

RESOLUTION NO. 2018- 298

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 COMMISSIONER 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.

RECITALS

WHEREAS, pursuant to Section 154.001, Florida Statutes, it is the intent of the State Legislature 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; and

WHEREAS, County Health Departments, including the St. Johns County Health Department, 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 provides environmental health services, communicable disease control services, and primary care services to eligible County residents; and

WHEREAS, the proposed contract (attached hereto, and incorporated herein) is necessary to ensure coordination between the Florida Department of Health and St. Johns County in operating the St. Johns County Health Department to provide such services from October 1, 2018, through and until September 30, 2019.

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

Section 1. The above Recitals are incorporated by reference into the body of this Resolution and such Recitals 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, 2018, through and until September 30, 2019. The County's contribution of funding under the contract shall not exceed \$396,952.

Section 3. The Board authorizes the Chair to execute the contract, substantially in the form and format as attached, on behalf of the County.

Section 4. To the extent that there are any administrative 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, State of Florida, this 18 day of September, 2018.

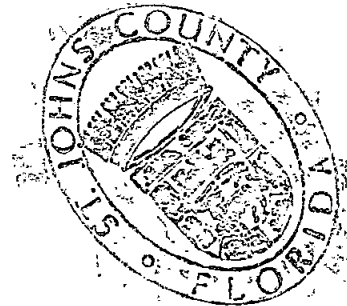
**BOARD OF COUNTY COMMISSIONERS
OF ST. JOHNS COUNTY, FLORIDA**

By: Paul M. Waldron
Paul M. Waldron, Vice Chairman

ATTEST: Hunter S. Conrad, Clerk

By: Sam Halterman
Deputy Clerk

RENDITION DATE 9/20/18



**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 2018-2019**

This contract 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, 2018.

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 created County Health Departments.

D. It is necessary for the parties hereto to enter into this contract 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 foregoing recitals are true and correct and incorporated herein by reference.

2. TERM. The parties mutually agree that this contract shall be effective from October 1, 2018, through September 30, 2019, or until a written contract replacing this contract is entered into between the parties, whichever is later, unless this contract 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 is 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 \$ 2,612,106 (*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 \$396,952 (*amount listed under the "Board of County Commissioners Annual Appropriations section of the revenue attachment*). The County's obligation to pay under this contract is contingent upon an annual appropriation by the Board of County Commissioners.

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 contract 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 contract 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, Office of Budget and Revenue 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, Office of Budget and Revenue Management.

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

County Health Department Trust Fund
St. Johns County
200 San Sebastian View
St. Augustine, FL 32084

f. The County may, at the request of the CHD, make payments on its behalf for organizational assessments by an independent organization which utilizes a nationally recognized standard of excellence. These payments shall count toward the county's contribution in 4.a.ii. above. The purpose of these assessments will be to continuously improve the quality of services for the residents and visitors of St. Johns County. The process itself will identify and evaluate areas of improvement and benchmarks facilitating improved organizational performance and increased efficiencies that will lead to long term sustainability efforts for the CHD.

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 County Health Systems. 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.

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 contract. 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 the Generally Accepted Accounting Principles (GAAP), as promulgated by the 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 paragraphs 6.i. and 6.k., 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 Information Resource (FLAIR) System;
- 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 this 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 County Health Systems has approved the transfer. The Deputy Secretary for County Health Systems 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 contract. 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 contract for a period of five (5) years after termination of this contract. 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.

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 contract.

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 year end DE385L1 report if the variance exceeds or falls below 25 percent of the planned expenditure amount for the contract year. 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, Office of Budget and Revenue 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, 2019 for the report period October 1, 2018 through December 31, 2018;
- ii.* June 1, 2019 for the report period October 1, 2018 through March 31, 2019;
- iii.* September 1, 2019 for the report period October 1, 2018 through June 30, 2019; and
- iv.* December 1, 2019 for the report period October 1, 2018 through September 30, 2019.

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 contract 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 contract become unavailable, either party may terminate this contract 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 contract 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 contract 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 contract.

