

## CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 11/05/2021

Contract/Lease Control #: C97-0025-HD

Procurement#: NA

Contract/Lease Type: CONTRACT

Award To/Lessee: FLORIDA DEPARTMENT OF HEALTH

Owner/Lessor: OKALOOSA COUNTY

Effective Date: 10/01/2021

Expiration Date: 09/30/2022

Description of: OPERATION OF THE HEALTH DEPARTMENT

Department: HD

Department Monitor: CHAPMAN

Monitor's Telephone #: 850-833-9240

Monitor's FAX # or E-mail: KCHAPMAN@MYOKALOOSA.COM

Closed:

Cc: BCC RECORDS

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Joseph A. Ladapo, MD, PHD**  
State Surgeon General

**Vision:** To be the **Healthiest State** in the Nation

November 30, 2021

The Honorable Carolyn Ketchel  
Okaloosa Board of County Commissioners  
302 N Wilson Street, Suite 203  
Crestview, FL 32536

CONTRACT: C97-0025-HD  
FLORIDA DEPARTMENT OF HEALTH  
OPERATION OF THE HEALTH DEPARTMENT  
EXPIRES: 09/30/2022

RE: FY 20-21 Contract between the Okaloosa Board of County Commissioners and the Department of Health for operation of the Okaloosa County Health Department

Dear Chairman Ketchel:

The above-referenced Core Contract and Section 154.02, Florida Statutes, require that the Department of Health submit quarterly reports to the County with the following information.

As specified in Section 4., Paragraph d., enclosed are updated Attachment II Part II and Part III Revenue and Expenditure Attachments. These attachments reflect any revenue or expenditure adjustments since the previous quarter.

As specified in Section 6., Paragraphs o.i and ii, also enclosed are the DE385L1 Contract Management Variance Report and the DE580L1 Analysis of Fund Equities Report. A written explanation is provided for any service level expenditure variance that deviates more than 25 percent from the planned service expenditure amount and exceeds three percent of the total planned expenditures for the corresponding level of service at the end of the contract year.

If you have any questions, please feel free to contact Alexis Wallace at (850)344-0516.

Sincerely,

**Elizabeth Smith**

Digitally signed by Elizabeth Smith  
DN: cn=US, ou=Okaloosa, o=DOH, cn=Elizabeth Smith,  
email=elizabeth.smith@health.gov  
Reason: I am the author of this document  
Location: your signing location here  
Date: 2021.12.01 13:28:02  
Form Reader Version: 9.7.1

Elizabeth Smith, MSN, RN  
Health Officer  
Okaloosa County Health Department

Enclosures

Cc: Demonica Connell, Office of Budget and Revenue Management



**ATTACHMENT II**

**FLORIDA HEALTH DEPARTMENT  
 Florida Department of Community Health Services - Department  
 Annual Financial Report - 2020**






**1. GENERAL REVENUE - STATE**

015040 AIDS PATIENT CARE	100,000	0	100,000	0	100,000
015040 AIDS PREVENTION & SURVEILLANCE - GENERAL REVENUE	20,920	0	20,920	0	20,920
015040 CHD - TB COMMUNITY PROGRAM	55,108	0	55,108	0	55,108
015040 CORONAVIRUS GENERAL REVENUE	484,770	0	484,770	0	484,770
015040 DENTAL SPECIAL INITIATIVE PROJECTS	10,252	0	10,252	0	10,252
015040 FAMILY PLANNING GENERAL REVENUE	61,769	0	61,769	0	61,769
015040 PRIMARY CARE PROGRAM	245,068	0	245,068	0	245,068
015040 SCHOOL HEALTH SERVICES - GENERAL REVENUE	177,240	0	177,240	0	177,240
015050 CHD GENERAL REVENUE NON-CATEGORICAL	1,681,640	0	1,681,640	0	1,681,640
<b>GENERAL REVENUE TOTAL</b>	<b>2,836,767</b>	<b>0</b>	<b>2,836,767</b>	<b>0</b>	<b>2,836,767</b>

**2. NON GENERAL REVENUE - STATE**

015010 TOBACCO STATE AND COMMUNITY INTERVENTIONS	150,688	0	150,688	0	150,688
<b>NON GENERAL REVENUE TOTAL</b>	<b>150,688</b>	<b>0</b>	<b>150,688</b>	<b>0</b>	<b>150,688</b>

**3. FEDERAL FUNDS - STATE**

007000 AIDS DRUG ASSISTANCE PROGRAM ADMIN HQ	31,479	0	31,479	0	31,479
007000 WIC BREASTFEEDING PEER COUNSELING PROG	28,200	0	28,200	0	28,200
007000 COASTAL BEACH WATER QUALITY MONITORING	8,344	0	8,344	0	8,344
007000 COMPREHENSIVE COMMUNITY CARDIO - PHBG	27,990	0	27,990	0	27,990
007000 ELC COVID ENHANCED DETECTION EXPANSION GRANT	1,135,406	0	1,135,406	0	1,135,406
007000 EPID & LAB FOR INFECTIOUS DISEASE COVID-19	117,564	0	117,564	0	117,564
007000 FAMILY PLANNING TITLE X - GRANT	213,937	0	213,937	0	213,937
007000 HURRICANE CRISIS COAG ENVIRONMENTAL HEALTH	4,500	0	4,500	0	4,500
007000 IMMUNIZATION & VACCINES CHILDREN COVID 19 RESPON	640,623	0	640,623	0	640,623
007000 IMMUNIZATION & VFC COVID RESPONSE FOR VACCINES	51,558	0	51,558	0	51,558
007000 IMMUNIZATION ACTION PLAN	43,423	0	43,423	0	43,423
007000 MCH SPECIAL PRJCT UNPLANNED PREGNANCY	40,187	0	40,187	0	40,187
007000 MCH BLOCK GRANT FLORIDA'S HEALTHY BABIES	16,342	0	16,342	0	16,342
007000 BASE COMMUNITY PREPAREDNESS CAPABILITY	90,216	0	90,216	0	90,216
007000 BASE PUB HLTH SURVEILLANCE & EPI INVESTIGATION	58,590	0	58,590	0	58,590
007000 BASE REGIONAL PREPAREDNESS CAPABILITY	186,315	0	186,315	0	186,315
007000 WIC PROGRAM ADMINISTRATION	824,163	0	824,163	0	824,163
<b>FEDERAL FUNDS TOTAL</b>	<b>3,518,837</b>	<b>0</b>	<b>3,518,837</b>	<b>0</b>	<b>3,518,837</b>

**4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE**

001020 CHD STATEWIDE ENVIRONMENTAL FEES	122,186	0	122,186	0	122,186
001092 CHD STATEWIDE ENVIRONMENTAL FEES	231,236	0	231,236	0	231,236
001206 ON SITE SEWAGE DISPOSAL PERMIT FEES	19,990	0	19,990	0	19,990
001206 SANITATION CERTIFICATES (FOOD INSPECTION)	2,872	0	2,872	0	2,872
001206 SEPTIC TANK RESEARCH SURCHARGE	3,138	0	3,138	0	3,138
001206 SEPTIC TANK VARIANCE FEES 50%	150	0	150	0	150
001206 PUBLIC SWIMMING POOL PERMIT FEES-10% HQ TRANSFER	8,963	0	8,963	0	8,963

**ATTACHMENT II**

**FINANCIAL STATEMENT OF DEPARTMENT**

**Public Health Department - Public Health Department**

**(Fiscal Year Ending December 31, 2021)**

	2021 Actual	2021 Budget	2020 Actual	2020 Budget
001206 DRINKING WATER PROGRAM OPERATIONS	95	0	95	0
001206 TANNING FACILITIES	265	0	265	0
001206 ONSITE SEWAGE TRAINING CENTER	1,557	0	1,557	0
001206 MOBILE HOME & RV PARK FEES	1,299	0	1,299	0
<b>FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL</b>	<b>391,751</b>	<b>0</b>	<b>391,751</b>	<b>0</b>
<b>5. OTHER CASH CONTRIBUTIONS - STATE:</b>				
	0	0	0	0
090001 DRAW DOWN FROM PUBLIC HEALTH UNIT	217,679	0	217,679	0
<b>OTHER CASH CONTRIBUTION TOTAL</b>	<b>217,679</b>	<b>0</b>	<b>217,679</b>	<b>0</b>
<b>6. MEDICAID - STATE/COUNTY:</b>				
001057 CHD CLINIC FEES	0	164,559	164,559	0
001148 CHD CLINIC FEES	0	1,067,464	1,067,464	0
<b>MEDICAID TOTAL</b>	<b>0</b>	<b>1,232,023</b>	<b>1,232,023</b>	<b>0</b>
<b>7. ALLOCABLE REVENUE - STATE:</b>				
018000 CHD LOCAL ENVIRONMENTAL FEES	9,669	0	9,669	0
<b>ALLOCABLE REVENUE TOTAL</b>	<b>9,669</b>	<b>0</b>	<b>9,669</b>	<b>0</b>
<b>8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE</b>				
ADAP	0	0	0	239,434
PHARMACY DRUG PROGRAM	0	0	0	18,320
WIC PROGRAM	0	0	0	3,340,174
BUREAU OF PUBLIC HEALTH LABORATORIES	0	0	0	22,287
IMMUNIZATIONS	0	0	0	567,049
<b>OTHER STATE CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4,187,264</b>
<b>9. DIRECT LOCAL CONTRIBUTIONS - BCC/TAX DISTRICT</b>				
008005 CHD LOCAL REVENUE & EXPENDITURES	0	601,661	601,661	0
008040 LOCAL COVID-19 RESPONSE	0	571,077	571,077	0
008040 LOCAL COVID-19 RESPONSE - VACCINATION	0	298,314	298,314	0
<b>DIRECT COUNTY CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>1,471,052</b>	<b>1,471,052</b>	<b>0</b>
<b>10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY</b>				
001073 340B PRESCRIPTION DRUG SERVICE AGREEMENT	0	1,403,423	1,403,423	0
001073 CHD CLINIC FEES	0	22,750	22,750	0
001077 CHD CLINIC FEES	0	57,988	57,988	0
001094 CHD LOCAL ENVIRONMENTAL FEES	0	289,909	289,909	0
001110 VITAL STATISTICS CERTIFIED RECORDS	0	304,705	304,705	0
<b>FEES AUTHORIZED BY COUNTY TOTAL</b>	<b>0</b>	<b>2,078,775</b>	<b>2,078,775</b>	<b>0</b>
<b>11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY</b>				
001029 340B PRESCRIPTION DRUG SERVICE AGREEMENT	0	511,448	511,448	0
001029 CHD CLINIC FEES	0	81,621	81,621	0

**ATTACHMENT II**

**HEALTHY START - COUNTY HEALTH DEPARTMENT**

**Part II - Summary of Contributions to County Health Department**

**October 1, 2020 to September 30, 2021**

	State CHD Trust Fund (2020)	County Fund (2020)	Total CHD Trust Fund (2020)	State Contribution (2021)	Total
001090 CHD CLINIC FEES	0	393	393	0	393
007010 RYAN WHITE TITLE III - DIRECT TO CHD	0	259,285	259,285	0	259,285
007010 RYAN WHITE TITLE III - DIRECT TO CHD	0	70,015	70,015	0	70,015
007010 RYAN WHITE PART C - COVID-19 RESPONSE	0	35,702	35,702	0	35,702
010300 STATE UNDERGROUND PETROLEUM RESPONSE ACT	0	3,650	3,650	0	3,650
011001 HEALTHY START DATA MANAGEMENT	0	2,993	2,993	0	2,993
031000 CHD CLINIC FEES	0	130,663	130,663	0	130,663
090002 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	-798,432	-798,432	0	-798,432
<b>OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>297,338</b>	<b>297,338</b>	<b>0</b>	<b>297,338</b>
<b>12. ALLOCABLE REVENUE - COUNTY</b>					
018000 CHD LOCAL ENVIRONMENTAL FEES	0	9,669	9,669	0	9,669
<b>COUNTY ALLOCABLE REVENUE TOTAL</b>	<b>0</b>	<b>9,669</b>	<b>9,669</b>	<b>0</b>	<b>9,669</b>
<b>13. BUILDINGS - COUNTY</b>					
ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	768,890	768,890
JANITORIAL	0	0	0	76,000	76,000
UTILITIES	0	0	0	0	0
BUILDING MAINTENANCE	0	0	0	0	0
GROUNDS MAINTENANCE	0	0	0	0	0
INSURANCE	0	0	0	0	0
OTHER (Specify)	0	0	0	0	0
OTHER (Specify)	0	0	0	0	0
<b>BUILDINGS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>844,890</b>	<b>844,890</b>
<b>14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY</b>					
EQUIPMENT / VEHICLE PURCHASES	0	0	0	0	0
VEHICLE INSURANCE	0	0	0	0	0
VEHICLE MAINTENANCE	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
<b>OTHER COUNTY CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>GRAND TOTAL CHD PROGRAM</b>	<b>7,125,391</b>	<b>5,088,857</b>	<b>12,214,248</b>	<b>5,032,154</b>	<b>17,246,402</b>

