIOHAZARD WASTE PERMIT	0	0	0	0	0
001020	TANNING FACILITIES	0	0	0	0	0
001020	MIGRANT HOUSING PERMIT	0	0	0	0	0
001020	FOOD HYGIENE PERMIT	0	0	0	0	0
001020	PRIVATE WATER CONSTR PERMIT	0	0	0	0	0
001020	PUBLIC WATER CONSTR PERMIT	0	0	0	0	0
001020	SAFE DRINKING WATER	0	0	0	0	0
001092	OSDS PERMIT FEE	112,500	0	112,500	0	112,500
001092	AEROBIC OPERATING PERMIT	0	0	0	0	0
001092	NON SDWA LAB SAMPLE	0	0	0	0	0
001092	ENVIRONMENTAL HEALTH FEES	14,500	0	14,500	0	14,500
001092	I & M ZONED OPERATING PERMIT	0	0	0	0	0
001092	SEPTIC TANK SITE EVALUATION	0	0	0	0	0
001092	OSDS VARIANCE FEE	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	NONPOTABLE WATER ANALYSIS	0	0	0	0	0
001170	WATER ANALYSIS-POTABLE	0	0	0	0	0
010304	MQA INSPECTION FEE	0	0	0	0	0
001206	CENTRAL OFFICE SURCHARGE	3,529	0	3,529	0	3,529
001093	CHD ON-LINE BILLING FEE	0	0	0	0	0
<b>FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL</b>		357,650	0	357,650	0	357,650
<b>5. OTHER CASH CONTRIBUTIONS - STATE</b>						
010304	DEP STATIONARY POLLUTANT STORAGE TANKS	95,914	0	95,914	0	95,914
090001	DRAW DOWN FROM PUBLIC HEALTH UNIT	0	0	0	0	0
031005	CHDTF CASH TRANSFER	0	0	0	0	0
<b>OTHER CASH CONTRIBUTIONS TOTAL</b>		95,914	0	95,914	0	95,914
<b>6. MEDICAID - STATE/COUNTY</b>						
001056	MEDICAID PHARMACY	0	0	0	0	0

**ATTACHMENT II.**

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

**October 1, 2013 to September 30, 2014**

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total	
<b>6. MEDICAID - STATE/COUNTY</b>						
001076	MEDICAID TB	0	192	192	0	192
001078	MEDICAID ADMINISTRATION OF VACCINE	0	15,000	15,000	0	15,000
001079	MEDICAID CASE MANAGEMENT	0	48,000	48,000	0	48,000
001081	MEDICAID CHILD HEALTH CHECK UP	0	0	0	0	0
001082	MEDICAID DENTAL	0	36,000	36,000	0	36,000
001083	MEDICAID FAMILY PLANNING	0	38,500	38,500	0	38,500
001087	MEDICAID STD	0	12,500	12,500	0	12,500
001089	MEDICAID AIDS	0	34,000	34,000	0	34,000
001147	MEDICAID HMO CAPITATION	0	0	0	0	0
001191	MEDICAID MATERNITY	0	78,000	78,000	0	78,000
001192	MEDICAID COMPREHENSIVE CHILD	0	0	0	0	0
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	2,039,709	2,039,709	0	2,039,709
001074	MEDICAID - NEWBORN SCREENING	0	0	0	0	0
001180	DENTAL MEDICAID HMO	0	0	0	0	0
<b>MEDICAID TOTAL</b>		0	2,301,901	2,301,901	0	2,301,901
<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>						
	ADAP	0	0	0	277,315	277,315
	OTHER (SPECIFY)	0	0	0	0	0
	PHARMACY SERVICES	0	0	0	0	0
	TB SERVICES	0	0	0	1,948	1,948
	STD SERVICES	0	0	0	2,699	2,699
	WIC FOOD	0	0	0	1,864,690	1,864,690
	DENTAL SERVICES	0	0	0	0	0
	OTHER (SPECIFY)	0	0	0	44,912	44,912
	LABORATORY SERVICES	0	0	0	58,818	58,818
	IMMUNIZATION SERVICES	0	0	0	245,275	245,275
	CONSTRUCTION/RENOVATION	0	0	0	0	0
<b>OTHER STATE CONTRIBUTIONS TOTAL</b>		0	0	0	2,495,657	2,495,657