9. MISCELLANEOUS. The parties further agree:

a. Availability of Funds. If this contract, any renewal hereof, or any term, performance or payment hereunder, extends beyond the State fiscal year beginning July 1, 2019, it is agreed that the performance and payment under this contract are contingent upon an annual appropriation by the Legislature, in accordance with section 287.0582, Florida Statutes. If this contract, or any renewal hereof, or any term, performance or payment hereunder, extends beyond the County fiscal year beginning October 1, 2018, it is agreed that the performance and payment under this contract are contingent upon an annual appropriation by the Board of County Commissioners, in accordance with section 129.07, Florida Statutes.

b. Contract Managers. The name and address of the contract managers for the parties under this contract are as follows:

For the State:

Jacob B. Quigley

For the County:

Michael D. Wanchick

Name
Business Manager
Title
200 San Sebastian View

St. Augustine, FL. 32084
Address
(904) 209-3250 Ext 1085
Telephone

Name
County Administrator
Title
500 San Sebastian View

St. Augustine, FL. 32084
Address
(904) 209-0530
Telephone

If different contract managers are designated after execution of this contract, 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 contract.

c. Captions. The captions and headings contained in this contract 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 eight page contract, with its attachments as referenced, including Attachment I (two pages), Attachment II (six pages), Attachment III (one page), Attachment IV (one page), and Attachment V (one page), to be executed by their undersigned officials as duly authorized effective the 1st day of October, 2018.

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

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

SIGNED BY: _____

SIGNED BY: _____

NAME: Henry Dean

NAME: Celeste Philip, MD, MPH

TITLE: Chair

TITLE: Surgeon General and Secretary

DATE: _____

DATE: _____

ATTESTED TO:

SIGNED BY: _____

SIGNED BY: _____

NAME: _____

NAME: Dawn C. Allicock, MD, MPH

TITLE: _____

TITLE: CHD Director / Health Officer

DATE: _____

DATE: _____

**ADDENDUM I
TO 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 2017 – 2018**

This is an Addendum to the Contract between the St. Johns County Board of County Commissioners ("County") and the State of Florida Department of Health ("State") for the operation of the St. Johns County Health Department ("CHD") for the contract year beginning October 1, 2018 ("Agreement").

RECITALS

WHEREAS, the State and County have executed the above-referenced Contract; and

WHEREAS, the State and County are entering into this Addendum in order to clarify the use and maintenance responsibilities of the parties for the County facility occupied by the CHD, located at 200 San Sebastian View, St. Augustine, Florida.

NOW, THEREFORE, in consideration of the mutual promises and covenants contained herein and for other good and valuable consideration, the receipt and sufficiency of which are hereby conclusively acknowledged, the parties hereto, intending to be legally bound, have agreed as follows:

TERMS

1. Section 4.a.ii. of the Contract identifies the County's appropriated responsibility from Attachment II, Part II as \$396,952. This is the amount the County will contribute to the CHD Trust fund. The parties agree that this amount includes the County's appropriated responsibility for facility services at the San Sebastian View facility. The parties agree that the facility services costs are \$196,200 per year, and that the County may at its discretion invoice the CHD at \$16,350 per month for payment for the facility services costs during the current Contract year.
2. Section 7.a. of the Contract requires the County to own or otherwise provide the facilities used by the State for the CHD. As to the above-reference facility, the County will provide the following facility services:
 - a. Utilities, to include electricity, water, telephone, security system, sewage, and solid waste removal.
 - b. Maintenance, to include exterior building maintenance, repair and replacement (including exterior walls and wall finishes, roofing, gutter systems, window systems, exterior doors and locks, foundation, stairs,

stairwells and landings, loading docks, sidewalks, roadways, parking lot paving and striping, site lighting, fencing and landscaping), mechanical systems maintenance, repair and replacement (including HVAC systems, ductwork, pumps, chillers, air units, controls, fixtures, and fire protection), electrical systems maintenance, repair and replacement (including transformers, switchgear, panels, distribution system, wiring, emergency generators, transfer switch), and plumbing system maintenance, repair and replacement (including domestic water distribution system, backflow prevention, sanitary sewer and drain system, major blockages, toilets, faucets and drinking fountains, irrigation systems), security systems (including monitors, cameras, alarms, access systems), internal building maintenance, repair and replacement (including interior walls, wall finishes, elevators, blinds and other window treatments, painting, ceiling tiles, carpet cleaning, carpet repairs and replacement), pest control, and janitorial/custodial services.

- c. Building signage (including internal and external signage).
- d. Security personnel/service and systems (including security guards, monitors, cameras, alarms and access systems).

IN WITNESS THEREOF, the parties hereto have caused this two page Addendum I to be executed by their undersigned officials as duly authorized effective the 1st day of October, 2018.

