

**CONTRACT BETWEEN
LEON COUNTY, FLORIDA
AND
STATE OF FLORIDA DEPARTMENT OF HEALTH
FOR OPERATION OF
THE LEON COUNTY HEALTH DEPARTMENT
CONTRACT YEAR 2010-2011**

This agreement ("Agreement") is made and entered into between the State of Florida, Department of Health ("State") and the Leon County Board of County Commissioners ("County"), through their undersigned authorities, effective October 1, 2010.

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, 2010, through September 30, 2011, or until a written agreement replacing this Agreement is entered into between the parties, whichever is later, unless this Agreement is otherwise terminated pursuant to the termination provisions set forth in paragraph 8, below.

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

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

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

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

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

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

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

i. The State's appropriated responsibility (*direct contribution excluding any state fees, Medicaid contributions or any other funds not listed on the Schedule C*) as provided in Attachment II, Part II is an amount not to exceed \$ 7,350,925.00 (*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 \$ 495,016.00 (*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, 2011 for the report period October 1, 2010 through December 31, 2010;
- ii. June 1, 2011 for the report period October 1, 2010 through March 31, 2011;
- iii. September 1, 2011 for the report period October 1, 2010 through June 30, 2011; and
- iv. December 1, 2011 for the report period October 1, 2010 through September 30, 2011.

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, 2011, 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 26 page agreement to be executed by their undersigned officials as duly authorized effective the 1st day of October, 2010.

LEON COUNTY, FLORIDA

STATE OF FLORIDA

DEPARTMENT OF HEALTH

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: _____

SIGNED BY: _____

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

TITLE: State Surgeon General

DATE: _____

SIGNED BY: _____

NAME: _____

TITLE: CHD Director/Administrator

DATE: _____

APPROVED AS TO FORM:

SIGNED BY: _____

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

TITLE: Leon County Attorney's Office

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:

<u>Service</u>	<u>Requirement</u>
1. Sexually Transmitted Disease Program	Requirements as specified in FAC 64D-3, F.S. 381 and F.S. 384 and the CHD Guidebook.
2. Dental Health	Monthly reporting on DH Form 1008*. Additional reporting requirements, under development, will be required. The additional reporting requirements will be communicated upon finalization.
3. Special Supplemental Nutrition Program for Women, Infants and Children (including the WIC Breastfeeding Peer Counseling Program)	Service documentation and monthly financial reports as specified in DHM 150-24* and all federal, state and county requirements detailed in program manuals and published procedures.
4. Healthy Start/ Improved Pregnancy Outcome	Requirements as specified in the 2007 Healthy Start Standards and Guidelines and as specified by the Healthy Start Coalitions in contract with each county health department.
5. Family Planning	Periodic financial and programmatic reports as specified by the program office and in the CHD Guidebook, Internal Operating Policy FAMPLAN 14*
6. Immunization	Periodic reports as specified by the department regarding the surveillance/investigation of reportable vaccine preventable diseases, vaccine usage accountability as documented in Florida SHOTS, the assessment of various immunization levels as documented in Florida SHOTS and forms reporting adverse events following immunization.
7. 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 DH2139 and Pediatric HIV/AIDS Confidential Case Report CDC Form DH2140. Socio-

ATTACHMENT I (Continued)

demographic data on persons tested for HIV in CHD clinics should be reported on Lab Request DH Form 1628 or Post-Test Counseling DH Form 1628C. These reports are to be sent to the Headquarters HIV/AIDS office within 5 days of the initial post-test counseling appointment or within 90 days of the missed post-test counseling appointment.

10. School Health Services

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

11. Tuberculosis

Tuberculosis Program Requirements as specified in FAC 64D-3, F.S. *Specific Authority 381.0011(13), 381.003(2), 381.0031(6), 384.33, 392.53(2), 392.66 FS Law Implemented 381.0011(4), 381.003(1), 381.0031(1), (2), (6), 383.06, 384.23, 384.25, 385.202, 392.53 FS.381 and CHD Guidebook.*

