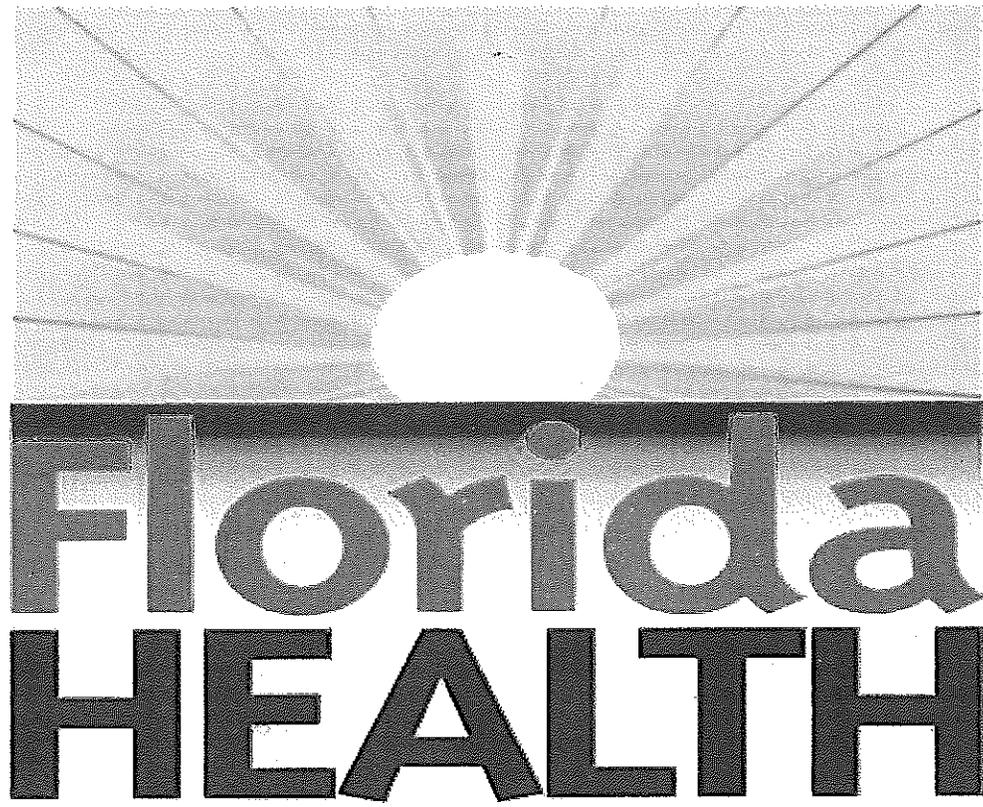


**Contract Between
The Santa Rosa County Board of
County Commissioners
And
Florida Department of Health in
Santa Rosa**



Santa Rosa County

**Contract Year
2016-2017**

**CONTRACT BETWEEN
SANTA ROSA COUNTY BOARD OF COUNTY COMMISSIONERS
AND
STATE OF FLORIDA DEPARTMENT OF HEALTH
FOR OPERATION OF THE
SANTA ROSA COUNTY HEALTH DEPARTMENT
CONTRACT YEAR 2016-2017**

This contract is made and entered into between the State of Florida, Department of Health ("State") and the Santa Rosa County Board of County Commissioners ("County"), through their undersigned authorities, effective October 1, 2016.

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. Santa Rosa County Health Department ("CHD") is one of the created County Health Departments.

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

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

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

2. TERM. The parties mutually agree that this contract shall be effective from October 1, 2016, through September 30, 2017, or until a written contract replacing this contract is entered into between the parties, whichever is later, unless this contract is otherwise terminated pursuant to the termination provisions set forth in paragraph 8. below.

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

a. "Environmental health services" are those services which are organized and operated to protect the health of the general public by monitoring and regulating activities in the environment which may contribute to the occurrence or transmission of disease.

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

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

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

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

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

i. The State's appropriated responsibility (*direct contribution excluding any state fees, Medicaid contributions or any other funds not listed on the Schedule C*) as provided in Attachment II, Part II is an amount not to exceed \$ 2,358,382 (*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 \$395,020 (*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 contract in the County Health

Department Trust Fund that is attributed to the CHD shall be carried forward to the next contract period.

