

Lee County Board Of County Commissioners

September 29, 2004

Agenda Item Summary

Blue Sheet No. *20041209*

1. REQUESTED MOTION:

ACTION REQUESTED: Approve and execute a contract between the State of Florida, Department of health and the Lee County Board of County Commissioners for services provided by the Lee County Health Department from October 1, 2004 through September 30, 2005 which provides \$1,397,760 in cash and additional in kind resources.

WHY ACTION IS NECESSARY: To provide County funds in the amount of \$1,397,760 for public health services, retention of the County assessed portion of public health fees and other revenues, and in-kind services. Funds were approved during the Fiscal Year 2005 Budget Public Hearings.

WHAT ACTION ACCOMPLISHES: Provides County funding and support to the Lee County Health Department.

2. DEPARTMENTAL CATEGORY:

COMMISSION DISTRICT #

C5A

Countywide CW

3. MEETING DATE:

10-19-2004

4. AGENDA:

- CONSENT**
- ADMINISTRATIVE**
- APPEALS**
- PUBLIC**
- WALK ON**
- TIME REQUIRED:**

5. REQUIREMENT/PURPOSE:
(Specify)

- STATUTE** 154.001
- ORDINANCE**
- ADMIN. CODE**
- OTHER**
Laws of Florida 83-177

6. REQUESTOR OF INFORMATION:

- A. COMMISSIONER** N/A
- B. DEPARTMENT** Human Services
- C. DIVISION** N/A
- BY:** Ann Arnall, Deputy Director

Ann Arnall 9/30/04

7. BACKGROUND:

The purpose of this contract is to provide funding for services to Lee County residents at the Lee County Health Department (LCHD). Funds are utilized to provide primary care services, communicable disease control, and environmental health services. The LCHD contracts with the Family Health Centers to fund primary care for patients without the means to pay for their own medical care. The Family Health Centers provides service at eight (8) locations in Lee County (Palm Beach Boulevard, Grand Avenue, Dunbar, Lehigh Acres, North Fort Myers, Bonita Springs, Cape Coral and Myerlee). The LCHD provides a variety of services at eight (8) locations throughout Lee County (Contract Attachment IV).

The Board of County Commissioners approved a cash allocation to the Lee County Health Department for FY2005 in the amount of \$1,397,760 during the budget process.

In addition to the cash support the LCHD retains County collected fees \$2,495,433, other cash and local contributions and allocable County revenue earned by the Health Department or trust fund interest \$1,736,323, and the in-kind services provided by the County such as building space and maintenance \$712,784, which brings the total annual cash and in-kind contribution made by Lee County and other local contributions to \$6,342,300.

Background Continued Page 2

8. MANAGEMENT RECOMMENDATIONS: Recommend Approval

9. RECOMMENDED APPROVAL:

A Department Director	B Purchasing or Contracts	C Human Resources	D Other	E County Attorney	F Budget Services				G County Manager
<i>[Signature]</i>	N/A	N/A	N/A	<i>[Signature]</i>	<i>OA</i>	<i>OM</i>	<i>Risk</i>	<i>GC</i>	<i>[Signature]</i>
					<i>10/5/04</i>	<i>10/6/04</i>	<i>10/6/04</i>	<i>10/5/04</i>	<i>10/14/04</i>

10. COMMISSION ACTION:

- APPROVED**
- DENIED**
- DEFERRED**
- OTHER**

Rec. by CoAtty
Date: <i>10/10/04</i>
Time: <i>A:15</i>
Forwarded To: <i>[Signature]</i>

RECEIVED BY COUNTY ADMIN:
<i>10/05/04</i>
<i>1:15 pm</i>
COUNTY ADMIN FORWARDED TO:
<i>10/7/04</i>
<i>9:30</i>

RIC HS

September 22, 2004

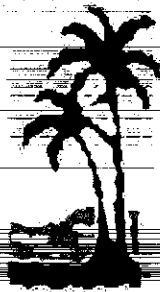
Blue sheet number _____

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The State of Florida provides cash contribution of \$8,355,961. The LCHD anticipates collecting \$2,270,456 in State fees, \$224,630 in Medicaid fees, \$92,057 in non Schedule C Federal funds, \$384,494 in miscellaneous revenue, and in-kind services provided such as State Pharmacy, Laboratory, and WIC food in the amount of \$9,065,937. The total State estimated revenue is \$20,393,535. The total Contract estimated revenue for FY2005 from all sources is \$26,735,835.

Funds are available in account: FE5621000100.508120 Health Department, State Health Program.

Attachment: Contract-four (4) originals



LEE COUNTY
SOUTHWEST FLORIDA
DEPARTMENT OF HUMAN SERVICES

STATE MANDATED

**contract
with**

Lee County Health Department

OCTOBER 1, 2004 – SEPTEMBER 30, 2005

Effective date: Lee County Fiscal Year 2005

**CONTRACT BETWEEN
LEE COUNTY BOARD OF COUNTY COMMISSIONERS
AND
STATE OF FLORIDA DEPARTMENT OF HEALTH
FOR OPERATION OF
THE LEE COUNTY HEALTH DEPARTMENT
CONTRACT YEAR 2004-2005**

This agreement ("Agreement") is made and entered into between the State of Florida, Department of Health ("State") and the Lee County Board of County Commissioners ("County"), through their undersigned authorities, effective October 1, 2004.

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. Lee 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, 2004, through September 30, 2005, or until a written agreement replacing this Agreement is entered into between the parties, whichever is later, unless this Agreement is otherwise terminated pursuant to the termination provisions set forth in paragraph 8, below.

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

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

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

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

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

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

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

i. The State's appropriated responsibility (direct contribution excluding any state fees, Medicaid contributions or any other funds not listed on the Schedule C) as provided in Attachment II, Part II is an amount not to exceed \$ 8,355,961 (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 \$ 1,397,760 (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. Fees are listed in Attachment II Part II of this contract and in the Environmental Health Fee Schedule that is provided by the Environmental Health Program Office. The estimated annual environmental health fee revenues accruing to the County Health Department Trust Fund are listed on Attachment VI.

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
Lee County
3920 Michigan Avenue
Fort Myers, FL 33916

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 Client Information System/Health Management Component 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 Lee 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 September 1997, 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 cumulative amount of the variance between actual and planned expenditures does not exceed three percent of the cumulative 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, 2005 for the report period October 1, 2004 through December 31, 2004;
- ii. June 1, 2005 for the report period October 1, 2004 through March 31, 2005;
- iii. September 1, 2005 for the report period October 1, 2004 through June 30, 2005; and
- iv. December 1, 2005 for the report period October 1, 2004 through September 30, 2005.

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, 2005, 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. Modification. This Agreement and its Attachments contain all of the terms and conditions agreed upon between the parties. Modifications of this Agreement shall be enforceable only when reduced to writing and signed by all parties.

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

For the State:

William F. Mallett, Jr.
Assistant Director
Lee County Health Department

3920 Michigan Avenue
Fort Myers, FL 33916
(239) 332-9513

For the County:

Karen Hawes
Director
Lee County Human Services

83 Pondella Road, Suite # 1
North Fort Myers, FL 33093
(239) 652-7930

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.

d. 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 30 page agreement to be executed by their undersigned officials as duly authorized effective the 1st day of October, 2004.

**BOARD OF COUNTY COMMISSIONERS
FOR LEE COUNTY**

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

SIGNED BY: _____

NAME: _____

TITLE: _____

DATE: _____

ATTESTED TO:

SIGNED BY: _____

NAME: _____

TITLE: _____

DATE: _____

SIGNED BY: _____

NAME: John O. Agwunobi, M.D., M.B.A.

TITLE: Secretary

DATE: _____

SIGNED BY: 

NAME: Judith A. Hartner, M.D., M.P. H.

