

**CONTRACT BETWEEN  
LEON COUNTY, FLORIDA  
AND  
STATE OF FLORIDA DEPARTMENT OF HEALTH  
FOR OPERATION OF  
THE LEON COUNTY HEALTH DEPARTMENT  
CONTRACT YEAR 2014-2015**

This agreement ("Agreement") is made and entered into between the State of Florida, Department of Health ("State") and the Leon County, Florida ("County"), through their undersigned authorities, effective October 1, 2014.

**RECITALS**

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

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

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

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

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

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

2. TERM. The parties mutually agree that this Agreement shall be effective from October 1, 2014, through September 30, 2015, 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 \$ 5,700,070.00 (State General Revenue, State Funds, Other State Funds and Federal Funds listed on the Schedule C). The State's obligation to pay under this contract is contingent upon an annual appropriation by the Legislature.*

*ii. The County's appropriated responsibility (direct contribution excluding any fees, other cash or local contributions) as provided in Attachment II, Part II is an amount not to exceed \$ 237,245.00 (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, Office of Budget and Revenue Management. If the County initiates the increase/decrease, the County shall notify the CHD. The CHD will then revise the Attachment II and send a copy of the revised pages to the Department of Health, Office of Budget and Revenue Management.

e. The name and address of the official payee to 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 Secretary for Statewide Services. The director/administrator shall be selected by the State with the concurrence of the County. The director/administrator of the CHD shall ensure that non-categorical sources of funding are used to fulfill public health priorities in the community and the Long Range Program Plan. A report detailing the status of public health as measured by outcome measures and similar indicators will be sent by the CHD director/administrator to the parties no later than October 1 of each year (*This is the standard quality assurance "County Health Profile" report located on the Division of Public Health Statistics and Performance Management 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 Secretary for Statewide Services has approved the transfer. The Deputy Secretary for Statewide Services shall forward written evidence of this approval to the CHD within 30 days after an emergency transfer.

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

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

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

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

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

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

m. The CHD shall establish a system through which applicants for services and current clients may present grievances over denial, modification or termination of services. The CHD will advise applicants of the right to appeal a denial or exclusion from services, of failure to take account of a client's choice of service, and of his/her right to a fair hearing to the final governing authority of the agency. Specific references to existing laws, rules or program manuals are included in Attachment I of this Agreement.

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

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

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

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

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

- i. March 1, 2015 for the report period October 1, 2014 through December 31, 2014;
- ii. June 1, 2015 for the report period October 1, 2014 through March 31, 2015;
- iii. September 1, 2015 for the report period October 1, 2014 through June 30, 2015; and
- iv. December 1, 2015 for the report period October 1, 2014 through September 30, 2015.

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

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

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

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

8. TERMINATION.

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

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

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

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

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, 2015, 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:

Claudia Blackburn  
Name

Vincent S. Long  
Name

CHD Health Officer  
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 21 page agreement to be executed by their undersigned officials as duly authorized effective the 1<sup>st</sup> day of October, 2014.

**LEON COUNTY, FLORIDA**

**STATE OF FLORIDA**

**DEPARTMENT OF HEALTH**

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

NAME: Vincent S. Long

TITLE: County Administrator

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

ATTESTED TO:

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

NAME: Bob Inzer, Clerk of the Court  
and Comptroller

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: \_\_\_\_\_

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

NAME: John H. Armstrong, MD

TITLE: Surgeon General/Secretary of Health

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

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

NAME: Claudia Blackburn

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:

<u>Service</u>	<u>Requirement</u>
1. Sexually Transmitted Disease Program	Requirements as specified in F.A.C. 64D-3, F.S. 381 and F.S. 384.
2. Dental Health	Periodic financial and programmatic reports as specified by the program office.
3. Special Supplemental Nutrition Program for Women, Infants and Children (including the WIC published 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 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 42 U.S.C. & 64F- Program  CDC	Requirements as specified in Public Law 91-572, 300, <i>et seq.</i> , 42 CFR part 59, subpart A, 45 CFR parts 74 92, 2 CFR 215 (OMB Circular A-110) OMB Circular A-102, F.S. 381.0051, F.A.C. 64F-7, F.A.C. 64F-16, and F.A.C. 19. Requirements and Guidance as specified in the Requirements for Title X Funded Family Planning Projects (Title X Requirements)(2014) and the Providing Quality Family Planning Services (QFP): Recommendations of and the U.S. Office of Population Affairs published on the Office of Population Affairs website. Programmatic annual reports as specified by the program office as specified in the annual programmatic Scope of Work for Family Planning and Maternal Child Health Services, including the Family Planning Annual Report (FPAR), and other minimum guidelines as specified by the Policy Web Technical Assistance Guidelines.
6. Immunization to 10	Periodic reports as specified by the department pertaining

