CONTRACT BETWEEN LEON COUNTY, FLORIDA AND STATE OF FLORIDA DEPARTMENT OF HEALTH FOR OPERATION OF THE LEON COUNTY HEALTH DEPARTMENT CONTRACT YEAR 2008-2009

This agreement ("Agreement") is made and entered into between the State of Florida, Department of Health ("State") and Leon County, Florida ("County"), through their undersigned authorities, effective October 1, 2008.

RECITALS

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

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

C. Leon County Health Department ("CHD") is one of the County Health Departments created throughout Florida. It is necessary for the parties hereto to enter into this Agreement in order to assure coordination between the State and the County in the operation of the CHD.

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

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

2. TERM. The parties mutually agree that this Agreement shall be effective from October 1, 2008, through September 30, 2009, or until a written agreement replacing this Agreement is entered into between the parties, whichever is later, unless this Agreement is otherwise terminated pursuant to the termination provisions set forth in paragraph 8, below.

3. SERVICES MAINTAINED BY THE CHD. The parties mutually agree that the CHD shall provide those services as set forth on Part III of Attachment II hereof, in order to maintain the following three levels of service pursuant to Section 154.01(2), Florida Statutes, as defined below:

a. "Environmental health services" are those services which are organized and operated to protect the health of the general public by monitoring and regulating activities in the environment which may contribute to the occurrence or transmission of disease. Environmental health services shall be supported by available federal, state and local

funds and shall include those services mandated on a state or federal level. Examples of environmental health services include, but are not limited to, food hygiene, safe drinking water supply, sewage and solid waste disposal, swimming pools, group care facilities, migrant labor camps, toxic material control, radiological health, occupational health.

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

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

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

a. The funding to be provided by the parties and any other sources are set forth in Part II of Attachment II hereof. This funding will be used as shown in Part I of Attachment II.

i. The State's appropriated responsibility *(direct contribution excluding any state fees, Medicaid contributions or any other funds not listed on the Schedule C)* as provided in Attachment II, Part II is an amount not to exceed $ 7,341,268.00 *(State General Revenue, Other State Funds and Federal Funds listed on the Schedule C)*. The State's obligation to pay under this contract is contingent upon an annual appropriation by the Legislature.

ii. The County's appropriated responsibility *(direct contribution excluding any fees, other cash or local contributions)* as provided in Attachment II, Part II is an amount not to exceed $395,026.00 *(amount listed under the "Board of County Commissioners Annual Appropriations section of the revenue attachment)*.

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

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

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

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

County Health Department Trust Fund
Leon County
2965 Municipal Way
Tallahassee, FL 32304

5. CHD DIRECTOR/ADMINISTRATOR. Both parties agree the director/administrator of the CHD shall be a State employee or under contract with the State and will be under the day-to-day direction of the Deputy State Health Officer. The director/administrator shall be selected by the State with the concurrence of the County. The director/administrator of the CHD shall insure that non-categorical sources of funding are used to fulfill public health priorities in the community and the Long Range Program Plan. A report detailing the status of public health as measured by outcome measures and similar indicators will be sent by the CHD director/administrator to the parties no later than October 1 of each year *(This is the standard quality assurance "County Health Profile" report located on the Office of Planning, Evaluation & Data Analysis Intranet site).*

6. ADMINISTRATIVE POLICIES AND PROCEDURES. The parties hereto agree that the following standards should apply in the operation of the CHD:

a. The CHD and its personnel shall follow all State policies and procedures, except to the extent permitted for the use of county purchasing procedures as set forth in subparagraph b., below. All CHD employees shall be State or State-contract personnel subject to State personnel rules and procedures. Employees will report time in the Health Management System compatible format by program component as specified by the State.

b. The CHD shall comply with all applicable provisions of federal and state laws and regulations relating to its operation with the exception that the use of county purchasing procedures shall be allowed when it will result in a better price or service and no statewide Department of Health purchasing contract has been implemented for those goods or services. In such cases, the CHD director/administrator must sign a justification therefore, and all county-purchasing procedures must be followed in their entirety, and such compliance shall be documented. Such justification and compliance documentation shall

be maintained by the CHD in accordance with the terms of this Agreement. State procedures must be followed for all leases on facilities not enumerated in Attachment IV.

c. The CHD shall maintain books, records and documents in accordance with those promulgated by the Generally Accepted Accounting Principles (GAAP) and Governmental Accounting Standards Board (GASB), and the requirements of federal or state law. These records shall be maintained as required by the Department of Health Policies and Procedures for Records Management and shall be open for inspection at any time by the parties and the public, except for those records that are not otherwise subject to disclosure as provided by law which are subject to the confidentiality provisions of paragraph 6.i., below. Books, records and documents must be adequate to allow the CHD to comply with the following reporting requirements:

i. The revenue and expenditure requirements in the Florida Accounting System Information Resource (FLAIR).

ii. The client registration and services reporting requirements of the minimum data set as specified in the most current version of the Client Information System/Health Management Component Pamphlet;

iii. Financial procedures specified in the Department of Health's Accounting Procedures Manuals, Accounting memoranda, and Comptroller's memoranda;

iv. The CHD is responsible for assuring that all contracts with service providers include provisions that all subcontracted services be reported to the CHD in a manner consistent with the client registration and service reporting requirements of the minimum data set as specified in the Client Information System/Health Management Component Pamphlet.

d. All funds for the CHD shall be deposited in the County Health Department Trust Fund maintained by the state treasurer. These funds shall be accounted for separately from funds deposited for other CHDs and shall be used only for public health purposes in Leon County.

e. That any surplus/deficit funds, including fees or accrued interest, remaining in the County Health Department Trust Fund account at the end of the contract year shall be credited/debited to the state or county, as appropriate, based on the funds contributed by each and the expenditures incurred by each. Expenditures will be charged to the program accounts by state and county based on the ratio of planned expenditures in the core contract and funding from all sources is credited to the program accounts by state and county. The equity share of any surplus/deficit funds accruing to the state and county is determined each month and at contract year-end. Surplus funds may be applied toward the funding requirements of each participating governmental entity in the following year. However, in each such case, all surplus funds, including fees and accrued interest, shall remain in the trust fund until accounted for in a manner which clearly illustrates the amount which has been credited to each participating governmental entity. The planned use of

surplus funds shall be reflected in Attachment II, Part I of this contract, with special capital projects explained in Attachment V.