TITLE: CHD Director

DATE: Sept 15, 2004

ATTACHMENT I

LEE 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 and F.S. 384 and the CHD Guidebook Internal Operating Policy STD 6 and 7.
2.	Dental Health	Monthly reporting on DH Form 1008*.
3.	Special Supplemental Nutrition Program for Women, Infants and Children.	Service documentation and monthly financial reports as specified in DHM 150-24* and all federal, state and county requirements detailed in program manuals and published procedures.
4.	Healthy Start/ Improved Pregnancy Outcome	Requirements as specified in the Healthy Start Standards and Guidelines 1998 and as specified by the Health Start Coalitions in contract with each county health department.
5.	Family Planning	Periodic financial and programmatic reports as specified by the program office and in the CHD Guidebook, Internal Operating Policy FAMPLAN 14*
6.	Immunization	Periodic reports as specified by the department regarding the surveillance/investigation of reportable vaccine preventable diseases, vaccine usage accountability, the assessment of various immunization levels and forms reporting adverse events following immunization and Immunization Module quarterly quality audits and duplicate data reports.
7.	Chronic Disease Program	Requirements as specified in the Community Intervention Program (CIP) and the CHD Guidebook.
8.	Environmental Health	Requirements as specified in DHP 50-4* and 50-21*
9.	HIV/AIDS Program	Requirements as specified in Florida Statue 384.25 and 64D-3.016 and 3.017 F.A.C. and the CHD Guidebook. Case reporting on CDC Forms 50.42B (Adult/ Adolescent) and 50.42A (Pediatric). Socio-demographic data on persons tested for HIV in CHD clinics should be reported on Lab Request Form 1628 or Post-Test Counseling Form 1633. 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.

ATTACHMENT I (Continued)

10. School Health Services HRSM 150-25*, including the requirement for an annual plan as a condition for funding.

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

ATTACHMENT II

LEE COUNTY HEALTH DEPARTMENT

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

	Estimated State Share of CHD Trust Fund Balance as of 09/30/04	Estimated County Share of CHD Trust Fund Balance as of 09/30/04	Total
1. CHD Trust Fund Ending Balance 09/30/04	1,443,419	824,758	2,268,177
2. Drawdown for Contract Year October 1, 2004 to September 30, 2005			
3. Special Capital Project use for Contract Year October 1, 2004 to September 30, 2005			
4. State Funding for Information Technology Infrastructure	(124,312)		(124,312)
4. Balance Reserved for Contingency Fund October 1, 2004 to September 30, 2005	1,319,107	824,758	2,143,865
Contract Total	16,957,114		
Percentage of Trust Fund by Funding Source and to total Contract:	61.53%	38.47%	12.64%

Note: The total of items 2, 3, 4 and 5 must equal the ending balance in item 1.

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

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

ATTACHMENT II.

**LEE COUNTY HEALTH DEPARTMENT
Part II. Sources of Contributions to County Health Department**

October 1, 2004 to September 30, 2005

		State CHD Trust Fund (cash)	County CHD Trust Fund (cash)	Total CHD Trust Fund (cash)	Other Contributions	Total
I. GENERAL REVENUE - STATE						
015011	ALG/CONTRIBUTION TO CHDS-PRIMARY CARE	40,668	0	40,668	0	40,668
015011	ALG/PRIMARY CARE	526,264	0	526,264	0	526,264
015011	PRIMARY CARE SPECIAL PROJECT	0	0	0	0	0
015048	ALG/CONTR TO CHDS-STD PROGRAM	41,636	0	41,636	0	41,636
015050	ALG/CESSPOOL IDENTIFICATION AND ELIMINATION	0	0	0	0	0
015050	ALG/CONTR TO CHDS	3,538,666	0	3,538,666	0	3,538,666
015050	ALG/CONTR TO CHDS-MIGRANT LABOR CAMP SANITATION	5,191	0	5,191	0	5,191
015050	ALG/CONTR. TO CHDS-DENTAL PROGRAM	6,500	0	6,500	0	6,500
015050	ALG/CONTR. TO CHDS-IMMUNIZATION OUTREACH TEAMS	30,285	0	30,285	0	30,285
015050	ALG/CONTR. TO CHDS-ANTICIPATED BONUS	297,114	0	297,114	0	297,114
015050	ALG/CONTR. TO CHDS-SOVEREIGN IMMUNITY	0	0	0	0	0
015050	CITIZENS AGAINST TOXIC EXPOSURE (CATE)	0	0	0	0	0
015050	COMMUNITY TB PROGRAM	87,165	0	87,165	0	87,165
015050	CONTR TO CHDS - DUVAL TEEN PREGNANCY PREVENTION	0	0	0	0	0
015050	HEALTH PROMOTION & EDUCATION INITIATIVES	58,823	0	58,823	0	58,823
015050	HEALTHY BEACHES MONITORING	22,377	0	22,377	0	22,377
015050	LA LIGA CONTRA EL CANCER	0	0	0	0	0
015050	METRO ORLANDO URBAN LEAGUE TEENAGE PREG PREV	0	0	0	0	0
015050	RED LEGISLATION - GAP GRANT (CAT 050310)	0	0	0	0	0
015050	SPECIAL NEEDS SHELTER PROGRAM	0	0	0	0	0
015065	ALG/CONTR TO CHDS-AIDS PATIENT CARE	199,337	0	199,337	0	199,337
015065	ALG/CONTR TO CHDS-AIDS PREV & SURV & FIELD STAFF	81,954	0	81,954	0	81,954
015115	VOLUNTEER SCHOOL HEALTH NURSE GRANT	0	0	0	0	0
015123	ALG/FAMILY PLANNING	96,565	0	96,565	0	96,565
015124	ALG/IPO - OUTREACH SOCIAL WORKERS CAT. 050707	0	0	0	0	0
015124	ALG/IPO HEALTHY START	0	0	0	0	0
015124	ALG/IPO HEALTHY START/IPO CAT 050707	0	0	0	0	0
015124	ALG/IPO-INFANT MORTALITY PROJECT CAT. 050707	0	0	0	0	0
015124	ALG/MCH HEALTHY START/IPO CAT 050870	0	0	0	0	0
015124	ALG/MCH-INFANT MORTALITY PROJECT CAT. 050870	0	0	0	0	0
015124	ALG/MCH-OUTREACH SOCIAL WORKERS CAT 050870	0	0	0	0	0
015137	ALG/CONTR. TO CHDS-MCH HEALTH - FIELD STAFF COST	0	0	0	0	0
015137	HEALTHY START - DATA COLLECTION PROJECT STAFF	0	0	0	0	0
015140	ALG/SCHOOL HEALTH/SUPPLEMENTAL	0	0	0	0	0
GENERAL REVENUE TOTAL		5,032,545	0	5,032,545	0	5,032,545
2. NON GENERAL REVENUE - STATE						
011008	RAPID AIDS TESTING - JAIL INMATES 2003	0	0	0	0	0
015010	ALG/CONTR TO CHDS-REBASING TOBACCO TF	2,773	0	2,773	0	2,773
015010	ENHANCED DENTAL SERVICES TOBACCO TF	0	0	0	0	0
015010	FL HEPATITIS & LIVER FAILURE PREVENTION/CONTROL	77,420	0	77,420	0	77,420
015010	Pneumoccal Vaccine Stipend	45,380	0	45,380	0	45,380
015010	PACE EH	0	0	0	0	0
015010	SUPER ACT PROGRAM ADM TF	0	0	0	0	0
015020	REGIONAL SERVICE CENTER IT POSITION	28,000	0	28,000	0	28,000
015026	ALG/CONTR. TO CHDS-BIOMEDICAL WASTE/DEP ADM TF	32,112	0	32,112	0	32,112
015072	ALG/CONTR. TO CHDS-SAFE DRINKING WATER PRG/DEP ADM	37,455	0	37,455	0	37,455
015084	VARICELLA IMMUNIZATION REQUIREMENT TOBACCO TF	16,209	0	16,209	0	16,209

ATTACHMENT II.

