

**Lee County Board Of County Commissioners
Agenda Item Summary**

Blue Sheet No. 2006414

October 17, 2006

1. ACTION REQUESTED/PURPOSE:

Approve and execute a contract between the State of Florida, Department of Health and Lee County Board of County Commissioners for services to be provided by the Lee County Health Department from October 1, 2006 through September 30, 2007, providing \$1,876,717 in cash and additional in-kind resources.

2. WHAT ACTION ACCOMPLISHES:

Provides county funding and support to the Lee County Health Department in the amount of \$1,876,717 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 FY 2007 Budget Public Hearings.

3. MANAGEMENT RECOMMENDATION:

Recommend Approval

4. Departmental Category: 05

C5A

5. Meeting Date: **NOV 07 2006**

6. Agenda:

- Consent
- Administrative
- Appeals
- Public
- Walk-On

7. Requirement/Purpose: (specify)

- Statute 154.01
- Ordinance
- Admin. Code
- Other

8. Request Initiated:

Commissioner N/A
 Department Human Services
 Division N/A
 By: Ann Arnall, Deputy Director
Ann Arnall 10/17/06

9. 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 Family Health Centers to provide primary care for patients without the means to pay for their own medical care. Family Health Centers provides a variety of services at ten (10) locations throughout Lee County including: Palm Beach Boulevard, Grand Avenue, Edison Avenue, Dunbar, Lehigh Acres, North Fort Myers, Bonita Springs, Cape Coral, South Fort Myers and Pine Island.

The Board of County Commissioners approved a cash allocation to the Lee County Health Department for FY 2007 in the amount of \$1,876,717. \$82,480 of the county cash contribution used for primary care services will be pledged by the State as match to access additional Federal funds in the amount of \$117,520. The additional federal funds are being accessed through the Legislative Specific Appropriation 214(A) in accordance with the Low Income Pool (LIP) council recommendations and will be used for the purchase of additional primary care services.

Background Continued Page 2

10. Review for Scheduling:

Department Director	Purchasing or Contracts	Human Resources	Other	County Attorney	Budget Services				County Manager/P.W. Director
					Analyst	Risk	Grants	Mgr.	
<i>[Signature]</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>[Signature]</i>	<i>RK 10/24</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>

11. Commission Action:

- Approved
- Deferred
- Denied
- Other

RECEIVED BY
 COUNTY ADMIN:
10/20/06
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 COUNTY ADMIN
 FORWARDED TO:
10/26/06
 10 AM

REC'D
 by CO. ATTY:
10/20/06
 11:20 AM
 CO. ATTY.
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[Signature]

October 17, 2006

Blue sheet # 20061414

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9. Background (Continued)

In addition to the cash support the LCHD retains County collected fees \$3,267,812, other cash and local contributions and allocable County revenue earned by the Health Department or trust fund interest totaling \$1,641,625, less \$112,000 reserved as contingency for Pondella renovation for a net of \$1,529,625, County Medicaid of \$287,474, and the in-kind services provided by the County such as building space and maintenance \$577,895, which brings the total contract annual cash and in-kind contribution made by Lee County and other local contributions to \$7,651,523.

The State of Florida provides cash contribution of \$9,881,725. The LCHD anticipates collecting \$2,846,550 in State fees, establishing a contingency fund of \$238,000 reserved for the renovation of the Pondella Clinic, \$134,944 in Medicaid fees, \$144,529 in non Schedule C Federal funds, \$518,534 in miscellaneous revenue, and in-kind services provided such as State Pharmacy, Laboratory, and WIC food in the amount of \$10,306,313. The total State contract revenue plus In-kind is \$23,594,595. The total Contract net revenue for FY 2007 from all sources is \$31,246,118. A total of \$350,000 has been set aside as a contingency fund for the Pondella Clinic renovation, as contained in Attachment II on page 12 of the contract.

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

Attachments: Contract – four (4) originals

**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 2006-2007**

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, 2006.

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, 2006, through September 30, 2007, 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 \$ 9,881,725 (*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 \$1,876,717 (*amount listed under the "Board of County Commissioners Annual Appropriations section of the revenue attachment*).

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

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

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

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

County Health Department Trust Fund
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 amount of the service specific variance between actual and planned expenditures does not exceed three percent of the total planned expenditures for the level of service in which the type of service is included, a variance explanation is not required. A copy of the written explanation shall be sent to the Department of Health, Bureau of Budget Management.

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

- i. March 1, 2007 for the report period October 1, 2006 through December 31, 2006;
- ii. June 1, 2007 for the report period October 1, 2006 through March 31, 2007;
- iii. September 1, 2007 for the report period October 1, 2006 through June 30, 2007; and
- iv. December 1, 2007 for the report period October 1, 2006 through September 30, 2007.

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, 2007, it is agreed that the performance and payment under this Agreement are contingent upon an annual appropriation by the Legislature, in accordance with section 287.0582, Florida Statutes.

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

For the State:

Bill Mallett
Assistant Director

3920 Michigan Avenue
Fort Myers, FL 33916
Address

(239) 332-9513

For the County:

Karen Hawes
Director

2440 Thompson Street
Fort Myers, FL 33901
Address

(239)553-7930

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.

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

In WITNESS THEREOF, the parties hereto have caused this 34 page agreement to be executed by their undersigned officials as duly authorized effective the 1st day of October, 2006.

**BOARD OF COUNTY COMMISSIONERS
FOR LEE COUNTY**

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

SIGNED BY: _____

NAME: _____

TITLE: Chair

DATE: _____

ATTESTED TO:

SIGNED BY: _____

NAME: _____

TITLE: _____

DATE: _____

SIGNED BY: _____

NAME: M. Rony François, M.D., M.S.P.H., Ph.D.

TITLE: Secretary

DATE: _____

SIGNED BY:  _____

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

TITLE: CHD Director/Administrator

DATE: Oct 23, 2006

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. 381 and F.S. 384 and the CHD Guidebook.
2.	Dental Health	Monthly reporting on DH Form 1008*.
3.	Special Supplemental Nutrition Program for Women, Infants and Children.	Service documentation and monthly financial reports as specified in DHM 150-24* and all federal, state and county requirements detailed in program manuals and published procedures.
4.	Healthy Start/ Improved Pregnancy Outcome	Requirements as specified in the 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

	State Share of CHD Trust Fund Balance as of 09/30/06	County Share of CHD Trust Fund Balance as of 09/30/06	Total
1. CHD Trust Fund Ending Balance 09/30/06	1,752,494	965,558	2,718,052
2. (Drawdown) Drawup for Contract Year October 1, 2006 to September 30, 2007	238,000	112,000	350,000
3. Special Capital Project use for Contract Year October 1, 2006 to September 30, 2007	(1,100,000)	(500,000)	(1,600,000)
4. State Funding for Information Technology Infrastructure	(70,148)		(70,148)
4. Balance Reserved for Contingency Fund October 1, 2006 to September 30, 2007	820,346	577,558	1,397,904
Contract Total	20,250,000		
Percentage of Trust Fund by Funding Source and to total Contract:	58.68%	41.32%	6.90%

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, 2006 to September 30, 2007