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

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

SIGNED BY: _____

NAME: Henry Dean

TITLE: Chair

DATE: _____

ATTESTED TO:

SIGNED BY: _____

NAME: _____

TITLE: _____

DATE: _____

SIGNED BY: _____

NAME: Celeste Philip, MD, MPH

TITLE: Surgeon General and Secretary

DATE: _____

SIGNED BY: _____

NAME: Dawn C. Allicock, MD, MPH

TITLE: CHD Director /Health Officer

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 F.A.C. 64D-3, F.S. 381 and F.S. 384.
2.	Dental Health	Periodic financial and programmatic reports as specified by the program office.
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	Requirements as specified in Public Law 91-572, 42 U.S.C. 300, et seq., 42 CFR part 59, subpart A, 45 CFR parts 74 & 92, 2 CFR 215 (OMB Circular A-110) OMB Circular A-102, F.S. 381.0051, F.A.C. 64F-7, F.A.C. 64F-16, and F.A.C. 64F-19. Requirements and Guidance as specified in the Program Requirements for Title X Funded Family Planning Projects (Title X Requirements)(2014) and the Providing Quality Family Planning Services (QFP): Recommendations of CDC and the U.S. Office of Population Affairs published on the Office of Population Affairs website. Programmatic annual reports as specified by the program office as specified in the annual programmatic Scope of Work for Family Planning and Maternal Child Health Services, including the Family Planning Annual Report (FPAR), and other minimum guidelines as specified by the Policy Web Technical Assistance Guidelines.
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.

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). Requirements as specified in F.S. 381.0056, F.S. 381.0057, F.S. 402.3026 and F.A.C. 64F-6.
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.
12. Refugee Health Program
Programmatic and financial requirements as specified by the program office.

*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 09/30/18	99579	415771	515350
2. Drawdown for Contract Year October 1, 2018 to September 30, 2019	0	-286736	-286736
3. Special Capital Project use for Contract Year October 1, 2018 to September 30, 2019	0	0	0
4. Balance Reserved for Contingency Fund October 1, 2018 to September 30, 2019	99579	129035	228614

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

ATTACHMENT II

ST. JOHNS COUNTY HEALTH DEPARTMENT

Part II - Sources of Contributions to County Health Department

October 1, 2018 to September 30, 2019

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
1. GENERAL REVENUE - STATE					
015040 AIDS PATIENT CARE	100,000	0	100,000	0	100,000
015040 AIDS PREVENTION & SURVEILLANCE - GENERAL REVENUE	24,288	0	24,288	0	24,288
015040 CHD - TB COMMUNITY PROGRAM	29,091	0	29,091	0	29,091
015040 DENTAL SPECIAL INITIATIVE PROJECTS	5,978	0	5,978	0	5,978
015040 EPIDEMIOLOGY SURVEILLANCE GENERAL REVENUE	79,035	0	79,035	0	79,035
015040 FAMILY PLANNING GENERAL REVENUE	21,117	0	21,117	0	21,117
015040 PRIMARY CARE PROGRAM	196,126	0	196,126	0	196,126
015040 SCHOOL HEALTH SERVICES - GENERAL REVENUE	160,078	0	160,078	0	160,078
015050 CHD GENERAL REVENUE NON-CATEGORICAL	1,167,904	0	1,167,904	0	1,167,904
GENERAL REVENUE TOTAL	1,783,617	0	1,783,617	0	1,783,617
2. NON GENERAL REVENUE - STATE					
	0	0	0	0	0
NON GENERAL REVENUE TOTAL	0	0	0	0	0
3. FEDERAL FUNDS - STATE					
007000 WIC BREASTFEEDING PEER COUNSELING PROG	49,000	0	49,000	0	49,000
007000 COASTAL BEACH WATER QUALITY MONITORING	7,252	0	7,252	0	7,252
007000 COMPREHENSIVE COMMUNITY CARDIO - PHBG	35,000	0	35,000	0	35,000
007000 CMS-MCH PURCHASED CLIENT SERVICES	14,185	0	14,185	0	14,185
007000 FAMILY PLANNING TITLE X - GRANT	39,054	0	39,054	0	39,054
007000 IMMUNIZATION ACTION PLAN	26,701	0	26,701	0	26,701
007000 MCH SPECIAL PROJECT PRAMS	11,222	0	11,222	0	11,222
007000 BASE COMMUNITY PREPAREDNESS CAPABILITY	132,456	0	132,456	0	132,456
007000 BASE PUB HLTH SURVEILLANCE & EPI INVESTIGATION	40,128	0	40,128	0	40,128
007000 WIC PROGRAM ADMINISTRATION	430,089	0	430,089	0	430,089
015075 SUPPLEMENTAL SCHOOL HEALTH	24,413	0	24,413	0	24,413
018005 AIDS DRUG ASSISTANCE PROGRAM ADMIN HQ	18,989	0	18,989	0	18,989
FEDERAL FUNDS TOTAL	828,489	0	828,489	0	828,489
4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE					
001020 CHD STATEWIDE ENVIRONMENTAL FEES	124,900	0	124,900	0	124,900
001092 CHD STATEWIDE ENVIRONMENTAL FEES	209,000	0	209,000	0	209,000
001206 ON SITE SEWAGE DISPOSAL PERMIT FEES	12,000	0	12,000	0	12,000
001206 SANITATION CERTIFICATES (FOOD INSPECTION)	2,500	0	2,500	0	2,500
001206 SEPTIC TANK RESEARCH SURCHARGE	3,250	0	3,250	0	3,250
001206 SEPTIC TANK VARIANCE FEES 50%	250	0	250	0	250
001206 PUBLIC SWIMMING POOL PERMIT FEES-10% HQ TRANSFER	2,000	0	2,000	0	2,000
001206 DRINKING WATER PROGRAM OPERATIONS	590	0	590	0	590
001206 TANNING FACILITIES	250	0	250	0	250
001206 MOBILE HOME & RV PARK FEES	1,000	0	1,000	0	1,000
FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL	355,740	0	355,740	0	355,740
5. OTHER CASH CONTRIBUTIONS - STATE:					