f. There shall be no transfer of funds between the three levels of services without a contract amendment unless the CHD director/administrator determines that an emergency exists wherein a time delay would endanger the public's health and the Deputy State Health Officer has approved the transfer. The Deputy State Health Officer shall forward written evidence of this approval to the CHD within 30 days after an emergency transfer.

g. The CHD may execute subcontracts for services necessary to enable the CHD to carry out the programs specified in this Agreement. Any such subcontract shall include all aforementioned audit and record keeping requirements.

h. At the request of either party, an audit may be conducted by an independent CPA on the financial records of the CHD and the results made available to the parties within 180 days after the close of the CHD fiscal year. This audit will follow requirements contained in OMB Circular A-133 and may be in conjunction with audits performed by county government. If audit exceptions are found, then the director/administrator of the CHD will prepare a corrective action plan and a copy of that plan and monthly status reports will be furnished to the contract managers for the parties.

i. The CHD shall not use or disclose any information concerning a recipient of services except as allowed by federal or state law or policy.

j. The CHD shall retain all client records, financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to this Agreement for a period of five (5) years after termination of this Agreement. If an audit has been initiated and audit findings have not been resolved at the end of five (5) years, the records shall be retained until resolution of the audit findings.

k. The CHD shall maintain confidentiality of all data, files, and records that are confidential under the law or are otherwise exempted from disclosure as a public record under Florida law. The CHD shall implement procedures to ensure the protection and confidentiality of all such records and shall comply with sections 384.29, 381.004, 392.65 and 456.057, Florida Statutes, and all other state and federal laws regarding confidentiality. All confidentiality procedures implemented by the CHD shall be consistent with the Department of Health Information Security Policies, Protocols, and Procedures, dated April 2005, as amended, the terms of which are incorporated herein by reference. The CHD shall further adhere to any amendments to the State's security requirements and shall comply with any applicable professional standards of practice with respect to client confidentiality.

l. The CHD shall abide by all State policies and procedures, which by this reference are incorporated herein as standards to be followed by the CHD, except as otherwise permitted for some purchases using county procedures pursuant to paragraph 6.b. hereof.

m. The CHD shall establish a system through which applicants for services and current clients may present grievances over denial, modification or termination of services. The

CHD will advise applicants of the right to appeal a denial or exclusion from services, of failure to take account of a client's choice of service, and of his/her right to a fair hearing to the final governing authority of the agency. Specific references to existing laws, rules or program manuals are included in Attachment I of this Agreement.

n. The CHD shall comply with the provisions contained in the Civil Rights Certificate, hereby incorporated into this contract as Attachment III.

o. The CHD shall submit quarterly reports to the county that shall include at least the following:

i. The DE385L1 Contract Management Variance Report and the DE580L1 Analysis of Fund Equities Report;

ii. A written explanation to the county of service variances reflected in the DE385L1 report if the variance exceeds or falls below 25 percent of the planned expenditure amount. However, if the amount of the service specific variance between actual and planned expenditures does not exceed three percent of the total planned expenditures for the level of service in which the type of service is included, a variance explanation is not required. A copy of the written explanation shall be sent to the Department of Health, Bureau of Budget Management.

p. The dates for the submission of quarterly reports to the county shall be as follows unless the generation and distribution of reports is delayed due to circumstances beyond the CHD's control:

i. March 1, 2009 for the report period October 1, 2008 through December 31, 2008;

ii. June 1, 2009 for the report period October 1, 2008 through March 31, 2009;

iii. September 1, 2009 for the report period October 1, 2008 through June 30, 2009; and

iv. December 1, 2009 for the report period October 1, 2008 through September 30, 2009.

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

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

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

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

8. TERMINATION.

a. Termination at Will. This Agreement may be terminated by either party without cause upon no less than one-hundred eighty (180) calendar days notice in writing to the other party unless a lesser time is mutually agreed upon in writing by both parties. Said notice shall be delivered by certified mail, return receipt requested, or in person to the other party's contract manager with proof of delivery.

b. Termination Because of Lack of Funds. In the event funds to finance this Agreement become unavailable, either party may terminate this Agreement upon no less than twenty-four (24) hours notice. Said notice shall be delivered by certified mail, return receipt requested, or in person to the other party's contract manager with proof of delivery.

c. Termination for Breach. This Agreement may be terminated by one party, upon no less than thirty (30) days notice, because of the other party's failure to perform an

obligation hereunder. Said notice shall be delivered by certified mail, return receipt requested, or in person to the other party's contract manager with proof of delivery. Waiver of breach of any provisions of this Agreement shall not be deemed to be a waiver of any other breach and shall not be construed to be a modification of the terms of this Agreement.

9. MISCELLANEOUS. The parties further agree:

a. Availability of Funds. If this Agreement, any renewal hereof, or any term, performance or payment hereunder, extends beyond the fiscal year beginning July 1, 2009, it is agreed that the performance and payment under this Agreement are contingent upon an annual appropriation by the Legislature, in accordance with section 287.0582, Florida Statutes.

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

For the State:	For the County:
Homer Rice RS, M.P.H. Name	Parwez Alam Name
Administrator, Leon CHD Title	County Administrator Title
2965 Municipal Way	301 South Monroe
Tallahassee, Florida 32304 Address	Tallahassee, Florida 32301 Address
(850) 606-8150 Telephone	(850) 606-5300 Telephone

If different contract managers are designated after execution of this Agreement, the name, address and telephone number of the new representative shall be furnished in writing to the other parties and attached to originals of this Agreement.

c. Captions. The captions and headings contained in this Agreement are for the convenience of the parties only and do not in any way modify, amplify, or give additional notice of the provisions hereof.

In WITNESS THEREOF, the parties hereto have caused this 24 page agreement to be executed by their undersigned officials as duly authorized effective the 1st day of October, 2008.