**A. COMMUNICABLE DISEASE CONTROL:**

IMMUNIZATION (101)	29.63	31,676	41,279	363,038	311,252	363,038	311,252	1,021,401	327,179	1,348,580
SEXUALLY TRANS. DIS. (102)	5.06	1,522	2,775	131,039	112,347	131,039	112,348	8,330	478,443	486,773
HIV/AIDS PREVENTION (03A1)	0.45	0	683	7,997	6,856	7,997	6,855	29,705	0	29,705
HIV/AIDS SURVEILLANCE (03A2)	0.00	0	0	0	0	0	0	0	0	0
HIV/AIDS PATIENT CARE (03A3)	11.67	338	1,308	497,820	426,809	497,820	426,808	97,783	1,751,474	1,849,257
ADAP (03A4)	0.83	151	441	11,315	9,701	11,315	9,701	42,032	0	42,032
TUBERCULOSIS (104)	1.03	26	385	22,920	19,651	22,920	19,652	85,143	0	85,143
COMM. DIS. SURV. (106)	31.17	0	12,072	911,145	781,175	911,145	781,176	2,463,565	921,076	3,384,641
HEPATITIS (109)	0.02	0	0	586	502	586	503	2,177	0	2,177
PREPAREDNESS AND RESPONSE (116)	8.19	0	161	148,358	127,196	148,358	127,196	551,108	0	551,108
REFUGEE HEALTH (118)	0.00	0	0	0	0	0	0	0	0	0
VITAL RECORDS (180)	1.61	8,192	20,433	27,141	23,270	27,141	23,270	0	100,822	100,822
<b>COMMUNICABLE DISEASE SUBTOTAL</b>	<b>89.66</b>	<b>41,905</b>	<b>79,537</b>	<b>2,121,359</b>	<b>1,818,759</b>	<b>2,121,359</b>	<b>1,818,761</b>	<b>4,301,244</b>	<b>3,578,994</b>	<b>7,880,238</b>

**B. PRIMARY CARE:**

CHRONIC DISEASE PREVENTION PRO (210)	1.10	2,354	153	21,993	18,856	21,993	18,856	81,698	0	81,698
WIC (21W1)	17.16	7,144	44,282	315,667	270,639	315,667	270,639	1,172,612	0	1,172,612
TOBACCO USE INTERVENTION (212)	2.84	0	448	26,420	22,651	26,420	22,652	98,143	0	98,143
WIC BREASTFEEDING PEER COUNSELING (21W2)	1.64	0	3,039	11,181	9,587	11,181	9,587	41,536	0	41,536
FAMILY PLANNING (223)	13.54	4,050	7,824	238,627	204,588	238,627	204,589	435,578	450,853	886,431
IMPROVED PREGNANCY OUTCOME (225)	0.00	0	0	0	0	0	0	0	0	0
HEALTHY START PRENATAL (227)	0.12	2,495	10,365	1,723	1,477	1,723	1,478	0	6,401	6,401
COMPREHENSIVE CHILD HEALTH (229)	0.00	0	0	0	0	0	0	0	0	0
HEALTHY START CHILD (231)	0.00	0	0	0	0	0	0	0	0	0
SCHOOL HEALTH (234)	3.21	0	256,213	47,717	40,910	47,717	40,909	177,253	0	177,253
COMPREHENSIVE ADULT HEALTH (237)	0.24	237	279	3,767	3,230	3,767	3,230	8,166	5,828	13,994
COMMUNITY HEALTH DEVELOPMENT (238)	3.61	0	510	29,011	24,872	29,011	24,872	107,766	0	107,766
DENTAL HEALTH (240)	12.02	3,927	7,029	259,412	222,409	259,412	222,409	135,316	828,326	963,642
<b>PRIMARY CARE SUBTOTAL</b>	<b>55.48</b>	<b>20,207</b>	<b>330,142</b>	<b>955,518</b>	<b>819,219</b>	<b>955,518</b>	<b>819,221</b>	<b>2,258,068</b>	<b>1,291,408</b>	<b>3,549,476</b>

**C. ENVIRONMENTAL HEALTH:****Water and Onsite Sewage Programs**

COSTAL BEACH MONITORING (347)	0.27	335	349	5,762	4,941	5,762	4,941	21,406	0	21,406
LIMITED USE PUBLIC WATER SYSTEMS (357)	0.27	12	49	4,909	4,209	4,909	4,210	17,949	288	18,237
PUBLIC WATER SYSTEM (358)	0.00	0	0	0	0	0	0	0	0	0
PRIVATE WATER SYSTEM (359)	0.03	0	14	632	542	632	542	1,429	919	2,348
ONSITE SEWAGE TREATMENT & DISPOSAL (361)	4.77	1,147	2,186	89,211	76,486	89,211	76,485	201,735	129,658	331,393
<b>Group Total</b>	<b>5.34</b>	<b>1,494</b>	<b>2,598</b>	<b>100,514</b>	<b>86,178</b>	<b>100,514</b>	<b>86,178</b>	<b>242,519</b>	<b>130,865</b>	<b>373,384</b>

**Facility Programs**

TATTOO FACILITY SERVICES (344)	0.00	0	0	0	0	0	0	0	0	0
--------------------------------	------	---	---	---	---	---	---	---	---	---

FOOD HYGIENE (348)	1.02	192	709	17,693	15,169	17,693	15,168	52,739	12,984	65,723
BODY PIERCING FACILITIES SERVICES (349)	0.00	0	0	0	0	0	0	0	0	0
GROUP CARE FACILITY (351)	0.59	83	157	11,431	9,801	11,431	9,801	24,923	17,541	42,464
MIGRANT LABOR CAMP (352)	0.29	0	0	826	708	826	709	3,069	0	3,069
HOUSING & PUB. BLDG. (353)	0.00	0	0	0	0	0	0	0	0	0
MOBILE HOME AND PARK (354)	0.95	103	316	15,747	13,501	15,747	13,502	56,553	1,944	58,497
POOLS/BATHING PLACES (360)	1.36	447	1,688	23,561	20,200	23,561	20,201	37,672	49,851	87,523
BIOMEDICAL WASTE SERVICES (364)	0.00	0	0	0	0	0	0	0	0	0
TANNING FACILITY SERVICES (369)	0.07	17	62	1,219	1,045	1,219	1,045	2,908	1,620	4,528
<b>Group Total</b>	<b>4.28</b>	<b>842</b>	<b>2,932</b>	<b>70,477</b>	<b>60,424</b>	<b>70,477</b>	<b>60,426</b>	<b>177,864</b>	<b>83,940</b>	<b>261,804</b>
<b>Groundwater Contamination</b>										
STORAGE TANK COMPLIANCE SERVICES (355)	0.00	0	0	0	0	0	0	0	0	0
SUPER ACT SERVICES (356)	0.09	0	5	1,669	1,430	1,669	1,430	2,548	3,650	6,198
<b>Group Total</b>	<b>0.09</b>	<b>0</b>	<b>5</b>	<b>1,669</b>	<b>1,430</b>	<b>1,669</b>	<b>1,430</b>	<b>2,548</b>	<b>3,650</b>	<b>6,198</b>
<b>Community Hygiene</b>										
COMMUNITY ENVIR. HEALTH (345)	0.00	0	0	0	0	0	0	0	0	0
INJURY PREVENTION (346)	0.00	0	0	721	619	721	619	2,680	0	2,680
LEAD MONITORING SERVICES (350)	0.00	0	0	0	0	0	0	0	0	0
PUBLIC SEWAGE (362)	0.00	0	0	0	0	0	0	0	0	0
SOLID WASTE DISPOSAL SERVICE (363)	0.00	0	0	0	0	0	0	0	0	0
SANITARY NUISANCE (365)	0.40	270	351	6,914	5,928	6,914	5,929	25,685	0	25,685
RABIES SURVEILLANCE (366)	1.20	72	252	15,589	13,365	15,589	13,364	57,907	0	57,907
ARBORVIRUS SURVEIL. (367)	0.00	0	0	0	0	0	0	0	0	0
RODENT/ARTHROPOD CONTROL (368)	0.00	0	0	0	0	0	0	0	0	0
WATER POLLUTION (370)	0.00	0	0	0	0	0	0	0	0	0
INDOOR AIR (371)	0.00	0	0	0	0	0	0	0	0	0
RADIOLOGICAL HEALTH (372)	0.00	0	0	0	0	0	0	0	0	0
TOXIC SUBSTANCES (373)	0.00	0	0	0	0	0	0	0	0	0
<b>Group Total</b>	<b>1.60</b>	<b>342</b>	<b>603</b>	<b>23,224</b>	<b>19,912</b>	<b>23,224</b>	<b>19,912</b>	<b>86,272</b>	<b>0</b>	<b>86,272</b>
<b>ENVIRONMENTAL HEALTH SUBTOTAL</b>	<b>11.31</b>	<b>2,678</b>	<b>6,138</b>	<b>195,884</b>	<b>167,944</b>	<b>195,884</b>	<b>167,946</b>	<b>509,203</b>	<b>218,455</b>	<b>727,658</b>
<b>D. NON-OPERATIONAL COSTS:</b>										
NON-OPERATIONAL COSTS (599)	0.00	0	0	4,469	3,831	4,469	3,831	16,600	0	16,600
ENVIRONMENTAL HEALTH SURCHARGE (399)	0.00	0	0	10,318	8,846	10,318	8,847	38,329	0	38,329
MEDICAID BUYBACK (611)	0.00	0	0	524	449	524	450	1,947	0	1,947
<b>NON-OPERATIONAL COSTS SUBTOTAL</b>	<b>0.00</b>	<b>0</b>	<b>0</b>	<b>15,311</b>	<b>13,126</b>	<b>15,311</b>	<b>13,128</b>	<b>56,876</b>	<b>0</b>	<b>56,876</b>
<b>TOTAL CONTRACT</b>	<b>156.45</b>	<b>64,790</b>	<b>415,817</b>	<b>3,288,072</b>	<b>2,819,048</b>	<b>3,288,072</b>	<b>2,819,056</b>	<b>7,125,391</b>	<b>5,088,857</b>	<b>12,214,248</b>

**Okaloosa**  
**Contract Management Variance Report**  
**for Period 10/01/2020 to 09/30/2021**

Program	Reported FY2020	Reported FY2021	Contract	Planned	3 Variance	4 Variance	5 Variance	6 Variance	7 Variance	8 Variance	9 Variance	10 Variance	11 Variance
	Actual	Actual	Change	Change	Change	Change	Change	Change	Change	Change	Change	Change	Change
	Cost	Cost	Cost	Cost	Cost	Cost	Cost	Cost	Cost	Cost	Cost	Cost	Cost
<b>Communicable Disease Section</b>													
01:Immunization	15.72	29.63	-46.95	19,662	31,676	-37.93	30,062	41,279	-27.17	\$1,128,524.68	\$1,348,580.00	-16.32	
02:Sexually Trans. Dis.	6.64	5.06	35.18	1,695	1,522	11.37	3,746	2,775	16.97	\$495,978.54	\$486,773.00	1.89	
03:AIDS	15.79	12.95	21.93	308	489	-37.01	1,174	2,432	-51.73	\$1,834,839.51	\$1,920,994.00	-0.72	
04:Tuberculosis	1.54	1.03	49.51	16	26	-38.46	449	385	16.62	\$84,077.19	\$85,143.00	-1.25	
05:Comm. Dis. Surv.	41.63	31.17	33.56	0	0		51,093	12,072	323.24	\$3,029,260.84	\$3,384,641.00	-10.50	
09:Hepatitis	0.00	0.02	-100.00	55	0		70	0		\$28.15	\$2,177.00	-98.71	
16:Preparedness and Response	23.35	8.19	187.35	0	0		34	161	-78.88	\$486,537.95	\$551,108.00	-11.72	
18:Refugee Health	0.00	0.00	0	0	0		0	0		\$0.00	\$0.00		
80:Vital Records	2.33	1.61	44.72	8,303	8,192	3.80	22,343	20,433	9.35	\$117,161.46	\$100,822.00	16.21	
<b>Communicable Disease Totals</b>	<b>107.40</b>	<b>69.64</b>	<b>95.79</b>	<b>30,239</b>	<b>41,905</b>	<b>-27.84</b>	<b>106,071</b>	<b>99,537</b>	<b>36.34</b>	<b>\$7,276,608.95</b>	<b>\$7,886,238.00</b>	<b>-7.66</b>	
<b>Primary Care Section</b>													
10:Chronic Disease Prevention Pro	2.67	1.10	142.73	193	2,354	-91.80	217	153	41.83	\$101,887.80	\$81,698.00	24.71	
12:Tobacco Use Intervention	3.74	2.84	31.69	0	0		31	448	-93.08	\$110,609.92	\$98,143.00	12.70	
21:WIC	20.70	18.80	10.11	5,260	7,144	-26.37	34,051	47,321	-28.04	\$1,091,679.86	\$1,214,148.00	-10.09	
23:Family Planning	15.96	13.54	17.87	3,307	4,050	-18.35	5,960	7,874	-23.82	\$899,187.54	\$886,431.00	1.44	
25:Improved Pregnancy Outcome	0.00	0.00	0	0	0		0	0		\$0.00	\$0.00		
27:Healthy Start Prenatal	0.11	0.12	-8.23	1,939	2,495	-22.28	6,736	10,365	-35.01	\$4,744.07	\$6,401.00	-25.89	
29:Comprehensive Child Health	0.00	0.00	0	0	0		0	0		\$0.00	\$0.00		
31:Healthy Start Child	0.00	0.00	0	772	0		7,619	0		\$41.76	\$0.00		
34:School Health	3.74	3.21	16.51	0	0		199,111	256,213	-22.29	\$179,810.60	\$177,253.00	1.44	
37:Comprehensive Adult Health	0.09	0.24	-62.50	93	237	-60.76	117	279	-58.06	\$9,183.39	\$13,994.00	-34.39	
38:Community Health Development	7.05	3.61	-43.21	0	0		52	510	-89.80	\$99,085.57	\$107,766.00	-8.05	
40:Dental Health	11.51	12.02	-4.24	3,742	3,927	-4.71	6,948	7,029	-1.15	\$946,581.13	\$963,642.00	-1.77	
<b>Primary Care Totals</b>	<b>60.57</b>	<b>58.48</b>	<b>9.17</b>	<b>15,306</b>	<b>20,207</b>	<b>-26.53</b>	<b>295,862</b>	<b>336,142</b>	<b>-22.51</b>	<b>\$3,467,781.34</b>	<b>\$3,548,474.00</b>	<b>-5.01</b>	
<b>Environmental Health Section</b>													