**LEE COUNTY HEALTH DEPARTMENT
Part II. Sources of Contributions to County Health Department**

October 1, 2004 to September 30, 2005

		State CHD Trust Fund (cash)	County CHD Trust Fund (cash)	Total CHD Trust Fund (cash)	Other Contributions	Total
2. NON GENERAL REVENUE - STATE						
015172	FULL SERVICE SCHOOLS - TOBACCO TF	176,107	0	176,107	0	176,107
015174	BASIC SCHOOL HEALTH - TOBACCO TF	256,070	0	256,070	0	256,070
NON GENERAL REVENUE TOTAL		671,526	0	671,526	0	671,526
3. FEDERAL FUNDS - State						
007000	CHDAD INDIRECT COST POOL	35,000	0	35,000	0	35,000
007000	CHILDHOOD LEAD POISONING PREVENTION	0	0	0	0	0
007000	COMPREHENSIVE CARDIOVASCULAR PROGRAM	0	0	0	0	0
007000	FEDERAL COASTAL BEACH MONITORING PROGRAM	20,392	0	20,392	0	20,392
007000	FEDERAL GRANT CARRYOVER	38,053	0	38,053	0	38,053
007000	STATE PROGRAMS TO PREVENT OBESITY 2003-04	0	0	0	0	0
007030	PHBG/MIGRANT LABOR CAMP SANITATION	4,064	0	4,064	0	4,064
007049	STD PROGRAM-CSPS	91,844	0	91,844	0	91,844
007049	STD PROGRAM-CSPS-2005	91,844	0	91,844	0	91,844
007049	STD PROGRAM-INFERTILITY PROJECT	0	0	0	0	0
007049	STD PROGRAM-MED & LAB SVCS TRNG CNTR	0	0	0	0	0
007049	STD PROGRAM-SYPHILIS ELIMINATION PROJECT	0	0	0	0	0
007049	STD/HIV PREVENTION TRAINING CENTER	0	0	0	0	0
007051	FGTF/WIC ADMINISTRATION	1,480,342	0	1,480,342	0	1,480,342
007056	HEALTH PROGRAM FOR REFUGEES	0	0	0	0	0
007056	REFUGEE HEALTH TB TARGETED TESTING	0	0	0	0	0
007063	PHBG/COMPREHENSIVE COMM CARDIO HLTH PRGM	0	0	0	0	0
007064	AIDS SEROPREVALENCE	0	0	0	0	0
007064	EVAL INTEG HIV/AIDS SURV SYST PERFORMANCE	0	0	0	0	0
007064	FGTF/AIDS SURVEILLANCE	46,604	0	46,604	0	46,604
007065	AIDS PREVENTION	254,646	0	254,646	0	254,646
007066	FGTF/R YAN WHITE	140,609	0	140,609	0	140,609
007066	FGTF/R YAN WHITE - EMERGING COMMUNITIES	0	0	0	0	0
007066	FGTF/R YAN WHITE-AIDS DRUG ASSIST PROG-ADMIN	69,524	0	69,524	0	69,524
007066	FGTF/R YAN WHITE-CONSORTIA	0	0	0	0	0
007067	TUBERCULOSIS CONTROL - FEDERAL GRANT	278,654	0	278,654	0	278,654
007068	FGTF/AIDS INMATE INTERVENTION	0	0	0	0	0
007077	BIOTERR SURVEILLANCE & EPIDEMIOLOGY	112,854	0	112,854	0	112,854
007077	BIOTERRORISM - HOSPITAL PREPAREDNESS 2004-05	0	0	0	0	0
007077	BIOTERRORISM NETWORK COMMUNICATIONS	0	0	0	0	0
007077	BIOTERRORISM PLANNING & READINESS	152,713	0	152,713	0	152,713
007077	PUB HLTH PREP-EDUCATION & TRAINING	0	0	0	0	0
007084	FGTF/IMMUNIZATION ACTION PLAN	23,922	0	23,922	0	23,922
007084	FGTF/IMMUNIZATION-PROJECT FIELD STAFF	0	0	0	0	0
007084	FGTF/IMMUNIZATION-WIC LINKAGES	0	0	0	0	0
007084	IMMUNIZATION ACTION PLAN 2004-2005	22,726	0	22,726	0	22,726
007084	IMMUNIZATION FIELD STAFF 2004	0	0	0	0	0
007084	IMMUNIZATION PROJECT - VFC	0	0	0	0	0
007084	IMMUNIZATION SPECIAL PROJECT	14,643	0	14,643	0	14,643
007084	IMMUNIZATION SUPPLEMENTAL - 2004	21,961	0	21,961	0	21,961
007084	IMMUNIZATION SUPPORT GRANT - 2005	20,863	0	20,863	0	20,863
007085	FGTF/BREAST & CERVICAL CANCER-ADMIN/CASE MAN	0	0	0	0	0
007127	MCH BGTF-MCH/CHILD HEALTH	14,901	0	14,901	0	14,901

ATTACHMENT II.

**LEE COUNTY HEALTH DEPARTMENT
Part II. Sources of Contributions to County Health Department**

October 1, 2004 to September 30, 2005

	State CHD Trust Fund (cash)	County CHD Trust Fund (cash)	Total CHD Trust Fund (cash)	Other Contributions	Total
3. FEDERAL FUNDS - State					
007132	MCH BGTF-MCH/DENTAL PROJECTS	0	0	0	0
007133	FGTF/FAMILY PLANNING TITLE X SPECIAL INITIATIVES	0	0	0	0
007133	FGTF/FAMILY PLANNING-TITLE X	138,159	0	138,159	138,159
007134	MCH BGTF-GADSDEN SCHOOL CLINIC	0	0	0	0
007134	MCH BGTF-HEALTHY START IPO	0	0	0	0
007134	MCH BGTF-INFANT MORTALITY PROJECT	0	0	0	0
007134	MCH BGTF-OUTREACH SOCIAL WORKERS	0	0	0	0
007135	FGTF/ABSTINENCE EDUCATION PROGRAM	0	0	0	0
015009	Transfer of Federal Funds Within Agency	0	0	0	0
015021	MEDIPASS WAIVER-HLTHY STRT CLIENT SERVICES	0	0	0	0
015021	MEDIPASS WAIVER-SOBRA	0	0	0	0
015060	Entrant Reimbursement Transfer	14,000	0	14,000	14,000
015075	FULL SERVICE SCHOOLS-TANF	21,119	0	21,119	21,119
015075	SCHOOL HEALTH-SUPPLEMENT-TANF	0	0	0	0
015075	SUMMER SCHOOL PROGRAM PC 348	5,004	0	5,004	5,004
015075	Refugee Screening Reimbursement	0	0	0	0
015075	Summer Feeding Sites	0	0	0	0
FEDERAL FUNDS TOTAL	3,114,441	0	3,114,441	0	3,114,441
4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE					
001092	Environmental Health Fees	34,266	0	34,266	34,266
001092	OSDS Repair Permit	15,640	0	15,640	15,640
001092	OSDS Permit Fee	1,605,500	0	1,605,500	1,605,500
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
001113	Mobile Home and Parks	45,000	0	45,000	45,000
001132	Food Hygiene Permit	39,000	0	39,000	39,000
001135	OSDS Variance Fee	7,500	0	7,500	7,500
001139	Migrant Housing Permit	1,150	0	1,150	1,150
001140	Biohazard Waste Permit	52,500	0	52,500	52,500
001142	Non SDWA Lab Sample	0	0	0	0
001144	Tanning Facilities	13,000	0	13,000	13,000
001145	Swimming Pools	360,000	0	360,000	360,000
001149	Body Piercing	3,300	0	3,300	3,300
001165	Private Water Constr Permit	0	0	0	0
001166	Public Water Annual Oper Permit	20,400	0	20,400	20,400
001166	Public Water Constr Permit	0	0	0	0
001166	Non-SDWA System Permit	0	0	0	0
001170	Lab Fee Chemical Analysis	0	0	0	0
001196	Water Analysis-Potable	0	0	0	0
001197	Nonpotable Water Analysis	0	0	0	0
001211	Safe Drinking Water	72,000	0	72,000	72,000
010403	Fees-Copy of Public Doc	1,200	0	1,200	1,200
015052	Transfers-Mobile Home/RV Park	0	0	0	0
010303	MQA Inspection Fee	0	0	0	0
FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL	2,270,456	0	2,270,456	0	2,270,456

ATTACHMENT II.