**ATTACHMENT II.**

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

**October 1, 2013 to September 30, 2014**

	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>						
008010	CONTRIBUTION FROM CITY GOVERNMENT	0	0	0	0	
008020	CONTRIBUTION FROM HEALTH CARE TAX NOT THRU BCC	0	0	0	0	
008040	BCC GRANT/CONTRACT	0	0	0	0	
008030	CONTRIBUTION FROM HEALTH CARE TAX	0	0	0	0	
008034	BCC CONTRIBUTION FROM GENERAL FUND	0	287,249	287,249	0	287,249
<b>DIRECT COUNTY CONTRIBUTION TOTAL</b>		0	287,249	287,249	0	287,249
<b>10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY</b>						
001060	CHD SUPPORT POSITION	0	500	500	0	500
001077	RABIES VACCINE	0	0	0	0	0
001077	PERSONAL HEALTH FEES	0	34,350	34,350	0	34,350
001077	CHILD CAR SEAT PROG	0	0	0	0	0
001077	AIDS CO-PAYS	0	0	0	0	0
001094	ADULT ENTER. PERMIT FEES	0	0	0	0	0
001094	LOCAL ORDINANCE FEES	0	96,540	96,540	0	96,540
001114	NEW BIRTH CERTIFICATES	0	43,698	43,698	0	43,698
001115	VITAL STATISTICS - DEATH CERTIFICATE	0	95,980	95,980	0	95,980
001117	VITAL STATS-ADM. FEE 50 CENTS	0	1,984	1,984	0	1,984
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	273,052	273,052	0	273,052
<b>11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY</b>						
001009	RETURNED CHECK ITEM	0	0	0	0	0
001029	THIRD PARTY REIMBURSEMENT	0	19,970	19,970	0	19,970
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	9,400	9,400	0	9,400
001190	HEALTH MAINTENANCE ORGANIZATION	0	0	0	0	0
005040	INTEREST EARNED	0	0	0	0	0
005041	INTEREST EARNED-STATE INVESTMENT ACCOUNT	0	7,000	7,000	0	7,000
007010	U.S. GRANTS DIRECT	0	343,176	343,176	0	343,176
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	277,213	277,213	0	277,213
011007	CASH DONATIONS PRIVATE	0	0	0	0	0
012020	FINES AND FORFEITURES	0	0	0	0	0
012021	RETURN CHECK CHARGE	0	80	80	0	80
028020	INSURANCE RECOVERIES-OTHER	0	0	0	0	0
090002	DRAW DOWN FROM PUBLIC HEALTH UNIT	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, 2013 to September 30, 2014

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>II. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY</b>					
011000 DIRECT-ARROW	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-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-NOVA UNIVERSITY CHD TRAINING	0	0	0	0	0
011000 GRANT DIRECT-COUNTY HEALTH DEPARTMENT DIRECT SERVICES	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT DIRECT-QUANTUM DENTAL	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
001053 MEDICARE - PART A	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
001003 WIRE TRANSFER FEE	0	0	0	0	0
<b>OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL</b>	0	656,839	656,839	0	656,839
<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
001053 CLIENT REVENUE FROM NCO	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
OTHER (SPECIFY)	0	0	0	0	0
UTILITIES	0	0	0	0	0
BUILDING MAINTENANCE	0	0	0	0	0
GROUNDS MAINTENANCE	0	0	0	0	0
INSURANCE	0	0	0	0	0
OTHER (SPECIFY)	0	0	0	0	0

**ATTACHMENT II.**

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

October 1, 2013 to September 30, 2014

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<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
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>	2,862,910	3,519,041	6,381,951	2,495,657	8,877,608