1:Water & Onsite Sewage	5.35	5.34	0.19	1.632	1,494	9.24	2,914	2,598	12.16	\$361,785.47	\$373,384.00	-3.11
2:Facility Programs	5.07	4.28	18.46	1,309	842	55.46	2,515	2,932	-14.22	\$258,035.77	\$261,804.00	-1.44
3:Groundwater Contamination Program	0.24	0.09	166.67	0	0		8	5	60.00	\$10,956.80	\$6,198.00	76.78
4:Community Hygiene	1.70	1.60	6.25	302	342	-11.70	402	603	-33.33	\$85,695.64	\$86,272.00	-0.67
Environmental Health Totals	12.36	11.31	182.53	3,243	2,678	51.00	5,839	6,138	-4.87	\$716,473.68	\$727,658.00	-11.56
Grand Totals	180.32	166.48	182.53	46,788	54,770	22,670	370,352	415,817	-40.88	\$18,433,676.18	\$12,157,172.00	6,276.58



# Okaloosa DE580 Analysis of Fund Equities Report

Note: This report is based upon Schedule C, FIRS  
and year-to-date FLAIR transactions as of 09/30/2021

Get this report as an Excel worksheet...

Okaloosa CHD (643646) DE580 Analysis of Fund Equities Report for fiscal year 2021-2022 as of 09/30/2021

Actual Year-to-Date (through Sep)						
OCA	OCA Title	Beginning Cash	Revenues YTD	Expenditures YTD	Certified Forwards Expenditures YTD	Actual Cash YTD
<b>State</b>						
1E000	ON SITE SEWAGE DISPOSAL PERMIT FEES	2,269.20	64,025.00	32,985.19	0.00	33,309.01
1O000	SANITATION CERTIFICATES (FOOD INSPECTION)	0.00	2,439.25	1,590.50	0.00	848.75
4B000	AIDS PATIENT CARE	2,263.84	25,000.00	23,315.02	2,263.84	1,684.98
4BAPS	AIDS PREVENTION & SURVEILLANCE - GENERAL REVENUE	0.00	5,230.00	2,423.35	0.00	2,806.65
7F000	CHD - TB COMMUNITY PROGRAM	(60.00)	11,194.00	11,811.49	0.00	(677.49)
9V000	STATE UNDERGROUND PETROLEUM RESPONSE ACT	0.00	0.00	8.76	0.00	(8.76)
ADA22	AIDS DRUG ASSISTANCE PROGRAM ADMIN HQ	(5,327.74)	10,356.18	6,608.52	0.00	(1,580.08)
ADA23	AIDS DRUG ASSISTANCE PROGRAM ADMIN HQ	0.00	0.00	0.00	0.00	0.00
B9000	SEPTIC TANK RESEARCH SURCHARGE	375.00	795.00	0.00	0.00	1,170.00
BPC19	WIC BREASTFEEDING PEER COUNSELING PROG	(840.40)	2,382.42	1,503.48	602.34	(563.80)
BPC20	WIC BREASTFEEDING PEER COUNSELING PROG	257.40	2,183.32	2,450.79	0.00	(10.07)
BPC21	WIC BREASTFEEDING PEER COUNSELING PROG	0.00	0.00	0.00	0.00	0.00
BY000	SEPTIC TANK VARIANCE FEES 50%	0.00	0.00	0.00	0.00	0.00
CBM21	COASTAL BEACH WATER QUALITY MONITORING	(477.41)	1,744.42	1,396.76	0.00	(129.75)
CBM22	COASTAL BEACH WATER QUALITY MONITORING	0.00	272.52	926.36	0.00	(653.84)
CIP20	COMPREHENSIVE COMMUNITY CARDIO - PHBG	(15,041.00)	20,809.44	8,437.55	0.00	(2,869.11)
CIP21	COMPREHENSIVE COMMUNITY CARDIO - PHBG	0.00	0.00	0.00	0.00	0.00
DNSPJ	DENTAL SPECIAL INITIATIVE PROJECTS	0.00	1,699.00	0.00	0.00	1,699.00
ECD21	ELC COVID ENHANCED DETECTION EXPANSION GRANT	(78,790.74)	332,026.90	208,316.23	39,614.16	5,305.77
ECP20	EPID & LAB FOR INFECTIOUS DISEASE COVID-19	(36,100.46)	36,100.46	0.00	0.00	0.00
ECR20	EPID & LAB FOR INFECTIOUS DISEASE COVID-19	(1,341.86)	22,286.38	15,800.30	3,874.83	1,269.59
ENVFE	CHD STATEWIDE ENVIRONMENTAL FEES	4,370.67	63,040.45	43,600.87	4,370.67	19,439.58
FMP22	FAMILY PLANNING TITLE X - GRANT	0.00	72,850.85	92,150.93	0.00	(19,300.08)
FMPGR	FAMILY PLANNING GENERAL REVENUE	0.00	15,443.00	0.00	0.00	15,443.00
HUEH9	HURRICANE CRISIS COAG ENVIRONMENTAL HEALTH	(1,143.71)	1,143.71	0.00	0.00	0.00
IC3R1	IMMUNIZATION & VACCINES CHILDREN COVID 19 RESPON	268,949.95	(225,409.74)	47,550.66	1,113.43	(5,123.88)
ICV21	IMMUNIZATION & VFC COVID RESPONSE FOR VACCINES	(4,383.37)	4,383.37	0.00	0.00	0.00
IMM18	IMMUNIZATION ACTION PLAN	(205.11)	0.00	0.00	0.00	(205.11)
IMM21	IMMUNIZATION ACTION PLAN	(8,187.69)	8,187.69	102.89	937.42	(1,040.31)
IMM22	IMMUNIZATION ACTION PLAN	0.00	5,357.65	6,938.55	0.00	(1,580.90)
K3000	PUBLIC SWIMMING POOL PERMIT FEES-10% HQ TRANSFER	5,712.50	3,212.50	8,925.00	0.00	0.00
M5000	DRINKING WATER PROGRAM OPERATIONS	9.00	52.50	54.00	0.00	7.50
MC231	MCH SPECIAL PRJCT UNPLANNED PREGNANCY	0.00	1,213.30	1,581.34	0.00	(368.04)
MCHB0	MCH BLOCK GRANT FLORIDAS HEALTHY BABIES	(4,830.00)	4,830.00	0.00	0.00	0.00
MCHB1	MCH BLOCK GRANT FLORIDAS HEALTHY BABIES	0.00	0.00	0.00	0.00	0.00
NCGRV	CHD GENERAL REVENUE NON-CATEGORICAL	17,037.47	420,410.00	325,803.17	17,037.47	94,506.83
PCG00	PRIMARY CARE PROGRAM	0.71	61,267.00	39,634.89	0.00	21,632.82
PHCP1	BASE COMMUNITY PREPAREDNESS CAPABILITY	(6,158.72)	7,420.95	0.00	1,060.07	202.16

PHCP2	BASE COMMUNITY PREPAREDNESS CAPABILITY	0.00	27,068.38	31,890.02	0.00	(4,821.64)
PHEI0	BASE PUB HLTH SURVEILLANCE & EPI INVESTIGATION	65.28	0.00	0.00	0.00	65.28
PHEI1	BASE PUB HLTH SURVEILLANCE & EPI INVESTIGATION	(18,243.51)	18,990.17	0.00	906.48	(159.82)
PHEI2	BASE PUB HLTH SURVEILLANCE & EPI INVESTIGATION	0.00	12,061.82	15,210.96	0.00	(3,249.14)
PHRP0	BASE REGIONAL PREPAREDNESS CAPABILITY	342.21	0.00	0.00	0.00	342.21
PHRP1	BASE REGIONAL PREPAREDNESS CAPABILITY	(7,422.79)	13,169.32	3,247.83	2,498.70	0.00
PHRP2	BASE REGIONAL PREPAREDNESS CAPABILITY	0.00	27,899.74	36,580.45	0.00	(8,680.71)
R9000	TANNING FACILITIES	0.00	234.00	202.50	0.00	31.50
RSIRB	PUBLIC HLTH RESEARCH - IRB PROGRAM	2,094.00	0.00	0.00	0.00	2,094.00
SCHGR	SCHOOL HEALTH SERVICES - GENERAL REVENUE	5,148.33	44,310.00	41,245.20	3,473.50	4,730.63
SEWTN	ONSITE SEWAGE TRAINING CENTER	140.00	330.00	0.00	0.00	470.00
TCI21	TOBACCO STATE AND COMMUNITY INTERVENTIONS	85,314.95	0.00	2,355.93	1,485.65	81,473.37
TCI22	TOBACCO STATE AND COMMUNITY INTERVENTIONS	0.00	44,724.00	30,071.66	0.00	14,652.34
UQ000	MOBILE HOME & RV PARK FEES	0.00	1,053.00	918.60	0.00	134.40
WIC21	WIC PROGRAM ADMINISTRATION	(29,603.97)	175,154.73	171,890.31	11,959.00	(38,298.55)
WIC22	WIC PROGRAM ADMINISTRATION	0.00	0.00	0.00	0.00	0.00
<b>State Total</b>		<b>176,152.33</b>	<b>1,346,742.68</b>	<b>1,217,730.06</b>	<b>91,187.56</b>	<b>214,587.25</b>
<b>Local</b>						
340BP	340B PRESCRIPTION DRUG SERVICE AGREEMENT	535,897.27	460,026.45	423,728.83	3,639.44	568,555.45
CLFEE	CHD CLINIC FEES	249,687.87	342,427.20	328,126.28	29,566.31	234,422.48
COR19	CORONAVIRUS	(75.00)	0.00	0.00	0.00	(75.00)
ENVLF	CHD LOCAL ENVIRONMENTAL FEES	489,829.78	103,940.55	38,598.18	0.00	555,172.15
ICGOV	LOCAL COVID-19 RESPONSE - VACCINATION	(231,130.87)	0.00	0.00	16,415.20	(247,546.07)
JV000	VITAL STATISTICS CERTIFIED RECORDS	149,593.44	85,305.00	69,886.09	910.84	164,101.51
LOGOV	CHD LOCAL REVENUE & EXPENDITURES	(20,149.66)	150,930.99	108,680.53	29,537.49	(7,436.69)
MLH2A	MIGRANT LABOR HOUSING INSPECTION H-2A PROGRAM	260.82	0.00	156.50	0.00	104.32
PSL22	POOL SAFETY CNTY GRANT - US CPS COMMISSION	0.00	0.00	0.00	0.00	0.00
RWT22	RYAN WHITE TITLE III - DIRECT TO CHD	(28,439.02)	77,292.88	69,532.85	6,792.19	(27,471.18)
RWT23	RYAN WHITE TITLE III - DIRECT TO CHD	0.00	0.00	0.00	0.00	0.00
SALGS	CHD SALE OF SERVICES IN OR OUTSIDE OF STATE GOVT	0.00	0.00	(113.05)	0.00	116.05
TFAH9	TRUST FOR AMERICAS HEALTH AGREEMENT	5,000.00	0.00	0.00	0.00	5,000.00
TSIRM	HURRICANE IRMA EXECUTIVE ORDER 17-235	17.00	0.00	0.00	0.00	17.00
xxxxC	All Collocated OCAs	0.00	0.00	7,246.00	0.00	(7,246.00)
<b>Local Total</b>		<b>1,180,491.63</b>	<b>1,219,323.07</b>	<b>1,045,640.21</b>	<b>86,861.43</b>	<b>1,287,713.02</b>
<b>Grand Total</b>		<b>1,328,873.88</b>	<b>2,566,065.75</b>	<b>2,263,370.27</b>	<b>178,049.03</b>	<b>1,481,720.31</b>