LEON COUNTY, FLORIDA

SIGNED BY: _____

NAME: Parwez Alam

TITLE: County Administrator

DATE: _____

ATTESTED TO:

SIGNED BY: _____

NAME: Bob Inzer, Clerk of the Court

TITLE: Leon County Florida

DATE: _____

APPROVED AS TO FORM:

SIGNED BY: _____

NAME: Herbert W.A. Thiele Esq., County Attorney

TITLE: Leon County Attorney's Office

DATE: _____

STATE OF FLORIDA

DEPARTMENT OF HEALTH

SIGNED BY: _____

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

TITLE: State Surgeon General

DATE: _____

SIGNED BY: _____

NAME: Homer Rice RS, M.P.H.

TITLE: CHD Director/Administrator

DATE: _____

ATTACHMENT I

LEON 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:

	Service	Requirement
1.	Sexually Transmitted Disease Program	Requirements as specified in FAC 64D-3, F.S. 381 and F.S. 384 and the CHD Guidebook.
2.	Dental Health	Monthly reporting on DH Form 1008*.
3.	Special Supplemental Nutrition Program for Women, Infants and Children.	Service documentation and monthly financial reports as specified in DHM 150-24* and all federal, state and county requirements detailed in program manuals and published procedures.
4.	Healthy Start/ Improved Pregnancy Outcome	Requirements as specified in the 2007 Healthy Start Standards and Guidelines and as specified by the Healthy Start Coalitions in contract with each county health department.
5.	Family Planning	Periodic financial and programmatic reports as specified by the program office and in the CHD Guidebook, Internal Operating Policy FAMPLAN 14*
6.	Immunization	Periodic reports as specified by the department regarding the surveillance/investigation of reportable vaccine preventable diseases, vaccine usage accountability, the assessment of various immunization levels and forms reporting adverse events following immunization and Immunization Module quarterly quality audits and duplicate data reports.
7.	Chronic Disease Program	Requirements as specified in the Healthy Communities, Healthy People Guidebook.
8.	Environmental Health	Requirements as specified in Environmental Health Programs Manual 150-4* and DHP 50-21*
9.	HIV/AIDS Program	Requirements as specified in F.S. 384.25 and 64D-3.016 and 3.017 F.A.C. and the CHD Guidebook. Case reporting should be on Adult HIV/AIDS Confidential Case Report CDC Form 50.42A and Pediatric HIV/AIDS Confidential Case Report CDC Form 50.42B. Socio-demographic data on persons tested for HIV in CHD clinics should be reported on Lab Request DH Form 1628

		or Post-Test Counseling DH Form 1628C. These reports are to be sent to the Headquarters HIV/AIDS office within 5 days of the initial post-test counseling appointment or within 90 days of the missed post-test counseling appointment.
10.	School Health Services	Requirements as specified in the Florida School Health Administrative Guidelines (April 2007).

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

ATTACHMENT II

LEON COUNTY HEALTH DEPARTMENT

PART I. PLANNED USE OF COUNTY HEALTH DEPARTMENT TRUST FUND BALANCES

	Estimated State Share of CHD Trust Fund Balance as of 09/30/08	Estimated County Share of CHD Trust Fund Balance as of 09/30/08	Total
1. CHD Trust Fund Ending Balance 09/30/08	1,331,569	816,123	2,147,692
2. Drawdown for Contract Year October 1, 2008 to September 30, 2009	(481,067)	(294,848)	(775,915)
3. Special Capital Project use for Contract Year October 1, 2008 to September 30, 2009			
4. Balance Reserved for Contingency Fund October 1, 2008 to September 30, 2009	850,502	521,275	1,371,777

Note: The total of items 2, 3 and 4 must equal the ending balance in item 1.

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

Pursuant to 154.02, F.S., At a minimum, the trust fund shall consist of an operating reserve, consisting of 8.5 percent of the annual operating budget, maintained to ensure adequate cash flow from nonstate revenue sources.