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
1. GENERAL REVENUE - STATE					
015040	ALG/CESSPOOL IDENTIFICATION AND ELIMINATION	0	0	0	0
015040	ALG/CONTR TO CHDS-AIDS PATIENT CARE	199,337	0	199,337	199,337
015040	ALG/CONTR TO CHDS-AIDS PREV & SURV & FIELD STAFF	81,954	0	81,954	81,954
015040	ALG/CONTR TO CHDS-DENTAL PROGRAM	4,333	0	4,333	4,333
015040	ALG/CONTR TO CHDS-MIGRANT LABOR CAMP SANITATION	2,676	0	2,676	2,676
015040	ALG/CONTR. TO CHDS-IMMUNIZATION OUTREACH TEAMS	38,650	0	38,650	38,650
015040	ALG/CONTR. TO CHDS-INDOOR AIR ASSIST PROG	0	0	0	0
015040	ALG/CONTR. TO CHDS-MCH HEALTH - FIELD STAFF COST	0	0	0	0
015040	ALG/CONTR. TO CHDS-SOVEREIGN IMMUNITY	0	0	0	0
015040	ALG/CONTRIBUTION TO CHDS-PRIMARY CARE	40,668	0	40,668	40,668
015040	ALG/FAMILY PLANNING	96,565	0	96,565	96,565
015040	ALG/IPO - OUTREACH SOCIAL WORKERS CAT. 050707	0	0	0	0
015040	ALG/IPO HEALTHY START	0	0	0	0
015040	ALG/IPO HEALTHY START/IPO CAT 050707	0	0	0	0
015040	ALG/IPO-INFANT MORTALITY PROJECT CAT. 050707	0	0	0	0
015040	ALG/MCH HEALTHY START/IPO CAT 050870	0	0	0	0
015040	ALG/MCH-INFANT MORTALITY PROJECT CAT. 050870	0	0	0	0
015040	ALG/MCH-OUTREACH SOCIAL WORKERS CAT 050870	0	0	0	0
015040	ALG/PRIMARY CARE	526,264	0	526,264	526,264
015040	ALG/SCHOOL HEALTH/SUPPLEMENTAL	0	0	0	0
015040	CATE ESCAMBIA	0	0	0	0
015040	CHD SUPPORT SERVICES	0	0	0	0
015040	CLOSING THE GAP PROGRAM	0	0	0	0
015040	COMMUNITY SMILES - DADE	0	0	0	0
015040	COMMUNITY TB PROGRAM	77,082	0	77,082	77,082
015040	DENTAL SPECIAL INITIATIVE PROJECTS	0	0	0	0
015040	DUVAL TEEN PREGNANCY PREVENTION	0	0	0	0
015040	ENHANCED DENTAL SERVICES	0	0	0	0
015040	FL HEPATITIS & LIVER FAILURE PREVENTION/CONTROL	0	0	0	0
015040	HEALTH PROMOTION & EDUCATION INITIATIVES	29,411	0	29,411	29,411
015040	HEALTHY BEACHES MONITORING	22,377	0	22,377	22,377
015040	HEALTHY START - DATA COLLECTION PROJECT STAFF	0	0	0	0
015040	LA LIGA CONTRA EL CANCER	0	0	0	0
015040	MEDIVAN PROJECT	0	0	0	0
015040	METRO ORLANDO URBAN LEAGUE TEENAGE PREG PREV	0	0	0	0
015040	PRIMARY CARE SPECIAL DENTAL PROJECTS	75,000	0	75,000	75,000
015040	PRIMARY CARE SPECIAL PROJECTS	0	0	0	0
015040	SCHOOL HEALTH-SUPPLEMENT-TANF	0	0	0	0
015040	SPECIAL NEEDS SHELTER PROGRAM	0	0	0	0
015040	STD GENERAL REVENUE	41,636	0	41,636	41,636
015040	VOLUNTEER SCHOOL HEALTH NURSE GRANT	0	0	0	0
015050	ALG/CONTR TO CHDS	5,000,923	0	5,000,923	5,000,923
GENERAL REVENUE TOTAL		6,236,876	0	6,236,876	6,236,876
2. NON GENERAL REVENUE - STATE					
015010	ALG/CONTR TO CHDS-REBASING TOBACCO TF	2,773	0	2,773	2,773
015010	BASIC SCHOOL HEALTH - TOBACCO TF	256,070	0	256,070	256,070
015010	CHD SUPPORT SERVICES	0	0	0	0

ATTACHMENT II.

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

October 1, 2006 to September 30, 2007

		State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
2. NON GENERAL REVENUE - STATE						
015010	FL HEPATITIS & LIVER FAILURE PREVENTION/CONTROL	77,420	0	77,420	0	77,420
015010	FULL SERVICE SCHOOLS - TOBACCO TF	176,107	0	176,107	0	176,107
015010	ONSITE SEWAGE RESEARCH PROGRAM	0	0	0	0	0
015010	PNEUMOCOCCAL VACCINE STIPEND	10,980	0	10,980	0	10,980
015010	PUBLIC SWIMMING POOL PROGRAM	0	0	0	0	0
015010	SUPER ACT PROGRAM REIMBURSEMENT	11,413	0	11,413	0	11,413
015010	SUPPLEMENTAL/COMPREHENSIVE SCHOOL HEALTH - TOB TF	0	0	0	0	0
015010	VARICELLA IMMUNIZATION REQUIREMENT TOBACCO TF	20,686	0	20,686	0	20,686
015020	BIOMEDICAL WASTE/DEP ADM TF	34,602	0	34,602	0	34,602
015020	SAFE DRINKING WATER PRG/DEP ADM	36,621	0	36,621	0	36,621
015020	FOOD AND WATERBORNE DISEASE PROGRAM ADM TF/DACS	0	0	0	0	0
NON GENERAL REVENUE TOTAL		626,672	0	626,672	0	626,672
3. FEDERAL FUNDS - State						
007000	AIDS PREVENTION	265,472	0	265,472	0	265,472
007000	AIDS SEROPREVALENCE	0	0	0	0	0
007000	AIDS SURVEILLANCE	59,199	0	59,199	0	59,199
007000	BIOTERR SURVEILLANCE & EPIDEMIOLOGY	98,366	0	98,366	0	98,366
007000	BIOTERRORISM PLANNING AND READINESS (BPR)	122,623	0	122,623	0	122,623
007000	CDHPE PROGRAM	14,706	0	14,706	0	14,706
007000	CHD SUPPORT SERVICES - REGIONAL (BPR) PHPA6/7	89,464	0	89,464	0	89,464
007000	CHD INDIRECT COST POOL	32,414	0	32,414	0	32,414
007000	COASTAL BEACH MONITORING PROGRAM	19,693	0	19,693	0	19,693
007000	CHD SUPPORT SERVICES - RISK COMMUNICATIONS PHPF6/7	71,585	0	71,585	0	71,585
007000	BIOTERRORISM HOSPITAL PREPAREDNESS	3,500	0	3,500	0	3,500
007000	FGTF/BREAST & CERVICAL CANCER-ADMIN/CASE MAN	0	0	0	0	0
007000	FGTF/FAMILY PLANNING TITLE X SPECIAL INITIATIVES	0	0	0	0	0
007000	FGTF/FAMILY PLANNING-TITLE X	132,029	0	132,029	0	132,029
007000	FGTF/IMMUNIZATION ACTION PLAN	58,618	0	58,618	0	58,618
007000	FGTF/WIC ADMINISTRATION	1,704,775	0	1,704,775	0	1,704,775
007000	FLORIDA PANDEMIC INFLUENZA \$32,500 carryover	66,498	0	66,498	0	66,498
007000	HEALTH PROGRAM FOR REFUGEES	6,600	0	6,600	0	6,600
007000	IMMUNIZATION SPECIAL PROJECTS	14,643	0	14,643	0	14,643
007000	IMMUNIZATION SUPPLEMENTAL	42,165	0	42,165	0	42,165
007000	CHD SUPPORT SERVICES - REGIONAL IMMUNIZATION IMF06/7	108,083	0	108,083	0	108,083
007000	CHD SUPPORT SERVICES - REGIONAL CHILDCARE FACILITIES	58,413	0	58,413	0	58,413
007000	MCH BGTF-HEALTHY START IPO	0	0	0	0	0
007000	MCH BGTF-INFANT MORTALITY PROJECT	0	0	0	0	0
007000	MCH BGTF-MCH/CHILD HEALTH	14,901	0	14,901	0	14,901
007000	MCH BGTF-MCH/DENTAL PROJECTS	0	0	0	0	0
007000	MCH BGTF-OUTREACH SOCIAL WORKERS	0	0	0	0	0
007000	PHP-CITIES RESPONSE INITIATIVE	0	0	0	0	0
007000	RAPE PREVENTION & EDUCATION GRANT	0	0	0	0	0
007000	RISK COMMUNICATIONS	0	0	0	0	0
007000	RYAN WHITE	157,493	0	157,493	0	157,493
007000	RYAN WHITE - EMERGING COMMUNITIES	0	0	0	0	0
007000	RYAN WHITE-AIDS DRUG ASSIST PROG-ADMIN	69,524	0	69,524	0	69,524
007000	RYAN WHITE-CONSORTIA	0	0	0	0	0

ATTACHMENT II.