immunization levels in kindergarten and/or seventh grade pursuant to instructions contained in the Immunization Guidelines-Florida Schools, Childcare Facilities and Family Daycare Homes (DH Form 150-615) and Rule 64D-3.046, F.A.C. In addition, periodic reports as specified by the department pertaining to the surveillance/investigation of reportable vaccine-preventable diseases, adverse events, vaccine accountability, and assessment of immunization

ATTACHMENT I (Continued)

- guidance.
7. Environmental Health Programs Requirements as specified in Environmental Health Manual 150-4\* and DHP 50-21\*
8. HIV/AIDS Program Requirements as specified in F.S. 384.25 and F.A.C. 64D-3.030 and 64D-3.031. Case reporting should be on Adult HIV/AIDS Confidential Case Report CDC Form DH2139 and Pediatric HIV/AIDS Confidential Case Report CDC Form DH2140.
- F.S. Requirements as specified in F.A.C. 64D-2 and 64D-3, 381 and F.S. 384. Socio-demographic and risk data on persons tested for HIV in CHD clinics should be reported on Lab Request DH Form 1628 in accordance with the Forms Instruction Guide. Requirements for the HIV/AIDS Patient Care programs are found in the Patient Care Contract Administrative Guidelines.
9. School Health Services Requirements as specified in the Florida School Health Administrative Guidelines (May 2012). Requirements as specified in F.S. 381.0056, F.S. 381.0057, F.S. 402.3026 and F.A.C. 64F-6.
10. Tuberculosis Tuberculosis Program Requirements as specified in F.A.C. 64D-3 and F.S. 392.
11. General Communicable Disease Control and other individual cases outbreaks, and carry out assurance functions, as specified F.S. 384 and the CHD and Investigations. Carry out surveillance for reportable communicable acute diseases, detect outbreaks, respond to of reportable diseases, investigate communication and quality in F.A.C. 64D-3, F.S. 381, Epidemiology Guide to Surveillance
12. Refugee Health Program the Programmatic and financial requirements as specified by the program office.

\*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	Estimated County Share of CHD Trust Fund Balance	Total
1. CHD Trust Fund Ending Balance 09/30/14	793,513	210,934	1,004,447
2. Drawdown for Contract Year October 1, 2014 to September 30, 2015	196,200	52,155	248,355
3. Special Capital Project use for Contract Year October 1, 2014 to September 30, 2015			
4. Balance Reserved for Contingency Fund October 1, 2014 to September 30, 2015	597,313	158,779	756,092