**LEE COUNTY HEALTH DEPARTMENT
Part II. Sources of Contributions to County Health Department**

October 1, 2004 to September 30, 2005

	State CHD Trust Fund (cash)	County CHD Trust Fund (cash)	Total CHD Trust Fund (cash)	Other Contributions	Total
5. OTHER CASH CONTRIBUTIONS - STATE					
010304 Stationary Pollutant Storage Tanks	0	0	0	0	0
015029 Transfers Intra Agency	0	0	0	0	0
015121 Super Act Reimbursements	14,000	0	14,000	0	14,000
015139 Well Surveillance Reimbursement - Pesticide	0	0	0	0	0
090001 Draw down from Public Health Unit	0	0	0	0	0
OTHER CASH CONTRIBUTIONS TOTAL	14,000	0	14,000	0	14,000
6. MEDICAID - STATE/COUNTY					
001056 CHD Incm:Medicaid-Pharmacy	199,746	286,254	486,000	0	486,000
001076 Medicaid-TB	0	0	0	0	0
001078 Medicaid-Administration Vaccine	0	0	0	0	0
001079 Medicaid-Case Management	0	0	0	0	0
001080 CHD Incm:Medicaid-Other	5,520	7,910	13,430	0	13,430
001081 CHD Incm:Medicaid-Child Health Checkup	0	0	0	0	0
001082 CHD Incm:Medicaid-Dental	0	0	0	0	0
001083 CHD Incm:Medicaid-FP	9,500	85,500	95,000	0	95,000
001085 CHD Incm:Medicaid-Nursing	3,288	4,712	8,000	0	8,000
001087 CHD Incm:Medicaid-STD	6,576	9,424	16,000	0	16,000
001089 Medicaid AIDS	0	0	0	0	0
001147 Medicaid HMO Rate	0	0	0	0	0
001191 CHD Incm:Medicaid Maternity	0	0	0	0	0
001192 CHD Incm:Medicaid Comp. Child	0	0	0	0	0
001193 CHD Incm:Medicaid Comp. Adult	0	0	0	0	0
001194 Medicaid-LAB	0	0	0	0	0
001208 Medipass \$3.00 Adm. Fee	0	0	0	0	0
MEDICAID TOTAL	224,630	393,800	618,430	0	618,430
7. ALLOCABLE REVENUE - STATE					
018001 Refunds, Salary	0	0	0	0	0
018003 Refunds, other Personal Services	0	0	0	0	0
018004 Refunds, Expenses	0	0	0	0	0
018006 Refunds, Operating Capital Outlay	0	0	0	0	0
018010 Refunds, Special Category	0	0	0	0	0
018011 Refunds, Other	0	0	0	0	0
018013 DMS Refunds by Journal Transfer-65900	0	0	0	0	0
018099 Refunds, Certified Forward	0	0	0	0	0
037000 Prior Year Warrant	0	0	0	0	0
038000 12 Month Old Warrant	0	0	0	0	0
ALLOCABLE REVENUE TOTAL	0	0	0	0	0
8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE					
State Pharmacy Services	0	0	0	345,053	345,053
State Laboratory Services	0	0	0	558,372	558,372
State TB Services	0	0	0	0	0
State Immunization Services	0	0	0	574,557	574,557
State STD Services	0	0	0	0	0
State Construction/Renovation	0	0	0	0	0

ATTACHMENT II.

**LEE COUNTY HEALTH DEPARTMENT
Part II. Sources of Contributions to County Health Department**

October 1, 2004 to September 30, 2005

	State CHD Trust Fund (cash)	County CHD Trust Fund (cash)	Total CHD Trust Fund (cash)	Other Contributions	Total
8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE					
WIC Food	0	0	0	6,048,253	6,048,253
AIDS Drug Assistance Program	0	0	0	1,539,702	1,539,702
Other (specify)	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	9,065,937	9,065,937
9. DIRECT COUNTY CONTRIBUTIONS - COUNTY					
008030 Grants-County Tax Direct	0	0	0	0	0
008034 Grants Cnty Commsn Other	0	1,397,760	1,397,760	0	1,397,760
BOARD OF COUNTY COMMISSIONERS TOTAL	0	1,397,760	1,397,760	0	1,397,760
10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY					
001004 Child Car Seat Prog	0	0	0	0	0
001060 Vital Statistics Fees Other	0	0	0	0	0
001062 Rabies Vaccine	0	21,000	21,000	0	21,000
001074 Adult Enter. Permit Fees	0	0	0	0	0
001077 Primary Care Fees	0	235,500	235,500	0	235,500
001093 Communicable Disease Fees	0	253,500	253,500	0	253,500
001094 Environmental Health Fees	0	1,510,430	1,510,430	0	1,510,430
001114 New Birth Certificates	0	65,000	65,000	0	65,000
001115 Death Certificates	0	405,000	405,000	0	405,000
001117 Vital Stats-Adm. Fee 50 cents	0	5,003	5,003	0	5,003
FEES AUTHORIZED BY COUNTY TOTAL	0	2,495,433	2,495,433	0	2,495,433
11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY					
001009 Debit Memo-Bad Checks	0	0	0	0	0
001010 Recovery-Bad Checks	0	0	0	0	0
001015 Recovery of Collection of Agency Placements	0	0	0	0	0
001026 Returned Check Fee	0	0	0	0	0
001029 Third Party Reimbursement	0	0	0	0	0
001072 Ryan White Title I	0	0	0	0	0
001073 Ryan White Title II	0	36,000	36,000	0	36,000
001075 Ryan White Title III	0	0	0	0	0
001090 Medicare	0	116,000	116,000	0	116,000
001190 Health Maintenance Organ. (HMO)	0	0	0	0	0
005040 Interest Earned	0	0	0	0	0
005041 Interest Earned-State Investment Account	0	25,000	25,000	0	25,000
007010 U.S. Grants Direct	0	55,610	55,610	0	55,610
008010 Grants Contracts Frm Cities Direct	0	0	0	0	0
008031 County AIDS Education	0	0	0	0	0
008050 Grants-Cnty Sch Board Direct	0	0	0	0	0
008090 Grants other Local Govn't Direct	0	926,031	926,031	0	926,031
008094 Grnts/Contracts other Agencies Direct	0	0	0	0	0
008095 Grants Cnty Sect 403.102 Air Pol	0	0	0	0	0
008099 Reimb/Rebate Local Govn't	0	0	0	0	0
010300 Sale of Goods and Services	0	0	0	0	0

ATTACHMENT II.