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

October 1, 2006 to September 30, 2007

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total	
3. FEDERAL FUNDS - State						
007000	STD FEDERAL GRANT - CSPS	112,030	0	112,030	0	112,030
007000	STD PROGRAM - PHYSICIAN TRAINING CENTER	0	0	0	0	0
007000	STD PROGRAM INFERTILITY PREVENTION PROJECT (IPP)	0	0	0	0	0
007000	SYPHILIS ELIMINATION	0	0	0	0	0
007000	TESTING HIV SERONEGATIVE HEADQUARTERS	0	0	0	0	0
007000	TRAINING AND EDUCATION PHPG6	2,000	0	2,000	0	2,000
007000	TUBERCULOSIS CONTROL - FEDERAL GRANT	274,546	0	274,546	0	274,546
007000	WEST NILE VIRUS & EPIDEMIOLOGY PROJECTS 2006	0	0	0	0	0
007000	WIC BREASTFEEDING PEER COUNSELING	0	0	0	0	0
007000	WIC BREASTFEEDING PEER COUNSELING PROG FFY 2005	0	0	0	0	0
007000	WIC INFRASTRUCTURE	0	0	0	0	0
015009	MEDIPASS WAIVER-HLTHY STRT CLIENT SERVICES	0	0	0	0	0
015009	MEDIPASS WAIVER-SOBRA	0	0	0	0	0
015075	TITLEXXI/SCHOOL HEALTH/SUPPLEMENTAL	0	0	0	0	0
015075	ENTRANT REFUGEES	75,000	0	75,000	0	75,000
015075	SUMMER SCHOOL PROGRAM	4,615	0	4,615	0	4,615
015075	NEW LINE	0	0	0	0	0
FEDERAL FUNDS TOTAL		3,678,955	0	3,678,955	0	3,678,955
4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE						
001020	MIGRANT HOUSING PERMIT	850	0	850	0	850
001020	MOBILE HOME AND PARKS	42,000	0	42,000	0	42,000
001020	FOOD HYGIENE PERMIT	44,300	0	44,300	0	44,300
001020	BIOHAZARD WASTE PERMIT	50,000	0	50,000	0	50,000
001020	SWIMMING POOLS	240,000	0	240,000	0	240,000
001020	PRIVATE WATER CONSTR PERMIT	0	0	0	0	0
001020	PUBLIC WATER ANNUAL OPER PERMIT	12,000	0	12,000	0	12,000
001020	PUBLIC WATER CONSTR PERMIT	0	0	0	0	0
001020	NON-SDWA SYSTEM PERMIT	0	0	0	0	0
001020	SAFE DRINKING WATER	95,000	0	95,000	0	95,000
001020	TANNING FACILITIES	14,000	0	14,000	0	14,000
001020	BODY PIERCING	3,000	0	3,000	0	3,000
001092	NON SDWA LAB SAMPLE	0	0	0	0	0
001092	OSDS VARIANCE FEE	20,000	0	20,000	0	20,000
001092	ENVIRONMENTAL HEALTH FEES	70,400	0	70,400	0	70,400
001092	OSDS REPAIR PERMIT	75,000	0	75,000	0	75,000
001092	OSDS PERMIT FEE	1,852,500	0	1,852,500	0	1,852,500
001092	I & M ZONED OPERATING PERMIT	0	0	0	0	0
001092	AEROBIC OPERATING PERMIT	0	0	0	0	0
001092	SEPTIC TANK SITE EVALUATION	310,500	0	310,500	0	310,500
001170	LAB FEE CHEMICAL ANALYSIS	0	0	0	0	0
001170	NONPOTABLE WATER ANALYSIS	0	0	0	0	0
001170	WATER ANALYSIS-POTABLE	0	0	0	0	0
010304	MQA INSPECTION FEE	17,000	0	17,000	0	17,000
FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL		2,846,550	0	2,846,550	0	2,846,550
5. OTHER CASH CONTRIBUTIONS - STATE						

ATTACHMENT II.

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

October 1, 2006 to September 30, 2007

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
5. OTHER CASH CONTRIBUTIONS - STATE					
010304 STATIONARY POLLUTANT STORAGE TANKS	0	0	0	0	0
090001 DRAW UP TO THE PUBLIC HEALTH UNIT	-238,000	0	-238,000	0	-238,000
OTHER CASH CONTRIBUTIONS TOTAL	-238,000	0	-238,000	0	-238,000
6. MEDICAID - STATE/COUNTY					
001056 MEDICAID PHARMACY	103,100	146,900	250,000	0	250,000
001076 MEDICAID TB	0	0	0	0	0
001078 MEDICAID ADMINISTRATION OF VACCINE	7,709	7,709	15,418	0	15,418
001079 MEDICAID CASE MANAGEMENT	0	0	0	0	0
001080 MEDICAID OTHER	0	0	0	0	0
001081 MEDICAID CHILD HEALTH CHECK UP	0	0	0	0	0
001082 MEDICAID DENTAL	0	0	0	0	0
001087 MEDICAID STD	11,135	15,865	27,000	0	27,000
001089 MEDICAID AIDS	0	0	0	0	0
001147 MEDICAID HMO RATE	0	0	0	0	0
001191 MEDICAID MATERNITY	0	0	0	0	0
001192 MEDICAID COMPREHENSIVE CHILD	0	0	0	0	0
001193 MEDICAID COMPREHENSIVE ADULT	0	0	0	0	0
001194 MEDICAID LABORATORY	0	0	0	0	0
001083 MEDICAID FAMILY PLANNING	13,000	117,000	130,000	0	130,000
001208 MEDIPASS \$3.00 ADM. FEE	0	0	0	0	0
MEDICAID TOTAL	134,944	287,474	422,418	0	422,418
7. ALLOCABLE REVENUE - STATE					
018000 REFUNDS	2,375	0	2,375	0	2,375
037000 PRIOR YEAR WARRANT	0	0	0	0	0
038000 12 MONTH OLD WARRANT	0	0	0	0	0
ALLOCABLE REVENUE TOTAL	2,375	0	2,375	0	2,375
8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE					
PHARMACY SERVICES	0	0	0	457,270	457,270
LABORATORY SERVICES	0	0	0	423,109	423,109
TB SERVICES	0	0	0	0	0
IMMUNIZATION SERVICES	0	0	0	952,950	952,950
STD SERVICES	0	0	0	0	0
CONSTRUCTION/RENOVATION	0	0	0	0	0
WIC FOOD	0	0	0	6,743,600	6,743,600
ADAP	0	0	0	1,729,384	1,729,384
DENTAL SERVICES	0	0	0	0	0
OTHER (SPECIFY)	0	0	0	0	0
OTHER (SPECIFY)	0	0	0	0	0
OTHER STATE CONTRIBUTIONS TOTAL	0	0	0	10,306,313	10,306,313
9. DIRECT COUNTY CONTRIBUTIONS - COUNTY					
008030 GRANTS-COUNTY TAX DIRECT	0	0	0	0	0
008034 GRANTS CNTY COMMSN OTHER	0	1,876,717	1,876,717	0	1,876,717

ATTACHMENT II.

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

October 1, 2006 to September 30, 2007

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
BOARD OF COUNTY COMMISSIONERS TOTAL	0	1,876,717	1,876,717	0	1,876,717
10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY					
001060 VITAL STATISTICS FEES OTHER	0	0	0	0	0
001077 RABIES VACCINE	0	22,000	22,000	0	22,000
001077 CHILD CAR SEAT PROG	0	6,000	6,000	0	6,000
001077 PERSONAL HEALTH FEES	0	685,500	685,500	0	685,500
001077 AIDS CO-PAYS	0	22,000	22,000	0	22,000
001094 LOCAL ORDINANCE FEES: ENVIRONMENTAL HEALTH	0	1,669,075	1,669,075	0	1,669,075
001094 ENVIRONMENTAL ENGINEERING FEES	0	301,837	301,837	0	301,837
001114 NEW BIRTH CERTIFICATES	0	95,000	95,000	0	95,000
001115 DEATH CERTIFICATES	0	460,000	460,000	0	460,000
001117 VITAL STATS-ADM. FEE 50 CENTS	0	6,400	6,400	0	6,400
FEES AUTHORIZED BY COUNTY TOTAL	0	3,267,812	3,267,812	0	3,267,812
11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY					
001009 RETURNED CHECK ITEM	0	0	0	0	0
001029 THIRD PARTY REIMBURSEMENT	0	0	0	0	0
001029 HEALTH MAINTENANCE ORGAN. (HMO)	0	0	0	0	0
001054 MEDICARE PART D	0	0	0	0	0
001077 RYAN WHITE TITLE II	0	0	0	0	0
001090 MEDICARE PART B	0	171,000	171,000	0	171,000
005040 INTEREST EARNED	0	40,000	40,000	0	40,000
005041 INTEREST EARNED-STATE INVESTMENT ACCOUNT	0	0	0	0	0
007010 U.S. GRANTS DIRECT	0	0	0	0	0
010300 SALE OF GOODS AND SERVICES TO STATE AGENCIES	0	0	0	0	0
010301 EXP WITNESS FEE CONSULTNT CHARGES	0	0	0	0	0
010405 SALE OF PHARMACEUTICALS	0	135,000	135,000	0	135,000
010409 SALE OF GOODS OUTSIDE STATE GOVERNMENT	0	1,175	1,175	0	1,175
010500 SALES OF SERVICES OUTSIDE STATE GOVERNMENT	0	0	0	0	0
011000 GRANT-DIRECT: CMS AIDS NURSE	0	59,600	59,600	0	59,600
011000 GRANT-DIRECT: AIDS DOCTOR USF	0	219,830	219,830	0	219,830
011000 GRANT-DIRECT: HOSPITAL SPAS REIMBURSEMENT	0	391,333	391,333	0	391,333
011000 GRANT-DIRECT: LEE HS PEPW	0	37,411	37,411	0	37,411
011000 GRANT-DIRECT: WAGES	0	60,000	60,000	0	60,000
011000 GRANT-DIRECT: LEE COUNTY LEARNING CENTER	0	73,920	73,920	0	73,920
011000 GRANT-DIRECT: INJURY PREVENTION, AIDS AND MISC	0	27,150	27,150	0	27,150
011000 GRANT-DIRECT: HEALTHY START REIMBURSEMENT FOR SERVICES	0	293,731	293,731	0	293,731
011001 HEALTHY START COALITION REIMBURSEMENT FOR SERVICES	0	115,200	115,200	0	115,200
011007 CASH DONATIONS PRIVATE	0	0	0	0	0
012020 FINES AND FORFEITURES	0	16,000	16,000	0	16,000
012021 RETURN CHECK CHARGE	0	275	275	0	275
028020 INSURANCE RECOVERIES-OTHER	0	0	0	0	0
090002 DRAW UP TO PUBLIC HEALTH UNIT	0	-112,000	-112,000	0	-112,000
OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL	0	1,529,625	1,529,625	0	1,529,625
12. ALLOCABLE REVENUE - COUNTY					
018000 REFUNDS	0	0	0	0	0
037000 PRIOR YEAR WARRANT	0	0	0	0	0