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

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

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

County Health Department Trust Fund
Florida Department of Health in Santa Rosa County
5527 Stewart Street
P.O. Box 929
Milton, FL 32572-0929

5. CHD DIRECTOR/ADMINISTRATOR. Both parties agree the director/administrator of the CHD shall be a State employee or under contract with the State and will be under the day-to-day direction of the Deputy Secretary for County Health Systems. The director/administrator shall be selected by the State with the concurrence of the County. The director/administrator of the CHD shall ensure that non-categorical sources of funding are used to fulfill public health priorities in the community and the Long Range Program Plan. 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 contract. State procedures must be followed for all leases on facilities not enumerated in Attachment IV.

c. The CHD shall maintain books, records and documents in accordance with the Generally Accepted Accounting Principles (GAAP), as promulgated by the Governmental Accounting Standards Board (GASB), and the requirements of federal or state law. These records shall be maintained as required by the Department of Health Policies and Procedures for Records Management and shall be open for inspection at any time by the parties and the public, except for those records that are not otherwise subject to disclosure as provided by law which are subject to the confidentiality provisions of 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 Information Resource (FLAIR) System;
- ii. The client registration and services reporting requirements of the minimum data set as specified in the most current version of the Client Information System/Health Management Component Pamphlet;
- iii. Financial procedures specified in the Department of Health's Accounting Procedures Manuals, Accounting memoranda, and Comptroller's memoranda;
- iv. The CHD is responsible for assuring that all contracts with service providers include provisions that all subcontracted services be reported to the CHD in a manner consistent with the client registration and service reporting requirements of the minimum data set as specified in the Client Information System/Health Management Component Pamphlet.

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

e. That any surplus/deficit funds, including fees or accrued interest, remaining in the County Health Department Trust Fund account at the end of the contract year shall be credited/debited to the State or County, as appropriate, based on the funds contributed by each and the expenditures incurred by each. Expenditures will be charged to the program accounts by State and County based on the ratio of planned expenditures in this contract and funding from all sources is credited to the program accounts by State and County. The equity share of any surplus/deficit funds accruing to the State and County is determined each month and at contract year-end. Surplus funds may be applied toward the funding requirements of each participating governmental entity in the following year. However, in each such case, all surplus funds, including fees and accrued interest, shall remain in the

trust fund until accounted for in a manner which clearly illustrates the amount which has been credited to each participating governmental entity. The planned use of surplus funds shall be reflected in Attachment II, Part I of this contract, with special capital projects explained in Attachment V.

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

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

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

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

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

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

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

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

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

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

- i. The DE385L1 Contract Management Variance Report and the DE580L1 Analysis of Fund Equities Report;
- ii. A written explanation to the County of service variances reflected in the year end DE385L1 report if the variance exceeds or falls below 25 percent of the planned expenditure amount for the contract year. However, if the amount of the service specific variance between actual and planned expenditures does not exceed three percent of the total planned expenditures for the level of service in which the type of service is included, a variance explanation is not required. A copy of the written explanation shall be sent to the Department of Health, Office of Budget and Revenue Management.

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

- i. March 1, 2017 for the report period October 1, 2016 through December 31, 2016;
- ii. June 1, 2017 for the report period October 1, 2016 through March 31, 2017;
- iii. September 1, 2017 for the report period October 1, 2016 through June 30, 2017; and
- iv. December 1, 2017 for the report period October 1, 2016 through September 30, 2017.

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

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

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

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

8. TERMINATION.

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

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

c. Termination for Breach. This contract may be terminated by one party, upon no less than thirty (30) days notice, because of the other party's failure to perform an obligation hereunder. Said notice shall be delivered by certified mail, return receipt requested, or in person to the other party's contract manager with proof of delivery. Waiver of breach of any provisions of this contract shall not be deemed to be a waiver of any other breach and shall not be construed to be a modification of the terms of this contract.

9. MISCELLANEOUS. The parties further agree:

a. Availability of Funds. If this contract, any renewal hereof, or any term, performance or payment hereunder, extends beyond the fiscal year beginning July 1, 2017, it is agreed that the performance and payment under this contract are contingent upon an annual appropriation by the Legislature, in accordance with section 287.0582, Florida Statutes.