**LEE COUNTY HEALTH DEPARTMENT
Part II. Sources of Contributions to County Health Department**

October 1, 2004 to September 30, 2005

	State CHD Trust Fund (cash)	County CHD Trust Fund (cash)	Total CHD Trust Fund (cash)	Other Contributions	Total
11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY					
010301	Exp Witness Fee Consultnt Charges	0	0	0	0
010403	Fees-Copies of Documents	0	0	0	0
010405	Sale of pharmaceuticals	0	45,000	45,000	45,000
010408	Copy Fess Intra/Inter Agency	0	0	0	0
010409	Sale of Goods Outside State Government	0	0	0	0
010500	Sales of Services Outside State Governmment	0	0	0	0
011001	Healthy Start Coalition Contributions	0	118,297	118,297	118,297
011007	Cash Donations Private	0	0	0	0
011066	Ryan White Local Revenues	0	0	0	0
011067	AIDS Insurance Continuation Project	0	0	0	0
011099	Other Grants/Donations Direct	0	1,200	1,200	1,200
012020	Fines and Forfeitures	0	19,110	19,110	19,110
012021	Return Check Charge	0	275	275	275
028020	Insurance Recoveries-Other	0	0	0	0
090002	Draw down from Public Health Unit	0	0	0	0
OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL	0	1,342,523	1,342,523	0	1,342,523
12. ALLOCABLE REVENUE - COUNTY					
018001	Refunds, Salary	0	0	0	0
018003	Refunds, other Personal Services	0	0	0	0
018004	Refunds, Expenses	0	0	0	0
018006	Refunds, Operating Capital Outlay	0	0	0	0
018010	Refunds, Special Category	0	0	0	0
018011	Refunds, Other	0	0	0	0
018013	DMS Refunds by Journal Transfer-65900	0	0	0	0
018099	Refunds, Certified Forward	0	0	0	0
037000	Prior Year Warrant	0	0	0	0
038000	12 Month Old Warrant	0	0	0	0
COUNTY ALLOCABLE REVENUE TOTAL	0	0	0	0	0
13. BUILDINGS - COUNTY					
	Annual Rental Equivalent Value	0	0	0	333,074
	Other Contractual Services	0	0	0	70,000
	Janitorial Services	0	0	0	85,000
	Int. (IGS) Radio \$4910 Phone \$25,560 Usage \$360	0	0	0	30,830
	Other Grants & Aids - Healthy Kids	0	0	0	25,000
	Electric \$70,000 : Water & Sewer \$18,000	0	0	0	88,000
	Trash, Garbage, and Sludge	0	0	0	5,000
BUILDINGS TOTAL	0	0	0	636,904	636,904
14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY					
	Land, Bldg, Parking Rental - Danley Drive (EE)	0	0	0	31,008
	Self-Insurance Assessment - General Liability	0	0	0	2,269
	Self-Insurance Assessment - Auto insurance	0	0	0	12,667
	Self-Insurance Assessment - (IGS)	0	0	0	14,936
	Internal Repair and Maintenance	0	0	0	15,000

ATTACHMENT II.

**LEE COUNTY HEALTH DEPARTMENT
Part II. Sources of Contributions to County Health Department**

October 1, 2004 to September 30, 2005

	State CHD Trust Fund (cash)	County CHD Trust Fund (cash)	Total CHD Trust Fund (cash)	Other Contributions	Total
OTHER COUNTY CONTRIBUTIONS TOTAL	0	0	0	75,880	75,880
GRAND TOTAL CHD PROGRAM	11,327,598	5,629,516	16,957,114	9,778,721	26,735,835

**ATTACHMENT II.
LEE COUNTY HEALTH DEPARTMENT**

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

October 1, 2004 to September 30, 2005

	FTE's (0.00)	Clients Units	Services	Quarterly Expenditure Plan				County	State	Grand Total
				1st	2nd (Whole dollars only)	3rd	4th			
A. COMMUNICABLE DISEASE CONTROL:										
Immunization (101)	15.86	14,000	52,000	304,711	246,544	287,635	246,544	400,000	685,434	1,085,434
STD (102)	16.51	2,280	22,000	234,131	185,452	216,361	185,452	100,000	721,396	821,396
A.I.D.S. (103)	10.09	500	6,600	229,164	187,120	218,307	187,120	250,000	571,711	821,711
TB Control Services (104)	11.50	660	7,700	218,899	177,014	206,516	177,014	100,000	679,443	779,443
Comm. Disease Surv. (106)	5.60	0	4,200	101,627	81,940	95,597	81,940	189,225	171,879	361,104
Hepatitis Prevention (109)	2.65	1,000	4,000	34,061	26,748	31,206	26,748	300	118,463	118,763
Public Health Preparedness and Response (116)	5.33	0	3,200	93,869	75,540	88,130	75,540	55,610	277,469	333,079
Vital Statistics (180)	5.54	0	0	72,951	58,343	68,067	58,343	252,819	4,885	257,704
COMMUNICABLE DISEASE SUBTOTAL	73.08	18,440	99,700	1,289,413	1,038,701	1,211,819	1,038,701	1,347,954	3,230,680	4,578,634
B. PRIMARY CARE:										
Chronic Disease Services (210)	5.96	3,500	2,500	121,051	98,263	114,640	98,263	280,325	151,892	432,217
Tobacco Prevention (212)	0.00	0	0	0	0	0	0	0	0	0
Home Health (215)	0.00	0	0	0	0	0	0	0	0	0
W.I.C. (221)	41.52	16,000	140,000	541,142	425,522	496,442	425,522	0	1,888,628	1,888,628
Family Planning (223)	26.55	6,000	18,000	443,612	357,069	416,580	357,069	837,310	737,020	1,574,330
Improved Pregnancy Outcome (225)	0.00	0	0	0	0	0	0	0	0	0
Healthy Start Prenatal (227)	8.82	1,600	20,000	133,524	106,309	124,028	106,309	279,412	190,758	470,170
Comprehensive Child Health (229)	0.40	325	700	59,477	50,612	59,047	50,612	500	219,248	219,748
Healthy Start Infant (231)	7.38	1,200	14,000	106,130	84,159	98,185	84,159	143,939	228,694	372,633
School Health (234)	7.97	0	940,000	126,869	101,393	118,292	101,393	81,952	365,995	447,947
Comprehensive Adult Health (237)	5.71	2,700	8,300	212,950	177,261	206,805	177,261	301,027	473,250	774,277
Dental Health (240)	0.19	0	40	4,762	3,905	4,555	3,905	0	17,127	17,127
PRIMARY CARE SUBTOTAL	104.50	31,325	1,143,540	1,749,517	1,404,493	1,638,574	1,404,493	1,924,465	4,272,612	6,197,077
C. ENVIRONMENTAL HEALTH:										
Water and Onsite Sewage Programs										
Coastal Beach Monitoring (347)	0.59	0	0	13,833	11,312	13,197	11,312	0	49,654	49,654
Limited Use Public Water Systems (357)	4.33	850	6,000	60,928	48,231	56,270	48,231	29,230	184,430	213,660
Public Water System (358)	15.52	650	29,000	262,512	211,609	246,877	211,609	231,950	700,657	932,607
Private Water System (359)	2.64	700	7,800	38,614	30,660	35,770	30,660	0	135,704	135,704
Individual Sewage Disp. (361)	39.57	20,000	34,000	625,247	502,183	585,881	502,183	1,192,300	1,023,194	2,215,494
Group Total	62.65	22,200	76,800	1,001,134	803,995	937,995	803,995	1,453,480	2,093,639	3,547,119
Facility Programs										
Food Hygiene (348)	2.94	280	1,400	52,401	42,202	49,236	42,202	0	186,041	186,041
Body Art (349)	0.10	33	60	1,700	1,368	1,596	1,368	0	6,032	6,032
Group Care Facility (351)	3.09	500	1,000	52,269	41,950	48,941	41,950	0	185,110	185,110
Migrant Labor Camp (352)	0.28	9	100	6,575	5,381	6,278	5,381	0	23,615	23,615
Housing, Public Bldg Safety, Sanitation (353)	0.01	0	20	281	229	267	229	0	1,006	1,006
Mobile Home and Parks Services (354)	0.86	90	250	15,807	12,755	14,880	12,755	0	56,197	56,197
Swimming Pools/Bathing (360)	8.04	1,600	5,200	135,778	108,958	127,118	108,958	82,710	398,102	480,812
Biomedical Waste Services (364)	3.13	1,900	2,200	52,091	41,760	48,720	41,760	625	183,706	184,331
Tanning Facility Services (369)	0.40	45	110	6,906	5,548	6,472	5,548	0	24,474	24,474