ATTACHMENT II.

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

October 1, 2006 to September 30, 2007

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
12. ALLOCABLE REVENUE - COUNTY					
038000 12 MONTH OLD WARRANT	0	0	0	0	0
COUNTY ALLOCABLE REVENUE TOTAL	0	0	0	0	0
13. BUILDINGS - COUNTY					
ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	333,074	333,074
JANITOR SERVICES	0	0	0	47,500	47,500
INTERNAL REPAIR AND MAINTENANCE	0	0	0	11,500	11,500
ELECTRIC	0	0	0	47,352	47,352
OTHER CONTRACTED (\$32,500) and PROFESSIONAL SERVICES (\$610)	0	0	0	33,110	33,110
INTERNAL PHONE LIVE (IGS-VAR)	0	0	0	13,958	13,958
INTERNAL PHONE USAGE (IGS-VAR)	0	0	0	1,375	1,375
BUILDINGS TOTAL	0	0	0	487,869	487,869
14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY					
INTERNAL RADIO (IGS)	0	0	0	6,372	6,372
VEHICLE INSURANCE	0	0	0	42,146	42,146
LAND,BUILDING AND PARKING RENTAL	0	0	0	31,008	31,008
WATER AND SEWER	0	0	0	9,500	9,500
TRASH, GARBAGE AND SLUDGE REMOVAL	0	0	0	1,000	1,000
OTHER COUNTY CONTRIBUTIONS TOTAL	0	0	0	90,026	90,026
GRAND TOTAL CHD PROGRAM	13,288,372	6,961,628	20,250,000	10,884,208	31,134,208

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, 2006 to September 30, 2007

	FTE's (0.00)	Clients		Quarterly Expenditure Plan				State	County	Grand Total
		Units	Services	1st	2nd (Whole dollars only)	3rd	4th			
A. COMMUNICABLE DISEASE CONTROL:										
VITAL STATISTICS (180)	5.43	0	0	62,679	75,079	62,679	73,245	0	273,682	273,682
IMMUNIZATION (101)	13.04	12,000	50,000	262,500	314,500	262,500	314,659	611,509	542,650	1,154,159
STD (102)	19.42	2,400	16,000	214,770	256,632	214,770	251,280	547,887	389,565	937,452
A.I.D.S. (103)	13.76	400	3,500	287,000	325,000	287,000	325,740	1,206,928	17,812	1,224,740
TB CONTROL SERVICES (104)	14.14	900	6,000	210,041	248,821	210,041	246,866	712,179	203,590	915,769
COMM. DISEASE SURV. (106)	4.76	0	6,500	100,129	118,543	100,129	117,655	93,928	342,528	436,456
HEPATITIS PREVENTION (109)	2.23	1,200	4,500	27,499	32,956	27,499	32,136	119,656	434	120,090
PUBLIC HEALTH PREP AND RESP (116)	3.37	0	5,000	51,442	82,601	51,442	60,015	244,840	660	245,500
COMMUNICABLE DISEASE SUBTOTAL	76.15	16,900	91,500	1,216,060	1,454,132	1,216,060	1,421,596	3,536,927	1,770,921	5,307,848
B. PRIMARY CARE:										
CHRONIC DISEASE SERVICES (210)	6.65	350	1,600	121,507	141,759	121,507	141,759	171,774	354,758	526,532
TOBACCO PREVENTION (212)	0.01	0	0	2,542	2,965	2,542	2,965	0	11,014	11,014
HOME HEALTH (215)	0.00	0	0	0	0	0	0	0	0	0
W.I.C. (221)	46.28	18,000	150,000	533,209	622,077	533,209	622,076	2,310,571	0	2,310,571
FAMILY PLANNING (223)	36.07	6,000	20,000	555,404	647,971	555,404	647,971	1,092,437	1,314,313	2,406,750
IMPROVED PREGNANCY OUTCOME (225)	0.00	0	0	0	0	0	0	0	0	0
HEALTHY START PRENATAL (227)	9.64	1,800	20,000	121,808	142,110	121,808	142,110	190,140	337,696	527,836
COMPREHENSIVE CHILD HEALTH (229)	2.23	600	1,600	50,312	58,698	50,312	58,698	218,020	0	218,020
HEALTHY START INFANT (231)	7.53	1,400	1,400	92,531	107,763	92,911	107,763	148,595	252,373	400,968
SCHOOL HEALTH (234)	3.76	0	840,000	89,797	104,763	89,797	104,764	389,121	0	389,121
COMPREHENSIVE ADULT HEALTH (237)	5.68	2,200	7,000	172,851	201,660	172,850	201,660	346,784	402,237	749,021
DENTAL HEALTH (240)	0.20	0	20	19,090	22,272	19,090	22,272	82,289	435	82,724
PRIMARY CARE SUBTOTAL	118.05	30,350	1,041,620	1,759,051	2,052,038	1,759,430	2,052,038	4,949,731	2,672,826	7,622,557
C. ENVIRONMENTAL HEALTH:										
Water and Onsite Sewage Programs										
COASTAL BEACH MONITORING (347)	0.53	1,200	2,200	7,397	8,630	7,396	8,630	32,053	0	32,053
LIMITED USE PUBLIC WATER SYSTEMS (357)	3.65	900	4,100	41,479	48,393	41,479	48,393	84,194	95,550	179,744
PUBLIC WATER SYSTEM (358)	14.34	240	25,000	232,083	270,763	232,083	270,762	415,486	590,205	1,005,691
PRIVATE WATER SYSTEM (359)	2.39	500	2,400	27,629	32,233	27,629	32,233	0	119,724	119,724
INDIVIDUAL SEWAGE DISP. (361)	50.45	30,000	50,000	724,000	840,600	724,000	840,647	2,684,440	444,807	3,129,247
Group Total	71.36	32,840	83,700	1,032,588	1,200,619	1,032,587	1,200,665	3,216,173	1,250,286	4,466,459
Facility Programs										
FOOD HYGIENE (348)	3.00	300	1,600	43,671	50,950	43,670	50,950	108,984	80,257	189,241
BODY ART (349)	0.12	5	15	1,376	1,606	1,376	1,606	5,312	652	5,964
GROUP CARE FACILITY (351)	3.00	505	1,300	39,922	46,576	39,922	46,577	59,678	113,319	172,997
MIGRANT LABOR CAMP (352)	0.24	7	55	4,039	4,712	4,039	4,711	8,295	9,206	17,501
HOUSING,PUBLIC BLDG SAFETY,SANITATION (353)	0.00	0	0	0	0	0	0	0	0	0
MOBILE HOME AND PARKS SERVICES (354)	1.02	97	330	17,166	20,028	17,166	20,028	62,412	11,976	74,388
SWIMMING POOLS/BATHING (360)	11.34	1,300	5,000	159,771	186,399	159,771	186,399	556,022	136,318	692,340
BIOMEDICAL WASTE SERVICES (364)	2.43	1,200	1,400	35,189	41,054	35,189	41,055	132,487	20,000	152,487
TANNING FACILITY SERVICES (369)	0.32	46	110	4,682	5,462	4,682	5,461	20,287	0	20,287