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

## ATTACHMENT #1

## LEON COUNTY HEALTH DEPARTMENT

## Part II: Sources of Departmental Revenue and Expenditures

October 1, 2014 - September 30, 2015

	State CHD Fund (Cash)	Federal CHD Fund	Local CHD Fund (Cash)	Contribution	Total
<b>1. GENERAL REVENUE - STATE</b>					
015040 AIDS PATIENT CARE	170,000	0	170,000	0	170,000
015040 AIDS PREVENTION & SURVEILLANCE - GENERAL REVENUE	62,619	0	62,619	0	62,619
015040 CHD - TB COMMUNITY PROGRAM	65,317	0	65,317	0	65,317
015040 SEXUALLY TRANSMITTED DISEASE CONTROL PROGRAM GR	77,104	0	77,104	0	77,104
015040 MARY BROGAN BREAST & CERVICAL CANCER (NONREC GR)	2,460	0	2,460	0	2,460
015040 DENTAL SPECIAL INITIATIVE PROJECTS	6,798	0	6,798	0	6,798
015040 FAMILY PLANNING GENERAL REVENUE	65,341	0	65,341	0	65,341
015040 PRIMARY CARE PROGRAM	327,014	0	327,014	0	327,014
015040 SCHOOL HEALTH SERVICES - GENERAL REVENUE	217,686	0	217,686	0	217,686
015050 CHD GENERAL REVENUE NON-CATEGORICAL	2,008,510	0	2,008,510	0	2,008,510
<b>GENERAL REVENUE TOTAL</b>	<b>3,002,849</b>	<b>0</b>	<b>3,002,849</b>	<b>0</b>	<b>3,002,849</b>
<b>2. NON GENERAL REVENUE - STATE</b>					
015010 STATE UNDERGROUND PETROLEUM RESPONSE ACT	6,500	0	6,500	0	6,500
015010 ENVIRONMENTAL BIOMEDICAL WASTE PROGRAM	9,400	0	9,400	0	9,400
015010 TOBACCO STATE AND COMMUNITY INTERVENTIONS	224,230	0	224,230	0	224,230
<b>NON GENERAL REVENUE TOTAL</b>	<b>240,130</b>	<b>0</b>	<b>240,130</b>	<b>0</b>	<b>240,130</b>
<b>3. FEDERAL FUNDS - STATE</b>					
007000 AIDS DRUG ASSISTANCE PROGRAM ADMIN	49,737	0	49,737	0	49,737
007000 BREAST & CERVICAL CANCER - ADMIN/CASE MANAGEMENT	30,700	0	30,700	0	30,700
007000 BIOTERRORISM HOSPITAL PREPAREDNESS	25,122	0	25,122	0	25,122
007000 WIC BREASTFEEDING PEER COUNSELING PROG	10,995	0	10,995	0	10,995
007000 COMPREHENSIVE COMMUNITY CARDIO - PHBG	13,668	0	13,668	0	13,668
007000 FAMILY PLANNING TITLE X - GRANT	115,024	0	115,024	0	115,024
007000 IMMUNIZATION FIELD STAFF	4,000	0	4,000	0	4,000
007000 IMMUNIZATION ACTION PLAN	17,756	0	17,756	0	17,756
007000 MCH SPECIAL PROJECT PRAMS	30,782	0	30,782	0	30,782
007000 PHP PUBLIC HEALTH PREPAREDNESS BASE ALLOC	152,887	0	152,887	0	152,887
007000 AIDS PREVENTION	257,086	0	257,086	0	257,086
007000 RYAN WHITE TITLE II CARE GRANT	44,217	0	44,217	0	44,217
007000 RAPE PREVENTION & EDUCATION GRANT	27,875	0	27,875	0	27,875
007000 SEXUAL ASSAULT VICTIMS SERVICES PHBG	4,800	0	4,800	0	4,800
007000 IMPROVING STD PROGRAMS	24,372	0	24,372	0	24,372
007000 TOBACCO PREVENTION AND CONTROL PROGRAM	12,000	0	12,000	0	12,000
007000 WIC PROGRAM ADMINISTRATION	1,416,858	0	1,416,858	0	1,416,858
015075 INSPECTIONS OF SUMMER FEEDING PROGRAM - DOE	2,300	0	2,300	0	2,300
015075 SUPPLEMENTAL SCHOOL HEALTH	216,912	0	216,912	0	216,912
<b>FEDERAL FUNDS TOTAL</b>	<b>2,457,091</b>	<b>0</b>	<b>2,457,091</b>	<b>0</b>	<b>2,457,091</b>
<b>4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE</b>					
001020 CHD STATEWIDE ENVIRONMENTAL FEES	165,256	0	165,256	0	165,256
001092 CHD STATEWIDE ENVIRONMENTAL FEES	92,445	0	92,445	0	92,445
001206 ON SITE SEWAGE DISPOSAL PERMIT FEES	10,272	0	10,272	0	10,272