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

For the State:

Del W. Lewis
Public Health Services Manager
Florida Department of Health
in Santa Rosa County

For the County:

Tony Gomillion
County Administrator
Santa Rosa County Board of
County Commissioners

P.O. Box 929
Milton, FL 32572-0929
(850) 983-5200 x 168

P.O. Box 472
Milton, FL 32572-0472
(850) 983-1877

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

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

In WITNESS THEREOF, the parties hereto have caused this 8 page contract, with its attachments as referenced, including Attachment I (two pages), Attachment II (6 pages), Attachment III (1 pages), Attachment IV (1 pages), and Attachment V (1 pages), to be executed by their undersigned officials as duly authorized effective the 1st day of October, 2016.

**BOARD OF COUNTY COMMISSIONERS
FOR SANTA ROSA COUNTY**

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

SIGNED BY: _____

NAME: Lane Lynchard

TITLE: Chairman, BOCC

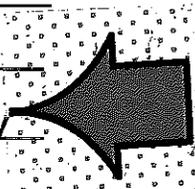
DATE: _____

SIGNED BY: _____

NAME: Celeste Philip, MD, MPH

TITLE: Surgeon General and Secretary

DATE: _____



ATTESTED TO:

SIGNED BY: _____

NAME: Donald C. Spencer

TITLE: Clerk of Court

DATE: _____

SIGNED BY: Sandra Park-O'Hara

NAME: Sandra Park-O'Hara

TITLE: CHD Director/Administrator

DATE: _____

APPROVED AS TO FORM LEGALITY
Decl. M. Johnson 9-13-2016

ATTACHMENT I
SANTA ROSA COUNTY HEALTH DEPARTMENT
PROGRAM SPECIFIC REPORTING REQUIREMENTS AND PROGRAMS REQUIRING
COMPLIANCE WITH THE PROVISIONS OF SPECIFIC MANUALS

Some health services must comply with specific program and reporting requirements in addition to the Personal Health Coding Pamphlet (DHP 50-20), Environmental Health Coding Pamphlet (DHP 50-21) and FLAIR requirements because of federal or state law, regulation or rule. If a county health department is funded to provide one of these services, it must comply with the special reporting requirements for that service. The services and the reporting requirements are listed below:

<u>Service</u>	<u>Requirement</u>
1. Sexually Transmitted Disease Program	Requirements as specified in F.A.C. 64D-3, F.S. 381 and F.S. 384.
2. Dental Health	Periodic financial and programmatic reports as specified by the program office.
3. Special Supplemental Nutrition Program for Women, Infants and Children (including the WIC Breastfeeding Peer Counseling Program)	Service documentation and monthly financial reports as specified in DHM 150-24* and all federal, state and county requirements detailed in program manuals and published procedures.
4. Healthy Start/ Improved Pregnancy Outcome	Requirements as specified in the 2007 Healthy Start Standards and Guidelines and as specified by the Healthy Start Coalitions in contract with each county health department.
5. Family Planning	Requirements as specified in Public Law 91-572, 42 U.S.C. 300, et seq., 42 CFR part 59, subpart A, 45 CFR parts 74 & 92, 2 CFR 215 (OMB Circular A-110) OMB Circular A-102, F.S. 381.0051, F.A.C. 64F-7, F.A.C. 64F-16, and F.A.C. 64F-19. Requirements and Guidance as specified in the Program Requirements for Title X Funded Family Planning Projects (Title X Requirements)(2014) and the Providing Quality Family Planning Services (QFP): Recommendations of CDC and the U.S. Office of Population Affairs published on the Office of Population Affairs website. Programmatic annual reports as specified by the program office as specified in the annual programmatic Scope of Work for Family Planning and Maternal Child Health Services, including the Family Planning Annual Report (FPAR), and other minimum guidelines as specified by the Policy Web Technical Assistance Guidelines.
6. Immunization	Periodic reports as specified by the department pertaining to immunization levels in kindergarten and/or seventh grade pursuant to instructions contained in the Immunization Guidelines-Florida Schools, Childcare Facilities and Family Daycare Homes (DH Form 150-615) and Rule 64D-3.046, F.A.C. In addition, periodic reports as specified by the department pertaining to the surveillance/investigation of reportable vaccine-preventable diseases, adverse events, vaccine accountability, and assessment of immunization

- levels as documented in Florida SHOTS and supported by CHD Guidebook policies and technical assistance guidance.
7. Environmental Health
Requirements as specified in Environmental Health Programs Manual 150-4* and DHP 50-21*
 8. HIV/AIDS Program
Requirements as specified in F.S. 384.25 and F.A.C. 64D-3.030 and 64D-3.031. Case reporting should be on Adult HIV/AIDS Confidential Case Report CDC Form DH2139 and Pediatric HIV/AIDS Confidential Case Report CDC Form DH2140.