ATTACHMENT II

ST. JOHNS COUNTY HEALTH DEPARTMENT

**Part II, Sources of Contributions to County Health Department
October 1, 2018 to September 30, 2019**

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
090001 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	0	0	0	0
OTHER CASH CONTRIBUTION TOTAL	0	0	0	0	0
6. MEDICAID - STATE/COUNTY:					
001057 CHD CLINIC FEES	0	5,975	5,975	0	5,975
001148 CHD CLINIC FEES	0	744,942	744,942	0	744,942
MEDICAID TOTAL	0	750,917	750,917	0	750,917
7. ALLOCABLE REVENUE - STATE:					
031005 CHD SALE OF SERVICES IN OR OUTSIDE OF STATE GOVT	4,027	0	4,027	0	4,027
ALLOCABLE REVENUE TOTAL	4,027	0	4,027	0	4,027
8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE					
ADAP	0	0	0	512,273	512,273
PHARMACY DRUG PROGRAM	0	0	0	5,034	5,034
WIC PROGRAM	0	0	0	1,794,759	1,794,759
BUREAU OF PUBLIC HEALTH LABORATORIES	0	0	0	28,519	28,519
IMMUNIZATIONS	0	0	0	318,761	318,761
OTHER STATE CONTRIBUTIONS TOTAL	0	0	0	2,659,346	2,659,346
9. DIRECT LOCAL CONTRIBUTIONS - BCC/TAX DISTRICT					
008005 CHD LOCAL REVENUE & EXPENDITURES	0	396,956	396,956	0	396,956
008040 CHD SALE OF SERVICES IN OR OUTSIDE OF STATE GOVT	0	56,769	56,769	0	56,769
DIRECT COUNTY CONTRIBUTIONS TOTAL	0	453,725	453,725	0	453,725
10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY					
001073 CHD CLINIC FEES	0	5,004	5,004	0	5,004
001077 CHD CLINIC FEES	0	39,100	39,100	0	39,100
001077 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES	0	1,200	1,200	0	1,200
001094 CHD LOCAL ENVIRONMENTAL FEES	0	242,000	242,000	0	242,000
001110 VITAL STATISTICS CERTIFIED RECORDS	0	155,000	155,000	0	155,000
FEES AUTHORIZED BY COUNTY TOTAL	0	442,304	442,304	0	442,304
11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY					
001029 CHD CLINIC FEES	0	73,840	73,840	0	73,840
001090 CHD CLINIC FEES	0	450	450	0	450
005000 CHD LOCAL REVENUE & EXPENDITURES	0	2,800	2,800	0	2,800
007010 RYAN WHITE TITLE III - DIRECT TO CHD	0	365,076	365,076	0	365,076
011001 CHD HEALTHY START COALITION CONTRACT	0	68,113	68,113	0	68,113
090002 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	286,736	286,736	0	286,736
OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL	0	797,015	797,015	0	797,015
12. ALLOCABLE REVENUE - COUNTY					
031005 CHD SALE OF SERVICES IN OR OUTSIDE OF STATE GOVT	0	4,027	4,027	0	4,027
COUNTY ALLOCABLE REVENUE TOTAL	0	4,027	4,027	0	4,027