	REGULAR Fund	GRANT Fund	RESERVE Fund	GRANT Contribution	Total
001206 SANITATION CERTIFICATES (FOOD INSPECTION)	4,396	0	4,396	0	4,396
001206 SEPTIC TANK RESEARCH SURCHARGE	708	0	708	0	708
001206 SEPTIC TANK VARIANCE FEES 50%	865	0	865	0	865
001206 PUBLIC SWIMMING POOL PERMIT FEES-10% HQ TRANSFER	7,078	0	7,078	0	7,078
001206 DRINKING WATER PROGRAM OPERATIONS	462	0	462	0	462
001206 REGULATION OF BODY PIERCING SALONS	120	0	120	0	120
001206 TANNING FACILITIES	856	0	856	0	856
001206 ONSITE SEWAGE TRAINING CENTER	2,040	0	2,040	0	2,040
001206 TATTO PROGRAM ENVIRONMENTAL HEALTH	946	0	946	0	946
001206 MOBILE HOME & RV PARK FEES	1,192	0	1,192	0	1,192
FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL	286,636	0	286,636	0	286,636
5. OTHER CASH CONTRIBUTIONS - STATE:					
	0	0	0	0	0
090001 DRAW DOWN FROM PUBLIC HEALTH UNIT	196,200	0	196,200	0	196,200
OTHER CASH CONTRIBUTION TOTAL	0	0	0	0	0
6. MEDICAID - STATE/COUNTY:					
001078 CHD CLINIC FEES	0	400	400	0	400
001082 CHD CLINIC FEES	0	165,000	165,000	0	165,000
001083 CHD CLINIC FEES	0	15,000	15,000	0	15,000
001087 CHD CLINIC FEES	0	3,000	3,000	0	3,000
001147 CHD CLINIC FEES	0	968,173	968,173	0	968,173
001148 CHD CLINIC FEES	0	31,100	31,100	0	31,100
MEDICAID TOTAL	0	1,182,673	1,182,673	0	1,182,673
7. ALLOCABLE REVENUE - STATE:					
	0	0	0	0	0
MEDICAID TOTAL	0	0	0	0	0
8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE					
ADAP	0	0	0	1,128,222	1,128,222
PHARMACY DRUG PROGRAM	0	0	0	163,628	163,628
STD	0	0	0	0	0
WIC PROGRAM	0	0	0	3,094,576	3,094,576
BUREAU OF PUBLIC HEALTH LABORATORIES	0	0	0	71,756	71,756
IMMUNIZATIONS	0	0	0	167,956	167,956
OTHER STATE CONTRIBUTIONS TOTAL	0	0	0	4,626,138	4,626,138
9. DIRECT LOCAL CONTRIBUTIONS - BCC/TAX DISTRICT					
008034 CHD LOCAL REVENUE & EXPENDITURES	0	237,345	237,345	0	237,345
008040 REVENUE CONTRACT/MOA W/NO REPORTING REQUIREMENT	0	12,500	12,500	0	12,500
DIRECT COUNTY CONTRIBUTIONS TOTAL	0	249,845	249,845	0	249,845
10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY					
001077 CHD CLINIC FEES	0	32,500	32,500	0	32,500