**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, 2013 to September 30, 2014**

	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)	4.15	3,752	4,487	67,039	57,448	67,039	67,014	115,981	142,559	258,540
STD (102)	9.20	998	1,610	155,394	133,161	155,394	155,334	0	599,283	599,283
HIV/AIDS PREVENTION (03A1)	2.19	386	496	31,568	27,051	31,568	31,555	54,613	67,129	121,742
HIV/AIDS SURVEILLANCE (03A2)	0.73	365	365	9,655	8,273	9,655	9,650	37,233	0	37,233
HIV/AIDS PATIENT CARE (03A3)	12.75	366	1,148	196,854	168,689	196,854	196,778	175,686	583,489	759,175
ADAP (03A4)	0.76	9	9	7,301	6,256	7,301	7,298	28,156	0	28,156
TB CONTROL SERVICES (104)	1.39	107	134	21,407	18,344	21,407	21,399	70,035	12,522	82,557
COMM. DISEASE SURV. (106)	0.98	0	27	15,297	13,108	15,297	15,291	26,464	32,529	58,993
HEPATITIS PREVENTION (109)	0.00	0	0	8	7	8	8	14	17	31
PUBLIC HEALTH PREP AND RESP (116)	2.80	0	758	47,996	41,129	47,996	47,979	185,100	0	185,100
REFUGEE HEALTH (118)	0.00	0	0	0	0	0	0	0	0	0
VITAL STATISTICS (180)	1.84	6,577	16,438	22,110	18,947	22,110	22,102	0	85,269	85,269
<b>COMMUNICABLE DISEASE SUBTOTAL</b>	<b>36.79</b>	<b>12,560</b>	<b>25,472</b>	<b>574,629</b>	<b>492,413</b>	<b>574,629</b>	<b>574,408</b>	<b>693,282</b>	<b>1,522,797</b>	<b>2,216,079</b>
<b>B. PRIMARY CARE:</b>										
CHRONIC DISEASE SERVICES (210)	0.00	0	0	60	52	60	61	105	128	233
TOBACCO PREVENTION (212)	0.01	0	0	300	257	300	301	519	639	1,158
WIC (21W1)	11.64	3,887	32,381	185,892	159,295	185,892	185,819	716,898	0	716,898
WIC BREASTFEEDING PEER COUNSELING (21W2)	2.88	0	4,626	33,586	28,780	33,586	33,573	129,525	0	129,525
FAMILY PLANNING (223)	10.67	1,176	2,693	166,963	143,074	166,963	166,898	378,783	265,115	643,898
IMPROVED PREGNANCY OUTCOME (225)	3.26	475	491	46,717	40,033	46,717	46,699	102,166	78,000	180,166
HEALTHY START PRENATAL (227)	4.12	887	4,910	64,761	55,496	64,761	64,737	0	249,755	249,755
COMPREHENSIVE CHILD HEALTH (229)	0.07	16	27	1,388	1,190	1,388	1,388	5,354	0	5,354
HEALTHY START INFANT (231)	2.16	618	3,129	34,803	29,823	34,803	34,790	60,211	74,008	134,219
SCHOOL HEALTH (234)	0.23	0	187,358	47,203	40,449	47,203	47,184	182,039	0	182,039
COMPREHENSIVE ADULT HEALTH (237)	0.01	4	9	100	86	100	99	385	0	385
COMMUNITY HEALTH DEVELOPMENT (238)	0.09	0	0	1,175	1,007	1,175	1,173	4,530	0	4,530
DENTAL HEALTH (240)	14.24	3,451	8,054	273,796	234,622	273,796	273,690	3,317	1,052,587	1,055,904
<b>PRIMARY CARE SUBTOTAL</b>	<b>49.38</b>	<b>10,514</b>	<b>243,678</b>	<b>856,744</b>	<b>734,164</b>	<b>856,744</b>	<b>856,412</b>	<b>1,583,832</b>	<b>1,720,232</b>	<b>3,304,064</b>
<b>C. ENVIRONMENTAL HEALTH:</b>										
<b>Water and Onsite Sewage Programs</b>										
COASTAL BEACH MONITORING (347)	0.10	108	108	2,567	2,200	2,567	2,567	9,901	0	9,901
LIMITED USE PUBLIC WATER SYSTEMS (357)	0.10	27	29	1,709	1,465	1,709	1,709	6,592	0	6,592
PUBLIC WATER SYSTEM (358)	0.06	0	0	759	651	759	760	1,314	1,615	2,929
PRIVATE WATER SYSTEM (359)	1.30	160	169	18,435	15,798	18,435	18,429	71,097	0	71,097
INDIVIDUAL SEWAGE DISP. (361)	6.71	930	1,975	106,270	91,065	106,270	106,230	183,852	225,983	409,835
<b>Group Total</b>	<b>8.27</b>	<b>1,225</b>	<b>2,281</b>	<b>129,740</b>	<b>111,179</b>	<b>129,740</b>	<b>129,695</b>	<b>272,756</b>	<b>227,598</b>	<b>500,354</b>
<b>Facility Programs</b>										
FOOD HYGIENE (348)	0.60	119	494	10,427	8,935	10,427	10,424	40,213	0	40,213
BODY PIERCING FACILITIES SERVICES (349)	0.00	0	0	4	3	4	3	5	9	14
GROUP CARE FACILITY (351)	0.23	83	126	3,688	3,161	3,688	3,687	0	14,224	14,224
MIGRANT LABOR CAMP (352)	0.09	6	43	1,613	1,382	1,613	1,611	6,219	0	6,219