ATTACHMENT II

ST. JOHNS COUNTY HEALTH DEPARTMENT

Part II, Sources of Contributions to County Health Department

October 1, 2018 to September 30, 2019

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
13. BUILDINGS - COUNTY					
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
OTHER (Specify)	0	0	0	0	0
BUILDINGS TOTAL	0	0	0	0	0
14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY					
EQUIPMENT / VEHICLE PURCHASES	0	0	0	0	0
VEHICLE INSURANCE	0	0	0	0	0
VEHICLE MAINTENANCE	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
OTHER COUNTY CONTRIBUTIONS TOTAL	0	0	0	0	0
GRAND TOTAL CHD PROGRAM	2,971,873	2,447,988	5,419,861	2,659,346	8,079,207

ATTACHMENT II

ST. JOHNS COUNTY HEALTH DEPARTMENT

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

October 1, 2018 to September 30, 2019

Quarterly Expenditure Plan

	FTE's (0.00)	Clients Units	Services/ Visits	1st	2nd (Whole dollars only)	3rd	4th	State	County	Grand Total
A. COMMUNICABLE DISEASE CONTROL:										
IMMUNIZATION (101)	2.06	2,502	2,991	40,911	47,718	40,911	47,719	93,456	83,803	177,259
SEXUALLY TRANS. DIS. (102)	3.77	450	824	68,156	79,496	68,156	79,496	171,032	124,272	295,304
HIV/AIDS PREVENTION (03A1)	0.00	0	0	0	0	0	0	0	0	0
HIV/AIDS SURVEILLANCE (03A2)	0.19	0	1,400	3,130	3,651	3,130	3,650	13,561	0	13,561
HIV/AIDS PATIENT CARE (03A3)	8.66	292	1,983	166,114	193,752	166,114	193,753	349,653	370,080	719,733
ADAP (03A4)	0.34	58	550	5,818	6,786	5,818	6,785	25,207	0	25,207
TUBERCULOSIS (104)	0.79	51	151	16,538	19,290	16,538	19,291	29,091	42,566	71,657
COMM. DIS. SURV. (106)	4.44	0	7,657	75,317	87,848	75,317	87,848	119,163	207,167	326,330
HEPATITIS (109)	0.00	0	0	0	0	0	0	0	0	0
PREPAREDNESS AND RESPONSE (116)	2.75	0	1	47,429	55,321	47,429	55,321	132,456	73,044	205,500
REFUGEE HEALTH (118)	0.00	0	0	0	0	0	0	0	0	0
VITAL RECORDS (180)	1.50	6,190	17,045	23,845	27,812	23,845	27,813	0	103,315	103,315
COMMUNICABLE DISEASE SUBTOTAL	24.50	9,543	32,602	447,258	521,674	447,258	521,676	933,619	1,004,247	1,937,866
B. PRIMARY CARE:										
CHRONIC DISEASE PREVENTION PRO (210)	0.63	0	0	14,891	17,369	14,891	17,368	64,519	0	64,519
WIC (21W1)	9.31	4,841	32,272	153,570	179,121	153,570	179,121	665,382	0	665,382
TOBACCO USE INTERVENTION (212)	0.00	0	0	0	0	0	0	0	0	0
WIC BREASTFEEDING PEER COUNSELING (21W2)	1.25	0	2,280	17,433	20,334	17,433	20,334	75,534	0	75,534
FAMILY PLANNING (223)	2.78	416	1,031	54,355	63,398	54,355	63,399	165,351	70,156	235,507
IMPROVED PREGNANCY OUTCOME (225)	0.66	338	377	11,780	13,741	11,780	13,741	51,042	0	51,042
HEALTHY START PRENATAL (227)	0.00	0	0	0	0	0	0	0	0	0
COMPREHENSIVE CHILD HEALTH (229)	1.27	123	157	23,052	26,887	23,052	26,888	99,879	0	99,879
HEALTHY START CHILD (231)	0.00	0	0	0	0	0	0	0	0	0
SCHOOL HEALTH (234)	1.00	0	1,899,954	49,642	57,901	49,642	57,902	215,087	0	215,087
COMPREHENSIVE ADULT HEALTH (237)	0.77	0	0	17,124	19,973	17,124	19,972	73,094	1,099	74,193
COMMUNITY HEALTH DEVELOPMENT (238)	1.55	0	0	30,557	35,640	30,557	35,640	97,371	35,023	132,394
DENTAL HEALTH (240)	13.02	4,569	7,879	247,135	288,253	247,135	288,253	5,978	1,064,798	1,070,776
PRIMARY CARE SUBTOTAL	32.24	10,287	1,943,950	619,539	722,617	619,539	722,618	1,513,237	1,171,076	2,684,313
C. ENVIRONMENTAL HEALTH:										
Water and Onsite Sewage Programs										
COSTAL BEACH MONITORING (347)	0.19	76	76	3,610	4,211	3,610	4,211	15,642	0	15,642
LIMITED USE PUBLIC WATER SYSTEMS (357)	0.04	26	25	716	836	716	836	2,154	950	3,104
PUBLIC WATER SYSTEM (358)	0.00	0	0	0	0	0	0	0	0	0
PRIVATE WATER SYSTEM (359)	0.10	0	328	1,572	1,833	1,572	1,833	0	6,810	6,810
ONSITE SEWAGE TREATMENT & DISPOSAL (361)	6.83	1,309	3,389	107,522	125,412	107,522	125,412	267,600	198,268	465,868
Group Total	7.16	1,411	3,818	113,420	132,292	113,420	132,292	285,396	206,028	491,424
Facility Programs										
TATTOO FACILITY SERVICES (344)	0.00	0	0	0	0	0	0	0	0	0
FOOD HYGIENE (348)	1.71	943	1,164	27,238	31,769	27,238	31,769	115,364	2,650	118,014