12. General Communicable Disease Control

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

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

ATTACHMENT II

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 09/30/10	Estimated County Share of CHD Trust Fund Balance as of 09/30/10	Total
1. CHD Trust Fund Ending Balance 09/30/10	1,039,775	468,223	1,507,998
2. Drawdown for Contract Year October 1, 2010 to September 30, 2011	353,701	160,420	514,121
3. Special Capital Project use for Contract Year October 1, 2010 to September 30, 2011			
4. Balance Reserved for Contingency Fund October 1, 2010 to September 30, 2011	686,074	307,803	993,877

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, 2010 to September 30, 2011

	State CHD (cash)	County CHD (cash)	Local CHD (cash)	Other Contribution	Total
I. GENERAL REVENUE - STATE					
015040 ALG/CESSPOOL IDENTIFICATION AND ELIMINATION	0	0	0	0	0
015040 ALG/CONTR TO CHDS-AIDS PATIENT CARE	170,000	0	170,000	0	170,000
015040 ALG/CONTR TO CHDS-AIDS PATIENT CARE NETWORK	0	0	0	0	0
015040 ALG/CONTR TO CHDS-AIDS PREV & SURV & FIELD STAFF	79,792	0	79,792	0	79,792
015040 ALG/CONTR TO CHDS-DENTAL PROGRAM	17,907	0	17,907	0	17,907
015040 ALG/CONTR TO CHDS-MIGRANT LABOR CAMP	906	0	906	0	906
015040 MINORITY OUTREACH-PENALVER CLINIC - MIAMI-DADE	0	0	0	0	0
015040 PRIMARY CARE SPECIAL DENTAL PROJECTS	6,924	0	6,924	0	6,924
015040 SPECIAL NEEDS SHELTER PROGRAM	0	0	0	0	0
015040 STATEWIDE DENTISTRY NETWORK - ESCAMBIA	0	0	0	0	0
015040 STD GENERAL REVENUE	25,895	0	25,895	0	25,895
015040 VARICELLA IMMUNIZATION REQUIREMENT	6,973	0	6,973	0	6,973
015040 HEALTHY START MED WAIVER - SOBRA	0	0	0	0	0
015040 HEALTHY START MED-WAIVER - CLIENT SERVICES	0	0	0	0	0
015040 JESSIE TRICE CANCER CTR/HEALTH CHOICE -	0	0	0	0	0
015040 LA LIGA CONTRA EL CANCER	0	0	0	0	0
015040 MANATEE COUNTY RURAL HEALTH SERVICES	0	0	0	0	0
015040 METRO ORLANDO URBAN LEAGUE TEENAGE PREG PREV	0	0	0	0	0
015040 COUNTY SPECIFIC DENTAL PROJECTS - ESCAMBIA	0	0	0	0	0
015040 DENTAL SPECIAL INITIATIVES	3,295	0	3,295	0	3,295
015040 DUVAL TEEN PREGNANCY PREVENTION	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 ALG/IPO HEALTHY START/IPO	0	0	0	0	0
015040 ALG/PRIMARY CARE	321,433	0	321,433	0	321,433
015040 ALG/SCHOOL HEALTH/SUPPLEMENTAL	71,788	0	71,788	0	71,788
015040 CHILD HEALTH MEDICAL SERVICES	0	0	0	0	0
015040 COMMUNITY SMILES - MIAMI-DADE	0	0	0	0	0
015040 COMMUNITY TB PROGRAM	89,983	0	89,983	0	89,983
015040 ALG/CONTR. TO CHDS-IMMUNIZATION OUTREACH	12,221	0	12,221	0	12,221
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	25,807	0	25,807	0	25,807
015040 ALG/FAMILY PLANNING	102,093	0	102,093	0	102,093
015050 ALG/CONTR TO CHDS	2,527,102	0	2,527,102	0	2,527,102
GENERAL REVENUE TOTAL	3,462,119	0	3,462,119	0	3,462,119
2. NON GENERAL REVENUE - STATE					
015010 ALG/CONTR TO CHDS-REBASING TOBACCO TF	25,644	0	25,644	0	25,644
015010 ALG/CONTR. TO CHDS-BIOMEDICAL WASTE/DEP ADM TF	10,930	0	10,930	0	10,930
015010 ALG/CONTR. TO CHDS-SAFE DRINKING WATER PRG/DEP	8,600	0	8,600	0	8,600
015010 BASIC SCHOOL HEALTH - TOBACCO TF	0	0	0	0	0
015010 PHP ADM	60,000	0	60,000	0	60,000
015010 Reimbursement from Wakulla/DR.	1,000	0	1,000	0	1,000
015010 FOOD AND WATERBORNE DISEASE PROGRAM ADM	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, 2010 to September 30, 2011