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

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

ATTACHMENT II

SANTA ROSA 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 09/30/16	26559	350000	376559
2. Drawdown for Contract Year October 1, 2016 to September 30, 2017	0	-74782	-74782
3. Special Capital Project use for Contract Year October 1, 2016 to September 30, 2017	0	0	0
4. Balance Reserved for Contingency Fund October 1, 2016 to September 30, 2017	26559	275218	301777

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

ATTACHMENT II

SANTA ROSA COUNTY HEALTH DEPARTMENT

Part II, Sources of Contributions to County Health Department

October 1, 2016 to September 30, 2017

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
1. GENERAL REVENUE - STATE					
015040 CHD - TB COMMUNITY PROGRAM	20,531	0	20,531	0	20,531
015040 DENTAL SPECIAL INITIATIVE PROJECTS	5,806	0	5,806	0	5,806
015040 FAMILY PLANNING GENERAL REVENUE	35,054	0	35,054	0	35,054
015040 PRIMARY CARE PROGRAM	159,206	0	159,206	0	159,206
015040 SCHOOL HEALTH SERVICES - GENERAL REVENUE	141,819	0	141,819	0	141,819
015050 CHD GENERAL REVENUE NON-CATEGORICAL	820,144	0	820,144	0	820,144
GENERAL REVENUE TOTAL	1,182,560	0	1,182,560	0	1,182,560
2. NON GENERAL REVENUE - STATE					
015010 STATE UNDERGROUND PETROLEUM RESPONSE ACT	1,087	0	1,087	0	1,087
015010 TOBACCO STATE AND COMMUNITY INTERVENTIONS	148,633	0	148,633	0	148,633
015010 TOBACCO NON PILOT EXPENDITURES	8,000	0	8,000	0	8,000
NON GENERAL REVENUE TOTAL	157,720	0	157,720	0	157,720
3. FEDERAL FUNDS - STATE					
007000 AIDS DRUG ASSISTANCE PROGRAM ADMIN HQ	10,724	0	10,724	0	10,724
007000 WIC BREASTFEEDING PEER COUNSELING PROG	55,220	0	55,220	0	55,220
007000 COASTAL BEACH WATER QUALITY MONITORING	6,757	0	6,757	0	6,757
007000 COMPREHENSIVE COMMUNITY CARDIO - PHBG	35,000	0	35,000	0	35,000
007000 CMS-MCH PURCHASED CLIENT SERVICES 2014-2015	15,000	0	15,000	0	15,000
007000 EPI/LAB CAPACITY INFECT DISEASE EBOLA SUPPL HAI	14,739	0	14,739	0	14,739
007000 FAMILY PLANNING TITLE X - GRANT	61,707	0	61,707	0	61,707
007000 HPP VOLUNTEER MANAGEMENT	25,000	0	25,000	0	25,000
007000 IMMUNIZATION ACTION PLAN	16,232	0	16,232	0	16,232
007000 MCH SPECIAL PRJCT UNPLANNED PREGNANCY	21,180	0	21,180	0	21,180
007000 BASE COMMUNITY PREPAREDNESS CAPABILITY	63,202	0	63,202	0	63,202
007000 WIC PROGRAM ADMINISTRATION	570,054	0	570,054	0	570,054
015075 INSPECTIONS OF SUMMER FEEDING PROGRAM - DOE	4,350	0	4,350	0	4,350
015075 SUPPLEMENTAL SCHOOL HEALTH	118,937	0	118,937	0	118,937
FEDERAL FUNDS TOTAL	1,018,102	0	1,018,102	0	1,018,102
4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE					
001020 CHD STATEWIDE ENVIRONMENTAL FEES	49,900	0	49,900	0	49,900
001092 CHD STATEWIDE ENVIRONMENTAL FEES	231,848	0	231,848	0	231,848
001206 ON SITE SEWAGE DISPOSAL PERMIT FEES	14,500	0	14,500	0	14,500
001206 SANITATION CERTIFICATES (FOOD INSPECTION)	2,000	0	2,000	0	2,000
001206 SEPTIC TANK RESEARCH SURCHARGE	3,500	0	3,500	0	3,500
001206 PUBLIC SWIMMING POOL PERMIT FEES-10% HQ TRANSFER	300	0	300	0	300
001206 DRINKING WATER PROGRAM OPERATIONS	200	0	200	0	200
001206 TANNING FACILITIES	500	0	500	0	500
001206 MOBILE HOME & RV PARK FEES	1,000	0	1,000	0	1,000
FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL	303,748	0	303,748	0	303,748
5. OTHER CASH CONTRIBUTIONS - STATE:					