	County	Trust	Local	Contribution	Total
001094 CHD STATEWIDE ENVIRONMENTAL FEES	0	14,000	14,000	0	14,000
001114 VITAL STATISTICS CERTIFIED RECORDS	0	85,000	85,000	0	85,000
001115 VITAL STATISTICS CERTIFIED RECORDS	0	150,000	150,000	0	150,000
<b>FEES AUTHORIZED BY COUNTY TOTAL</b>	<b>0</b>	<b>281,500</b>	<b>281,500</b>	<b>0</b>	<b>281,500</b>
<b>11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY</b>					
001029 CHD CLINIC FEES	0	100,500	100,500	0	100,500
001090 CHD CLINIC FEES	0	8,000	8,000	0	8,000
005041 CHD LOCAL REVENUE & EXPENDITURES	0	1,200	1,200	0	1,200
008050 SCHOOL HEALTH CLINICS FUNDED BY SCHOOL BOARD	0	530,356	530,356	0	530,356
011001 CHD HEALTHY START COALITION CONTRACT	0	197,968	197,968	0	197,968
011001 HEALTHY START MEDIPASS WAIVER - COALITION TO CHD	0	378,343	378,343	0	378,343
090002 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	52,155	52,155	0	52,155
<b>OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>1,268,522</b>	<b>1,268,522</b>	<b>0</b>	<b>1,268,522</b>
<b>12. ALLOCABLE REVENUE - COUNTY</b>					
	0	0	0	0	0
<b>COUNTY ALLOCABLE REVENUE TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>13. BUILDINGS - COUNTY</b>					
ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	1,313,930	1,313,930
OTHER (Specify)custodial	0	0	0	176,937	176,937
UTILITIES	0	0	0	144,175	144,175
BUILDING MAINTENANCE	0	0	0	137,840	137,840
GROUNDS MAINTENANCE	0	0	0	9,427	9,427
INSURANCE	0	0	0	1,989	1,989
OTHER (Specify)	0	0	0	0	0
OTHER (Specify)	0	0	0	0	0
<b>BUILDINGS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,784,298</b>	<b>1,784,298</b>
<b>14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY</b>					
EQUIPMENT / VEHICLE PURCHASES	0	0	0	0	0
VEHICLE INSURANCE	0	0	0	0	0
VEHICLE MAINTENANCE	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
<b>OTHER COUNTY CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>GRAND TOTAL CHD PROGRAM</b>	<b>6,182,906</b>	<b>2,982,540</b>	<b>9,165,446</b>	<b>6,410,436</b>	<b>15,575,882</b>

## ATTACHMENT II

## NEW YORK STATE DEPARTMENT OF HEALTH

## Part III. Planned Staffing, Clients, Services and Expenditures by Program Category Area Within the District of Service

## Calendar Year 2010-2011 (Actual 2010)

	FTEs		Clients		Services		Expenditures		Total	
	(0.00)	Units	Yr	Yr	(Whole Dollars)	(Whole Dollars)	State	County	Total	
<b>A. COMMUNICABLE DISEASE CONTROL:</b>										
IMMUNIZATION (101)	5.89	5,289	5,655	103,736	88,893	103,736	103,695	322,123	77,937	400,060
SEXUALLY TRANS. DIS. (102)	5.81	2,273	3,584	107,332	91,975	107,332	107,292	381,476	32,455	413,931
HIV/AIDS PREVENTION (03A1)	7.69	3	231	113,566	97,318	113,566	113,523	431,522	6,451	437,973
HIV/AIDS SURVEILLANCE (03A2)	1.38	1	4	18,186	15,584	18,186	18,180	68,183	1,953	70,136
HIV/AIDS PATIENT CARE (03A3)	2.68	1	91	66,105	56,647	66,105	66,079	254,737	199	254,936
ADAP (03A4)	0.69	1	1	15,588	13,358	15,588	15,582	60,065	51	60,116
TUBERCULOSIS (104)	1.46	8	111	26,018	22,295	26,018	26,007	100,230	108	100,338
COMM. DIS. SURV. (106)	1.29	0	520	24,858	21,301	24,858	24,848	90,000	5,865	95,865
HEPATITIS (109)	0.00	0	0	0	0	0	0	0	0	0
PREPAREDNESS AND RESPONSE (116)	2.47	0	6	56,157	48,122	56,157	56,135	216,571	0	216,571
REFUGEE HEALTH (118)	0.03	24	108	367	315	367	367	1,413	3	1,416
VITAL RECORDS (180)	3.33	12,973	24,246	48,293	41,383	48,293	48,274	0	186,243	186,243
COMMUNICABLE DISEASE SUBTOTAL	32.72	20,573	34,557	580,206	497,191	580,206	579,982	1,926,320	311,265	2,237,585
<b>B. PRIMARY CARE:</b>										
CHRONIC DISEASE PREVENTION PRO (210)	1.11	0	0	10,347	8,866	10,347	10,343	39,903	0	39,903
WIC (21W1)	34.01	8,437	105,214	428,757	367,411	428,757	428,592	1,653,517	0	1,653,517
TOBACCO USE INTERVENTION (212)	3.33	0	0	55,232	47,329	55,232	55,211	213,004	0	213,004
WIC BREASTFEEDING PEER COUNSELING (21W2)	2.05	0	4,515	11,546	9,894	11,546	11,540	44,526	0	44,526
FAMILY PLANNING (223)	13.06	3,509	7,803	211,712	181,421	211,712	211,631	740,940	75,536	816,476
IMPROVED PREGNANCY OUTCOME (225)	0.00	0	0	0	0	0	0	0	0	0
HEALTHY START PRENATAL (227)	8.92	1,738	10,755	128,497	110,112	128,497	128,448	0	495,554	495,554
COMPREHENSIVE CHILD HEALTH (229)	0.00	0	0	0	0	0	0	0	0	0
HEALTHY START CHILD (231)	5.05	1,160	6,646	61,377	52,595	61,377	61,354	37,590	199,113	236,703
SCHOOL HEALTH (234)	30.17	0	476,548	319,177	273,510	319,177	319,053	700,560	530,357	1,230,917
COMPREHENSIVE ADULT HEALTH (237)	1.77	599	766	32,695	28,017	32,695	32,681	120,457	5,631	126,088
COMMUNITY HEALTH DEVELOPMENT (238)	1.11	0	0	22,700	19,452	22,700	22,690	87,542	0	87,542
DENTAL HEALTH (240)	19.20	6,845	15,540	340,777	292,019	340,777	340,646	141,046	1,173,173	1,314,219
PRIMARY CARE SUBTOTAL	119.78	22,288	627,787	1,622,817	1,390,626	1,622,817	1,622,189	3,779,085	2,479,364	6,258,449
<b>C. ENVIRONMENTAL HEALTH:</b>										
<b>Water and Onsite Sewage Programs</b>										
COSTAL BEACH MONITORING (347)	0.00	0	0	0	0	0	0	0	0	0
LIMITED USE PUBLIC WATER SYSTEMS (357)	0.18	56	137	4,401	3,771	4,401	4,398	4,158	12,813	16,971
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
ONSITE SEWAGE TREATMENT & DISPOSAL (361)	5.44	1,325	2,387	89,025	76,288	89,025	88,992	302,104	41,226	343,330
Group Total	5.62	1,381	2,524	93,426	80,059	93,426	93,390	306,262	54,039	360,301
<b>Facility Programs</b>										
TATTOO FACILITY SERVICES (344)	0.04	0	40	742	636	742	743	2,863	0	2,863