**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, 2006 to September 30, 2007

	FTE's (0.00)	Clients		Quarterly Expenditure Plan				State	County	Grand Total
		Units	Services	1st	2nd (Whole dollars only)	3rd	4th			
C. ENVIRONMENTAL HEALTH:										
Group Total	21.47	3,460	9,810	305,816	356,787	305,815	356,787	953,477	371,728	1,325,205
Groundwater Contamination										
STORAGE TANK COMPLIANCE (355)	0.00	0	0	0	0	0	0	0	0	0
SUPER ACT SERVICE (356)	0.51	150	260	7,641	8,915	7,641	8,915	21,582	11,530	33,112
Group Total	0.51	150	260	7,641	8,915	7,641	8,915	21,582	11,530	33,112
Community Hygiene										
RADIOLOGICAL HEALTH (372)	0.00	0	0	0	0	0	0	0	0	0
TOXIC SUBSTANCES (373)	0.00	0	0	0	0	0	0	0	0	0
OCCUPATIONAL HEALTH (344)	0.60	0	650	9,159	10,686	9,159	10,686	12,026	27,664	39,690
CONSUMER PRODUCT SAFETY (345)	0.00	0	0	0	0	0	0	0	0	0
INJURY PREVENTION (346)	6.86	0	250	101,616	118,552	101,616	118,552	265,248	175,088	440,336
LEAD MONITORING SERVICES (350)	0.51	0	0	718	838	718	837	139	2,972	3,111
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)	0.02	10	25	772	901	772	900	490	2,855	3,345
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	0	0	0	0	0	0	0
AIR POLLUTION (371)	0.13	0	5	1,924	2,245	1,924	2,244	2,579	5,758	8,337
Group Total	8.12	10	930	114,189	133,222	114,189	133,219	280,482	214,337	494,819
ENVIRONMENTAL HEALTH SUBTOTAL	101.46	36,460	94,700	1,460,234	1,699,543	1,460,232	1,699,586	4,471,714	1,847,881	6,319,595
D. SPECIAL CONTRACTS:										
SPECIAL CONTRACTS (599)	17.10	0	0	230,000	270,000	230,000	270,000	330,000	670,000	1,000,000
SPECIAL CONTRACTS SUBTOTAL	17.10	0	0	230,000	270,000	230,000	270,000	330,000	670,000	1,000,000
TOTAL CONTRACT	312.76	83,710	1,227,820	4,665,345	5,475,713	4,665,722	5,443,220	13,288,372	6,961,628	20,250,000

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
Environmental Engineering	60 Danley Drive, Unit 1 Fort Myers, FI 33907	County
North Annex Clinic	83 Pondella Road North Fort Myers, FI 33903	County
Lehigh Clinic	391 Lee Boulevard #200 Lehigh Acres, FI 33936	Leased
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
	1807 South Tamiami Trail Fort Myers, FI 33908	Leased
	3691 Evans Avenue Fort Myers, FI 33901	Leased
	Hancock Bridge Square Fort Myers, FI 33903	Leased
McGregor Clinic Inc.	2506 Second Street Fort Myers, FI 33901	Leased
Administration Environmental Health Preparedness	Joseph P. D'Alessandro Office Complex 2295 Victoria Avenue Fort Myers, FI 33901	Leased

**Purchasing
Central Receiving**

**14231 Jetport Loop
Suite 13 and 14
Fort Myers, FL 33913**

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>
2003-2004	\$ <u> -</u>	\$ <u> -</u>	\$ <u> -</u>
2004-2005	\$ <u> 1,600,000</u>	\$ <u> 600,000</u>	\$ <u> 2,200,000</u>
2005-2006	\$ <u> (500,000)</u>	\$ <u> (100,000)</u>	\$ <u> (600,000)</u>
2007-2008	\$ <u> -</u>	\$ <u> -</u>	\$ <u> -</u>
2008-2009	\$ <u> 200,000</u>	\$ <u> 200,000</u>	\$ <u> 400,000</u>
PROJECT TOTAL	\$ <u> 1,300,000</u>	\$ <u> 700,000</u>	\$ <u> 2,000,000</u>

SPECIAL PROJECT CONSTRUCTION/RENOVATION PLAN

PROJECT TITLE: Dunbar / Pondella Clinic Renovation and Outfitting of Lease Space
LOCATION: Martin L King Blvd/Pondella Road/Metro/College Parkway, Fort Myers, Florida
CATEGORY: NEW FACILITY ROOFING
 RENOVATION X PLANNING STUDY
 NEW ADDITION X

SQUARE FOOTAGE: 27,111

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

Existing clinic site to be torn down and rebuilt. New clinic site will need to be renovated to meet health department needs.

ESTIMATED PROJECT INFORMATION:

START DATE *(initial expenditure of funds)*: Dec-06
COMPLETION DATE: Mar-08

DESIGN FEES: \$
RENOVATION COSTS: \$ 1,600,000
FURNITURE/EQUIPMENT \$ 400,000
TOTAL PROJECT COST: \$ 2,000,000

COST PER SQ FOOT: \$ 73.77

Local Funding Reserve decreased by amount of State funding released for this project. The State portion of the project budget was established with \$400,000 from 2004 Legislative Appropriation line item number 5480 (LeeCHD-Dunbar Purchase). The amount of local funds reserved for Contract Year (CY) 2006 - 2007 is \$1,600,000. An additional \$200,000 is planned to be reserved for this project in the 2007-2008 Contract Year, for furniture. Six hundred thousand dollars was used during CY 2005-2006 to lease, furnish and, provide telephone systems for space needed to relocate the Pondella operation.



ENVIRONMENTAL HEALTH FEE SCHEDULE
FISCAL YEAR 2006-2007
EFFECTIVE 07/01/2006

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	EO	OBJECT CODE	REVENUE CATEGORY	SI	OCA	FUND GF-SF-FID	BUDGET ENTITY	IBI	PROGRAM COMPONENT
PUBLIC SWIMMING POOLS AND BATHING PLACES												240,000.00
1. Annual Permit - Up to (and including) 25,000 gallons	100.00	90.00	XX-360	DK	001020	000121	CD	8K000	20-2-141001	64200700	**	1306000000
1a. Transfer to headquarters		10.00	XX-910	SM	001206	000100	RV	K3000	10-2-021042	64200600	00	1302000000
2. More than 25,000 gallons	200.00	180.00	XX-360	DK	001020	000121	CD	8K000	20-2-141001	64200700	**	1306000000
2a. Transfer to headquarters		20.00	XX-910	SM	001206	000100	RV	K3000	10-2-021042	64200600	00	1302000000
3. Exempted Condo Pools (over 32 units)	50.00	45.00	XX-360	DK	001020	000121	CD	8K000	20-2-141001	64200700	**	1306000000
3a. Transfer to headquarters		5.00	XX-910	SM	001206	000100	RV	K3000	10-2-021042	64200600	00	1302000000
4. Plan Review Fee (one time only)	350.00	315.00	XX-360	DK	001020	000121	CD	8K000	20-2-141001	64200700	**	1306000000
4a. Transfer to headquarters		35.00	XX-910	SM	001206	000100	RV	K3000	10-2-021042	64200600	00	1302000000
5. Initial Operating Permit (one time only)	150.00	135.00	XX-360	DK	001020	000121	CD	8K000	20-2-141001	64200700	**	1306000000
5a. Transfer to headquarters		15.00	XX-910	SM	001206	000100	RV	K3000	10-2-021042	64200600	00	1302000000
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	XX-360	DK	001092	000121	CD	8K000	20-2-141001	64200700	**	1306000000
2. Modification to a construction permit (permit issued and pool not finished	100.00	100.00	XX-360	DK	001092	000121	CD	8K000	20-2-141001	64200700	**	1306000000
with construction)												
3. Modification to a completed pool, one that has been in operation	150.00	150.00	XX-360	DK	001092	000121	CD	8K000	20-2-141001	64200700	**	1306000000
4. Plan/application review for bathing place development	275.00	275.00	XX-360	DK	001092	000121	CD	8K000	20-2-141001	64200700	**	1306000000
5. Initial operating permit	150.00	150.00	XX-360	DK	001092	000121	CD	8K000	20-2-141001	64200700	**	1306000000
6. Variance applications	240.00	216.00	XX-360	DK	001092	000121	CD	8K000	20-2-141001	64200700	**	1306000000
6a. Transfer to Headquarters		24.00	XX-910	SM	001206	000100	RV	K3000	10-2-021042	64200600	00	1302000000
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	XX-360	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
2. Modification to a construction permit (permit issued and pool not finished	100.00	100.00	XX-360	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
with construction)												
3. Modification to a completed pool, one that has been in operation	150.00	150.00	XX-360	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000