ATTACHMENT II

SANTA ROSA COUNTY HEALTH DEPARTMENT

Part II, Sources of Contributions to County Health Department

October 1, 2016 to September 30, 2017

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
090001 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	0	0	0	0
OTHER CASH CONTRIBUTION TOTAL	0	0	0	0	0
6. MEDICAID - STATE/COUNTY:					
001057 CHD CLINIC FEES	0	60,500	60,500	0	60,500
001057 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES	0	500	500	0	500
001148 CHD CLINIC FEES	0	207,861	207,861	0	207,861
001148 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES	0	2,500	2,500	0	2,500
MEDICAID TOTAL	0	271,361	271,361	0	271,361
7. ALLOCABLE REVENUE - STATE:					
ALLOCABLE REVENUE TOTAL	0	0	0	0	0
8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE					
ADAP	0	0	0	77,513	77,513
PHARMACY DRUG PROGRAM	0	0	0	24,119	24,119
WIC PROGRAM	0	0	0	5,780,425	5,780,425
BUREAU OF PUBLIC HEALTH LABORATORIES	0	0	0	24,335	24,335
IMMUNIZATIONS	0	0	0	422,240	422,240
OTHER STATE CONTRIBUTIONS TOTAL	0	0	0	6,328,632	6,328,632
9. DIRECT LOCAL CONTRIBUTIONS - BCC/TAX DISTRICT					
008005 CHD LOCAL REVENUE & EXPENDITURES	0	395,020	395,020	0	395,020
DIRECT COUNTY CONTRIBUTIONS TOTAL	0	395,020	395,020	0	395,020
10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY					
001077 CHD CLINIC FEES	0	45,104	45,104	0	45,104
001077 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES	0	5,000	5,000	0	5,000
001094 CHD LOCAL ENVIRONMENTAL FEES	0	136,101	136,101	0	136,101
001110 VITAL STATISTICS CERTIFIED RECORDS	0	110,000	110,000	0	110,000
FEES AUTHORIZED BY COUNTY TOTAL	0	296,205	296,205	0	296,205
11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY					
001029 CHD CLINIC FEES	0	43,795	43,795	0	43,795
001029 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES	0	4,000	4,000	0	4,000
001090 CHD CLINIC FEES	0	1,500	1,500	0	1,500
001090 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES	0	1,800	1,800	0	1,800
011000 DENTAL SERVICES - HEAD START	0	5,000	5,000	0	5,000
011000 NACCHO - MEDICAL RESERVE CORPS	0	15,000	15,000	0	15,000
011000 SCHOOL HEALTH CLINICS FUNDED BY SCHOOL BOARD	0	59,799	59,799	0	59,799
011001 CHD HEALTHY START COALITION CONTRACT	0	173,078	173,078	0	173,078
011001 HEALTHY START MEDIPASS WAIVER - COALITION TO CHD	0	144,533	144,533	0	144,533
090002 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	73,283	73,283	0	73,283
OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL	0	521,788	521,788	0	521,788