ATTACHMENT II

LEON COUNTY HEALTH DEPARTMENT

Part II: Sources of Contributions to County Health Department

October 1, 2008 to September 30, 2009

		State CHD Trust Fund (Cash)	County CHD Trust Fund	Total CHD Trust Fund (Cash)	Other Contribution	Total
1. GENERAL REVENUE - STATE						
015040	ALG/CESSPOOL IDENTIFICATION AND ELIMINATION	0	0	0	0	0
015040	ALG/CONTR TO CHDS-AIDS PATIENT CARE	175,810	0	175,810	0	175,810
015040	ALG/CONTR TO CHDS-AIDS PREV & SURV & FIELD STAFF	86,580	0	86,580	0	86,580
015040	ALG/CONTR TO CHDS-DENTAL PROGRAM	0	0	0	0	0
015040	ALG/CONTR TO CHDS-MIGRANT LABOR CAMP SANITATI	1,039	0	1,039	0	1,039
015040	ALG/CONTR. TO CHDS-IMMUNIZATION OUTREACH TEAM	13,046	0	13,046	0	13,046
015040	ALG/CONTR. TO CHDS-INDOOR AIR ASSIST PROG	0	0	0	0	0
015040	ALG/CONTR. TO CHDS-MCH HEALTH - FIELD STAFF COST	0	0	0	0	0
015040	ALG/CONTR. TO CHDS-SOVEREIGN IMMUNITY	0	0	0	0	0
015040	ALG/CONTRIBUTION TO CHDS-PRIMARY CARE	28,568	0	28,568	0	28,568
015040	ALG/FAMILY PLANNING	111,120	0	111,120	0	111,120
015040	ALG/IPO HEALTHY START/IPO	0	0	0	0	0
015040	ALG/PRIMARY CARE	366,006	0	366,006	0	366,006
015040	ALG/SCHOOL HEALTH/SUPPLEMENTAL	71,248	0	71,248	0	71,248
015040	CATE - ESCAMBIA	0	0	0	0	0
015040	CHD SUPPORT POSITION	0	0	0	0	0
015040	CLOSING THE GAP PROGRAM	0	0	0	0	0
015040	COMMUNITY TB PROGRAM	90,328	0	90,328	0	90,328
015040	DENTAL SPECIAL INITIATIVE PROJECTS	20,907	0	20,907	0	20,907
015040	DUVAL TEEN PREGNANCY PREVENTION	0	0	0	0	0
015040	ENHANCED DENTAL SERVICES	0	0	0	0	0
015040	FL CLPPP SCREENING & CASE MANAGEMENT	0	0	0	0	0
015040	FL HEPATITIS & LIVER FAILURE PREVENTION/CONTROL	0	0	0	0	0
015040	HEALTHY BEACHES MONITORING	0	0	0	0	0
015040	HEALTHY PEOPLE HEALTHY COMMUNITIES	7,931	0	7,931	0	7,931
015040	HIV/AIDS JAIL LINKAGE PROJECT	0	0	0	0	0
015040	INDIGENT DENTAL CARE - ESCAMBIA	0	0	0	0	0
015040	LA LIGA CONTRA EL CANCER	0	0	0	0	0
015040	MEDIVAN - BROWARD	0	0	0	0	0
015040	METRO ORLANDO URBAN LEAGUE TEENAGE PREG PREV	0	0	0	0	0
015040	PENALVER CLINIC - MIAMI-DADE	0	0	0	0	0
015040	PRIMARY CARE SPECIAL DENTAL PROJECTS	0	0	0	0	0
015040	SPECIAL NEEDS SHELTER PROGRAM	0	0	0	0	0
015040	STATEWIDE DENTISTRY NETWORK - ESCAMBIA	0	0	0	0	0
015040	STD GENERAL REVENUE	28,098	0	28,098	0	28,098
015050	ALG/CONTR TO CHDS	3,026,031	0	3,026,031	0	3,026,031
GENERAL REVENUE TOTAL		4,026,712	0	4,026,712	0	4,026,712
2. NON GENERAL REVENUE - STATE						
015010	ALG/CONTR TO CHDS-REBASING TOBACCO TF	25,644	0	25,644	0	25,644
015010	BASIC SCHOOL HEALTH - CMS TF	14,444	0	14,444	0	14,444
015010	BASIC SCHOOL HEALTH - TOBACCO TF	110,468	0	110,468	0	110,468
015010	reimbursement from Wakulla	4,212	0	4,212	0	4,212
015010	Super Act	10,200	0	10,200	0	10,200
015010	CHD SUPPORT POSITION	0	0	0	0	0
015010	CHRONIC DISEASE PREVENTION PROGRAM	0	0	0	0	0
015010	FL HEPATITIS & LIVER FAILURE PREVENTION/CONTROL	0	0	0	0	0
015010	FULL SERVICE SCHOOLS - TOBACCO TF	123,039	0	123,039	0	123,039

ATTACHMENT II

LEON COUNTY HEALTH DEPARTMENT

Part II: Sources of Contributions to County Health Department

October 1, 2008 to September 30, 2009

		State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
2. NON GENERAL REVENUE - STATE						
015010	PACE EH	0	0	0	0	0
015010	PUBLIC SWIMMING POOL PROGRAM	0	0	0	0	0
015010	SCHOOL HEALTH/SUPPLEMENTAL	158,427	0	158,427	0	158,427
015010	SUPPLEMENTAL/COMPREHENSIVE SCHOOL HEALTH - TO	0	0	0	0	0
015010	TOBACCO PREVENTION & CESSATION PROGRAM	0	0	0	0	0
015010	VARICELLA IMMUNIZATION REQUIREMENT TOBACCO TI	6,973	0	6,973	0	6,973
015010	YOUTH SCHOOL & AFTER SCHOOL PROGRAM	0	0	0	0	0
015018	Summer Food Program	0	0	0	0	0
015020	ALG/CONTR TO CHDS-BIOMEDICAL WASTE/DEP ADM TF	10,439	0	10,439	0	10,439
015020	Reimbursement from Legislature	2,300	0	2,300	0	2,300
015020	FOOD AND WATERBORNE DISEASE PROGRAM ADM TF/E	0	0	0	0	0
NON GENERAL REVENUE TOTAL		466,146	0	466,146	0	466,146
3. FEDERAL FUNDS - State						
007000	AFRICAN AMERICAN TESTING INITIATIVE (AATI)	0	0	0	0	0
007000	AIDS PREVENTION	246,932	0	246,932	0	246,932
007000	AIDS SURVEILLANCE	0	0	0	0	0
007000	BIOTERR SURVEILLANCE & EPIDEMIOLOGY	146,359	0	146,359	0	146,359
007000	BIOTERRORISM PLANNING & READINESS	665,267	0	665,267	0	665,267
007000	CHD SUPPORT POSITION	0	0	0	0	0
007000	CHILDHOOD LEAD POISONING PREVENTION	0	0	0	0	0
007000	COASTAL BEACH MONITORING PROGRAM	0	0	0	0	0
007000	FGTF/AIDS MORBIDITY	0	0	0	0	0
007000	FGTF/BREAST & CERVICAL CANCER-ADMIN/CASE MAN	20,938	0	20,938	0	20,938
007000	FGTF/FAMILY PLANNING TITLE X SPECIAL INITIATIVES	0	0	0	0	0
007000	FGTF/FAMILY PLANNING-TITLE X	141,729	0	141,729	0	141,729
007000	FGTF/IMMUNIZATION ACTION PLAN	19,728	0	19,728	0	19,728
007000	FGTF/WIC ADMINISTRATION	1,294,793	0	1,294,793	0	1,294,793
007000	FLORIDA PANDEMIC INFLUENZA	19,850	0	19,850	0	19,850
007000	HEALTH PROGRAM FOR REFUGEES	0	0	0	0	0
007000	HEALTHY PEOPLE HEALTHY COMMUNITIES	26,012	0	26,012	0	26,012
007000	HIV INCIDENCE SURVEILLANCE	0	0	0	0	0
007000	IMMUNIZATION FIELD STAFF EXPENSE	3,112	0	3,112	0	3,112
007000	IMMUNIZATION SPECIAL PROJECT	5,732	0	5,732	0	5,732
007000	IMMUNIZATION SUPPLEMENTAL	0	0	0	0	0
007000	IMMUNIZATION WIC LINKAGES	0	0	0	0	0
007000	IMMUNIZATION-WIC LINKAGES	0	0	0	0	0
007000	MCH BGTF-GADSDEN SCHOOL CLINIC	0	0	0	0	0
007000	MCH BGTF-HEALTHY START IPO	0	0	0	0	0
007000	PHP LAB CAP - BIOLOGICAL AGENTS 2007-08 - FOCUS C	0	0	0	0	0
007000	PHP LAB CAP - BIOLOGICAL AGENTS 2007-08 - FOCUS D	0	0	0	0	0
007000	PHP-CITIES RESPONSE INITIATIVE	0	0	0	0	0
007000	PHP-CITIES RESPONSE INITIATIVE 2007-2008	0	0	0	0	0
007000	RISK COMMUNICATIONS	69,625	0	69,625	0	69,625
007000	RYAN WHITE	78,558	0	78,558	0	78,558
007000	RYAN WHITE - EMERGING COMMUNITIES	0	0	0	0	0
007000	RYAN WHITE-AIDS DRUG ASSIST PROG-ADMIN	49,737	0	49,737	0	49,737
007000	RYAN WHITE-CONSORTIA	0	0	0	0	0