**PROCUREMENT/CONTRACT/LEASE  
INTERNAL COORDINATION SHEET**

Procurement/Contract/Lease Number: C97-0025-HD Tracking Number: 4933-21  
Procurement/Contractor/Lessee Name: OOH Grant Funded: YES \_\_\_ NO X  
Purpose: operation of Health Department  
Date/Term: 9-30-2022  
Department #: \_\_\_\_\_  
Account #: \_\_\_\_\_  
Amount: \$601,661.00  
Department: BCC Dept. Monitor Name: Hafstad

1.  GREATER THAN \$100,000  
2.  GREATER THAN \$50,000  
3.  \$50,000 OR LESS

**Purchasing Review**

Procurement or Contract/Lease requirements are met:  
White Moon Date: 9-1-21  
Purchasing Manager or designee Jeff Hyde, DeRita Mason, Jessica Darr, Angela Etheridge

**2CFR Compliance Review (if required)**

Approved as written: no federal funds Grant Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
Grants Coordinator

**Risk Management Review**

Approved as written: see email attached Date: 9-1-21  
Risk Manager or designee Lisa Price

**County Attorney Review**

Approved as written: see email attached Date: 9-1-21  
County Attorney Lynn Hoshihara, Kerry Parsons or Designee

**Department Funding Review**

Approved as written: \_\_\_\_\_ Date: \_\_\_\_\_

**IT Review (if applicable)**

Approved as written: \_\_\_\_\_ Date: \_\_\_\_\_

## DeRita Mason

---

**From:** Lynn Hoshihara  
**Sent:** Wednesday, September 1, 2021 8:39 AM  
**To:** DeRita Mason  
**Cc:** Lisa Price  
**Subject:** Re: Any chance of getting the Health Department Core Contract Coordinated :)

This is approved as to legal sufficiency.

Lynn M. Hoshihara  
County Attorney  
Okaloosa County, Florida

Please note: Due to Florida's very broad public records laws, most written communications to or from County employees regarding County business are public records, available to the public and media upon request. Therefore, this written e-mail communication, including your e-mail address, may be subject to public disclosure.

---

**From:** DeRita Mason  
**Sent:** Wednesday, September 1, 2021 9:33:11 AM  
**To:** Lynn Hoshihara  
**Cc:** Lisa Price  
**Subject:** FW: Any chance of getting the Health Department Core Contract Coordinated :)

Good morning,  
Can you ladies look at this quickly?  
Roland wants to get it on the agenda for next week.  
Thank you.

DeRita Mason



DeRita Mason, CPPB, NIGP-CPP  
Senior Contracts and Lease Coordinator  
Okaloosa County Purchasing Department  
5479A Old Bethel Road  
Crestview, Florida 32536  
(850) 689-5960  
[dmason@myokaloosa.com](mailto:dmason@myokaloosa.com)

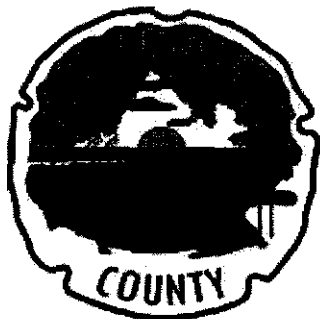
## DeRita Mason

---

**From:** Lisa Price  
**Sent:** Wednesday, September 1, 2021 9:58 AM  
**To:** DeRita Mason  
**Subject:** RE: Any chance of getting the Health Department Core Contract Coordinated :)

This is approved by Risk.

Lisa Price  
Risk Management  
Public Records & Contracts Specialist  
302 N Wilson Street, Suite 301  
Crestview, FL. 32536  
(850) 689-5979  
[lprice@myokaloosa.com](mailto:lprice@myokaloosa.com)



For all things Wellness please visit:  
<http://www.myokaloosa.com/wellness>

*Due to Florida's very broad public records laws, most written communications to or from county employees regarding county business are public records, available to the public and media upon request. Therefore, this written e-mail communication, including your e-mail address, may be subject to public disclosure.*

---

**From:** DeRita Mason <[dmason@myokaloosa.com](mailto:dmason@myokaloosa.com)>  
**Sent:** Wednesday, September 1, 2021 8:33 AM  
**To:** Lynn Hoshihara <[lhoshihara@myokaloosa.com](mailto:lhoshihara@myokaloosa.com)>  
**Cc:** Lisa Price <[lprice@myokaloosa.com](mailto:lprice@myokaloosa.com)>  
**Subject:** FW: Any chance of getting the Health Department Core Contract Coordinated :)

Good morning,

**CONTRACT BETWEEN  
OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS  
AND  
STATE OF FLORIDA DEPARTMENT OF HEALTH  
FOR OPERATION OF THE  
OKALOOSA COUNTY HEALTH DEPARTMENT  
CONTRACT YEAR 2021-2022**

This contract is made and entered into between the State of Florida, Department of Health ("State") and the Okaloosa County Board of County Commissioners ("County"), through their undersigned authorities, effective October 1, 2021.

**RECITALS**

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

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

C. Okaloosa County Health Department ("CHD") is one of the created County Health Departments.

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

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

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

2. **TERM.** The parties mutually agree that this contract shall be effective from October 1, 2021, through September 30, 2022, or until a written contract replacing this contract is entered into between the parties, whichever is later, unless this contract is otherwise terminated pursuant to the termination provisions set forth in paragraph 8. below.

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

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

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

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

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

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

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

- i. The State's appropriated responsibility (*direct contribution excluding any state fees, Medicaid contributions or any other funds not listed on the Schedule C*) as provided in Attachment II, Part II is an amount not to exceed \$ 4,226,743 (*State General Revenue, State Funds, Other State Funds and Federal Funds listed on the Schedule C*). The State's obligation to pay under this contract is contingent upon an annual appropriation by the Legislature.
- ii. The County's appropriated responsibility (*direct contribution excluding any fees, other cash or local contributions*) as provided in Attachment II, Part II is an amount not to exceed \$601,661 (*amount listed under the "Board of County Commissioners Annual Appropriations section of the revenue attachment*).

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



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

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

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

County Health Department Trust Fund  
Okaloosa County  
221 Hospital Dr. NE  
Fort Walton Beach, FL 32548

5. CHD DIRECTOR/ADMINISTRATOR. Both parties agree the director/administrator of the CHD shall be a State employee or under contract with the State and will be under the day-to-day direction of the Deputy Secretary for County Health Systems. The director/administrator shall be selected by the State with the concurrence of the County. The director/administrator of the CHD shall ensure that non-categorical sources of funding are used to fulfill public health priorities in the community and the Long Range Program Plan.

6. ADMINISTRATIVE POLICIES AND PROCEDURES. The parties hereto agree that the following standards should apply in the operation of the CHD:

a. The CHD and its personnel shall follow all State policies and procedures, except to the extent permitted for the use of County purchasing procedures as set forth in subparagraph b., below. All CHD employees shall be State or State-contract personnel subject to State personnel rules and procedures. Employees will report time in the Health Management System compatible format by program component as specified by the State.

b. The CHD shall comply with all applicable provisions of federal and state laws and regulations relating to its operation with the exception that the use of County purchasing procedures shall be allowed when it will result in a better price or service and no statewide Department of Health purchasing contract has been implemented for those goods or services. In such cases, the CHD director/administrator must sign a justification therefore, and all County purchasing procedures must be followed in their entirety, and such compliance shall be documented. Such justification and compliance documentation shall be maintained by the CHD in accordance with the terms of this contract. State procedures must be followed for all leases on facilities not enumerated in Attachment IV.

c. The CHD shall maintain books, records and documents in accordance with the Generally Accepted Accounting Principles (GAAP), as promulgated by the Governmental

Accounting Standards Board (GASB), and the requirements of federal or state law. These records shall be maintained as required by the Department of Health Policies and Procedures for Records Management and shall be open for inspection at any time by the parties and the public, except for those records that are not otherwise subject to disclosure as provided by law which are subject to the confidentiality provisions of paragraphs 6.i. and 6.k., below. Books, records and documents must be adequate to allow the CHD to comply with the following reporting requirements:

- i.* The revenue and expenditure requirements in the Florida Accounting Information Resource (FLAIR) System;
- ii.* The client registration and services reporting requirements of the minimum data set as specified in the most current version of the Client Information System/Health Management Component Pamphlet;
- iii.* Financial procedures specified in the Department of Health's Accounting Procedures Manuals, Accounting memoranda, and Comptroller's memoranda;
- iv.* The CHD is responsible for assuring that all contracts with service providers include provisions that all subcontracted services be reported to the CHD in a manner consistent with the client registration and service reporting requirements of the minimum data set as specified in the Client Information System/Health Management Component Pamphlet.

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

e. That any surplus/deficit funds, including fees or accrued interest, remaining in the County Health Department Trust Fund account at the end of the contract year shall be credited/debited to the State or County, as appropriate, based on the funds contributed by each and the expenditures incurred by each. Expenditures will be charged to the program accounts by State and County based on the ratio of planned expenditures in this contract and funding from all sources is credited to the program accounts by State and County. The equity share of any surplus/deficit funds accruing to the State and County is determined each month and at contract year-end. Surplus funds may be applied toward the funding requirements of each participating governmental entity in the following year. However, in each such case, all surplus funds, including fees and accrued interest, shall remain in the trust fund until accounted for in a manner which clearly illustrates the amount which has been credited to each participating governmental entity. The planned use of surplus funds shall be reflected in Attachment II, Part I of this contract, with special capital projects explained in Attachment V.

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

Systems shall forward written evidence of this approval to the CHD within 30 days after an emergency transfer.

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

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

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

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

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

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

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

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

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

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

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

- i. March 1, 2022 for the report period October 1, 2021 through December 31, 2021;
- ii. June 1, 2022 for the report period October 1, 2021 through March 31, 2022;
- iii. September 1, 2022 for the report period October 1, 2021 through June 30, 2022; and
- iv. December 1, 2022 for the report period October 1, 2021 through September 30, 2022.

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

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

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

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

8. TERMINATION.

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

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

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

9. MISCELLANEOUS. The parties further agree:

a. Availability of Funds. If this contract, any renewal hereof, or any term, performance or payment hereunder, extends beyond the fiscal year beginning July 1, 2022, it is agreed that the performance and payment under this contract are contingent upon an annual appropriation by the Legislature, in accordance with section 287.0582, Florida Statutes.

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

For the State:

Susan Wagner  
Name  
Business Manager  
Title  
221 Hospital Dr. NE

Fort Walton Beach, FL. 32548  
Address  
(850) 344-0515  
Telephone

For the County:

John Hofstad  
Name  
County Administrator  
Title  
1250 N. Eglin Parkway Suite 102

Fort Walton Beach, FL. 32579  
Address  
(850)651-7515  
Telephone

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

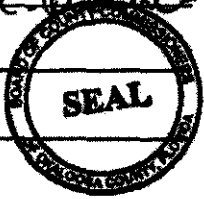
c. Captions. The captions and headings contained in this contract are for the convenience of the parties only and do not in any way modify, amplify, or give additional notice of the provisions hereof.

In WITNESS THEREOF, the parties hereto have caused this eight page contract, with its attachments as referenced, including Attachment I (two pages), Attachment II (six pages), Attachment III (one page), Attachment IV (one page), and Attachment V (one page), to be executed by their undersigned officials as duly authorized effective the 1<sup>st</sup> day of October, 2021.