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contributions	Total	
2. NON GENERAL REVENUE - STATE						
015010	IMMUNIZATION SPECIAL PROJECT	5,732	0	5,732	0	5,732
015010	PUBLIC SWIMMING POOL PROGRAM	0	0	0	0	0
015010	SUPPLEMENTAL/COMPREHENSIVE SCHOOL HEALTH -	110,903	0	110,903	0	110,903
015010	TOBACCO COMMUNITY INTERVENTION	173,000	0	173,000	0	173,000
015020	TRANSFER FROM ANOTHER STATE AGENCY	0	0	0	0	0
015020	TRANSFER FROM ANOTHER STATE AGENCY	0	0	0	0	0
015020	TRANSFER FROM ANOTHER STATE AGENCY	0	0	0	0	0
015060	Non-Categorical Tobacco Rebasing	0	0	0	0	0
NON GENERAL REVENUE TOTAL		518,848	0	518,848	0	518,848
3. FEDERAL FUNDS - State						
007000	AFRICAN AMERICAN TESTING INITIATIVE (AATI)	0	0	0	0	0
007000	AIDS PREVENTION	256,964	0	256,964	0	256,964
007000	AIDS SURVEILLANCE	0	0	0	0	0
007000	BIOTERRORISM HOSPITAL PREPAREDNESS	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	TUBERCULOSIS CONTROL - FEDERAL GRANT	0	0	0	0	0
007000	WIC ADMINISTRATION	1,957,378	0	1,957,378	0	1,957,378
007000	WIC BREASTFEEDING PEER COUNSELING	54,295	0	54,295	0	54,295
007000	STD FEDERAL GRANT - CSPS	0	0	0	0	0
007000	STD PROGRAM - PHYSICIAN TRAINING CENTER	0	0	0	0	0
007000	STD PROGRAM - PHYSICIANS TRAINING CENTER	0	0	0	0	0
007000	STD PROGRAM INFERTILITY PREVENTION PROJECT (IPP)	0	0	0	0	0
007000	SYPHILIS ELIMINATION	0	0	0	0	0
007000	TITLE X MALE PROJECT	0	0	0	0	0
007000	RYAN WHITE	81,844	0	81,844	0	81,844
007000	RYAN WHITE - EMERGING COMMUNITIES	0	0	0	0	0
007000	RYAN WHITE PART B SUPPLEMENTAL	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
007000	STATE INDOOR RADON GRANT	0	0	0	0	0
007000	NATIONAL COMPREHENSIVE CANCER CONTROL	0	0	0	0	0
007000	ORAL HEALTH WORKFORCE ACTIVITIES	0	0	0	0	0
007000	ORAL HEALTH WORKFORCE ACTIVITIES 2010-2011	0	0	0	0	0
007000	PHP - CITIES READINESS INITIATIVE	0	0	0	0	0
007000	PUBLIC HEALTH PREPAREDNESS BASE	665,533	0	665,533	0	665,533
007000	RAPE PREVENTION & EDUCATION GRANT	33,500	0	33,500	0	33,500
007000	IMMUNIZATION FIELD STAFF EXPENSE	4,000	0	4,000	0	4,000
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	FGTF/FAMILY PLANNING-TITLE X	147,726	0	147,726	0	147,726
007000	FGTF/IMMUNIZATION ACTION PLAN	19,728	0	19,728	0	19,728
007000	HEALTH PROGRAM FOR REFUGEES	0	0	0	0	0
007000	HEALTHY PEOPLE HEALTHY COMMUNITIES	25,541	0	25,541	0	25,541

ATTACHMENT II

LEON COUNTY HEALTH DEPARTMENT
Part II: Sources of Contributions to County Health Department