ATTACHMENT II

LEON COUNTY HEALTH DEPARTMENT

FY Part II: Sources of Contributions to County Health Department

October 1, 2008 to September 30, 2009

		State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
3. FEDERAL FUNDS - State						
007000	STD FEDERAL GRANT - CSPS	3,000	0	3,000	0	3,000
007000	STD PROGRAM - PHYSICIAN TRAINING CENTER	0	0	0	0	0
007000	STD PROGRAM INFERTILITY PREVENTION PROJECT (IPP)	0	0	0	0	0
007000	STD PROGRAM-INFERTILITY PREVENTION PROJECT (IPP)	0	0	0	0	0
007000	SYPHILIS ELIMINATION	0	0	0	0	0
007000	TITLE X HIV/AIDS PROJECT	0	0	0	0	0
007000	TITLE X MALE PROJECT	0	0	0	0	0
007000	TUBERCULOSIS CONTROL - FEDERAL GRANT	51,954	0	51,954	0	51,954
007000	WIC BREASTFEEDING PEER COUNSELING	0	0	0	0	0
015009	MEDIPASS WAIVER-HLTHY STRT CLIENT SERVICES	0	0	0	0	0
015009	MEDIPASS WAIVER-SOBRA	0	0	0	0	0
015075	CHD SUPPORT POSITION	0	0	0	0	0
015075	STATE ENVIRONMENTAL FEES	0	0	0	0	0
FEDERAL FUNDS TOTAL		2,843,326	0	2,843,326	0	2,843,326
4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE						
001020	TANNING FACILITIES	0	0	0	0	0
001020	BODY PIERCING	0	0	0	0	0
001020	MIGRANT HOUSING PERMIT	0	0	0	0	0
001020	Environmental Health Permit	117,527	0	117,527	0	117,527
001020	FOOD HYGIENE PERMIT	0	0	0	0	0
001020	BIOHAZARD WASTE PERMIT	0	0	0	0	0
001020	SWIMMING POOLS	0	0	0	0	0
001020	PRIVATE WATER CONSTR PERMIT	0	0	0	0	0
001020	PUBLIC WATER ANNUAL OPER PERMIT	0	0	0	0	0
001020	PUBLIC WATER CONSTR PERMIT	0	0	0	0	0
001020	NON-SDWA SYSTEM PERMIT	0	0	0	0	0
001020	SAFE DRINKING WATER	0	0	0	0	0
001092	NON SDWA LAB SAMPLE	0	0	0	0	0
001092	OSDS VARIANCE FEE	0	0	0	0	0
001092	ENVIRONMENTAL HEALTH FEES	102,000	0	102,000	0	102,000
001092	OSDS REPAIR PERMIT	0	0	0	0	0
001092	OSDS PERMIT FEE	0	0	0	0	0
001092	I & M ZONED OPERATING PERMIT	0	0	0	0	0
001092	AEROBIC OPERATING PERMIT	0	0	0	0	0
001092	SEPTIC TANK SITE EVALUATION	0	0	0	0	0
001170	LAB FEE CHEMICAL ANALYSIS	0	0	0	0	0
001170	NONPOTABLE WATER ANALYSIS	0	0	0	0	0
001170	WATER ANALYSIS-POTABLE	0	0	0	0	0
010304	MQA INSPECTION FEE	7,500	0	7,500	0	7,500
FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL		227,027	0	227,027	0	227,027
5. OTHER CASH CONTRIBUTIONS - STATE						
010304	STATIONARY POLLUTANT STORAGE TANKS	0	0	0	0	0
090001	DRAW DOWN FROM PUBLIC HEALTH UNIT	481,067	0	481,067	0	481,067
OTHER CASH CONTRIBUTIONS TOTAL		481,067	0	481,067	0	481,067

ATTACHMENT II

LEON COUNTY HEALTH DEPARTMENT

Part II: Sources of Contributions to County Health Department

October 1, 2008 to September 30, 2009

		State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
6. MEDICAID - STATE/COUNTY						
001056	MEDICAID PHARMACY	0	0	0	0	0
001076	MEDICAID TB	0	0	0	0	0
001078	MEDICAID ADMINISTRATION OF VACCINE	0	0	0	0	0
001079	MEDICAID CASE MANAGEMENT	0	0	0	0	0
001080	MEDICAID OTHER	617,641	880,033	1,497,674	0	1,497,674
001081	MEDICAID CHILD HEALTH CHECK UP	0	0	0	0	0
001082	MEDICAID DENTAL	0	0	0	0	0
001083	MEDICAID FAMILY PLANNING	5,061	45,550	50,611	0	50,611
001087	MEDICAID STD	0	0	0	0	0
001089	MEDICAID AIDS	0	0	0	0	0
001147	MEDICAID HMO RATE	0	0	0	0	0
001191	MEDICAID MATERNITY	0	0	0	0	0
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
MEDICAID TOTAL		622,702	925,583	1,548,285	0	1,548,285
7. ALLOCABLE REVENUE - STATE						
018000	REFUNDS	0	0	0	0	0
037000	PRIOR YEAR WARRANT	0	0	0	0	0
038000	12 MONTH OLD WARRANT	0	0	0	0	0
ALLOCABLE REVENUE TOTAL		0	0	0	0	0
8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE						
	PHARMACY SERVICES	0	0	0	257,392	257,392
	LABORATORY SERVICES	0	0	0	153,377	153,377
	TB SERVICES	0	0	0	0	0
	IMMUNIZATION SERVICES	0	0	0	218,795	218,795
	STD SERVICES	0	0	0	67,493	67,493
	CONSTRUCTION/RENOVATION	0	0	0	0	0
	WIC FOOD	0	0	0	4,331,677	4,331,677
	ADAP	0	0	0	1,005,544	1,005,544
	DENTAL SERVICES	0	0	0	0	0
	OTHER (SPECIFY)	0	0	0	0	0
	OTHER (SPECIFY)	0	0	0	0	0
OTHER STATE CONTRIBUTIONS TOTAL		0	0	0	6,034,278	6,034,278
9. DIRECT COUNTY CONTRIBUTIONS - COUNTY						
008030	BCC Contribution from Health Care Tax	0	0	0	0	0
008034	BCC Contribution from General Fund (which includes $157,681.00 for mental health services)	0	395,026	395,026	0	395,026
DIRECT COUNTY CONTRIBUTION TOTAL		0	395,026	395,026	0	395,026
10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY						
001060	Vital fees	0	1,800	1,800	0	1,800