**Must use County Health Department IBI (01-67)

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	EO	OBJECT CODE	REVENUE CATEGORY	SI	OCA	FUND GF-SF-FID	BUDGET ENTITY	IBI	PROGRAM COMPONENT
4. Plan/application review for bathing place development	275.00	275.00	XX-360	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
5. Initial operating permit	150.00	150.00	XX-360	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
6. Variance applications	240.00	216.00	XX-360	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	EO	OBJECT CODE	REVENUE CATEGORY	SI	OCA	FUND GF-SF-FID	BUDGET ENTITY	IBI	PROGRAM COMPONENT
MOBILE HOME & RECREATIONAL VEHICLE PARKS												42,000.00
(FEES ARE PRORATED ON A QUARTERLY BASIS)												
1. Annual permit for 5 to 14 spaces	50.00	45.00	XX-354	DK	001020	000121	CD	8K000	20-2-141001	64200700	**	1306000000
1a. Transfer to headquarters		5.00	XX-910	MP	001206	000100	RV	UQ000	10-2-021042	64200600	00	1302000000
2. Annual permit for 15 to 171 spaces	3.50 per space		XX-354	DK	001020	000121	CD	8K000	20-2-141001	64200700	**	1306000000
2a. Transfer to headquarters		10%	XX-910	MP	001206	000100	RV	UQ000	10-2-021042	64200600	00	1302000000
3. Annual permit for 172 and above spaces	600.00	540.00	XX-354	DK	001020	000121	CD	8K000	20-2-141001	64200700	**	1306000000
3a. Transfer to headquarters		60.00	XX-910	MP	001206	000100	RV	UQ000	10-2-021042	64200600	00	1302000000
MIGRANT LABOR CAMPS												850.00
1. Annual permit for facilities with 5-50 occupants	125.00	125.00	XX-352	DK	001020	000121	CD	8K000	20-2-141001	64200700	**	1306000000
2. Annual permit for facilities with 51-100 occupants	225.00	225.00	XX-352	DK	001020	000121	CD	8K000	20-2-141001	64200700	**	1306000000
3. Annual permit for facilities with over 100 occupants	500.00	500.00	XX-352	DK	001020	000121	CD	8K000	20-2-141001	64200700	**	1306000000
BIOMEDICAL WASTE GENERATORS												50,000.00
1. Initial permit (prorated after 3/31 for generator, storage and treatment)	55.00	55.00	XX-364	DK	001020	000121	CD	8K000	20-2-141001	64200700	**	1306000000
2. Renewal of annual permit except generator producing less than 25lbs/30 days postmarked by October 1	55.00	55.00	XX-364	DK	001020	000121	CD	8K000	20-2-141001	64200700	**	1306000000
3. Renewal of annual permit except generator producing less than 25lbs/30 days postmarked after October 1	75.00	75.00	XX-364	DK	001020	000121	CD	8K000	20-2-141001	64200700	**	1306000000
4. Initial Transporter Registration (prorated after 3/31, includes 1 truck)	55.00	55.00	XX-364	DK	001020	000121	CD	8K000	20-2-141001	64200700	**	1306000000
5. Initial Registration of Each Additional Truck	10.00	10.00	XX-364	DK	001020	000121	CD	8K000	20-2-141001	64200700	**	1306000000
6. Annual Registration Renewal (postmarked by 10/01, includes 1 truck)	55.00	55.00	XX-364	DK	001020	000121	CD	8K000	20-2-141001	64200700	**	1306000000
7. Annual Registration Renewal (postmarked after 10/01, includes 1 truck)	75.00	75.00	XX-364	DK	001020	000121	CD	8K000	20-2-141001	64200700	**	1306000000
8. Annual Registration of Each Additional Truck	10.00	10.00	XX-364	DK	001020	000121	CD	8K000	20-2-141001	64200700	**	1306000000
TANNING FACILITIES												14,000.00
1. Annual license fee	150.00	135.00	XX-369	DK	001020	000121	CD	8K000	20-2-141001	64200700	**	1306000000
1a. Transfer to headquarters		15.00	XX-910	TN	001206	000100	RV	R9000	10-2-021042	64200600	00	1302000000
2. Fee for each additional device	55.00	49.50	XX-369	DK	001020	000121	CD	8K000	20-2-141001	64200700	**	1306000000
2a. Transfer to headquarters		5.50	XX-910	TN	001206	000100	RV	R9000	10-2-021042	64200600	00	1302000000
3. Late fee	25.00	25.00	XX-369	DK	001020	000121	CD	8K000	20-2-141001	64200700	**	1306000000
BODY PIERCING												3,000.00
1. Initial License (prorated quarterly)	150.00	135.00	XX-349	DK	001020	000121	CD	8K000	20-2-141001	64200700	**	1306000000
1a. Transfer to headquarters		15.00	XX-910	IE	001206	000100	RV	PIERS	10-2-021042	64200600	00	1302000000
2. Temporary Establishment	75.00	67.50	XX-349	DK	001020	000121	CD	8K000	20-2-141001	64200700	**	1306000000
2a. Transfer to headquarters		7.50	XX-910	IE	001206	000100	RV	PIERS	10-2-021042	64200600	00	1302000000
3. Annual Renewal License Fee	150.00	135.00	XX-349	DK	001020	000121	CD	8K000	20-2-141001	64200700	**	1306000000
3a. Transfer to headquarters		15.00	XX-910	IE	001206	000100	RV	PIERS	10-2-021042	64200600	00	1302000000
4. Late fee	100.00	100.00	XX-349	DK	001020	000121	CD	8K000	20-2-141001	64200700	**	1306000000

**Must use County Health Department IBI (01-67)

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	EO	OBJECT CODE	REVENUE CATEGORY	SI	OCA	FUND GF-SF-FID	BUDGET ENTITY	IBI	PROGRAM COMPONENT
FOOD ESTABLISHMENTS												44,300.00
1. Annual Permit for Fraternal/Civic	160.00	144.00	XX-348	DK	001020	000121	CD	8K000	20-2-141001	64200700	**	1306000000
1a. Transfer to headquarters		16.00	XX-910	FP	001206	000100	RV	1O000	10-2-021042	64200600	00	1302000000
2. Annual Permit School Cafeteria Operating for 9 months or less	130.00	117.00	XX-348	DK	001020	000121	CD	8K000	20-2-141001	64200700	**	1306000000
2a. Transfer to headquarters		13.00	XX-910	FP	001206	000100	RV	1O000	10-2-021042	64200600	00	1302000000
3. Annual Permit School Cafeteria Operating for more than 9 months	160.00	144.00	XX-348	DK	001020	000121	CD	8K000	20-2-141001	64200700	**	1306000000
3a. Transfer to headquarters		16.00	XX-910	FP	001206	000100	RV	1O000	10-2-021042	64200600	00	1302000000
4. Annual Permit for Hospital/Nursing Food Service	210.00	189.00	XX-348	DK	001020	000121	CD	8K000	20-2-141001	64200700	**	1306000000
4a. Transfer to headquarters		21.00	XX-910	FP	001206	000100	RV	1O000	10-2-021042	64200600	00	1302000000
5. Annual Permit for Movie Theaters	160.00	144.00	XX-348	DK	001020	000121	CD	8K000	20-2-141001	64200700	**	1306000000
5a. Transfer to headquarters		16.00	XX-910	FP	001206	000100	RV	1O000	10-2-021042	64200600	00	1302000000
6. Annual Permit for Jails/Prisons	210.00	189.00	XX-348	DK	001020	000121	CD	8K000	20-2-141001	64200700	**	1306000000
6a. Transfer to headquarters		21.00	XX-910	FP	001206	000100	RV	1O000	10-2-021042	64200600	00	1302000000
7. Annual Permit for Bars/Lounges (Drink Service Only)	160.00	144.00	XX-348	DK	001020	000121	CD	8K000	20-2-141001	64200700	**	1306000000
7a. Transfer to headquarters		16.00	XX-910	FP	001206	000100	RV	1O000	10-2-021042	64200600	00	1302000000
8. Annual Permit for Residential Facilities	110.00	99.00	XX-348	DK	001020	000121	CD	8K000	20-2-141001	64200700	**	1306000000
8a. Transfer to headquarters		11.00	XX-910	FP	001206	000100	RV	1O000	10-2-021042	64200600	00	1302000000
9. Annual Permit for Child Care Centers without C&F license	85.00	76.50	XX-348	DK	001020	000121	CD	8K000	20-2-141001	64200700	**	1306000000
9a. Transfer to headquarters		8.50	XX-910	FP	001206	000100	RV	1O000	10-2-021042	64200600	00	1302000000
10. Annual Permit for Limited Food Service	85.00	76.50	XX-348	DK	001020	000121	CD	8K000	20-2-141001	64200700	**	1306000000
10a. Transfer to headquarters		8.50	XX-910	FP	001206	000100	RV	1O000	10-2-021042	64200600	00	1302000000
11. Annual Permit Other Food Service	160.00	144.00	XX-348	DK	001020	000121	CD	8K000	20-2-141001	64200700	**	1306000000
11a. Transfer to headquarters		16.00	XX-910	FP	001206	000100	RV	1O000	10-2-021042	64200600	00	1302000000
12. Plan Review	\$35/hour	\$35/hour	XX-348	DK	001092	000121	CD	8K000	20-2-141001	64200700	**	1306000000
13. Food Worker Training (per person)	10.00	10.00	XX-348	DK	001092	000121	CD	8K000	20-2-141001	64200700	**	1306000000
14. Request for Inspection	40.00	40.00	XX-348	DK	001092	000121	CD	8K000	20-2-141001	64200700	**	1306000000
15. Re-inspection (after the first reinspection)	30.00	30.00	XX-348	DK	001092	000121	CD	8K000	20-2-141001	64200700	**	1306000000
16. Late Renewal	25.00	25.00	XX-348	DK	001092	000121	CD	8K000	20-2-141001	64200700	**	1306000000
17. Alcoholic Beverage Inspection Approval	30.00	30.00	XX-348	DK	001092	000121	CD	8K000	20-2-141001	64200700	**	1306000000