Part III. Planned Staffing Changes, Recruitment, and Retention

	(000)	State	County	City	Watershed	State	County	City	Watershed	Total
FOOD HYGIENE (348)	1.42	205	920	22,278	19,091	22,278	22,269	41,867	44,049	85,916
BODY PIERCING FACILITIES SERVICES (349)	0.01	7	8	211	180	211	210	812	0	812
GROUP CARE FACILITY (351)	1.37	177	296	22,406	19,201	22,406	22,398	0	86,411	86,411
MIGRANT LABOR CAMP (352)	0.01	3	16	248	212	248	247	0	955	955
HOUSING & PUB. BLDG. (353)	0.00	0	0	0	0	0	0	0	0	0
MOBILE HOME AND PARK (354)	0.15	97	206	2,294	1,966	2,294	2,294	8,848	0	8,848
POOLS/BATHING PLACES (360)	0.70	317	995	10,233	8,769	10,233	10,228	39,463	0	39,463
BIOMEDICAL WASTE SERVICES (364)	0.34	231	266	4,752	4,072	4,752	4,750	18,326	0	18,326
TANNING FACILITY SERVICES (369)	0.04	31	68	670	574	670	668	2,582	0	2,582
Group Total	4.08	1,068	2,815	63,834	54,701	63,834	63,807	114,761	131,415	246,176
Groundwater Contamination										
STORAGE TANK COMPLIANCE SERVICES (355)	0.00	0	0	0	0	0	0	0	0	0
SUPER ACT SERVICES (356)	0.15	30	72	2,478	2,124	2,478	2,478	6,500	3,058	9,558
Group Total	0.15	30	72	2,478	2,124	2,478	2,478	6,500	3,058	9,558
Community Hygiene										
COMMUNITY ENVIR. HEALTH (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 SERVICE (363)	0.00	0	0	0	0	0	0	0	0	0
SANITARY NUISANCE (365)	0.06	64	158	881	755	881	882	0	3,399	3,399
RABIES SURVEILLANCE (366)	0.15	30	60	2,878	2,466	2,878	2,876	11,098	0	11,098
ARBORVIRUS SURVEIL. (367)	0.00	0	0	0	0	0	0	0	0	0
RODENT/ARTHROPOD CONTROL (368)	0.00	0	0	0	0	0	0	0	0	0
WATER POLLUTION (370)	0.00	0	0	0	0	0	0	0	0	0
INDOOR AIR (371)	0.00	0	0	0	0	0	0	0	0	0
RADIOLOGICAL HEALTH (372)	0.00	0	0	0	0	0	0	0	0	0
TOXIC SUBSTANCES (373)	0.00	0	0	0	0	0	0	0	0	0
Group Total	0.21	94	218	3,759	3,221	3,759	3,758	11,098	3,399	14,497
ENVIRONMENTAL HEALTH SUBTOTAL	10.06	2,573	5,629	163,497	140,105	163,497	163,433	438,621	191,911	630,532
D. NON-OPERATIONAL COSTS:										
SPECIAL CONTRACTS (599)	0.00	0	0	2,579	2,210	2,579	2,577	9,945	0	9,945
ENVIRONMENTAL HEALTH SURCHARGE (399)	0.00	0	0	7,503	6,429	7,503	7,500	28,935	0	28,935
MEDICAID BUYBACK (611)	0.00	0	0	0	0	0	0	0	0	0
NON-OPERATIONAL COSTS SUBTOTAL	0.00	0	0	10,082	8,639	10,082	10,077	38,880	0	38,880
TOTAL CONTRACT	162.56	45,434	667,973	2,376,602	2,036,561	2,376,602	2,375,681	6,182,906	2,982,540	9,165,446