**ATTACHMENT II.
LEE COUNTY HEALTH DEPARTMENT**

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

October 1, 2004 to September 30, 2005

	FTE's (0.00)	Clients Units	Services	Quarterly Expenditure Plan				County	State	Grand Total
				1st	2nd (Whole dollars only)	3rd	4th			
C. ENVIRONMENTAL HEALTH:										
Group Total	18.85	4,457	10,340	323,808	260,151	303,508	260,151	83,335	1,064,283	1,147,618
Groundwater Contamination										
Storage Tank Compliance (355)	0.00	0	0	0	0	0	0	0	0	0
Super Act Service (356)	0.18	0	220	2,992	2,402	2,802	2,402	0	10,598	10,598
Group Total	0.18	0	220	2,992	2,402	2,802	2,402	0	10,598	10,598
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
Emergency Medical (346)	5.98	0	1,000	107,254	86,418	100,821	86,418	287,508	93,403	380,911
Lead Monitoring Services (350)	0.01	4	4	590	495	578	495	1,985	173	2,158
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	4	4	1,193	957	1,117	957	0	4,224	4,224
Rabies Surveillance/Control Services (366)	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	6	5	6	5	22	0	22
Air Pollution (371)	0.12	0	0	2,007	1,612	1,881	1,612	2,479	4,633	7,112
Radiological Health (372)	0.00	0	0	81	69	81	69	300	0	300
Toxic Substances (373)	0.00	0	0	0	0	0	0	0	0	0
Group Total	6.18	8	1,008	111,131	89,556	104,484	89,556	292,294	102,433	394,727
ENVIRONMENTAL HEALTH SUBTOTAL	87.86	26,665	88,368	1,439,065	1,156,104	1,348,789	1,156,104	1,829,109	3,270,953	5,100,062
D. SPECIAL CONTRACTS:										
Special Contracts (599)	18.00	0	0	304,504	245,317	286,203	245,317	527,988	553,353	1,081,341
SPECIAL CONTRACTS SUBTOTAL	18.00	0	0	304,504	245,317	286,203	245,317	527,988	553,353	1,081,341
TOTAL CONTRACT	283.44	76,430	1,331,608	4,782,499	3,844,615	4,485,385	3,844,615	5,629,516	11,327,598	16,957,114

ATTACHMENT III

LEE 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 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
LEE COUNTY HEALTH DEPARTMENT
FACILITIES UTILIZED BY THE COUNTY HEALTH DEPARTMENT

<u>Facility Description</u>	<u>Location</u>	<u>Owned By</u>
Michigan Clinic	3920 Michigan Avenue Fort Myers, FI 33916	County
Lehigh Clinic	391 Lee Boulevard #200 Lehigh Acres, FI 33936	Leased
Environmental Engineering	60 Danley Drive, Unit 1 Fort Myers, FI 33907	County
WIC and Nutrition	3691 Evans Avenue Fort Myers, FI 33901	Leased
North Annex Clinic	83 Pondella Road North Fort Myers, FI 33903	County
Environmental Engineering Environmental Health	1039 S. E. 9 th Place Cape Coral, FI 33990	Leased
WIC and Nutrition	4450 Bonita Beach Road Unit 15 Bonita Springs, FI 33923	Leased
McGregor Clinic Inc.	2506 Second Street Fort Myers, FI 33901	Leased

ATTACHMENT V
LEE 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>
2002-2003	\$ _____	\$ _____	\$ _____ -
2003-2004	\$ _____	\$ _____	\$ _____ -
2004-2005	\$ _____	\$ _____	\$ _____ -
2005-2006	\$ _____	\$ _____	\$ _____ -
2006-2007	\$ _____	\$ _____	\$ _____ -
PROJECT TOTAL	\$ _____ -	\$ _____ -	\$ _____ -

SPECIAL PROJECT CONSTRUCTION/RENOVATION PLAN

PROJECT TITLE: _____

LOCATION: _____

CATEGORY: NEW FACILITY _____ ROOFING _____
 RENOVATION _____ PLANNING STUDY _____
 NEW ADDITION _____

SQUARE FOOTAGE: _____ 0

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

NONE AT THIS TIME

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!

ATTACHMENT VI

LEE COUNTY HEALTH DEPARTMENT

**ESTIMATE OF ENVIRONMENTAL HEALTH FEES
FISCAL YEAR 2004 - 2005**

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	OBJECT CODE	REVENUE CATEGORY	Est. Ann. Revenue Accruing to CHD Trust Fund
PUBLIC SWIMMING POOLS AND BATHING PLACES					360,000
1. Annual Permit - Up to (and including) 25,000 gallons	100.00	90.00	001145	000100	
1a. Transfer to headquarters		10.00	001205	000100	
2. More than 25,000 gallons	200.00	180.00	001145	000100	
2a. Transfer to headquarters		20.00	001205	000100	
3. Exempted Condo Pools (over 32 units)	50.00	45.00	001145	000100	
3a. Transfer to headquarters		5.00	001205	000100	
OTHER FEES					
Collected by the 13 delegated counties					
Broward, Dade, Duval, Hillsborough, Lee, Manatee,					
Collier, Palm Beach, Pinellas, Polk, Sarasota, Volusia, Escambia.					
Permits and variances for Okaloosa, Santa Rosa, Walton, Bay,					
Homes, and Washington Counties are processed by Escambia					
County and variances and permits for Pasco County are processed					
by Pinellas County as follows:					
1. Plan review (new construction)	350.00	350.00	001092	000100	
2. Modification to a construction permit (permit issued and pool not finished with construction)	100.00	100.00	001092	000100	
3. Modification to a completed pool, one that has been in operation	150.00	150.00	001092	000100	
4. Plan/application review for bathing place development	275.00	275.00	001092	000100	
5. Initial operating permit	150.00	150.00	001092	000100	
6. Variance applications	240.00	216.00	001092	000100	
6a. Transfer to Headquarters		24.00	001205	000100	
All other counties are to send the fee to Bureau of Water					
Programs in Tallahassee or the Environmental Engineering					
section in Orlando as follows:					
1. Plan review (new construction)	350.00	350.00	001092	000100	
2. Modification to a construction permit (permit issued and pool not finished with construction)	100.00	100.00	001092	000100	
3. Modification to a completed pool, one that has been in operation	150.00	150.00	001092	000100	
4. Plan/application review for bathing place development	275.00	275.00	001092	000100	
5. Initial operating permit	150.00	150.00	001092	000100	
6. Variance applications	240.00	216.00	001092	000100	
MOBILE HOME & RECREATIONAL VEHICLE PARKS					45,000
(FEES ARE PRORATED ON A QUARTERLY BASIS)					
1. Annual permit for 5 to 14 spaces	50.00	45.00	001113	000100	
1a. Transfer to headquarters		5.00	001113	000100	
2. Annual permit for 15 to 171 spaces	3.50 per space		001113	000100	
2a. Transfer to headquarters		10%	001113	000100	
3. Annual permit for 172 and above spaces	600.00	540.00	001113	000100	
3a. Transfer to headquarters		60.00	001113	000100	
MIGRANT LABOR CAMPS					1,150
1. Annual permit for facilities with 5-50 occupants	125.00	125.00	001139	000100	
2. Annual permit for facilities with 51-100 occupants	225.00	225.00	001139	000100	
3. Annual permit for facilities with over 100 occupants	500.00	500.00	001139	000100	
BIOMEDICAL WASTE GENERATORS					52,500
1. Initial permit (prorated after 3/31 for generator, storage and treatment)	55.00	55.00	001140	000100	
2. Renewal of annual permit except physician office generating less than 25lbs/30 days) postmarked by October 1	55.00	55.00	001140	000100	
3. Renewal of annual permit except physician office generating less than 25lbs/30 days) postmarked after October 1	75.00	75.00	001140	000100	