ATTACHMENT II

LEON COUNTY HEALTH DEPARTMENT

Part II: Sources of Contributions to County Health Department

October 1, 2008 to September 30, 2009

		State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY						
001077	RABIES VACCINE	0	0	0	0	0
001077	CHILD CAR SEAT PROG	0	0	0	0	0
001077	PERSONAL HEALTH FEES	0	172,297	172,297	0	172,297
001077	AIDS CO-PAYS	0	0	0	0	0
001094	LOCAL ORDINANCE FEES	0	11,310	11,310	0	11,310
001094	ADULT ENTER. PERMIT FEES	0	0	0	0	0
001114	NEW BIRTH CERTIFICATES	0	93,600	93,600	0	93,600
001115	DEATH CERTIFICATES	0	131,400	131,400	0	131,400
001117	VITAL STATS-ADM. FEE 50 CENTS	0	0	0	0	0
001073	Co-Pay for the AIDS Care Program	0	0	0	0	0
FEES AUTHORIZED BY COUNTY TOTAL		0	410,407	410,407	0	410,407
11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY						
001009	RETURNED CHECK ITEM	0	0	0	0	0
001029	THIRD PARTY REIMBURSEMENT	0	23,100	23,100	0	23,100
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	22,641	22,641	0	22,641
001190	Health Maintenance Organization	0	0	0	0	0
005040	INTEREST EARNED	0	0	0	0	0
005041	INTEREST EARNED-STATE INVESTMENT ACCOUNT	0	18,000	18,000	0	18,000
007010	U.S. GRANTS DIRECT	0	0	0	0	0
008010	Contribution from City Government	0	0	0	0	0
008020	Contribution from Health Care Tax not thru BCC	0	0	0	0	0
008050	School Board Contribution	0	0	0	0	0
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
011000	GRANT-DIRECT	0	0	0	0	0
011000	GRANT-DIRECT	0	0	0	0	0
011000	GRANT-DIRECT	0	0	0	0	0
011000	GRANT-DIRECT	0	0	0	0	0
011000	GRANT-DIRECT	0	0	0	0	0
011000	GRANT-DIRECT	0	0	0	0	0
011000	GRANT-DIRECT	0	0	0	0	0
011000	GRANT-DIRECT	0	0	0	0	0
011001	HEALTHY START COALITION CONTRIBUTIONS	0	747,300	747,300	0	747,300
011007	CASH DONATIONS PRIVATE	0	0	0	0	0
012020	FINES AND FORFEITURES	0	0	0	0	0
012021	RETURN CHECK CHARGE	0	0	0	0	0
028020	INSURANCE RECOVERIES-OTHER	0	0	0	0	0
090002	DRAW DOWN FROM PUBLIC HEALTH UNIT	0	294,848	294,848	0	294,848
011000	GRANT DIRECT-QUANTUM DENTAL	0	0	0	0	0
011000	GRANT DIRECT-HEALTH CARE DISTRICT PAHOKEE	0	0	0	0	0
011000	GRANT DIRECT-NOVA UNIVERSITY CHD TRAINING	0	0	0	0	0

ATTACHMENT II

LEON COUNTY HEALTH DEPARTMENT

Part II: Sources of Contributions to County Health Department

October 1, 2008 to September 30, 2009

		State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contributions	Total
11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY						
011000	GRANT DIRECT-COUNTY HEALTH DEPARTMENT DIRECT	0	0	0	0	0
011000	DIRECT-ARROW	0	0	0	0	0
011000	GRANT DIRECT-ARROW	0	0	0	0	0
OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL		0	1,105,889	1,105,889	0	1,105,889
12. ALLOCABLE REVENUE - COUNTY						
018000	REFUNDS	0	0	0	0	0
037000	PRIOR YEAR WARRANT	0	0	0	0	0
038000	12 MONTH OLD WARRANT	0	0	0	0	0
COUNTY ALLOCABLE REVENUE TOTAL		0	0	0	0	0
13. BUILDINGS - COUNTY						
	ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	1,095,174	1,095,174
	BUILDING MAINTENANCE	0	0	0	139,566	139,566
	INSURANCE	0	0	0	36,096	36,096
	UTILITIES	0	0	0	166,390	166,390
	GROUNDS MAINTENANCE	0	0	0	14,918	14,918
	Custodial	0	0	0	169,589	169,589
	ADA improvements	0	0	0	73,698	73,698
BUILDINGS TOTAL		0	0	0	1,695,431	1,695,431
14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY						
	Automatic Doors	0	0	0	33,569	33,569
	new roof MW	0	0	0	326,038	326,038
	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	359,607	359,607
GRAND TOTAL CHD PROGRAM		8,666,980	2,836,905	11,503,885	8,089,316	19,593,201

ATTACHMENT II

LEON COUNTY HEALTH DEPARTMENT

Part III: Planned Staffing, Clients, Services, And Expenditures By Program Service Area Within Each Level Of Service