October 1, 2010 to September 30, 2011

	State CDD Fund Total (excl)	Federal CDD Fund Total	Local CDD Fund Total (excl)	Other Contributions	Total
3. FEDERAL FUNDS - State					
007000	HIV HOUSING FOR PEOPLE LIVING WITH AIDS	0	0	0	0
007000	HIV INCIDENCE SURVEILLANCE	0	0	0	0
007000	COLORECTAL CANCER SCREENING 2009-10	0	0	0	0
007000	DIABETES PREVENTION & CONTROL PROGRAM	0	0	0	0
007000	FAMILY PLANNING - TITLE X	0	0	0	0
007000	FGTF/AIDS MORBIDITY	0	0	0	0
007000	FGTF/BREAST & CERVICAL CANCER-ADMIN/CASE MAN	37,688	0	37,688	0
007000	FGTF/FAMILY PLANNING TITLE X SPECIAL INITIATIVES	0	0	0	0
015009	MEDIPASS WAIVER-HLTHY STRT CLIENT SERVICES	0	0	0	0
015009	MEDIPASS WAIVER-SOBRA	0	0	0	0
015075	SCHOOL HEALTH/SUPPLEMENTAL	138,624	0	138,624	0
007055	ARRA Federal Grant - Schedule C	13,623	0	13,623	0
015075	Inspections of Summer Feeding Program	1,500	0	1,500	0
FEDERAL FUNDS TOTAL		3,487,681	0	3,487,681	0
4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE					
001020	TANNING FACILITIES	8,500	0	8,500	0
001020	BODY PIERCING	1,300	0	1,300	0
001020	MIGRANT HOUSING PERMIT	0	0	0	0
001020	MOBILE HOME AND PARKS	11,600	0	11,600	0
001020	FOOD HYGIENE PERMIT	32,500	0	32,500	0
001020	BIOHAZARD WASTE PERMIT	15,000	0	15,000	0
001020	PRIVATE WATER CONSTR PERMIT	0	0	0	0
001020	PUBLIC WATER ANNUAL OPER PERMIT	2,500	0	2,500	0
001020	PUBLIC WATER CONSTR PERMIT	0	0	0	0
001020	NON-SDWA SYSTEM PERMIT	0	0	0	0
001020	SAFE DRINKING WATER	0	0	0	0
001020	SWIMMING POOLS	68,400	0	68,400	0
001092	OSDS PERMIT FEE	0	0	0	0
001092	I & M ZONED OPERATING PERMIT	0	0	0	0
001092	AEROBIC OPERATING PERMIT	0	0	0	0
001092	SEPTIC TANK SITE EVALUATION	0	0	0	0
001092	NON SDWA LAB SAMPLE	0	0	0	0
001092	OSDS VARIANCE FEE	0	0	0	0
001092	ENVIRONMENTAL HEALTH FEES	71,700	0	71,700	0
001092	OSDS REPAIR PERMIT	0	0	0	0
001170	LAB FEE CHEMICAL ANALYSIS	0	0	0	0
001170	WATER ANALYSIS-POTABLE	0	0	0	0
001170	NONPOTABLE WATER ANALYSIS	0	0	0	0
010304	MQA INSPECTION FEE	600	0	600	0
001206	Central Office Surcharge	27,349	0	27,349	0
FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL		239,449	0	239,449	0
5. OTHER CASH CONTRIBUTIONS - STATE					
010304	STATIONARY POLLUTANT STORAGE TANKS	0	0	0	0
090001	DRAW DOWN FROM PUBLIC HEALTH UNIT	353,701	0	353,701	0
OTHER CASH CONTRIBUTIONS TOTAL		353,701	0	353,701	0

ATTACHMENT II
LEON COUNTY HEALTH DEPARTMENT
Part II: Sources of Contributions to County Health Department
October 1, 2010 to September 30, 2011