ATTACHMENT II

SANTA ROSA COUNTY HEALTH DEPARTMENT

Part II, Sources of Contributions to County Health Department

October 1, 2016 to September 30, 2017

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
2. ALLOCABLE REVENUE - COUNTY					
COUNTY ALLOCABLE REVENUE TOTAL	0	0	0	0	0
3. BUILDINGS - COUNTY					
ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	0	0
OTHER (Specify)	0	0	0	0	0
UTILITIES	0	0	0	0	0
BUILDING MAINTENANCE	0	0	0	0	0
GROUNDS MAINTENANCE	0	0	0	0	0
INSURANCE	0	0	0	0	0
OTHER (Specify)	0	0	0	0	0
OTHER (Specify)	0	0	0	0	0
BUILDINGS TOTAL	0	0	0	0	0
4. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY					
EQUIPMENT / VEHICLE PURCHASES	0	0	0	0	0
VEHICLE INSURANCE	0	0	0	0	0
VEHICLE MAINTENANCE	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
OTHER COUNTY CONTRIBUTIONS TOTAL	0	0	0	0	0
RAND TOTAL CHD PROGRAM	2,662,130	1,484,374	4,146,504	6,328,632	10,475,136

ATTACHMENT II

SANTA ROSA COUNTY HEALTH DEPARTMENT

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

October 1, 2016 to September 30, 2017

	FTE's (0,00)	Clients Units	Services/ Visits	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd	3rd	4th			
A. COMMUNICABLE DISEASE CONTROL:										
IMMUNIZATION (101)	3.01	2,127	2,420	48,712	56,817	48,712	56,818	154,769	56,300	211,059
SEXUALLY TRANS. DIS. (102)	2.02	452	640	32,964	38,448	32,964	38,449	113,525	29,300	142,825
HIV/AIDS PREVENTION (03A1)	0.00	0	0	0	0	0	0	0	0	0
HIV/AIDS SURVEILLANCE (03A2)	0.00	0	0	0	0	0	0	0	0	0
HIV/AIDS PATIENT CARE (03A3)	0.00	0	0	0	0	0	0	0	0	0
ADAP (03A4)	0.25	1	91	3,889	4,535	3,889	4,535	16,848	0	16,848
TUBERCULOSIS (104)	0.54	43	241	11,756	13,712	11,756	13,711	18,173	32,762	50,935
COMM. DIS. SURV. (106)	1.54	0	298	20,278	23,652	20,278	23,653	12,463	75,398	87,861
HEPATITIS (109)	0.00	0	0	0	0	0	0	0	0	0
PREPAREDNESS AND RESPONSE (116)	2.33	0	26	43,985	51,304	43,985	51,304	175,578	15,000	190,578
REFUGEE HEALTH (118)	0.00	0	0	0	0	0	0	0	0	0
VITAL RECORDS (180)	1.30	4,784	12,080	19,319	22,533	19,319	22,532	0	83,703	83,703
COMMUNICABLE DISEASE SUBTOTAL	10.99	7,407	15,796	180,903	211,001	180,903	211,002	491,346	292,463	783,809
B. PRIMARY CARE:										
CHRONIC DISEASE PREVENTION PRO (210)	1.21	379	92	26,202	30,562	26,202	30,562	110,351	3,177	113,528
WIC (21W1)	13.22	6,251	39,542	182,003	212,284	182,003	212,285	788,575	0	788,575
TOBACCO USE INTERVENTION (212)	2.69	0	321	46,444	54,171	46,444	54,172	201,231	0	201,231
WIC BREASTFEEDING PEER COUNSELING (21W2)	0.60	0	621	6,320	7,372	6,320	7,373	27,385	0	27,385
FAMILY PLANNING (223)	7.33	1,337	2,294	116,193	135,526	116,193	135,526	359,133	144,305	503,438
IMPROVED PREGNANCY OUTCOME (225)	0.00	0	0	0	0	0	0	0	0	0
HEALTHY START PRENATAL (227)	3.11	560	3,206	57,375	66,921	57,375	66,920	0	248,591	248,591
COMPREHENSIVE CHILD HEALTH (229)	1.00	387	395	19,818	23,115	19,818	23,115	58,866	27,000	85,866
HEALTHY START CHILD (231)	2.33	427	2,890	35,409	41,300	35,409	41,300	83,722	69,696	153,418
SCHOOL HEALTH (234)	5.86	0	197,398	87,800	102,409	87,800	102,409	260,756	119,662	380,418
COMPREHENSIVE ADULT HEALTH (237)	0.69	57	130	12,217	14,250	12,217	14,251	0	52,935	52,935
COMMUNITY HEALTH DEVELOPMENT (238)	1.21	0	11	21,781	25,405	21,781	25,405	0	94,372	94,372
DENTAL HEALTH (240)	5.06	1,485	2,453	51,915	60,552	51,915	60,552	5,806	219,128	224,934
PRIMARY CARE SUBTOTAL	44.31	10,883	249,353	663,477	773,867	663,477	773,870	1,895,825	978,866	2,874,691
C. ENVIRONMENTAL HEALTH:										
Water and Onsite Sewage Programs										
COSTAL BEACH MONITORING (347)	0.05	88	88	773	901	773	901	3,348	0	3,348
LIMITED USE PUBLIC WATER SYSTEMS (357)	0.07	11	64	1,378	1,607	1,378	1,608	1,990	3,981	5,971
PUBLIC WATER SYSTEM (358)	0.02	0	15	396	461	396	461	0	1,714	1,714
PRIVATE WATER SYSTEM (359)	0.02	0	31	440	513	440	512	0	1,905	1,905
ONSITE SEWAGE TREATMENT & DISPOSAL (361)	4.34	984	3,390	70,208	81,890	70,208	81,890	203,867	100,329	304,196
Group Total	4.50	1,083	3,588	73,195	85,372	73,195	85,372	209,205	107,929	317,134
Facility Programs										
TATTOO FACILITY SERVICES (344)	0.00	0	0	0	0	0	0	0	0	0
FOOD HYGIENE (348)	0.97	144	554	18,206	21,235	18,206	21,234	29,550	49,331	78,881