October 1, 2008 to September 30, 2009

	FTE's (0.00)	Clients / Units	Services	Quarterly Expenditure Plan 1st (Whole dollars only)	2nd	3rd	4th	State	County	Grand Total
A. COMMUNICABLE DISEASE CONTROL:										
VITAL STATISTICS (180)	1.90	13,664	28,734	27,899	23,914	27,899	23,914	0	103,626	103,626
IMMUNIZATION (101)	5.03	4,050	11,400	84,174	72,148	84,174	72,148	250,041	62,603	312,644
STD (102)	9.36	1,950	7,709	115,913	99,353	115,912	99,353	421,477	9,054	430,531
A.I.D.S. (103)	9.65	150	6,528	193,122	165,531	193,121	165,531	708,978	8,327	717,305
TB CONTROL SERVICES (104)	3.35	80	4,480	54,461	46,679	54,460	46,679	197,252	5,027	202,279
COMM. DISEASE SURV. (106)	2.48	0	677	65,868	56,457	65,868	56,457	215,546	29,104	244,650
HEPATITIS PREVENTION (109)	0.00	0	0	0	0	0	0	0	0	0
PUBLIC HEALTH PREP AND RESP (116)	10.36	0	0	241,584	207,075	241,584	207,072	897,315	0	897,315
COMMUNICABLE DISEASE SUBTOTAL	42.13	19,894	59,528	783,021	671,157	783,018	671,154	2,690,609	217,741	2,908,350
B. PRIMARY CARE:										
CHRONIC DISEASE SERVICES (210)	1.57	300	300	24,564	21,056	24,564	21,055	91,239	0	91,239
TOBACCO PREVENTION (212)	2.29	0	0	72,684	62,299	72,684	62,299	269,966	0	269,966
HOME HEALTH (215)	0.00	0	0	0	0	0	0	0	0	0
W.I.C. (221)	29.70	11,213	88,729	420,894	360,765	420,893	360,765	1,563,317	0	1,563,317
FAMILY PLANNING (223)	21.33	6,600	33,000	319,122	273,532	319,122	273,532	839,712	345,596	1,185,308
IMPROVED PREGNANCY OUTCOME (225)	2.28	100	1,000	31,249	26,785	31,249	26,785	61,962	54,106	116,068
HEALTHY START PRENATAL (227)	11.23	3,400	20,000	149,628	128,254	149,628	128,253	0	555,763	555,763
COMPREHENSIVE CHILD HEALTH (229)	0.53	350	500	19,506	16,721	19,506	16,720	67,056	5,397	72,453
HEALTHY START INFANT (231)	4.67	340	1,500	72,815	62,413	72,815	62,413	0	270,456	270,456
SCHOOL HEALTH (234)	35.24	0	110,000	278,069	238,346	278,069	238,345	1,009,201	23,628	1,032,829
COMPREHENSIVE ADULT HEALTH (237)	8.87	1,702	4,292	319,295	273,681	319,296	273,681	911,731	274,222	1,185,953
DENTAL HEALTH (240)	16.63	4,284	30,600	423,232	362,771	423,232	362,770	648,713	923,292	1,572,005
Healthy Start Interconception Woman (232)	0.00	630	2,850	0	0	0	0	0	0	0
PRIMARY CARE SUBTOTAL	134.34	28,919	292,771	2,131,058	1,826,623	2,131,058	1,826,618	5,462,897	2,452,460	7,915,357
C. ENVIRONMENTAL HEALTH:										
Water and Onsite Sewage Programs										
COASTAL BEACH MONITORING (347)	0.00	0	0	0	0	0	0	0	0	0
LIMITED USE PUBLIC WATER SYSTEMS (357)	0.39	162	429	3,675	3,150	3,675	3,150	13,650	0	13,650
PUBLIC WATER SYSTEM (358)	0.00	0	0	0	0	0	0	0	0	0
PRIVATE WATER SYSTEM (359)	0.00	0	0	0	0	0	0	0	0	0
INDIVIDUAL SEWAGE DISP. (361)	4.87	1,218	3,366	78,296	67,111	78,296	67,111	226,418	64,396	290,814
Group Total	5.26	1,380	3,795	81,971	70,261	81,971	70,261	240,068	64,396	304,464
Facility Programs										
FOOD HYGIENE (348)	2.10	277	1,161	35,333	30,284	35,332	30,284	131,233	0	131,233
BODY ART (349)	0.01	11	15	314	268	314	268	1,164	0	1,164
GROUP CARE FACILITY (351)	1.70	294	680	27,977	23,979	27,976	23,979	5,858	98,053	103,911
MIGRANT LABOR CAMP (352)	0.01	2	14	259	222	259	221	961	0	961
HOUSING,PUBLIC BLDG SAFETY,SANITATION	0.00	0	0	0	0	0	0	0	0	0
MOBILE HOME AND PARKS SERVICES (354)	0.28	72	194	4,368	3,744	4,368	3,744	16,224	0	16,224
SWIMMING POOLS/BATHING (360)	0.97	336	974	0	0	30,649	26,271	56,920	0	56,920
BIOMEDICAL WASTE SERVICES (364)	0.49	203	274	8,311	7,122	8,311	7,122	30,866	0	30,866

ATTACHMENT II

LEON COUNTY HEALTH DEPARTMENT

Part III: Planned Staffing, Clients, Services, And Expenditures By Program Service Area Within Each Level Of Service