**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, 2013 to September 30, 2014**

	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>										
HOUSING,PUBLIC BLDG SAFETY,SANITATION (353)	0.00	0	0	39	33	39	38	52	97	149
MOBILE HOME AND PARKS SERVICES (354)	0.22	78	189	3,928	3,366	3,928	3,925	15,147	0	15,147
SWIMMING POOLS/BATHING (360)	1.87	700	2,481	28,220	24,182	28,220	28,210	108,832	0	108,832
BIOMEDICAL WASTE SERVICES (364)	0.00	0	0	20	17	20	21	27	51	78
TANNING FACILITY SERVICES (369)	0.02	9	19	413	354	413	411	1,591	0	1,591
<b>Group Total</b>	<b>3.03</b>	<b>995</b>	<b>3,352</b>	<b>48,352</b>	<b>41,433</b>	<b>48,352</b>	<b>48,330</b>	<b>172,086</b>	<b>14,381</b>	<b>186,467</b>
<b>Groundwater Contamination</b>										
STORAGE TANK COMPLIANCE (355)	1.28	147	786	29,383	25,179	29,383	29,372	113,317	0	113,317
SUPER ACT SERVICE (356)	0.00	0	0	0	0	0	0	0	0	0
<b>Group Total</b>	<b>1.28</b>	<b>147</b>	<b>786</b>	<b>29,383</b>	<b>25,179</b>	<b>29,383</b>	<b>29,372</b>	<b>113,317</b>	<b>0</b>	<b>113,317</b>
<b>Community Hygiene</b>										
TATTOO FACILITIES SERVICES	0.00	0	0	0	0	0	0	0	0	0
COMMUNITY ENVIR. HEALTH (345)	0.09	0	347	1,777	1,523	1,777	1,775	3,074	3,778	6,852
INJURY PREVENTION (346)	0.00	0	0	0	0	0	0	0	0	0
LEAD MONITORING SERVICES (350)	0.00	0	0	0	0	0	0	0	0	0
PUBLIC SEWAGE (362)	0.00	0	0	0	0	0	0	0	0	0
SOLID WASTE DISPOSAL (363)	0.00	0	0	7	6	7	7	9	18	27
SANITARY NUISANCE (365)	0.40	145	379	6,602	5,657	6,602	6,598	11,421	14,038	25,459
RABIES SURVEILLANCE/CONTROL SERVICES (366)	0.00	0	0	7	6	7	7	9	18	27
ARBOVIRUS SURVEILLANCE (367)	0.00	0	0	30	26	30	29	40	75	115
RODENT/ARTHROPOD CONTROL (368)	0.00	0	0	8	7	8	9	11	21	32
WATER POLLUTION (370)	0.00	0	0	7	6	7	7	9	18	27
INDOOR AIR (371)	0.01	0	0	125	107	125	124	216	265	481
RADIOLOGICAL HEALTH (372)	0.00	0	0	10	9	10	11	14	26	40
TOXIC SUBSTANCES (373)	0.00	0	0	0	0	0	0	0	0	0
<b>Group Total</b>	<b>0.50</b>	<b>145</b>	<b>726</b>	<b>8,573</b>	<b>7,347</b>	<b>8,573</b>	<b>8,567</b>	<b>14,803</b>	<b>18,257</b>	<b>33,060</b>
<b>ENVIRONMENTAL HEALTH SUBTOTAL</b>	<b>13.08</b>	<b>2,512</b>	<b>7,145</b>	<b>216,048</b>	<b>185,138</b>	<b>216,048</b>	<b>215,964</b>	<b>572,962</b>	<b>260,236</b>	<b>833,198</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	7,419	6,357	7,419	7,415	12,834	15,776	28,610
<b>NON-OPERATIONAL COSTS SUBTOTAL</b>	<b>0.00</b>	<b>0</b>	<b>0</b>	<b>7,419</b>	<b>6,357</b>	<b>7,419</b>	<b>7,415</b>	<b>12,834</b>	<b>15,776</b>	<b>28,610</b>
<b>TOTAL CONTRACT</b>	<b>99.25</b>	<b>25,586</b>	<b>276,295</b>	<b>1,654,840</b>	<b>1,418,072</b>	<b>1,654,840</b>	<b>1,654,199</b>	<b>2,862,910</b>	<b>3,519,041</b>	<b>6,381,951</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 32086 (Suite 100)	St. Johns County
St. Johns County Permitting Building	4040 Lewis Speedway St. Augustine, FL 32084	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>
2011-2012	\$ _____	\$ _____	\$ _____
2012-2013	\$ _____	\$ _____	\$ _____
2013-2014	\$ _____	\$ _____	\$ _____
2014-2015	\$ _____	\$ _____	\$ _____
2015-2016	\$ _____	\$ _____	\$ _____
PROJECT TOTAL	\$ <u>      N/A      </u>	\$ <u>      N/A      </u>	\$ <u>      N/A      </u>

**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): \_\_\_\_\_ N/A \_\_\_\_\_

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.**