	State CHD Trust Fund (mil)	County CHD Trust Fund	Total CHD Trust Fund (mil)	Other Contributions	Total	
6. MEDICAID - STATE/COUNTY						
001056	MEDICAID PHARMACY	0	0	0	0	
001076	MEDICAID TB	0	0	0	0	
001078	MEDICAID ADMINISTRATION OF VACCINE	0	0	0	0	
001079	MEDICAID CASE MANAGEMENT	0	0	0	0	
001081	MEDICAID CHILD HEALTH CHECK UP	0	0	0	0	
001082	MEDICAID DENTAL	559,010	894,475	1,453,485	1,453,485	
001083	MEDICAID FAMILY PLANNING	4,668	42,008	46,676	46,676	
001087	MEDICAID STD	769	1,231	2,000	2,000	
001089	MEDICAID AIDS	0	0	0	0	
001147	Medicaid HMO Capitation	0	0	0	0	
001191	MEDICAID MATERNITY	0	0	0	0	
001192	MEDICAID COMPREHENSIVE CHILD	0	0	0	0	
001193	MEDICAID COMPREHENSIVE ADULT	0	0	0	0	
001194	MEDICAID LABORATORY	0	0	0	0	
001208	MEDIPASS \$3.00 ADM. FEE	0	0	0	0	
001059	Medicaid Low Income Pool	0	0	0	0	
001051	Emergency Medicaid	0	0	0	0	
001058	Medicaid - Behavioral Health	0	0	0	0	
001071	Medicaid - Orthopedic	0	0	0	0	
001072	Medicaid - Dermatology	0	0	0	0	
001075	Medicaid - School Health Certified Match	0	0	0	0	
001069	Medicaid - Refugee Health	0	0	0	0	
001055	Medicaid - Hospital	0	0	0	0	
001148	Medicaid HMO Non-Capitation	0	0	0	0	
001074	Medicaid - Newborn Screening	0	0	0	0	
MEDICAID TOTAL		564,447	937,714	1,502,161	0	1,502,161
7. ALLOCABLE REVENUE - STATE						
018000	REFUNDS	0	0	0	0	
037000	PRIOR YEAR WARRANT	0	0	0	0	
038000	12 MONTH OLD WARRANT	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	192,965	192,965
	LABORATORY SERVICES	0	0	0	129,945	129,945
	TB SERVICES	0	0	0	0	0
	IMMUNIZATION SERVICES	0	0	0	286,727	286,727
	STD SERVICES	0	0	0	0	0
	CONSTRUCTION/RENOVATION	0	0	0	0	0
	WIC FOOD	0	0	0	3,832,213	3,832,213
	ADAP	0	0	0	1,676,834	1,676,834
	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	6,118,684	6,118,684

ATTACHMENT II

LEON COUNTY HEALTH DEPARTMENT
 Part II- Sources of Contributions to County Health Department

October 1, 2010 to September 30, 2011

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contributions	Total	
9. DIRECT LOCAL CONTRIBUTIONS - COUNTY						
008030	Contribution from Health Care Tax	0	0	0	0	
008034	BCC Contribution from General Fund	0	495,016	495,016	0	495,016
DIRECT COUNTY CONTRIBUTION TOTAL		0	495,016	495,016	0	495,016
10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY						
001060	Vital Fees	0	400	400	0	400
001077	RABIES VACCINE	0	0	0	0	0
001077	CHILD CAR SEAT PROG	0	0	0	0	0
001077	PERSONAL HEALTH FEES	0	31,000	31,000	0	31,000
001077	AIDS CO-PAYS	0	0	0	0	0
001094	ADULT ENTER. PERMIT FEES	0	0	0	0	0
001094	LOCAL ORDINANCE FEES	0	16,900	16,900	0	16,900
001114	NEW BIRTH CERTIFICATES	0	100,000	100,000	0	100,000
001115	Vital Statistics - Death Certificate	0	156,000	156,000	0	156,000
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
001025	Client Revenue from GRC	0	0	0	0	0
001040	Cell Phone Administrative Fee	0	0	0	0	0
FEES AUTHORIZED BY COUNTY TOTAL		0	304,300	304,300	0	304,300
11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY						
001009	RETURNED CHECK ITEM	0	0	0	0	0
001029	THIRD PARTY REIMBURSEMENT	0	23,000	23,000	0	23,000
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	10,000	10,000	0	10,000
001190	Health Maintenance Organization	0	0	0	0	0
005040	INTEREST EARNED	0	0	0	0	0
005041	INTEREST EARNED-STATE INVESTMENT ACCOUNT	0	10,000	10,000	0	10,000
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	325,000	325,000	0	325,000
008060	Special Project Contribution	0	0	0	0	0
010300	SALE OF GOODS AND SERVICES TO STATE AGENCIES	0	2,300	2,300	0	2,300
010301	EXP WITNESS FEE CONSULTNT CHARGES	0	0	0	0	0
010405	SALE OF PHARMACEUTICALS	0	0	0	0	0
010409	SALE OF GOODS OUTSIDE STATE GOVERNMENT	0	0	0	0	0
011001	HEALTHY START COALITION CONTRIBUTIONS	0	688,423	688,423	0	688,423
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	160,420	160,420	0	160,420
011000	GRANT DIRECT-NOVA UNIVERSITY CHD TRAINING	0	0	0	0	0
011000	GRANT-DIRECT	0	0	0	0	0