October 1, 2008 to September 30, 2009

	FTE's (0.00)	Client Units	Services	Quarterly Expenditure Plan (Whole dollars only) 1st	2nd	3rd	4th	State	County	Grand Total
C. ENVIRONMENTAL HEALTH:										
Facility Programs										
TANNING FACILITY SERVICES (369)	0.10	37	88	1,546	1,324	1,545	1,324	5,739	0	5,739
Group Total	5.66	1,232	3,400	78,108	66,943	108,754	93,213	248,965	98,053	347,018
Groundwater Contamination										
STORAGE TANK COMPLIANCE (355)	0.00	0	0	0	0	0	0	0	0	0
SUPER ACT SERVICE (356)	0.00	0	0	2,547	2,182	2,546	2,182	9,457	0	9,457
Group Total	0.00	0	0	2,547	2,182	2,546	2,182	9,457	0	9,457
Community Hygiene										
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
OCCUPATIONAL HEALTH (344)	0.19	0	170	2,965	2,540	2,964	2,540	11,009	0	11,009
CONSUMER PRODUCT SAFETY (345)	0.00	0	0	0	0	0	0	0	0	0
INJURY PREVENTION (346)	0.00	0	0	0	0	0	0	0	0	0
LEAD MONITORING SERVICES (350)	0.00	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	0	0	0	0	0	0	0
SANITARY NUISANCE (365)	0.06	122	322	1,146	982	1,145	982	0	4,255	4,255
RABIES SURVEILLANCE/CONTROL SERVICES	0.00	0	0	1,071	917	1,070	917	3,975	0	3,975
ARBOVIRUS SURVEILLANCE (367)	0.00	0	0	0	0	0	0	0	0	0
RODENT/ARTHROPOD CONTROL (368)	0.00	0	0	0	0	0	0	0	0	0
WATER POLLUTION (370)	0.00	0	0	0	0	0	0	0	0	0
AIR POLLUTION (371)	0.00	0	0	0	0	0	0	0	0	0
Group Total	0.25	122	492	5,182	4,439	5,179	4,439	14,984	4,255	19,239
ENVIRONMENTAL HEALTH SUBTOTAL	11.17	2,734	7,687	167,808	143,825	198,450	170,095	513,474	166,704	680,178
D. SPECIAL CONTRACTS:										
SPECIAL CONTRACTS (599)	0.00	0	0	0	0	0	0	0	0	0
SPECIAL CONTRACTS SUBTOTAL	0.00	0	0	0	0	0	0	0	0	0
TOTAL CONTRACT	187.64	51,547	359,986	3,081,887	2,641,605	3,112,526	2,667,867	8,666,980	2,836,905	11,503,885

ATTACHMENT III

LEON 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

LEON COUNTY HEALTH DEPARTMENT

FACILITIES UTILIZED BY THE COUNTY HEALTH DEPARTMENT

Facility Description	Location	Owned By
Headquarters Building Leon County Health Department	2964 Municipal Way Tallahassee, Fl	Leon County
Roberts & Stevens Medical Services Center Leon County Health Department	1515 Old Bainbridge Road Tallahassee, Fl	Leon County
Richardson-Lewis Clinic Leon County Health Department	872 W. Orange Avenue Tallahassee, Fl	Leon County
Environmental Health Leon County Health Department	435 N. Macomb Street Tallahassee, Fl	Leon County
Center for Dental Care and Prevention Leon County Health Department	912 Railroad Avenue Tallahassee, Fl	Leon County
Bond Community Health Subcontractor for Leon CHD	710 W. Orange Ave Tallahassee, Fl	Leased
Neighborhood Health Services Subcontractor for Leon CHD	438 W. Brevard Tallahassee, Fl	City of Tallahassee
Fairview Middle School Clinic	3415 Zillah Rd Tallahassee, Fl	Leon County School Board
Griffin Middle School Clinic	800 Alabama Street Tallahassee, Fl	Leon County School Board
Godby High School Clinic	1717 W. Tharpe Street Tallahassee, Fl	Leon County School Board
Nims Middle School Clinic	723 W. Orange Avenue Tallahassee, Fl	Leon County School Board
Bellevue Middle School Clinic	2214 Bellevue Way Tallahassee, Fl 32304	Leon County School Board
Deer Lake Middle School Clinic	9902 Deer Lake Way Tallahassee, Fl 32312	Leon County School Board

ATTACHMENT V

LEON COUNTY HEALTH DEPARTMENT

SPECIAL PROJECTS SAVINGS PLAN

IDENTIFY THE AMOUNT OF CASH THAT IS ANTICIPATED TO BE SET ASIDE ANNUALLY FOR THE PROJECT.

CONTRACT YEAR	STATE	COUNTY	TOTAL
2006-2007	$	$	$ none
2007-2008	$	$	$ none
2008-2009	$	$	$ none
2009-2010	$	$	$
2010-2011	$	$	$ -
PROJECT TOTAL	$ -	$ -	$ -

SPECIAL PROJECT CONSTRUCTION/RENOVATION PLAN

PROJECT NAME: _____

LOCATION/ ADDRESS: _____

PROJECT TYPE:

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

SQUARE FOOTAGE: _____

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

ESTIMATED PROJECT INFORMATION:

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

COMPLETION DATE: _____

DESIGN FEES:	$
CONSTRUCTION COSTS:	$
FURNITURE/EQUIPMENT	$
TOTAL PROJECT COST:	$ -
COST PER SQ FOOT:	$ #DIV/0!

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

ATTACHMENT VI

LEON COUNTY HEALTH DEPARTMENT

PRIMARY CARE

"Primary Care" as conceptualized for the county health departments and for the use of categorical Primary Care funds (revenue object code 015040) is defined as:

"*Health care services for the prevention or treatment of acute or chronic medical conditions or minor injuries of individuals which is provided in a clinic setting and may include family planning and maternity care.*"

Indicate below the county health department programs that will be supported at least in part with categorical Primary Care funds this contract year:

_X_ Comprehensive Child Health (229/29)

_X_ Comprehensive Adult Health (237/37)

____ Family Planning (223/23)

____ Maternal Health/IPO (225/25)

____ Laboratory (242/42)

____ Pharmacy (241/93)

____ Other Medical Treatment Program (please identify) _____

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

Patients must non Medicaid and be at or below the poverty level.

Does the health department intend to contract with other providers for the delivery of primary health care services using categorical (015040) Primary Care funds? If so, please identify the provider(s), describe the services to be delivered, and list the anticipated contractual amount by provider. In addition, contract providers are required to provide data on patients served and the services provided so that the patients may be registered and the service data entered into HMS.

We contract with:

1. Bond Community Health Center for $191,250.00 which represents 1913 primary health services at $100 per service. Invoices list the name, SSN, DOB, and date of service so the may be input into HMCS.

2. Neighborhood Health Services for $191,250 which represents 1912 primary health services at $100 per service. Invoices list the name, SSN, DOB, and date of service so the may be input into HMCS.

3. Capital Medical Society Foundation, for $15,756.00 to offset some case management costs to provide Pro Bono specialty care to indigent patients under their WeCare Program.