**BOARD OF COUNTY COMMISSIONERS  
FOR OKALOOSA COUNTY**

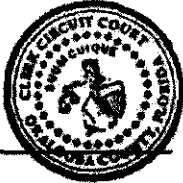
**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

SIGNED BY: *Carolyn Ketchel*  
NAME: Carolyn Ketchel  
TITLE: Chairman  
DATE: SEP 07 2021



SIGNED BY: *Michelle Tullt for*  
NAME: Joseph A. Ladapo, M.D., Ph.D.  
TITLE: State Surgeon General  
DATE: 10/19/21

ATTESTED TO  
SIGNED BY: *J.D. Peacock, II*  
NAME: J.D. Peacock, II  
TITLE: Clerk of Courts & Comptroller  
DATE: SEP 07 2021



SIGNED BY: *Elizabeth Smith*  
NAME: Elizabeth Smith, MSN, RN  
TITLE: CHD Administrator  
DATE: 8/30/2021

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

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

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

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

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



**ATTACHMENT II**  
**OKALOOSA COUNTY HEALTH DEPARTMENT**  
**PART I. PLANNED USE OF COUNTY HEALTH DEPARTMENT TRUST FUND BALANCES**

	Estimated State Share of CHD Trust Fund Balance	Estimated County Share of CHD Trust Fund Balance	Total
1. CHD Trust Fund Ending Balance 09/30/21	176182	1150492	1328674
2. Drawdown for Contract Year October 1, 2021 to September 30, 2022	-176182	149022	-27160
3. Special Capital Project use for Contract Year October 1, 2021 to September 30, 2022	0	0	0
4. Balance Reserved for Contingency Fund October 1, 2021 to September 30, 2022	0	1299514	1299514

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

**1. GENERAL REVENUE - STATE**

015040 AIDS PATIENT CARE	100,000	0	100,000	0	100,000
015040 AIDS PREVENTION & SURVEILLANCE - GENERAL REVENUE	20,920	0	20,920	0	20,920
015040 CHD - TB COMMUNITY PROGRAM	44,776	0	44,776	0	44,776
015040 DENTAL SPECIAL INITIATIVE PROJECTS	6,797	0	6,797	0	6,797
015040 FAMILY PLANNING GENERAL REVENUE	61,770	0	61,770	0	61,770
015040 PRIMARY CARE PROGRAM	245,068	0	245,068	0	245,068
015040 SCHOOL HEALTH SERVICES - GENERAL REVENUE	177,240	0	177,240	0	177,240
015060 CHD GENERAL REVENUE NON-CATEGORICAL	1,681,640	0	1,681,640	0	1,681,640
<b>GENERAL REVENUE TOTAL</b>	<b>2,338,211</b>	<b>0</b>	<b>2,338,211</b>	<b>0</b>	<b>2,338,211</b>

**2. NON GENERAL REVENUE - STATE**

015010 TOBACCO STATE AND COMMUNITY INTERVENTIONS	178,898	0	178,898	0	178,898
<b>NON GENERAL REVENUE TOTAL</b>	<b>178,898</b>	<b>0</b>	<b>178,898</b>	<b>0</b>	<b>178,898</b>

**3. FEDERAL FUNDS - STATE**

007000 AIDS DRUG ASSISTANCE PROGRAM ADMIN HQ	31,074	0	31,074	0	31,074
007000 WIC BREASTFEEDING PEER COUNSELING PROG	60,000	0	60,000	0	60,000
007000 COASTAL BEACH WATER QUALITY MONITORING	8,511	0	8,511	0	8,511
007000 COMPREHENSIVE COMMUNITY CARDIO - PHBG	35,000	0	35,000	0	35,000
007000 FAMILY PLANNING TITLE X - GRANT	231,296	0	231,296	0	231,296
007000 IMMUNIZATION ACTION PLAN	43,509	0	43,509	0	43,509
007000 MCH SPECIAL PRJCT UNPLANNED PREGNANCY	40,187	0	40,187	0	40,187
007000 MCH BLOCK GRANT FLORIDA'S HEALTHY BABIES	16,342	0	16,342	0	16,342
007000 BASE COMMUNITY PREPAREDNESS CAPABILITY	91,690	0	91,690	0	91,690
007000 BASE ENVIRONMENTAL HEALTH	58,590	0	58,590	0	58,590
007000 BASE REGIONAL PREPAREDNESS CAPABILITY	190,975	0	190,975	0	190,975
007000 WIC PROGRAM ADMINISTRATION	964,380	0	964,380	0	964,380
<b>FEDERAL FUNDS TOTAL</b>	<b>1,771,554</b>	<b>0</b>	<b>1,771,554</b>	<b>0</b>	<b>1,771,554</b>

**4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE**

001020 CHD STATEWIDE ENVIRONMENTAL FEES	122,148	0	122,148	0	122,148
001092 ON SITE SEWAGE DISPOSAL PERMIT FEES	222,968	0	222,968	0	222,968
001092 CHD STATEWIDE ENVIRONMENTAL FEES	1,370	0	1,370	0	1,370
001206 ON SITE SEWAGE DISPOSAL PERMIT FEES	19,367	0	19,367	0	19,367
001206 SANITATION CERTIFICATES (FOOD INSPECTION)	2,835	0	2,835	0	2,835
001206 SEPTIC TANK RESEARCH SURCHARGE	3,040	0	3,040	0	3,040
001206 SEPTIC TANK VARIANCE FEES 50%	250	0	250	0	250
001206 PUBLIC SWIMMING POOL PERMIT FEES 10% HQ TRANSFER	9,012	0	9,012	0	9,012
001206 DRINKING WATER PROGRAM OPERATIONS	72	0	72	0	72
001206 TANNING FACILITIES	271	0	271	0	271
001206 ONSITE SEWAGE TRAINING CENTER	1,545	0	1,545	0	1,545
001206 MOBILE HOME & RV PARK FEES	1,273	0	1,273	0	1,273
<b>FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL</b>	<b>384,151</b>	<b>0</b>	<b>384,151</b>	<b>0</b>	<b>384,151</b>

5. OTHER CASH CONTRIBUTIONS - STATE:

	0	0	0	0	0
090001 DRAW DOWN FROM PUBLIC HEALTH UNIT	176,182	0	176,182	0	176,182
OTHER CASH CONTRIBUTION TOTAL	176,182	0	176,182	0	176,182

6. MEDICAID - STATE/COUNTY:

001057 CHD CLINIC FEES	0	157,786	157,786	0	157,786
001148 CHD CLINIC FEES	0	1,097,913	1,097,913	0	1,097,913
MEDICAID TOTAL	0	1,255,699	1,255,699	0	1,255,699

7. ALLOCABLE REVENUE - STATE:

018000 CHD CLINIC FEES	1,420	0	1,420	0	1,420
ALLOCABLE REVENUE TOTAL	1,420	0	1,420	0	1,420

8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE

ADAP	0	0	0	150,729	150,729
PHARMACY DRUG PROGRAM	0	0	0	17,014	17,014
WIC PROGRAM	0	0	0	2,329,840	2,329,840
BUREAU OF PUBLIC HEALTH LABORATORIES	0	0	0	23,941	23,941
IMMUNIZATIONS	0	0	0	438,741	438,741
OTHER STATE CONTRIBUTIONS TOTAL	0	0	0	2,960,265	2,960,265

9. DIRECT LOCAL CONTRIBUTIONS - BCC/TAX DISTRICT

008005 CHD LOCAL REVENUE & EXPENDITURES	0	601,661	601,661	0	601,661
DIRECT COUNTY CONTRIBUTIONS TOTAL	0	601,661	601,661	0	601,661

10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY

001073 340B PRESCRIPTION DRUG SERVICE AGREEMENT	0	1,398,907	1,398,907	0	1,398,907
001073 CHD CLINIC FEES	0	21,970	21,970	0	21,970
001077 CHD CLINIC FEES	0	56,425	56,425	0	56,425
001094 CHD LOCAL ENVIRONMENTAL FEES	0	282,048	282,048	0	282,048
001110 VITAL STATISTICS CERTIFIED RECORDS	0	276,500	276,500	0	276,500
FEES AUTHORIZED BY COUNTY TOTAL	0	2,035,850	2,035,850	0	2,035,850

11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY

001029 340B PRESCRIPTION DRUG SERVICE AGREEMENT	0	500,209	500,209	0	500,209
001029 CHD CLINIC FEES	0	90,231	90,231	0	90,231
001090 CHD CLINIC FEES	0	431	431	0	431
007010 POOL SAFETY CNTY GRANT - US CPS COMMISSION	0	130,249	130,249	0	130,249
007010 RYAN WHITE TITLE III - DIRECT TO CHD	0	233,497	233,497	0	233,497
007010 RYAN WHITE TITLE III - DIRECT TO CHD	0	76,764	76,764	0	76,764
010300 STATE UNDERGROUND PETROLEUM RESPONSE ACT	0	2,500	2,500	0	2,500
010300 MIGRANT LABOR HOUSING INSPECTION H-2A PROGRAM	0	130	130	0	130
090002 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	149,022	149,022	0	149,022
OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL	0	884,989	884,989	0	884,989

12. ALLOCABLE REVENUE - COUNTY

018000 CHD CLINIC FEES	0	1,420	1,420	0	1,420
COUNTY ALLOCABLE REVENUE TOTAL	0	1,420	1,420	0	1,420
<b>13. BUILDINGS - COUNTY</b>					
ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	768,890	768,890
JANITORIAL	0	0	0	76,000	76,000
UTILITIES	0	0	0	0	0
BUILDING MAINTENANCE	0	0	0	0	0
GROUNDS MAINTENANCE	0	0	0	0	0
INSURANCE	0	0	0	0	0
OTHER (Specify)	0	0	0	0	0
OTHER (Specify)	0	0	0	0	0
<b>BUILDINGS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>844,890</b>	<b>844,890</b>
<b>14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY</b>					
EQUIPMENT / VEHICLE PURCHASES	0	0	0	0	0
VEHICLE INSURANCE	0	0	0	0	0
VEHICLE MAINTENANCE	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
<b>OTHER COUNTY CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>GRAND TOTAL CHD PROGRAM</b>	<b>4,850,416</b>	<b>4,779,619</b>	<b>9,630,035</b>	<b>3,806,155</b>	<b>13,436,119</b>

**A. COMMUNICABLE DISEASE CONTROL:**

IMMUNIZATION (101)	3.80	4,385	6,762	73,710	63,196	73,710	63,196	250,181	23,631	273,812
SEXUALLY TRANS. DIS. (102)	5.96	1,876	3,511	167,951	143,994	167,951	143,993	63,069	560,820	623,889
HIV/AIDS PREVENTION (03A1)	0.55	0	152	11,495	9,856	11,495	9,856	42,702	0	42,702
HIV/AIDS SURVEILLANCE (03A2)	0.00	0	0	0	0	0	0	0	0	0
HIV/AIDS PATIENT CARE (03A3)	11.71	255	1,029	548,949	470,645	548,949	470,645	218,220	1,820,968	2,039,188
ADAP (03A4)	1.09	102	159	15,445	13,242	15,445	13,241	57,373	0	57,373
TUBERCULOSIS (104)	1.16	16	321	27,196	23,317	27,196	23,316	101,025	0	101,025
COMM. DIS. SURV. (106)	5.25	0	5,977	116,178	99,606	116,178	99,606	308,590	122,978	431,568
HEPATITIS (109)	0.03	0	0	854	732	854	732	3,172	0	3,172
PREPAREDNESS AND RESPONSE (116)	8.20	0	2	175,253	150,254	175,253	150,254	622,665	28,349	651,014
REFUGEE HEALTH (118)	0.00	0	0	0	0	0	0	0	0	0
VITAL RECORDS (180)	2.03	8,496	22,673	33,961	29,117	33,961	29,117	0	126,156	126,156
<b>COMMUNICABLE DISEASE SUBTOTAL</b>	<b>39.78</b>	<b>15,140</b>	<b>40,586</b>	<b>1,170,992</b>	<b>1,003,959</b>	<b>1,170,992</b>	<b>1,003,956</b>	<b>1,666,997</b>	<b>2,682,902</b>	<b>4,349,899</b>

**B. PRIMARY CARE:**

CHRONIC DISEASE PREVENTION PRO (210)	1.18	152	43	27,958	23,970	27,958	23,969	103,855	0	103,855
WIC (21W1)	17.88	6,230	31,899	314,707	269,816	314,707	269,816	1,169,046	0	1,169,046
TOBACCO USE INTERVENTION (212)	2.99	0	64	54,852	47,028	54,852	47,028	203,760	0	203,760
WIC BREASTFEEDING PEER COUNSELING (21W2)	1.42	0	2,490	20,766	17,904	20,766	17,803	77,139	0	77,139
FAMILY PLANNING (228)	14.29	3,339	6,178	272,546	233,669	272,546	233,668	583,443	428,986	1,012,429
IMPROVED PREGNANCY OUTCOME (225)	0.90	0	0	0	0	0	0	0	0	0
HEALTHY START PRENATAL (227)	0.06	1,174	4,340	782	671	782	671	2,906	0	2,906
COMPREHENSIVE CHILD HEALTH (229)	0.00	0	0	0	0	0	0	0	0	0
HEALTHY START CHILD (231)	0.00	0	0	0	0	0	0	0	0	0
SCHOOL HEALTH (234)	3.30	0	287,447	69,995	60,011	69,995	60,012	260,013	0	260,013
COMPREHENSIVE ADULT HEALTH (237)	0.21	215	266	4,208	3,606	4,208	3,609	10,638	4,995	15,633
COMMUNITY HEALTH DEVELOPMENT (238)	3.68	0	346	82,243	70,512	82,243	70,512	164,395	141,115	305,510
DENTAL HEALTH (240)	12.03	4,165	7,585	287,015	246,074	287,015	246,074	197,615	868,563	1,066,178
<b>PRIMARY CARE SUBTOTAL</b>	<b>57.04</b>	<b>15,275</b>	<b>340,658</b>	<b>1,135,072</b>	<b>973,163</b>	<b>1,135,072</b>	<b>973,162</b>	<b>2,772,810</b>	<b>1,443,659</b>	<b>4,216,469</b>