ATTACHMENT II

ST. JOHNS COUNTY HEALTH DEPARTMENT

Part III. Planned Staffing, Clients, Services and Expenditures By Program Service Area Within Each Level of Service
October 1, 2018 to September 30, 2019

	Quarterly Expenditure Plan								State	County	Grand Total
	FY18 (0.00)	Clients/ Services/ Units Visits	1st	2nd	3rd	4th	(Whole dollars only)				
BODY PIERCING FACILITIES SERVICES (349)	0.00	0	0	0	0	0	0	0	0	0	0
GROUP CARE FACILITY (351)	0.05	16	38	899	1,048	899	1,048	22	3,872	3,894	
MIGRANT LABOR CAMP (352)	0.01	3	7	191	223	191	223	828	0	828	
HOUSING & PUB. BLDG. (353)	0.00	0	0	0	0	0	0	0	0	0	
MOBILE HOME AND PARK (354)	0.22	216	242	3,418	3,987	3,418	3,988	14,811	0	14,811	
POOLS/BATHING PLACES (360)	2.00	1,174	766	31,056	36,222	31,056	36,222	83,146	51,410	134,556	
BIOMEDICAL WASTE SERVICES (364)	0.00	0	0	0	0	0	0	0	0	0	
TANNING FACILITY SERVICES (369)	0.02	0	0	265	309	265	309	1,148	0	1,148	
Group Total	4.01	2,352	2,217	63,067	73,558	63,067	73,559	215,319	57,932	273,251	
Groundwater Contamination											
STORAGE TANK COMPLIANCE SERVICES (355)	0.00	0	0	0	0	0	0	0	0	0	
SUPER ACT SERVICES (356)	0.00	0	0	0	0	0	0	0	0	0	
Group Total	0.00	0	0	0	0	0	0	0	0	0	
Community Hygiene											
COMMUNITY ENVIR. HEALTH (345)	0.01	0	9	169	198	169	198	0	734	734	
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 SERVICE (363)	0.00	0	0	0	0	0	0	0	0	0	
SANITARY NUISANCE (365)	0.09	38	73	1,455	1,696	1,455	1,696	2,352	3,950	6,302	
RABIES SURVEILLANCE (366)	0.00	0	0	0	0	0	0	0	0	0	
ARBORVIRUS SURVEIL (367)	0.00	0	0	0	0	0	0	0	0	0	
RODENT/ARTHROPOD CONTROL (368)	0.00	0	0	0	0	0	0	0	0	0	
WATER POLLUTION (370)	0.00	0	0	0	0	0	0	0	0	0	
INDOOR AIR (371)	0.00	0	0	0	0	0	0	0	0	0	
RADIOLOGICAL HEALTH (372)	0.00	0	0	0	0	0	0	0	0	0	
TOXIC SUBSTANCES (373)	0.00	0	0	0	0	0	0	0	0	0	
Group Total	0.10	38	82	1,624	1,894	1,624	1,894	2,352	4,684	7,036	
ENVIRONMENTAL HEALTH SUBTOTAL	11.27	3,801	6,117	178,111	207,744	178,111	207,745	503,067	268,644	771,711	
D. NON-OPERATIONAL COSTS:											
NON-OPERATIONAL COSTS (599)	0.00	0	0	0	0	0	0	0	0	0	
ENVIRONMENTAL HEALTH SURCHARGE (399)	0.00	0	0	5,066	5,909	5,066	5,909	21,950	0	21,950	
MEDICAID BUYBACK (611)	0.00	0	0	928	1,082	928	1,083	0	4,021	4,021	
NON-OPERATIONAL COSTS SUBTOTAL	0.00	0	0	5,994	6,991	5,994	6,992	21,950	4,021	25,971	
TOTAL CONTRACT	68.01	23,631	1,982,669	1,250,902	1,459,026	1,250,902	1,459,031	2,971,873	2,447,988	5,419,861	