DESCRIPTION	FEE	DEPOSIT	OBJECT	REVENUE	Est. Ann. Revenue Accruing to CHD Trust Fund
	AMOUNT	AMOUNT	CODE	CATEGORY	
4. Initial Transporter Registration (prorated after 3/31, includes 1 truck)	55.00	55.00	001140	000100	
5. Initial Registration of Each Additional Truck	10.00	10.00	001140	000100	
6. Annual Registration Renewal (postmarked by 10/01, includes 1 truck)	55.00	55.00	001140	000100	
7. Annual Registration Renewal (postmarked after 10/01, includes 1 truck)	75.00	75.00	001140	000100	
8. Annual Registration of Each Additional Truck	10.00	10.00	001140	000100	
TANNING FACILITIES					13,000
1. Annual license fee	150.00	135.00	001144	000100	
1a. Transfer to headquarters		15.00	001144	000100	
2. Fee for each additional device	55.00	49.50	001144	000100	
2.a. Transfer to headquarters		5.50	001144	000100	
3. Late fee	25.00	25.00	001092	000100	
BODY PIERCING					3,300
1. Initial License (prorated quarterly)	150.00	135.00	001149	000100	
1a. Transfer to headquarters		15.00	001149	000100	
2. Temporary Establishment	75.00	67.50	001149	000100	
2a. Transfer to headquarters		7.50	001149	000100	
3. Annual Renewal License Fee	150.00	135.00	001149	000100	
3a. Transfer to headquarters		15.00	001149	000100	
4. Late fee	100.00	100.00	001149	000100	
FOOD ESTABLISHMENTS					39,000
1. Annual Permit for Fraternal/Civic	160.00	144.00	001132	000100	
1a. Transfer to headquarters		16.00	001132	000100	
2. Annual Permit School Cafeteria Operating for 9 months or less	130.00	117.00	001132	000100	
2a. Transfer to headquarters		13.00	001132	000100	
3. Annual Permit School Cafeteria Operating for more than 9 months	160.00	144.00	001132	000100	
3a. Transfer to headquarters		16.00	001132	000100	
4. Annual Permit for Hospital/Nursing Food Service	210.00	189.00	001132	000100	
4a. Transfer to headquarters		21.00	001132	000100	
5. Annual Permit for Movie Theaters	160.00	144.00	001132	000100	
5a. Transfer to headquarters		16.00	001132	000100	
6. Annual Permit for Jails/Prisons	210.00	189.00	001132	000100	
6a. Transfer to headquarters		21.00	001132	000100	
7. Annual Permit for Bars/Lounges (Drink Service Only)	160.00	144.00	001132	000100	
7a. Transfer to headquarters		16.00	001132	000100	
8. Annual Permit for Residential Facilities	110.00	99.00	001132	000100	
8a. Transfer to headquarters		11.00	001132	000100	
9. Annual Permit for Child Care Centers without C&F license	85.00	76.50	001132	000100	
9a. Transfer to headquarters		8.50	001132	000100	
10. Annual Permit for Limited Food Service	85.00	76.50	001132	000100	
10a. Transfer to headquarters		8.50	001132	000100	
11. Annual Permit Other Food Service	160.00	144.00	001132	000100	
11a. Transfer to headquarters		16.00	001132	000100	
12. Plan Review	\$35/hour	\$35/hour	001092	000100	
13. Food Worker Training (per person)	10.00	10.00	001092	000100	
14. Request for Inspection	40.00	40.00	001092	000100	
15. Re-inspection (after the first reinspection)	30.00	30.00	001092	000100	
16. Late Renewal	25.00	25.00	001092	000100	
17. Alcoholic Beverage Inspection Approval	30.00	30.00	001092	000100	

DESCRIPTION	FEE	DEPOSIT	OBJECT	REVENUE	Est. Ann. Revenue Accruing to CHD Trust Fund
	AMOUNT	AMOUNT	CODE	CATEGORY	
ONSITE SEWAGE DISPOSAL PROGRAM (OSTDS)					1,655,406
1. Application for permitting of an onsite sewage treatment and disposal system which includes application and plan review for new and repair permits	50.00	46.00			
1a. Transfer to headquarters		4.00	001203	000100	
2. Application and approval for existing system, does not include system inspection	35.00	32.20	001092	000100	
2a. Transfer to headquarters		2.80	001203	000100	
3. Application for permitting of a new Performance-based treatment system	125.00	115.00	001092	000100	
3a. Transfer to headquarters		10.00	001203	000100	
4. Site evaluation for a new system	115.00	105.80	001092	000100	
4a. Transfer to headquarters		9.20	001203	000100	
5. Site evaluation for a system repair or modification of system	75.00	69.00	001092	000100	
5a. Transfer to headquarters		6.00	001203	000100	
6. Site re-evaluation, new or repair or modification	75.00	69.00	001092	000100	
6a. Transfer to headquarters		6.00	001203	000100	
7. Permit for new systems, or modification to system	55.00	50.60	001092	000100	
7a. Transfer to headquarters		4.40	001203	000100	
8. New system or system modification installation inspection	80.00	73.60	001092	000100	
8a. Transfer to headquarters		6.40	001203	000100	
8b. Research fee to be collected in addition, and concurrent with the permit for a new system installation fee.	5.00	5.00	001201	000100	
9. Repair permit issuance which includes inspection	50.00	41.40	001092	000100	
9a. Transfer to headquarters		3.60	001203	000100	
9b. Transfer to headquarters for training center		5.00	001067	000100	
10. Inspection of system previously in use	50.00	46.00	001092	000100	
10a. Transfer to headquarters		4.00	001203	000100	
11. Reinspection fee per visit for site inspections after system construction approval	50.00	46.00	001092	000100	
11a. Transfer to headquarters		4.00	001203	000100	
12. Installation reinspection of non-compliant system per each site visit	50.00	46.00	001092	000100	
12a. Transfer to headquarters		4.00	001203	000100	
13. System abandonment permit, includes permit issuance and inspection	40.00	36.80	001092	000100	
13a. Transfer to headquarters		3.20	001203	000100	
14. Annual operating permit fee for systems in IM and equivalent areas, and for systems receiving commercial waste	150.00	138.00	001092	000100	
14a. Transfer to headquarters		12.00	001203	000100	
15. Amendments or changes to the operating permit during the permit period per change or amendment	50.00	46.00	001092	000100	
15a. Transfer to headquarters		4.00	001203	000100	
16. Aerobic treatment unit operating permit (biennial)	100.00	92.00	001092	000100	
16a. Transfer to headquarters		8.00	001203	000100	
17. Biennial operating permit fee for performance-based treatment systems. A prorated fee is to be charged beginning with second year of operation.	100.00	92.00	001092	000100	
17a. Transfer to headquarters		8.00	001203	000100	
18. Review of application due to proposed amendments or changes after initial operating permit issuance for a performance-based treatment system	75.00	69.00	001092	000100	
18a. Transfer to headquarters		6.00	001203	000100	
19. Tank manufacturer's inspection per annum	100.00	50.00	001092	000100	
19a. Transfer to headquarters		50.00	001203	000100	
20. Septage disposal service permit per annum	75.00	69.00	001092	000100	
20a. Transfer to headquarters		6.00	001203	000100	
21. Additional charge per pump out vehicle	35.00	32.20	001092	000100	
21a. Transfer to headquarters		2.80	001203	000100	
22. Portable or temporary toilet service permit per annum	75.00	69.00	001092	000100	
22a. Transfer to headquarters		6.00	001203	000100	