ATTACHMENT II

LEON COUNTY HEALTH DEPARTMENT
 Part II: Sources of Contributions to County Health Department
 October 1, 2010 to September 30, 2011

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY					
011000 GRANT DIRECT-COUNTY HEALTH DEPARTMENT DIRECT	0	0	0	0	0
011000 DIRECT-ARROW	0	0	0	0	0
011000 GRANT-DIRECT NACDD	0	42,000	42,000	0	42,000
011000 GRANT-DIRECT OBEC9	0	5,000	5,000	0	5,000
011000 GRANT DIRECT-QUANTUM DENTAL	0	0	0	0	0
011000 GRANT DIRECT-HEALTH CARE DISTRICT PAHOKEE	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT DIRECT-ARROW	0	0	0	0	0
010402 Recycled Material Sales	0	0	0	0	0
010303 FDLE Fingerprinting	0	0	0	0	0
007050 ARRA Federal Grant	0	0	0	0	0
001010 Recovery of Bad Checks	0	0	0	0	0
008065 FCO Contribution	0	0	0	0	0
011006 Restricted Cash Donation	0	0	0	0	0
028000 Insurance Recoveries	0	0	0	0	0
001033 CMS Management Fee - PMPMPC	0	0	0	0	0
010400 Sale of Goods Outside State Government	0	0	0	0	0
010500 Refugee Health	0	0	0	0	0
005045 Interest Earned-Third Party Provider	0	0	0	0	0
005043 Interest Earned-Contract/Grant	0	0	0	0	0
010306 DOH/DOC Interagency Agreement	0	0	0	0	0
008040 BCC Grant/Contract	0	0	0	0	0
011002 ARRA Federal Grant - Sub-Recipient	0	0	0	0	0
OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL	0	1,266,143	1,266,143	0	1,266,143
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
· GROUNDS MAINTENANCE	0	0	0	14,918	14,918
CUSTODIAL	0	0	0	169,589	169,589
INSURANCE	0	0	0	0	0
UTILITIES	0	0	0	166,390	166,390
OTHER (SPECIFY)	0	0	0	0	0
BUILDING MAINTENANCE	0	0	0	139,566	139,566
BUILDINGS TOTAL	0	0	0	1,585,637	1,585,637
14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY					
EQUIPMENT/VEHICLE PURCHASES	18	0	0	0	0

ATTACHMENT II

LEON COUNTY HEALTH DEPARTMENT
 Part II: Sources of Contributions to County Health Department
 October 1, 2010 to September 30, 2011

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY					
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	8,626,245	3,003,173	11,629,418	7,704,321	19,333,739