**C. ENVIRONMENTAL HEALTH:**

**Water and Onsite Sewage Programs**

COSTAL BEACH MONITORING (347)	0.25	338	359	6,108	5,237	6,108	5,238	8,511	14,180	22,697
LIMITED USE PUBLIC WATER SYSTEMS (357)	0.16	27	43	3,012	2,583	3,012	2,583	1,018	10,172	11,190
PUBLIC WATER SYSTEM (358)	0.01	0	0	241	207	241	206	0	895	8
PRIVATE WATER SYSTEM (359)	0.06	0	42	1,083	928	1,083	928	0	4,022	4,000
ONSITE SEWAGE TREATMENT & DISPOSAL (381)	4.46	1,283	2,303	99,632	76,847	99,632	76,847	206,438	126,520	332,957
<b>Group Total</b>	<b>4.94</b>	<b>1,628</b>	<b>2,747</b>	<b>100,076</b>	<b>85,802</b>	<b>100,076</b>	<b>85,802</b>	<b>215,967</b>	<b>155,789</b>	<b>371,762</b>

**Facility Programs**

TATTOO FACILITY SERVICES (344)	0.00	0	0	0	0	0	0	0	0	0
FOOD HYGIENE (348)	1.44	285	977	28,993	24,857	28,993	24,868	27,315	80,386	107,371

BODY PIERCING FACILITIES SERVICES (349)	0.00	0	0	0	0	0	0	0	0	0
GROUP CARE FACILITY (351)	0.71	129	241	15,123	12,965	15,123	12,965	28,329	27,847	56,176
MIGRANT LABOR CAMP (352)	0.00	0	0	44	38	44	39	81	84	165
HOUSING & PUB. BLDG. (353)	0.00	0	0	0	0	0	0	0	0	0
MOBILE HOME AND PARK (354)	1.10	125	469	20,243	17,356	20,243	17,356	27,988	47,210	75,198
POOLS/BATHING PLACES (360)	1.69	578	1,559	33,371	28,611	33,371	28,611	52,828	71,136	123,964
BIOMEDICAL WASTE SERVICES (364)	0.00	0	0	0	0	0	0	0	0	0
TANNING FACILITY SERVICES (369)	0.19	38	137	3,659	3,137	3,659	3,138	2,489	11,104	13,593
<b>Group Total</b>	<b>5.13</b>	<b>1,155</b>	<b>3,383</b>	<b>101,433</b>	<b>86,964</b>	<b>101,433</b>	<b>86,967</b>	<b>139,030</b>	<b>237,767</b>	<b>376,797</b>
<b>Groundwater Contamination</b>										
STORAGE TANK COMPLIANCE SERVICES (355)	0.00	0	0	0	0	0	0	0	0	0
SUPER ACT SERVICES (356)	0.10	0	5	2,139	1,833	2,139	1,833	0	7,944	7,944
<b>Group Total</b>	<b>0.10</b>	<b>0</b>	<b>5</b>	<b>2,139</b>	<b>1,833</b>	<b>2,139</b>	<b>1,833</b>	<b>0</b>	<b>7,944</b>	<b>7,944</b>
<b>Community Hygiene</b>										
COMMUNITY ENVIR. HEALTH (345)	0.00	0	0	0	0	0	0	0	0	0
INJURY PREVENTION (346)	0.00	0	0	42,828	36,719	42,828	36,720	0	159,095	159,095
LEAD MONITORING SERVICES (350)	0.00	0	0	0	0	0	0	0	0	0
PUBLIC SEWAGE (362)	0.00	0	0	0	0	0	0	0	0	0
SOLID WASTE DISPOSAL SERVICE (363)	0.00	0	0	0	0	0	0	0	0	0
SANITARY NUISANCE (365)	0.51	397	446	10,055	8,620	10,055	8,620	0	37,350	37,350
RABIES SURVEILLANCE (366)	0.96	41	86	14,836	12,720	14,836	12,721	0	55,113	55,113
ARBOVIRUS SURVEIL. (367)	0.00	0	0	0	0	0	0	0	0	0
RODENT/ARTHROPOD CONTROL (368)	0.00	0	0	0	0	0	0	0	0	0
WATER POLLUTION (370)	0.00	0	0	0	0	0	0	0	0	0
INDOOR AIR (371)	0.00	0	0	0	0	0	0	0	0	0
RADIOLOGICAL HEALTH (372)	0.00	0	0	0	0	0	0	0	0	0
TOXIC SUBSTANCES (373)	0.00	0	0	0	0	0	0	0	0	0
<b>Group Total</b>	<b>1.49</b>	<b>438</b>	<b>532</b>	<b>67,719</b>	<b>58,059</b>	<b>67,719</b>	<b>58,061</b>	<b>0</b>	<b>251,558</b>	<b>251,558</b>
<b>ENVIRONMENTAL HEALTH SUBTOTAL</b>	<b>11.86</b>	<b>3,221</b>	<b>6,667</b>	<b>271,367</b>	<b>232,658</b>	<b>271,367</b>	<b>232,663</b>	<b>354,997</b>	<b>653,058</b>	<b>1,008,065</b>
<b>D. NON-OPERATIONAL COSTS:</b>										
NON-OPERATIONAL COSTS (592)	0.00	0	0	4,307	3,893	4,307	3,893	16,000	0	16,000
ENVIRONMENTAL HEALTH SURCHARGE (399)	0.00	0	0	10,139	8,693	10,139	8,694	37,665	0	37,664
MEDICAID BUYBACK (611)	0.00	0	0	524	449	524	450	1,947	0	1,947
<b>NON-OPERATIONAL COSTS SUBTOTAL</b>	<b>0.00</b>	<b>0</b>	<b>0</b>	<b>14,970</b>	<b>12,835</b>	<b>14,970</b>	<b>12,837</b>	<b>55,612</b>	<b>0</b>	<b>55,612</b>
<b>TOTAL CONTRACT</b>	<b>108.48</b>	<b>33,636</b>	<b>387,911</b>	<b>2,592,401</b>	<b>2,222,613</b>	<b>2,592,401</b>	<b>2,222,618</b>	<b>4,850,416</b>	<b>4,779,619</b>	<b>9,630,000</b>

**ATTACHMENT III**  
**OKALOOSA COUNTY HEALTH DEPARTMENT**  
**CIVIL RIGHTS CERTIFICATE**

The applicant provides this assurance in consideration of and for the purpose of obtaining federal grants, loans, contracts (except contracts of insurance or guaranty), property, discounts, or other federal financial assistance to programs or activities receiving or benefiting from federal financial assistance. The provider agrees to complete the Civil Rights Compliance Questionnaire, DH Forms 946 A and B (or the subsequent replacement if adopted during the contract period), if so requested by the department.

The applicant assures that it will comply with:

1. Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C., 2000 Et seq., which prohibits discrimination on the basis of race, color or national origin in programs and activities receiving or benefiting from federal financial assistance.
2. Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. 794, which prohibits discrimination on the basis of handicap in programs and activities receiving or benefiting from federal financial assistance.
3. Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. 1681 et seq., which prohibits discrimination on the basis of sex in education programs and activities receiving or benefiting from federal financial assistance.
4. The Age Discrimination Act of 1975, as amended, 42 U.S.C. 6101 et seq., which prohibits discrimination on the basis of age in programs or activities receiving or benefiting from federal financial assistance.
5. The Omnibus Budget Reconciliation Act of 1981, P.L. 97-35, which prohibits discrimination on the basis of sex and religion in programs and activities receiving or benefiting from federal financial assistance.
6. All regulations, guidelines and standards lawfully adopted under the above statutes. The applicant agrees that compliance with this assurance constitutes a condition of continued receipt of or benefit from federal financial assistance, and that it is binding upon the applicant, its successors, transferees, and assignees for the period during which such assistance is provided. The applicant further assures that all contracts, subcontractors, subgrantees or others with whom it arranges to provide services or benefits to participants or employees in connection with any of its programs and activities are not discriminating against those participants or employees in violation of the above statutes, regulations, guidelines, and standards. In the event of failure to comply, the applicant understands that the grantor may, at its discretion, seek a court order requiring compliance with the terms of this assurance or seek other appropriate judicial or administrative relief, to include assistance being terminated and further assistance being denied.

**Attachment IV**

**Fiscal Year - 2021 - 2022**

**Okaloosa County Health Department**

**Facilities Utilized by the County Health Department**

<b>Complete Location</b> (Street Address, City, Zip)	<b>Facility Description</b> And Official Building Name (if applicable) (Admin, Clinic, Envrn Hlth, etc.)	<b>Lease/ Agreement Number</b>	<b>Type of Agreement</b> (Private Lease thru State or County, other - please define)	<b>Complete Legal Name of Owner</b>	<b>SQ Feet</b>	<b>Employee Count</b> (FTE/OPS/ Contract)
<b>221 Hospital Drive Northeast Fort Walton Beach, Florida 32548</b>	<b>Med Svcs, Env Hlth, Epi, CHI, PHP, WIC 625A</b>	<b>N/A</b>	<b>County In-kind</b>	<b>Okaloosa County</b>	<b>34,599</b>	<b>94</b>
<b>810 East James Lee Blvd Crestview, Florida 32539</b>	<b>Med Svcs, Dental, Env Hlth, WIC .013A</b>	<b>N/A</b>	<b>County In-kind</b>	<b>Okaloosa County</b>	<b>10,062</b>	<b>49</b>

*Facility - a fixed site managed by DOH/CHD personnel for the purpose of providing or supporting public health services. Includes county-owned, state-owned, and leased facilities. Includes DOH/CHD warehouse and administrative sites. Includes facilities managed by DOH/CHD that may be shared with other organizations. Does not include schools, jails or other facilities where DOH/CHD staff are out-posted or sites where services are provided on an episodic basis.*



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

CASH RESERVED OR ANTICIPATED TO BE RESERVED FOR PROJECTS

<u>CONTRACT YEAR</u>	<u>STATE</u>	<u>COUNTY</u>	<u>TOTAL</u>
2020-2021*	\$ _____ 0	\$ _____ 0	\$ _____ 0
2021-2022**	\$ _____ 0	\$ _____ 0	\$ _____ 0
2022-2023***	\$ _____ 0	\$ _____ 0	\$ _____ 0
2023-2024***	\$ _____ 0	\$ _____ 0	\$ _____ 0
<b>PROJECT TOTAL</b>	<b>\$ _____ 0</b>	<b>\$ _____ 0</b>	<b>\$ _____ 0</b>

**SPECIAL PROJECTS CONSTRUCTION/RENOVATION PLAN**

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

PROJECT NAME: \_\_\_\_\_

LOCATION/ADDRESS: \_\_\_\_\_

PROJECT TYPE:              NEW BUILDING              \_\_\_\_\_ ROOFING              \_\_\_\_\_

   RENOVATION              \_\_\_\_\_ PLANNING STUDY              \_\_\_\_\_

   NEW ADDITION              \_\_\_\_\_ OTHER              \_\_\_\_\_

SQUARE FOOTAGE:              \_\_\_\_\_ 0

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

START DATE (*Initial expenditure of funds*) : \_\_\_\_\_

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

DESIGN FEES:                      \$ \_\_\_\_\_ 0

CONSTRUCTION COSTS:              \$ \_\_\_\_\_ 0

FURNITURE/EQUIPMENT:              \$ \_\_\_\_\_ 0

TOTAL PROJECT COST:              \$ \_\_\_\_\_ 0

COST PER SQ FOOT:              \$ \_\_\_\_\_ 0

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

\* Cash balance as of 9/30/21

\*\* Cash to be transferred to FCO account.

\*\*\* Cash anticipated for future contract years.

## CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 09/08/2020

Contract/Lease Control #: C97-0025-HD

Procurement#: NA

Contract/Lease Type: CONTRACT

Award To/Lessee: FLORIDA DEPARTMENT OF HEALTH

Owner/Lessor: OKALOOSA COUNTY

Effective Date: 10/01/2020

Expiration Date: 09/30/2021

Description of: OPERATION OF THE HEALTH DEPARTMENT

Department: HD

Department Monitor: CHAPMAN

Monitor's Telephone #: 850-833-9240

Monitor's FAX # or E-mail: KCHAPMAN@MYOKALOOSA.COM

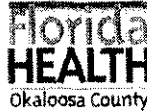
Closed:

Cc: BCC RECORDS

CONTRACT#: C97-0025-HD  
FLORIDA DEPARTMENT OF HEALTH  
OPERATION OF THE HEALTH DEPARTMENT  
EXPIRES: 09/30/2021

**Ron DeSantis**  
Governor

Our people are stronger through integrated  
state, county & community efforts.



**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the Healthiest State in the Nation

May 24, 2021

The Honorable Carolyn Ketchel  
Okaloosa Board of County Commissioners  
302 N Wilson Street, Suite 203  
Crestview, FL 32536

RE: FY 20-21 Contract between the Okaloosa Board of County Commissioners and the Department of Health for operation of the Okaloosa County Health Department

Dear Chairman Ketchel:

The above-referenced Core Contract and Section 154.02, Florida Statutes, require that the Department of Health submit quarterly reports to the County with the following information.

As specified in Section 4., Paragraph d., enclosed are updated Attachment II Part II and Part III Revenue and Expenditure Attachments. These attachments reflect any revenue or expenditure adjustments since the previous quarter.