DESCRIPTION	FEE	DEPOSIT	OBJECT	REVENUE	Est. Ann. Revenue Accruing to CHD Trust Fund
	AMOUNT	AMOUNT	CODE	CATEGORY	
23. Additional charge per pump out vehicle	35.00	32.20	001092	000100	
23a. Transfer to headquarters		2.80	001203	000100	
24. Septage stabilization facility inspection fee per annum	150.00	138.00	001092	000100	
24a. Transfer to headquarters		12.00	001203	000100	
24. Septage disposal site evaluation fee per annum	200.00	184.00	001092	000100	
24a. Transfer to headquarters		16.00	001203	000100	
24. Aerobic treatment unit maintenance entity permit per annum	25.00	23.00	001092	000100	
24a. Transfer to headquarters		2.00	001203	000100	
25. Variance application for a single family residence per each lot or building site	150.00	75.00	001135	000100	7,500
25a. Transfer to headquarters		75.00	001204	000100	
26. Variance application for a multi-family or commercial building per each building site	200.00	100.00	001135	000100	
26a. Transfer to headquarters		100.00	001204	000100	
27. Inspection for construction of an injection well (FL Keys)	125.00	125.00	001092	000100	
DRINKING WATER					20,400
1. First Year Public Water Annual Operation Permit and Construction Permit - Limited Use	75.00	67.50	001166	000100	
1a. Transfer to headquarters		7.50	001165	000100	
2. Second Year Public Water Annual Operation Permit - Limited Use	70.00	63.00	001166	000100	
2a. Transfer to headquarters		7.00	001166	000100	
3. Multi-Family Water Construction Permit - serving 3 or 4 non-rental residences	40.00	36.00	001165	000100	
3a. Transfer to headquarters		4.00	001165	000100	
4. Initial Operating Permit Fee After March 31 of Any Year	35.00	31.50	001166	000100	
4a. Transfer to headquarters		3.50	001166	000100	
5. Non-SDWA Lab Sample (Sample Collection/Review of Analytical Results/Health Risk Interpretation):					
Bacterial Sample Collection	40.00	40.00	001142	000100	
Chemical Sample Collection	50.00	50.00	001142	000100	
Combined Chemical microbiological	55.00	55.00	001142	000100	
6. Reinspection of Multi-family Water System	25.00	25.00	001092	000100	
7. Reinspection of Public Water System	40.00	40.00	001092	000100	
8. Delineated Area Clearance Fee	50.00	50.00	001092	000100	
9. Limited Use Commercial Registered System	15.00	15.00	001092	000100	
10. Limited Use Commercial Public Water System Operating Permit Family Day Care Establishment	25.00	25.00	001092	000100	
11. Limited Use Commercial Public Water System Operating Permit Family Day Care Establishment After March 31 of Any Year.	15.00	15.00	001092	000100	

DESCRIPTION	FEE	DEPOSIT	OBJECT	REVENUE	Est. Ann. Revenue Accruing to CHD Trust Fund
	AMOUNT	AMOUNT	CODE	CATEGORY	
Safe Drinking Water Act (Delegated Counties)					72,000
1. Construction permit for each Category I through III treatment plant, as defined in Rule 62-699.310, F.A.C., with treatment other than disinfection only.					
a. Treatment plant - 5 MGD and above	7,500.00	7,500.00	001211	000100	
b. Treatment plant - 1 MGD up to 5 MGD	6,000.00	6,000.00	001211	000100	
c. Treatment plant - 0.25 MGD up to 1 MGD	4,000.00	4,000.00	001211	000100	
d. Treatment plant - 0.1 MGD up to .25 MGD	2,000.00	2,000.00	001211	000100	
e. Treatment plant - up to 0.1 MGD	1,000.00	1,000.00	001211	000100	
2. Construction permit for each Category IV treatment plant, as defined in Rule 62-699.310, F.A.C., with treatment other than disinfection only.					
a. Treatment plant - 5 MGD and above	7,500.00	7,500.00	001211	000100	
b. Treatment plant - 1 MGD up to 5 MGD	6,000.00	6,000.00	001211	000100	
c. Treatment plant - 0.25 MGD up to 1 MGD	4,000.00	4,000.00	001211	000100	
d. Treatment plant - 0.1 MGD up to .025 MGD	2,000.00	2,000.00	001211	000100	
e. Treatment plant - 0.01 up to 0.1 MGD	1,000.00	1,000.00	001211	000100	
f. Treatment plant - up to 0.01 MGD	400.00	400.00	001211	000100	
3. Construction permit for each Category V treatment plant, as defined in Rule 62-699.310, F.A.C., - Disinfection Only					
a. treatment plant - 5 MGD and above	5,000.00	5,000.00	001211	000100	
b. Treatment plant - 1 MGD up to 5 MGD	3,000.00	3,000.00	001211	000100	
c. Treatment plant - 0.25 MGD up to 1 MGD	1,000.00	1,000.00	001211	000100	
d. Treatment plant - 0.1 MGD up to .025 MGD	500.00	500.00	001211	000100	
e. Treatment plant - up to 0.1 MGD	300.00	300.00	001211	000100	
4. Distribution and transmission systems, including raw water lines into the plant, except those under general permit.					
a. Serving a community public water system	500.00	500.00	1211	000100	
b. Serving a non-transient non-community public water systems	350.00	350.00	001211	000100	
c. Serving a non-community public water system	250.00	250.00	001211	000100	
5. Construction permit for each public water supply well.					
a. Well located in a delineated area pursuant to Chapter 62-524, F.A.C.	500.00	500.00	001211	000100	
b. Any other public water supply well.	250.00	250.00	001211	000100	
6. Major modifications to systems that alter the existing treatment without expanding the capacity of the system and are not considered substantial changes pursuant to Rule 62-4.050(7) below.					
a. 1MGD and above	2,000.00	2,000.00	001211	000100	
b. .1 MGD up to 1 MGD	1,000.00	1,000.00	001211	000100	
c. 0.01 up to .1 MGD	500.00	500.00	001211	000100	
d. Up to 0.01 MGD	100.00	100.00	001211	000100	
e. Lead and Copper Corrosion Fee	100.00	100.00	001211	000100	
7. Minor modifications to systems that result in no change in the treatment or capacity.					
a. .1 MGD and above	300.00	300.00	001211	000100	
b. Up to 0.1 MGD	100.00	100.00	001211	000100	
8. Fines and Forfeitures	Variable	Variable	012020	001200	
9. General Permit Fee for any General Permit not specifically listed:					
a. General Permits requiring Professional Engineer or Professional Geologist certification	250.00	250.00	001211	000100	
a. General Permits not requiring Professional Engineer or Professional Geologist certification	100.00	100.00	001211	000100	
Total Estimated Revenue Accruing to CHD Trust fund					2,269,256

ATTACHMENT VII

Primary Care

"Primary Care" as conceptualized for the county health departments and for the use of categorical Primary Care funds (revenue object code 015011) 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.

Children and adults not covered by insurance or Medicaid, that are below 100% of the Federal Poverty Level.

Does the health department intend to contract with other providers for the delivery of primary health care services using categorical (015011) 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 HCMS.

The Lee CHD contracts with the Family Health Centers of Southwest Inc., to provide 6,060 doctor visits and pharmacy services to children and adults seeking primary care medical services at a cost of \$99.00 per visit. The total amount of the Contract is \$599,940. The Lee CHD receives \$566,932 in 015011 Primary Care funds. These visits are entered into HCMS.