**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
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	
Bond	2204 Saxon Street Tallahassee, FL	Leon County School Board
Bucklake	1600 Pedrick Road Tallahassee, FL	Leon County School Board
Canopy Oaks	3250 Pointview Drive Tallahassee, FL	Leon County School Board
Conley	2400 E Orange Ave Tallahassee, FL	Leon County School Board
DeSoto Trail	2930 Velda Dairy Road Tallahassee, FL	Leon County School Board
Hartsfield	1414 Chowkeebinnen Tallahassee, FL	Leon County School Board
Hawks Rise	205 Meadow Ridge Drive Tallahassee, FL	Leon County School Board
Kate Sullivan	927 Micosukee Road Tallahassee, FL	Leon County School Board
Pace School	3413 Zillah Road Tallahassee, FL	Leon County School Board
Pineview	2230 Lake Bradford Road Tallahassee, FL	Leon County School Board
Riley	1400 Indiana Street Tallahassee, FL	Leon County School Board
Ruediger	526 West 10th Avenue Tallahassee, FL	Leon County School Board
Sabal Palm	2813 Ridgeway Road Tallahassee, FL	Leon County School Board
Sealey	2815 Allen Road Tallahassee, FL	Leon County School Board
Springwood	3801 Fred George Road Tallahassee, FL	Leon County School Board
Woodville	9373 Woodville Highway Tallahassee, FL	Leon County School Board

**ATTACHMENT V  
LEON COUNTY HEALTH DEPARTMENT  
SPECIAL PROJECTS SAVINGS PLAN**

CASH RESERVED OR ANTICIPATED TO BE RESERVED FOR PROJECTS

<u>CONTRACT YEAR</u>	<u>STATE</u>	<u>COUNTY</u>	<u>TOTAL</u>
2013-2014*	\$ _____	\$ _____	\$ _____ -
2014-2015**	\$ _____	\$ _____	\$ _____ -
2015-2016***	\$ _____	\$ _____	\$ _____ -
2016-2017***	\$ _____	\$ _____	\$ _____ -
PROJECT TOTAL	\$ _____ -	\$ _____ -	\$ _____ -

**SPECIAL PROJECT CONSTRUCTION/RENOVATION PLAN**

PROJECT NUMBER: \_\_\_\_\_

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.*

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.**

\*Cash balance as of 9/30/14.  
 \*\*Cash to be transferred to FCO account.  
 \*\*\*Cash anticipated for future contract years.