ATTACHMENT II

SANTA ROSA COUNTY HEALTH DEPARTMENT

Part III, Planned Staffing, Clients, Services and Expenditures By Program Service Area Within Each Level of Service
October 1, 2016 to September 30, 2017

	FTE's (0.00)	Clients Units	Services/ Visits	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd	3rd	4th			
				(Whole dollars only)						
BODY PIERCING FACILITIES SERVICES (349)	0.00	0	0	0	0	0	0	0	0	0
GROUP CARE FACILITY (351)	0.05	46	55	782	912	782	911	0	3,387	3,387
MIGRANT LABOR CAMP (352)	0.00	0	0	0	0	0	0	0	0	0
HOUSING & PUB. BLDG. (353)	0.00	0	0	0	0	0	0	0	0	0
MOBILE HOME AND PARK (354)	0.10	91	120	1,537	1,792	1,537	1,792	6,612	46	6,658
POOLS/BATHING PLACES (360)	0.17	107	245	2,704	3,153	2,704	3,153	5,000	6,714	11,714
BIOMEDICAL WASTE SERVICES (364)	0.00	0	0	4	4	4	4	0	16	16
TANNING FACILITY SERVICES (369)	0.05	10	42	882	1,029	882	1,030	2,059	1,764	3,823
Group Total	1.34	398	1,016	24,115	28,125	24,115	28,124	43,221	61,258	104,479
Groundwater Contamination										
STORAGE TANK COMPLIANCE SERVICES (355)	0.00	0	0	0	0	0	0	0	0	0
SUPER ACT SERVICES (356)	0.01	1	2	123	143	123	144	533	0	533
Group Total	0.01	1	2	123	143	123	144	533	0	533
Community Hygiene										
COMMUNITY ENVIR. HEALTH (345)	0.00	0	0	9	11	9	12	0	41	41
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)	0.01	1,225	10	118	138	118	139	0	513	513
SOLID WASTE DISPOSAL SERVICE (363)	0.00	0	0	0	0	0	0	0	0	0
SANITARY NUISANCE (366)	0.00	0	0	51	60	51	61	0	223	223
RABIES SURVEILLANCE (366)	0.45	1	363	6,476	7,554	6,476	7,554	0	28,060	28,060
ARBORVIRUS SURVEIL. (367)	0.00	0	0	5	6	5	5	0	21	21
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	0.46	1,226	373	6,659	7,769	6,659	7,771	0	28,858	28,858
ENVIRONMENTAL HEALTH SUBTOTAL	6.31	2,708	4,979	104,092	121,409	104,092	121,411	252,959	198,045	451,004
D. NON-OPERATIONAL COSTS:										
NON-OPERATIONAL COSTS (599)	0.00	0	0	0	0	0	0	0	0	0
ENVIRONMENTAL HEALTH SURCHARGE (599)	0.00	0	0	5,078	5,922	5,078	5,922	22,000	0	22,000
MEDICAID BUYBACK (611)	0.00	0	0	3,462	4,038	3,462	4,038	0	15,000	15,000
NON-OPERATIONAL COSTS SUBTOTAL	0.00	0	0	8,540	9,960	8,540	9,960	22,000	15,000	37,000
TOTAL CONTRACT	61.61	20,998	270,128	957,012	1,116,237	957,012	1,116,243	2,662,180	1,484,374	4,146,504