**Must use County Health Department IBI (01-67)

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	EO	OBJECT CODE	REVENUE CATEGORY	SI	OCA	FUND GF-SF-FID	BUDGET ENTITY	IBI	PROGRAM COMPONENT
ONSITE SEWAGE DISPOSAL PROGRAM (OSTDS)												2,328,400.00
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	XX-361	DK	001092	000121	CD	8K000	20-2-141001	64200700	**	1306000000
1a. Transfer to headquarters		4.00	XX-910	ST	001206	000100	RV	1E000	10-2-021042	64200600	00	1302000000
2. Application and approval for existing system, does not include system inspection	35.00	32.20	XX-361	DK	001092	000121	CD	8K000	20-2-141001	64200700	**	1306000000
2a. Transfer to headquarters		2.80	XX-910	ST	001206	000100	RV	1E000	10-2-021042	64200600	00	1302000000
3. Application for permitting of a new Performance-based treatment system	125.00	115.00	XX-361	DK	001092	000121	CD	8K000	20-2-141001	64200700	**	1306000000
3a. Transfer to headquarters		10.00	XX-910	ST	001206	000100	RV	1E000	10-2-021042	64200600	00	1302000000
4. Site evaluation for a new system	115.00	105.80	XX-361	DK	001092	000121	CD	8K000	20-2-141001	64200700	**	1306000000
4a. Transfer to headquarters		9.20	XX-910	ST	001206	000100	RV	1E000	10-2-021042	64200600	00	1302000000
5. Site evaluation for a system repair or modification of system	75.00	69.00	XX-361	DK	001092	000121	CD	8K000	20-2-141001	64200700	**	1306000000
5a. Transfer to headquarters		6.00	XX-910	ST	001206	000100	RV	1E000	10-2-021042	64200600	00	1302000000
6. Site re-evaluation, new or repair or modification	75.00	69.00	XX-361	DK	001092	000121	CD	8K000	20-2-141001	64200700	**	1306000000
6a. Transfer to headquarters		6.00	XX-910	ST	001206	000100	RV	1E000	10-2-021042	64200600	00	1302000000
7. Permit for new systems, or modification to system	55.00	50.60	XX-361	DK	001092	000121	CD	8K000	20-2-141001	64200700	**	1306000000
7a. Transfer to headquarters		4.40	XX-910	ST	001206	000100	RV	1E000	10-2-021042	64200600	00	1302000000
8. New system or system modification installation inspection	80.00	73.60	XX-361	DK	001092	000121	CD	8K000	20-2-141001	64200700	**	1306000000
8a. Transfer to headquarters		6.40	XX-910	ST	001206	000100	RV	1E000	10-2-021042	64200600	00	1302000000
8b. Research fee to be collected in addition, and concurrent with the permit for a new system installation fee.	5.00	5.00	XX-910	RF	001206	000100	RV	B9000	10-2-021042	64200600	00	1302000000
9. Repair permit issuance which includes inspection	50.00	41.40	XX-361	DK	001092	000121	CD	8K000	20-2-141001	64200700	**	1306000000
9a. Transfer to headquarters		3.60	XX-910	ST	001206	000100	RV	1E000	10-2-021042	64200600	00	1302000000
9b. Transfer to headquarters for training center		5.00	XX-910	TC	001206	000100	RV	SEW7N	10-2-021042	64200600	00	1302000000
10. Inspection of system previously in use	50.00	46.00	XX-361	DK	001092	000121	CD	8K000	20-2-141001	64200700	**	1306000000
10a. Transfer to headquarters		4.00	XX-910	ST	001206	000100	RV	1E000	10-2-021042	64200600	00	1302000000
11. Reinspection fee per visit for site inspections after system construction approval	50.00	46.00	XX-361	DK	001092	000121	CD	8K000	20-2-141001	64200700	**	1306000000
11a. Transfer to headquarters		4.00	XX-910	ST	001206	000100	RV	1E000	10-2-021042	64200600	00	1302000000
12. Installation reinspection of non-compliant system per each site visit	50.00	46.00	XX-361	DK	001092	000121	CD	8K000	20-2-141001	64200700	**	1306000000
12a. Transfer to headquarters		4.00	XX-910	ST	001206	000100	RV	1E000	10-2-021042	64200600	00	1302000000
13. System abandonment permit, includes permit issuance and inspection	40.00	36.80	XX-361	DK	001092	000121	CD	8K000	20-2-141001	64200700	**	1306000000
13a. Transfer to headquarters		3.20	XX-910	ST	001206	000100	RV	1E000	10-2-021042	64200600	00	1302000000
14. Annual operating permit fee for systems in IM and equivalent areas, and for systems receiving commercial waste	150.00	138.00	XX-361	DK	001092	000121	CD	8K000	20-2-141001	64200700	**	1306000000
14a. Transfer to headquarters		12.00	XX-910	ST	001206	000100	RV	1E000	10-2-021042	64200600	00	1302000000

**Must use County Health Department IBI (01-67)

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	EO	OBJECT CODE	REVENUE CATEGORY	SI	OCA	FUND GF-SF-FID	BUDGET ENTITY	IBI	PROGRAM COMPONENT
15. Amendments or changes to the operating permit during the permit period per change or amendment	50.00	46.00	XX-361	DK	001092	000121	CD	8K000	20-2-141001	64200700	**	1306000000
15a. Transfer to headquarters		4.00	XX-910	ST	001206	000100	RV	1E000	10-2-021042	64200600	00	1302000000
16. Aerobic treatment unit operating permit (biennial)	100.00	92.00	XX-361	DK	001092	000121	CD	8K000	20-2-141001	64200700	**	1306000000
16a. Transfer to headquarters		8.00	XX-910	ST	001206	000100	RV	1E000	10-2-021042	64200600	00	1302000000
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	XX-361	DK	001092	000121	CD	8K000	20-2-141001	64200700	**	1306000000
17a. Transfer to headquarters		8.00	XX-910	ST	001206	000100	RV	1E000	10-2-021042	64200600	00	1302000000
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	XX-361	DK	001092	000121	CD	8K000	20-2-141001	64200700	**	1306000000
18a. Transfer to headquarters		6.00	XX-910	ST	001206	000100	RV	1E000	10-2-021042	64200600	00	1302000000
19. Tank manufacturer's inspection per annum	100.00	50.00	XX-361	DK	001092	000121	CD	8K000	20-2-141001	64200700	**	1306000000
19a. Transfer to headquarters		50.00	XX-910	ST	001206	000100	RV	1E000	10-2-021042	64200600	00	1302000000
20. Septage disposal service permit per annum	75.00	69.00	XX-361	DK	001092	000121	CD	8K000	20-2-141001	64200700	**	1306000000
20a. Transfer to headquarters		6.00	XX-910	ST	001206	000100	RV	1E000	10-2-021042	64200600	00	1302000000
21. Additional charge per pump out vehicle	35.00	32.20	XX-361	DK	001092	000121	CD	8K000	20-2-141001	64200700	**	1306000000
21a. Transfer to headquarters		2.80	XX-910	ST	001206	000100	RV	1E000	10-2-021042	64200600	00	1302000000
22. Portable or temporary toilet service permit per annum	75.00	69.00	XX-361	DK	001092	000121	CD	8K000	20-2-141001	64200700	**	1306000000
22a. Transfer to headquarters		6.00	XX-910	ST	001206	000100	RV	1E000	10-2-021042	64200600	00	1302000000
23. Additional charge per pump out vehicle	35.00	32.20	XX-361	DK	001092	000121	CD	8K000	20-2-141001	64200700	**	1306000000
23a. Transfer to headquarters		2.80	XX-910	ST	001206	000100	RV	1E000	10-2-021042	64200600	00	1302000000
24. Septage stabilization facility inspection fee per annum	150.00	138.00	XX-361	DK	001092	000121	CD	8K000	20-2-141001	64200700	**	1306000000
24a. Transfer to headquarters		12.00	XX-910	ST	001206	000100	RV	1E000	10-2-021042	64200600	00	1302000000
24. Septage disposal site evaluation fee per annum	200.00	184.00	XX-361	DK	001092	000121	CD	8K000	20-2-141001	64200700	**	1306000000
24a. Transfer to headquarters		16.00	XX-910	ST	001206	000100	RV	1E000	10-2-021042	64200600	00	1302000000
24. Aerobic treatment unit maintenance entity permit per annum	25.00	23.00	XX-361	DK	001092	000121	CD	8K000	20-2-141001	64200700	**	1306000000
24a. Transfer to headquarters		2.00	XX-910	ST	001206	000100	RV	1E000	10-2-021042	64200600	00	1302000000
25. Variance application for a single family residence per each lot or building site	150.00	75.00	XX-361	DK	001092	000121	CD	8K000	20-2-141001	64200700	**	1306000000
25a. Transfer to headquarters		75.00	XX-910	CR	001206	000100	RV	BY000	10-2-021042	64200600	00	1302000000
26. Variance application for a multi-family or commercial building per each building site	200.00	100.00	XX-361	DK	001092	000121	CD	8K000	20-2-141001	64200700	**	1306000000
26a. Transfer to headquarters		100.00	XX-910	CR	001206	000100	RV	BY000	10-2-021042	64200600	00	1302000000
27. Inspection for construction of an injection well (FL Keys)	125.00	125.00	XX-361	DK	001092	000121	CD	8K000	20-2-141001	64200700	**	1306000000