ATTACHMENT B
LEON COUNTY HEALTH DEPARTMENT

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

October 1, 2010 to September 30, 2011

	FTE's (0.00)	Clients Units	Services	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd	3rd	4th			
				(Whole dollars only)						
A. COMMUNICABLE DISEASE CONTROL:										
IMMUNIZATION (101)	5.45	7,205	13,027	105,126	90,108	105,126	90,108	336,427	54,041	390,468
STD (102)	9.53	2,534	17,379	137,793	118,108	137,793	118,108	495,496	16,306	511,802
A.I.D.S. (103)	10.56	16	15,468	199,061	170,623	199,061	170,623	739,368	0	739,368
TB CONTROL SERVICES (104)	2.47	202	1,511	52,968	45,401	52,968	45,401	196,738	0	196,738
COMM. DISEASE SURV. (106)	2.07	0	505	30,651	26,272	30,651	26,272	78,371	35,475	113,846
HEPATITIS PREVENTION (109)	0.00	0	0	0	0	0	0	0	0	0
PUBLIC HEALTH PREP AND RESP (116)	10.84	0	200	198,827	170,423	198,827	170,423	738,500	0	738,500
VITAL STATISTICS (180)	3.27	15,362	32,065	45,023	38,591	45,023	38,591	0	167,228	167,228
COMMUNICABLE DISEASE SUBTOTAL	44.19	25,319	80,155	769,449	659,526	769,449	659,526	2,584,900	273,050	2,857,950
B. PRIMARY CARE:										
CHRONIC DISEASE SERVICES (210)	1.11	67	391	18,696	16,026	18,696	16,026	64,660	4,784	69,444
TOBACCO PREVENTION (212)	4.12	0	1,142	57,782	49,528	57,782	49,528	181,548	33,072	214,620
W.I.C. (221)	41.68	14,140	163,964	625,326	535,994	625,326	535,994	2,322,640	0	2,322,640
FAMILY PLANNING (223)	19.33	4,826	30,564	289,550	248,186	289,550	248,186	842,606	232,866	1,075,472
IMPROVED PREGNANCY OUTCOME (225)	1.40	45	1,045	18,676	16,008	18,676	16,008	69,368	0	69,368
HEALTHY START PRENATAL (227)	11.45	1,993	33,019	156,040	133,749	156,040	133,749	189	579,389	579,578
COMPREHENSIVE CHILD HEALTH (229)	0.24	79	122	2,499	2,142	2,499	2,142	9,282	0	9,282
HEALTHY START INFANT (231)	3.95	1,329	20,360	56,164	48,141	56,164	48,141	0	208,610	208,610
SCHOOL HEALTH (234)	32.09	0	349,008	314,265	269,370	314,265	269,370	809,155	358,115	1,167,270
COMPREHENSIVE ADULT HEALTH (237)	6.17	619	2,095	254,768	218,372	254,768	218,372	649,580	296,700	946,280
DENTAL HEALTH (240)	21.53	5,723	31,929	403,103	345,517	403,103	345,517	594,765	902,475	1,497,240
PRIMARY CARE SUBTOTAL	143.07	28,821	633,639	2,196,869	1,883,033	2,196,869	1,883,033	5,543,793	2,616,011	8,159,804
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)	0.27	85	241	3,593	3,080	3,593	3,080	13,346	0	13,346
PUBLIC WATER SYSTEM (358)	0.00	0	0	0	0	0	0	0	0	0
PRIVATE WATER SYSTEM (359)	0.00	0	1	20	17	20	17	74	0	74
INDIVIDUAL SEWAGE DISP. (361)	4.60	777	2,054	70,442	60,379	70,442	60,379	261,642	0	261,642
Group Total	4.87	862	2,296	74,055	63,476	74,055	63,476	275,062	0	275,062
Facility Programs										
FOOD HYGIENE (348)	1.90	255	1,078	29,473	25,316	29,473	25,316	109,578	0	109,578
BODY ART (349)	0.00	3	6	76	65	76	65	282	0	282
GROUP CARE FACILITY (351)	1.90	452	754	29,675	25,435	29,675	25,435	0	110,220	110,220
MIGRANT LABOR CAMP (352)	0.02	3	23	243	208	243	208	902	0	902
HOUSING,PUBLIC BLDG SAFETY,SANITATION	0.00	0	0	0	0	0	0	0	0	0
MOBILE HOME AND PARKS SERVICES (354)	0.09	25	68	1,386	1,188	1,386	1,188	5,148	0	5,148
SWIMMING POOLS/BATHING (360)	1.01	401	1,153	0	0	30,132	25,828	55,960	0	55,960
BIOMEDICAL WASTE SERVICES (364)	0.50	285	293	7,574	6,492	7,574	6,492	28,132	0	28,132
TANNING FACILITY SERVICES (369)	0.02	8	18	350	300	350	300	1,300	0	1,300
Group Total	5.44	1,432	3,393	68,777	59,004	98,909	84,832	201,302	110,220	311,522

ATTACHMENT II
LEON COUNTY HEALTH DEPARTMENT

Part III: Planned Staffing, Client Services, All Employees, By Program/Service, Within Each Line of Service