ATTACHMENT III
SANTA ROSA 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 V
SANTA ROSA 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>
2015-2016*	\$ _____ 0	\$ _____ 0	\$ _____ 0
2016-2017**	\$ _____ 0	\$ _____ 0	\$ _____ 0
2017-2018***	\$ _____ 0	\$ _____ 0	\$ _____ 0
2018-2019***	\$ _____ 0	\$ _____ 0	\$ _____ 0
PROJECT TOTAL	\$ _____ 0	\$ _____ 0	\$ _____ 0

SPECIAL PROJECTS CONSTRUCTION/RENOVATION PLAN

PROJECT NUMBER: _____

PROJECT NAME: _____

LOCATION/ADDRESS: _____

PROJECT TYPE: NEW BUILDING _____ ROOFING _____

 RENOVATION _____ PLANNING STUDY _____

 NEW ADDITION _____ OTHER _____

SQUARE FOOTAGE: _____ 0

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

START DATE (Initial expenditure of funds) : _____

COMPLETION DATE: _____

DESIGN FEES: \$ _____ 0

CONSTRUCTION COSTS: \$ _____ 0

FURNITURE/EQUIPMENT: \$ _____ 0

TOTAL PROJECT COST: \$ _____ 0

COST PER SQ FOOT: \$ _____ 0

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

* Cash balance as of 9/30/16

** Cash to be transferred to FCO account.

*** Cash anticipated for future contract years.

**ADDENDUM I
TO CONTRACT BETWEEN
SANTA ROSA BOARD OF COUNTY COMMISSIONERS
AND
STATE OF FLORIDA DEPARTMENT OF HEALTH
FOR OPERATION OF THE
SANTA ROSA COUNTY HEALTH DEPARTMENT
CONTRACT YEAR 2016-2017**

This addendum is executed by the parties to provide clarification to the contract between the Santa Rosa County Board of County Commissioners ("County") and the State of Florida Department of Health ("State") for the operation of the Santa Rosa County Health Department ("CHD") for the contract year beginning October 1, 2016.

- Section 4. a. ii. of the contract identifies the County's appropriated responsibility from Attachment II, Part II as \$395,020. This is the amount the County will contribute to the CHD Trust Fund. The amount includes \$383,020 of annual funding and \$12,000 of space sharing agreed upon by the County and the CHD for the use of two offices.
- Section 7. of the contract identifies the Facilities and Equipment from Attachment IV. This section refers to the location of the building providing the space sharing between the County and the CHD at 5840 Gulf Breeze Pkwy, Gulf Breeze, FL 32563.

IN WITNESS THEREOF, the parties hereto have caused this one page Addendum I to be executed by their undersigned officials as duly authorized effective October 1, 2016.

**BOARD OF COUNTY COMMISSIONERS
FOR SANTA ROSA COUNTY**

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

SIGNED BY: _____

SIGNED BY: _____

NAME: Lane Lynchard

NAME: Celeste Philip, MD, MPH

TITLE: Chairman, BOCC

TITLE: State Surgeon General

DATE: _____

DATE: _____

ATTESTED TO:

SIGNED BY: _____

SIGNED BY: *Sandra Park-O'Hara*

NAME: Donald C Spencer

NAME: Sandra Park-O'Hara

TITLE: Clerk of Court

TITLE: CHD Administrator

DATE: _____

DATE: 9/26/16