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

Fiscal Year - 2018 - 2019

St. Johns County Health Department

Facilities Utilized by the County Health Department

Complete Location (Street Address, City, Zip)	Facility Description And Official Building Name (if applicable) (Admin, Clinic, Envrn Hlth, etc.)	Lease/ Agreement Number	Type of Agreement (Private Lease thru State or County, other - please define)	Complete Legal Name of Owner	SQ Feet	Employee Count (FTE/OPS/ Contract)
200 San Sebastian View, St. Augustine, FL. 32084	Main CHD Facility		Private Lease thru County	St. Johns County BOCC	46,000	58
4040 Lewis Speedway, St. Augustine, FL. 32084	Env Health		Private Lease thru County	St. Johns County BOCC	1,000	1

Facility - a fixed site managed by DOH/CHD personnel for the purpose of providing or supporting public health services. Includes county-owned, state-owned, and leased facilities. Includes DOH/CHD warehouse and administrative sites. Includes facilities managed by DOH/CHD that may be shared with other organizations. Does not include schools, jails or other facilities where DOH/CHD staff are out-posted or sites where services are provided on an episodic basis.

**ATTACHMENT V
ST. JOHNS COUNTY HEALTH DEPARTMENT
SPECIAL PROJECTS SAVINGS PLAN**

CASH RESERVED OR ANTICIPATED TO BE RESERVED FOR PROJECTS

<u>CONTRACT YEAR</u>	<u>STATE</u>	<u>COUNTY</u>	<u>TOTAL</u>
2017-2018*	\$ _____ 0	\$ _____ 0	\$ _____ 0
2018-2019**	\$ _____ 0	\$ _____ 0	\$ _____ 0
2019-2020***	\$ _____ 0	\$ _____ 0	\$ _____ 0
2020-2021***	\$ _____ 0	\$ _____ 0	\$ _____ 0
PROJECT TOTAL	\$ _____ 0	\$ _____ 0	\$ _____ 0

SPECIAL PROJECTS CONSTRUCTION/RENOVATION PLAN

PROJECT NUMBER: _____

PROJECT NAME: _____

LOCATION/ADDRESS: _____

PROJECT TYPE:

NEW BUILDING	_____	ROOFING	_____
RENOVATION	_____	PLANNING STUDY	_____
NEW ADDITION	_____	OTHER	_____

SQUARE FOOTAGE: _____ 0

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

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

COMPLETION DATE: _____

DESIGN FEES: \$ _____ 0

CONSTRUCTION COSTS: \$ _____ 0

FURNITURE/EQUIPMENT: \$ _____ 0

TOTAL PROJECT COST: \$ _____ 0

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.

- * Cash balance as of 9/30/18
- ** Cash to be transferred to FCO account.
- *** Cash anticipated for future contract years.