Line	FTEs (0.00)	Class Title	Services	L	S	C	M	State	County	Grand Total

C. ENVIRONMENTAL HEALTH:

Groundwater Contamination										
STORAGE TANK COMPLIANCE (355)	0.00	0	0	0	0	0	0	0	0	0
SUPER ACT SERVICE (356)	0.24	72	190	3,551	3,043	3,551	3,043	13,188	0	13,188
Group Total	0.24	72	190	3,551	3,043	3,551	3,043	13,188	0	13,188
Community Hygiene										
OCCUPATIONAL HEALTH (344)	0.00	0	0	0	0	0	0	0	0	0
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)	0.07	44	113	1,048	898	1,048	898	0	3,892	3,892
RABIES SURVEILLANCE/CONTROL SERVICES	0.00	0	0	0	0	0	0	0	0	0
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
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	0.07	44	113	1,048	898	1,048	898	0	3,892	3,892
ENVIRONMENTAL HEALTH SUBTOTAL	10.62	2,410	5,992	147,431	126,421	177,563	152,249	489,552	114,112	603,664
D. SPECIAL CONTRACTS:										
SPECIAL CONTRACTS (599)	0.00	0	0	2,154	1,846	2,154	1,846	8,000	0	8,000
SPECIAL CONTRACTS SUBTOTAL	0.00	0	0	2,154	1,846	2,154	1,846	8,000	0	8,000
TOTAL CONTRACT	197.88	56,550	719,786	3,115,903	2,670,826	3,146,035	2,696,654	8,626,245	3,003,173	11,629,418

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

<u>Facility Description</u>	<u>Location</u>	<u>Owned By</u>
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	1720 S. Gadsden Tallahassee, Fl	Bond Community Health
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
Deerlake Middle School	9902 Deerlake Way Tallahassee, Fl	Leon County School Board
Griffin Middle School Clinic	800 Alabama Street Tallahassee, Fl	Leon County School Board
Montsford Middle School	5789 Pimlico Dr. Tallahassee, Fl	Leon County School Board
Nims Middle School Clinic	723 W. Orange Avenue Tallahassee, Fl	Leon County School Board
Raa Middle School	401 West Tharpe Street Tallahassee, Fl	Leon County School Board

Swift Creek Middle School

2100 Pedrick Rd
Tallahassee, Fl

Leon County
School Board

Cobb Middle School

915 Hill Crest Street
Tallahassee, Fl

Leon County
School Board

Ghazvini School

860 Blountstown Hwy
Tallahassee, Fl

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.

<u>CONTRACT YEAR</u>	<u>STATE</u>	<u>COUNTY</u>	<u>TOTAL</u>
2008-2009	\$ _____	\$ _____	\$ <u>none</u>
2009-2010	\$ _____	\$ _____	\$ <u>none</u>
2010-2011	\$ _____	\$ _____	\$ <u>none</u>
2011-2012	\$ _____	\$ _____	\$ _____ -
2012-2013	\$ _____	\$ _____	\$ _____ -
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 construction 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:

- Comprehensive Child Health (229/29)
- 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 be 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 \$150,000.00 which represents 1170 adult and 30 child primary health care service visits at \$125 per visit. Invoices include a list of client names, numerical identifiers, and date of service so they may be input into HMS.**
- 2. Neighborhood Health Services for \$150,000.00 which represents 1170 adult and 30 child primary health care service visits at \$125 per visit. Invoices include a list of client names, numerical identifiers, and dates of service so they may be input into HMS.**
- 3. Capital Medical Society Foundation, for \$35,000.00 to offset some case management costs to provide Pro Bono specialty care to 400 indigent patients under their WeCare Program.**

ADDENDUM
LEON COUNTY HEALTH DEPARTMENT
MENTAL HEALTH FUNDING

The Leon County Health Department receives \$257,671.00 from Leon County, Florida to assure mental health services are provided.

We contract with:

1. Bond Community Health Center for \$50,000.00 for 625 adult mental health encounters at \$80.00 per encounter.
2. Neighborhood Health Services for \$50,000.00 for 625 adult mental health encounters at \$80.00 per encounter.
3. Apalachee Center, Inc. for \$157,671.00 for mental health encounters at the following rates; ARNP hours @ \$53.75 per hour; case manager hours @ \$16.80 per hour; psychiatrist/ARNP quarter hours @ \$68.53; and Comprehensive Community Support Team (CSST) quarter hours @ \$9.47.