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	EO	OBJECT CODE	REVENUE CATEGORY	SI	OGA	FUND GF-SF-FID	BUDGET ENTITY	IBI	PROGRAM COMPONENT
DRINKING WATER												12,000.00
1. First Year Public Water Annual Operation Permit and Construction Permit - Limited Use	75.00	67.50	XX-357	DK	001020	000121	CD	8K000	20-2-141001	64200700	**	1306000000
1a. Transfer to headquarters		7.50	XX-910	64	001206	000100	RV	M5000	10-2-021042	64200600	00	1302000000
2. Second Year Public Water Annual Operation Permit - Limited Use	70.00	63.00	XX-357	DK	001020	000121	CD	8K000	20-2-141001	64200700	**	1306000000
2a. Transfer to headquarters		7.00	XX-910	64	001206	000100	RV	M5000	10-2-021042	64200600	00	1302000000
3. Multi-Family Water Construction Permit - serving 3 or 4 non-rental residences	40.00	36.00	XX-357	DK	001020	000121	CD	8K000	20-2-141001	64200700	**	1306000000
3a. Transfer to headquarters		4.00	XX-910	64	001206	000100	RV	M5000	10-2-021042	64200600	00	1302000000
4. Initial Operating Permit Fee After March 31 of Any Year	35.00	31.50	XX-357	DK	001020	000121	CD	8K000	20-2-141001	64200700	**	1306000000
4a. Transfer to headquarters		3.50	XX-910	64	001206	000100	RV	M5000	10-2-021042	64200600	00	1302000000
5. Non-SDWA Lab Sample (Sample Collection/Review of Analytical Results/Health Risk Interpretation):												
Bacterial Sample Collection	40.00	40.00	XX-357	DK	001020	000121	CD	8K000	20-2-141001	64200700	**	1306000000
Chemical Sample Collection	50.00	50.00	XX-357	DK	001020	000121	CD	8K000	20-2-141001	64200700	**	1306000000
Combined Chemical microbiological	55.00	55.00	XX-357	DK	001020	000121	CD	8K000	20-2-141001	64200700	*	1306000000
6. Reinspection of Multi-family Water System	25.00	25.00	XX-357	DK	001092	000121	CD	8K000	20-2-141001	64200700	**	1306000000
7. Reinspection of Public Water System	40.00	40.00	XX-357	DK	001092	000121	CD	8K000	20-2-141001	64200700	**	1306000000
8. Delineated Area Clearance Fee	50.00	50.00	XX-357	DK	001092	000121	CD	8K000	20-2-141001	64200700	**	1306000000
9. Limited Use Commercial Registered System	15.00	15.00	XX-357	DK	001092	000121	CD	8K000	20-2-141001	64200700	**	1306000000
10. Limited Use Commercial Public Water System Operating Permit Family Day Care Establishment	25.00	25.00	XX-357	DK	001092	000121	CD	8K000	20-2-141001	64200700	**	1306000000
11. Limited Use Commercial Public Water System Operating Permit Family Day Care Establishment After March 31 of Any Year.	15.00	15.00	XX-357	DK	001092	000121	CD	8K000	20-2-141001	64200700	**	1306000000
Safe Drinking Water Act (Delegated Counties)												95,000.00
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	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
b. Treatment plant - 1 MGD up to 5 MGD	6,000.00	6,000.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
c. Treatment plant - 0.25 MGD up to 1 MGD	4,000.00	4,000.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
d. Treatment plant - 0.1 MGD up to .25 MGD	2,000.00	2,000.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
e. Treatment plant - up to 0.1 MGD	1,000.00	1,000.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
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.												

**Must use County Health Department IBI (01-67)

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	EO	OBJECT CODE	REVENUE CATEGORY	SI	OCA	FUND GF-SF-FID	BUDGET ENTITY	IBI	PROGRAM COMPONENT
a. Treatment plant - 5 MGD and above	7,500.00	7,500.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
b. Treatment plant - 1 MGD up to 5 MGD	6,000.00	6,000.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
c. Treatment plant - 0.25 MGD up to 1 MGD	4,000.00	4,000.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
d. Treatment plant - 0.1 MGD up to .025 MGD	2,000.00	2,000.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
e. Treatment plant - 0.01 up to 0.1 MGD	1,000.00	1,000.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
f. Treatment plant - up to 0.01 MGD	400.00	400.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
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	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
b. Treatment plant - 1 MGD up to 5 MGD	3,000.00	3,000.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
c. Treatment plant - 0.25 MGD up to 1 MGD	1,000.00	1,000.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
d. Treatment plant - 0.1 MGD up to .025 MGD	500.00	500.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
e. Treatment plant - up to 0.1 MGD	300.00	300.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
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	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
b. Serving a non-transient non-community public water systems	350.00	350.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
c. Serving a non-community public water system	250.00	250.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
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	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
b. Any other public water supply well.	250.00	250.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
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	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
b. .1 MGD up to 1 MGD	1,000.00	1,000.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
c. 0.01 up to .1 MGD	500.00	500.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
d. Up to 0.01 MGD	100.00	100.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
e. Lead and Copper Corrosion Fee	100.00	100.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
7. Minor modifications to systems that result in no change in the treatment or capacity.												
a. .1 MGD and above	300.00	300.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
b. Up to 0.1 MGD	100.00	100.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
8. Fines and Forfeitures	Variable	Variable	XX-358	WC	012020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
9. General Permit Fee for any General Permit not specifically listed:	100.00	100.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
a. General Permits requiring Professional Engineer or Professional Geologist certification	250.00	250.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000

**Must use County Health Department IBI (01-67)

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	EO	OBJECT CODE	REVENUE CATEGORY	SI	OCA	FUND GF-SF-FID	BUDGET ENTITY	IBI	PROGRAM COMPONENT
a. General Permits not requiring Professional Engineer or Professional Geologist certification	100.00	100.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
Sub-total												2,829,550.00
Medical Quality Assurance Inspection Fee												17,000.00
FEEs ASSESSED BY STATE RULES												2,846,550.00

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 HMS.

The Lee CHD contracts with the Family Health Centers of Southwest Florida Inc., (FHC) 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. We supplement these funds with \$33,008 of the County's contribution to the Health Department. These visits are entered into HMS.

The State Legislature appropriated a one year Low Income Pool (LIP) grant of \$200,000 to Lee County. The Lee County Health Department has pledged \$82,480 of its General Revenue dollars as required match to access the \$200,000. The funds will be split between the Lee County Health Department and the FHC to provide increased medical services to un/under insured individuals. The Lee County Health Department will contract with FHC for \$117,520 in medical services for these individuals.