As specified in Section 6., Paragraphs o.i and ii, also enclosed are the DE385L1 Contract Management Variance Report and the DE580L1 Analysis of Fund Equities Report. A written explanation is provided for any service level expenditure variance that deviates more than 25 percent from the planned service expenditure amount and exceeds three percent of the total planned expenditures for the corresponding level of service at the end of the contract year.

If you have any questions, please feel free to contact Alexis Wallace at (850)344-0516.

Sincerely,

A handwritten signature in black ink that reads "Karen A. Chapman".

Karen A. Chapman, MD, MPH  
Director  
Okaloosa County Health Department

Enclosures

Cc: Demonica Connell, Office of Budget and Revenue Management

**Florida Department of Health**  
in OKALOOSA COUNTY  
221 Hospital Dr. NE, Ft Walton Beach, FL 32548  
PHONE: 850/833-9240 • FAX 850/833-9252  
[www.healthyokaloosa.com](http://www.healthyokaloosa.com)

The logo for the Public Health Accreditation Board (PHAB), consisting of the letters "PHAB" in a stylized, blocky font.  
**Accredited Health Department**  
Public Health Accreditation Board

## ATTACHMENT II

### OKALOOSA COUNTY HEALTH DEPARTMENT

#### Part II, Sources of Contributions to County Health Department

October 1, 2020 to September 30, 2021

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contributions	Total
<b>1. GENERAL REVENUE - STATE</b>					
015040 AIDS PATIENT CARE	100,000	0	100,000	0	100,000
015040 AIDS PREVENTION & SURVEILLANCE - GENERAL REVENUE	20,920	0	20,920	0	20,920
015040 CHD - TB COMMUNITY PROGRAM	55,108	0	55,108	0	55,108
015040 CORONAVIRUS GENERAL REVENUE	484,770	0	484,770	0	484,770
015040 DENTAL SPECIAL INITIATIVE PROJECTS	10,252	0	10,252	0	10,252
015040 FAMILY PLANNING GENERAL REVENUE	61,769	0	61,769	0	61,769
015040 PRIMARY CARE PROGRAM	245,068	0	245,068	0	245,068
015040 SCHOOL HEALTH SERVICES - GENERAL REVENUE	177,240	0	177,240	0	177,240
015050 CHD GENERAL REVENUE NON-CATEGORICAL	1,681,640	0	1,681,640	0	1,681,640
<b>GENERAL REVENUE TOTAL</b>	<b>2,836,767</b>	<b>0</b>	<b>2,836,767</b>	<b>0</b>	<b>2,836,767</b>
<b>2. NON GENERAL REVENUE - STATE</b>					
015010 TOBACCO STATE AND COMMUNITY INTERVENTIONS	150,688	0	150,688	0	150,688
<b>NON GENERAL REVENUE TOTAL</b>	<b>150,688</b>	<b>0</b>	<b>150,688</b>	<b>0</b>	<b>150,688</b>
<b>3. FEDERAL FUNDS - STATE</b>					
007000 AIDS DRUG ASSISTANCE PROGRAM ADMIN HQ	31,074	0	31,074	0	31,074
007000 WIC BREASTFEEDING PEER COUNSELING PROG	50,000	0	50,000	0	50,000
007000 COASTAL BEACH WATER QUALITY MONITORING	8,344	0	8,344	0	8,344
007000 COMPREHENSIVE COMMUNITY CARDIO - PHBG	27,990	0	27,990	0	27,990
007000 EPID & LAB FOR INFECTIOUS DISEASE COVID-19	1,135,406	0	1,135,406	0	1,135,406
007000 EPID & LAB FOR INFECTIOUS DISEASE COVID-19	117,564	0	117,564	0	117,564
007000 FAMILY PLANNING TITLE X - GRANT	213,937	0	213,937	0	213,937
007000 HURRICANE CRISIS COAG ENVIRONMENTAL HEALTH	4,500	0	4,500	0	4,500
007000 IMMUNIZATION & VACCINES CHILDREN COVID 19 RESPON	640,623	0	640,623	0	640,623
007000 IMMUNIZATION & VFC COVID RESPONSE FOR VACCINES	51,558	0	51,558	0	51,558
007000 IMMUNIZATION ACTION PLAN	43,423	0	43,423	0	43,423
007000 MCH SPECIAL PRJCT UNPLANNED PREGNANCY	40,187	0	40,187	0	40,187
007000 MCH BLOCK GRANT FLORIDA'S HEALTHY BABIES	16,342	0	16,342	0	16,342
007000 BASE COMMUNITY PREPAREDNESS CAPABILITY	90,216	0	90,216	0	90,216
007000 BASE PUB HLTH SURVEILLANCE & EPI INVESTIGATION	58,590	0	58,590	0	58,590
007000 BASE REGIONAL PREPAREDNESS CAPABILITY	186,785	0	186,785	0	186,785
007000 WIC PROGRAM ADMINISTRATION	887,259	0	887,259	0	887,259
<b>FEDERAL FUNDS TOTAL</b>	<b>3,603,798</b>	<b>0</b>	<b>3,603,798</b>	<b>0</b>	<b>3,603,798</b>
<b>4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE</b>					
001020 CHD STATEWIDE ENVIRONMENTAL FEES	121,372	0	121,372	0	121,372
001092 CHD STATEWIDE ENVIRONMENTAL FEES	201,529	0	201,529	0	201,529
001206 ON SITE SEWAGE DISPOSAL PERMIT FEES	17,531	0	17,531	0	17,531
001206 SANITATION CERTIFICATES (FOOD INSPECTION)	2,861	0	2,861	0	2,861
001206 SEPTIC TANK RESEARCH SURCHARGE	2,953	0	2,953	0	2,953
001206 SEPTIC TANK VARIANCE FEES 50%	150	0	150	0	150
001206 PUBLIC SWIMMING POOL PERMIT FEES-10% HQ TRANSFER	8,963	0	8,963	0	8,963

## ATTACHMENT II

### OKALOOSA COUNTY HEALTH DEPARTMENT

#### Part II. Sources of Contributions to County Health Department

October 1, 2020 to September 30, 2021

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
001206 DRINKING WATER PROGRAM OPERATIONS	81	0	81	0	81
001206 TANNING FACILITIES	286	0	286	0	286
001206 ONSITE SEWAGE TRAINING CENTER	1,202	0	1,202	0	1,202
001206 MOBILE HOME & RV PARK FEES	1,225	0	1,225	0	1,225
<b>FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL</b>	<b>358,153</b>	<b>0</b>	<b>358,153</b>	<b>0</b>	<b>358,153</b>
<b>5. OTHER CASH CONTRIBUTIONS - STATE:</b>					
	0	0	0	0	0
090001 DRAW DOWN FROM PUBLIC HEALTH UNIT	217,679	0	217,679	0	217,679
<b>OTHER CASH CONTRIBUTION TOTAL</b>	<b>217,679</b>	<b>0</b>	<b>217,679</b>	<b>0</b>	<b>217,679</b>
<b>6. MEDICAID - STATE/COUNTY:</b>					
001057 CHD CLINIC FEES	0	159,060	159,060	0	159,060
001148 CHD CLINIC FEES	0	1,071,794	1,071,794	0	1,071,794
<b>MEDICAID TOTAL</b>	<b>0</b>	<b>1,230,854</b>	<b>1,230,854</b>	<b>0</b>	<b>1,230,854</b>
<b>7. ALLOCABLE REVENUE - STATE:</b>					
018000 CHD LOCAL ENVIRONMENTAL FEES	9,669	0	9,669	0	9,669
<b>ALLOCABLE REVENUE TOTAL</b>	<b>9,669</b>	<b>0</b>	<b>9,669</b>	<b>0</b>	<b>9,669</b>
<b>8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE</b>					
ADAP	0	0	0	239,434	239,434
PHARMACY DRUG PROGRAM	0	0	0	18,320	18,320
WIC PROGRAM	0	0	0	3,340,174	3,340,174
BUREAU OF PUBLIC HEALTH LABORATORIES	0	0	0	22,287	22,287
IMMUNIZATIONS	0	0	0	567,049	567,049
<b>OTHER STATE CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4,187,264</b>	<b>4,187,264</b>
<b>9. DIRECT LOCAL CONTRIBUTIONS - BCC/TAX DISTRICT</b>					
008005 CHD LOCAL REVENUE & EXPENDITURES	0	601,661	601,661	0	601,661
008040 LOCAL COVID-19 RESPONSE	0	571,077	571,077	0	571,077
<b>DIRECT COUNTY CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>1,172,738</b>	<b>1,172,738</b>	<b>0</b>	<b>1,172,738</b>
<b>10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY</b>					
001073 340B PRESCRIPTION DRUG SERVICE AGREEMENT	0	1,381,423	1,381,423	0	1,381,423
001073 CHD CLINIC FEES	0	19,174	19,174	0	19,174
001077 CHD CLINIC FEES	0	51,222	51,222	0	51,222
001094 CHD LOCAL ENVIRONMENTAL FEES	0	276,893	276,893	0	276,893
001110 VITAL STATISTICS CERTIFIED RECORDS	0	304,705	304,705	0	304,705
<b>FEES AUTHORIZED BY COUNTY TOTAL</b>	<b>0</b>	<b>2,033,417</b>	<b>2,033,417</b>	<b>0</b>	<b>2,033,417</b>
<b>11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY</b>					
001029 340B PRESCRIPTION DRUG SERVICE AGREEMENT	0	500,209	500,209	0	500,209
001029 CHD CLINIC FEES	0	81,047	81,047	0	81,047
001090 CHD CLINIC FEES	0	485	485	0	485

**ATTACHMENT II**

**OKALOOSA COUNTY HEALTH DEPARTMENT**

**Part II, Sources of Contributions to County Health Department**

**October 1, 2020 to September 30, 2021**

	<b>State CHD Trust Fund (cash)</b>	<b>County CHD Trust Fund</b>	<b>Total CHD Trust Fund (cash)</b>	<b>Other Contribution</b>	<b>Total</b>
007010 RYAN WHITE TITLE III - DIRECT TO CHD	0	259,285	259,285	0	259,285
007010 RYAN WHITE TITLE III - DIRECT TO CHD	0	72,670	72,670	0	72,670
007010 RYAN WHITE PART C - COVID-19 RESPONSE	0	35,702	35,702	0	35,702
010300 STATE UNDERGROUND PETROLEUM RESPONSE ACT	0	2,500	2,500	0	2,500
011001 HEALTHY START DATA MANAGEMENT	0	2,993	2,993	0	2,993
031000 CHD CLINIC FEES	0	130,663	130,663	0	130,663
090002 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	-575,417	-575,417	0	-575,417
<b>OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL</b>	0	510,137	510,137	0	510,137
<b>12. ALLOCABLE REVENUE - COUNTY</b>					
018000 CHD LOCAL ENVIRONMENTAL FEES	0	9,669	9,669	0	9,669
<b>COUNTY ALLOCABLE REVENUE TOTAL</b>	0	9,669	9,669	0	9,669
<b>13. BUILDINGS - COUNTY</b>					
ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	768,890	768,890
JANITORIAL	0	0	0	76,000	76,000
UTILITIES	0	0	0	0	0
BUILDING MAINTENANCE	0	0	0	0	0
GROUNDS MAINTENANCE	0	0	0	0	0
INSURANCE	0	0	0	0	0
OTHER (Specify)	0	0	0	0	0
OTHER (Specify)	0	0	0	0	0
<b>BUILDINGS TOTAL</b>	0	0	0	844,890	844,890
<b>14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY</b>					
EQUIPMENT / VEHICLE PURCHASES	0	0	0	0	0
VEHICLE INSURANCE	0	0	0	0	0
VEHICLE MAINTENANCE	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
<b>OTHER COUNTY CONTRIBUTIONS TOTAL</b>	0	0	0	0	0
<b>GRAND TOTAL CHD PROGRAM</b>	7,176,754	1,956,815	12,133,569	5,032,154	17,165,723

**ATTACHMENT II  
OKALOOSA COUNTY HEALTH DEPARTMENT**

**Part III, Planned Staffing, Clients, Services and Expenditures By Program Service Area Within Each Level of Service  
October 1, 2020 to September 30, 2021**

	FTEs (0.00)	Clients Units	Services/ Visits	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd	3rd	4th			
				(Whole dollars only)						
<b>A. COMMUNICABLE DISEASE CONTROL:</b>										
IMMUNIZATION (101)	29.63	31,676	41,279	359,366	308,104	359,366	308,104	1,310,907	24,033	1,334,940
SEXUALLY TRANS. DIS (102)	5.06	1,522	2,775	140,511	120,168	140,511	120,169	9,266	512,693	521,959
HIV/AIDS PREVENTION (03A1)	9.45	0	683	8,090	6,936	8,090	6,936	30,052	0	30,052
HIV/AIDS SURVEILLANCE (03A2)	0.00	0	0	0	0	0	0	0	0	0
HIV/AIDS PATIENT CARE (03A3)	11.67	338	1,308	505,795	433,616	505,795	433,615	110,627	1,768,254	1,878,881
ADAP (03A4)	0.83	151	441	11,378	9,755	11,378	9,754	42,265	0	42,265
TUBERCULOSIS (104)	1.03	26	385	23,135	19,835	23,135	19,836	75,108	10,833	85,941
COMM. DIS. SURV. (106)	31.17	0	12,072	800,474	686,290	800,474	686,291	2,402,452	571,077	2,973,529
HEPATITIS (109)	0.02	0	0	591	507	591	507	2,196	0	2,196
PREPAREDNESS AND RESPONSE (116)	8.20	0	161	164,042	140,642	164,042	140,643	609,369	0	609,369
REFUGEE HEALTH (118)	0.00	0	0	0	0	0	0	0	0	0
VITAL RECORDS (180)	1.61	8,192	20,433	27,806	23,840	27,806	23,840	0	103,292	103,292
<b>COMMUNICABLE DISEASE SUBTOTAL</b>	<b>89.67</b>	<b>41,905</b>	<b>79,537</b>	<b>2,041,188</b>	<b>1,750,023</b>	<b>2,041,188</b>	<b>1,750,025</b>	<b>4,592,242</b>	<b>2,990,182</b>	<b>7,582,424</b>
<b>B. PRIMARY CARE:</b>										
CHRONIC DISEASE PREVENTION PRO (210)	1.10	2,354	153	22,091	18,940	22,091	18,941	82,063	0	82,063
WIC (21W1)	17.17	7,148	44,308	282,983	242,616	282,983	242,616	1,051,198	0	1,051,198
TOBACCO USE INTERVENTION (212)	2.84	0	448	30,194	25,887	30,194	25,888	112,163	0	112,163
WIC BREASTFEEDING PEER COUNSELING (21W2)	1.64	0	3,039	17,196	14,743	17,196	14,743	63,878	0	63,878
FAMILY PLANNING (223)	13.54	4,050	7,824	245,923	210,843	245,923	210,842	434,361	479,170	913,531
IMPROVED PREGNANCY OUTCOME (225)	0.00	0	0	0	0	0	0	0	0	0
HEALTHY START PRENATAL (227)	0.12	2,495	10,365	1,733	1,486	1,733	1,486	0	6,438	6,438
COMPREHENSIVE CHILD HEALTH (229)	0.00	0	0	0	0	0	0	0	0	0
HEALTHY START CHILD (231)	0.00	0	0	0	0	0	0	0	0	0
SCHOOL HEALTH (234)	3.21	0	256,213	62,038	53,188	62,038	53,188	230,452	0	230,452
COMPREHENSIVE ADULT HEALTH (237)	0.24	237	279	3,817	3,273	3,817	3,272	10,088	1,091	14,179
COMMUNITY HEALTH DEVELOPMENT (238)	3.61	0	510	70,628	60,553	70,628	60,553	216,707	45,655	262,362
DENTAL HEALTH (240)	12.02	3,927	7,029	268,214	229,954	268,214	229,954	41,533	954,803	996,336
<b>PRIMARY CARE SUBTOTAL</b>	<b>55.49</b>	<b>20,211</b>	<b>330,168</b>	<b>1,004,817</b>	<b>861,483</b>	<b>1,004,817</b>	<b>861,483</b>	<b>2,242,413</b>	<b>1,490,157</b>	<b>3,732,600</b>
<b>C. ENVIRONMENTAL HEALTH:</b>										
<b>Water and Onsite Sewage Programs</b>										
COSTAL BEACH MONITORING (347)	0.27	335	349	6,001	5,145	6,001	5,145	8,344	13,948	22,292
LIMITED USE PUBLIC WATER SYSTEMS (357)	0.27	12	49	5,147	4,413	5,147	4,412	949	18,170	19,119
PUBLIC WATER SYSTEM (358)	0.00	0	0	0	0	0	0	0	0	0
PRIVATE WATER SYSTEM (359)	0.03	0	14	661	567	661	568	0	2,457	2,457
ONSITE SEWAGE TREATMENT & DISPOSAL (361)	4.78	1,149	2,190	91,408	80,942	91,408	80,942	200,399	150,301	350,700
<b>Group Total</b>	<b>5.35</b>	<b>1,496</b>	<b>2,602</b>	<b>106,217</b>	<b>91,067</b>	<b>106,217</b>	<b>91,067</b>	<b>209,692</b>	<b>184,876</b>	<b>394,568</b>
<b>Facility Programs</b>										
TATTOO FACILITY SERVICES (344)	0.00	0	0	0	0	0	0	0	0	0

**ATTACHMENT II**  
**OKALOOSA COUNTY HEALTH DEPARTMENT**  
**Part III, Planned Budget, Clients, Services and Expenditures By Program Service Area Within Each Level of Service**  
**October 1, 2020 to September 30, 2021**

	FTEs (0.00)	Clients Units	Services/ Visits	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd	3rd	4th			
				(Whole dollars only)						
FOOD HYGIENE (348)	1.02	192	709	18,598	15,945	18,598	15,945	27,244	11,842	69,086
BODY PIERCING FACILITIES SERVICES (349)	0.00	0	0	0	0	0	0	0	0	0
GROUP CARE FACILITY (351)	0.59	83	157	11,948	10,244	11,948	10,245	0	44,385	44,385
MIGRANT LABOR CAMP (352)	0.00	0	0	0	0	0	0	0	0	0
HOUSING & PUB. BLDG. (353)	0.00	0	0	0	0	0	0	0	0	0
MOBILE HOME AND PARK (354)	0.95	103	316	16,586	14,221	16,586	14,221	11,027	50,587	61,814
POOLS/BATHING PLACES (360)	1.36	447	1,688	24,760	21,228	24,760	21,227	31,688	54,287	91,975
BIOMEDICAL WASTE SERVICES (364)	0.00	0	0	0	0	0	0	0	0	0
TANNING FACILITY SERVICES (369)	0.07	17	62	1,279	1,096	1,279	1,096	2,619	2,131	4,750
<b>Group Total</b>	<b>3.99</b>	<b>842</b>	<b>2,932</b>	<b>73,171</b>	<b>62,734</b>	<b>73,171</b>	<b>62,734</b>	<b>78,578</b>	<b>193,232</b>	<b>271,810</b>
<b>Groundwater Contamination</b>										
STORAGE TANK COMPLIANCE SERVICES (355)	0.00	0	0	0	0	0	0	0	0	0
SUPER ACT SERVICES (356)	0.09	0	5	1,751	1,501	1,751	1,501	0	6,504	6,504
<b>Group Total</b>	<b>0.09</b>	<b>0</b>	<b>5</b>	<b>1,751</b>	<b>1,501</b>	<b>1,751</b>	<b>1,501</b>	<b>0</b>	<b>6,504</b>	<b>6,504</b>
<b>Community Hygiene</b>										
COMMUNITY ENVIR. HEALTH (345)	0.00	0	0	0	0	0	0	0	0	0
INJURY PREVENTION (346)	0.00	0	0	721	619	721	619	0	2,680	2,680
LEAD MONITORING SERVICES (350)	0.00	0	0	0	0	0	0	0	0	0
PUBLIC SEWAGE (362)	0.00	0	0	0	0	0	0	0	0	0
SOLID WASTE DISPOSAL SERVICE (363)	0.00	0	0	0	0	0	0	0	0	0
SANITARY NUISANCE (365)	0.40	270	351	7,267	6,231	7,267	6,231	0	26,996	26,996
RABIES SURVEILLANCE (366)	1.20	72	252	16,643	14,269	16,643	14,268	0	61,823	61,823
ARBOVIRUS SURVEIL (367)	0.00	0	0	0	0	0	0	0	0	0
RODENT/ARTHROPOD CONTROL (368)	0.00	0	0	0	0	0	0	0	0	0
WATER POLLUTION (370)	0.00	0	0	0	0	0	0	0	0	0
INDOOR AIR (371)	0.00	0	0	0	0	0	0	0	0	0
RADIOLOGICAL HEALTH (372)	0.00	0	0	0	0	0	0	0	0	0
TOXIC SUBSTANCES (373)	0.00	0	0	0	0	0	0	0	0	0
<b>Group Total</b>	<b>1.60</b>	<b>342</b>	<b>603</b>	<b>24,631</b>	<b>21,119</b>	<b>24,631</b>	<b>21,118</b>	<b>0</b>	<b>91,499</b>	<b>91,499</b>
<b>ENVIRONMENTAL HEALTH SUBTOTAL</b>	<b>11.03</b>	<b>2,680</b>	<b>6,142</b>	<b>205,770</b>	<b>176,421</b>	<b>205,770</b>	<b>176,420</b>	<b>288,270</b>	<b>476,111</b>	<b>764,381</b>
<b>D. NON-OPERATIONAL COSTS:</b>										
NON-OPERATIONAL COSTS (599)	0.00	0	0	4,469	3,831	4,469	3,831	16,600	0	16,600
ENVIRONMENTAL HEALTH SURCHARGE (399)	0.00	0	0	9,588	8,220	9,588	8,221	35,252	365	35,617
MEDICAID BUYBACK (611)	0.00	0	0	524	449	524	450	1,947	0	1,947
<b>NON-OPERATIONAL COSTS SUBTOTAL</b>	<b>0.00</b>	<b>0</b>	<b>0</b>	<b>14,581</b>	<b>12,500</b>	<b>14,581</b>	<b>12,502</b>	<b>53,799</b>	<b>365</b>	<b>54,164</b>
<b>TOTAL CONTRACT</b>	<b>156.19</b>	<b>64,796</b>	<b>415,847</b>	<b>3,266,356</b>	<b>2,800,127</b>	<b>3,266,356</b>	<b>2,800,430</b>	<b>7,176,754</b>	<b>4,956,815</b>	<b>12,133,569</b>



01: Immunization	10.48	29.63	-64.63	9,487	15,838	-40.10	9,086	20,640	-52.10	\$479,412.21	3,967,470.00	-28.77
02: Sexually Trans. Dis.	4.78	5.06	-5.33	793	761	4.28	1,337	1,388	10.77	\$251,779.63	\$241,979.00	-3.52
03: AIDS	12.02	12.99	7.88	180	240	-39.18	610	1,216	-49.81	\$322,521.54	\$375,600.00	-35.40
04: Tuberculosis	0.63	1.03	-38.81	5	13	-61.34	127	193	-34.03	\$32,913.12	\$40,970.00	-23.40
06: Condit. Dis. Surv.	41.63	31.17	33.56	0	0		35,498	6,036	-408.10	\$1,848,220.56	\$1,486,764.00	24.11
09: Hepatitis	0.00	0.02	-100.00	18	0		20	0		\$25.90	\$1,098.00	-97.64
16: Pregnancy and Respiration	23.25	8.20	187.20	0	0		0	81	100.00	\$196,394.99	\$304,684.00	35.36
18: Refugee Health	0.00	0.00		0	0		0	0		\$0.00	\$0.00	
80: Vital Records	2.09	1.61	27.33	3,896	4,096	-4.88	11,079	10,217	8.44	\$57,655.94	\$51,646.00	11.64
10: Chronic Disease Prevention Pro	0.32	1.10	-53.73	2	1,177	-97.43	11	77	-85.63	\$21,596.46	\$41,031.00	-47.36
12: Tobacco Use Intervention	0.63	2.04	-77.82	0	0		6	224	97.32	\$26,483.74	\$56,081.00	52.78
21: WIC	17.86	18.81	-5.05	1,837	3,374	-54.20	15,903	23,874	-35.36	\$599,927.66	\$597,538.00	-3.16
23: Family Planning	12.42	13.54	8.27	1,487	2,029	-26.57	3,103	3,912	24.68	\$492,576.90	\$456,766.00	9.69
25: Improved Pregnancy Outcome	0.00	0.00		0	0		0	0		\$0.00	\$0.00	
27: Healthy Start Prenatal	0.11	0.12	-8.33	947	1,248	-24.49	3,248	2,183	31.54	\$2,293.95	\$3,279.00	28.74
29: Comprehensive Child Health	0.00	0.00		0	0		0	0		\$0.00	\$0.00	
31: Healthy Start Child	0.00	0.00		349	0		1,414	0		\$0.00	\$0.00	
34: School Health	1.66	3.21	-48.29	0	0		0	128,107	-100.00	\$63,973.32	\$115,226.00	-44.48
37: Comprehensive Adult Health	0.08	0.24	66.67	56	119	-52.74	63	140	94.84	\$3,384.27	\$1,990.00	54.27
38: Community Health Development	0.28	3.51	-49.93	0	0		46	258	-81.96	\$21,772.81	\$131,181.00	-43.26
40: Dental Health	11.23	12.02	-6.57	2,046	1,964	4.20	3,796	3,313	6.07	\$46,774.91	\$48,168.00	-2.29

1-Water & Sewer	6.31	1.26	2.03	77	421	0.24	1,004	1,466	2,000	\$331,725.28	\$197,264.00	-140
2-Facility Programs	3.93	3.99	-1.50	422	421	0.24	1,004	1,466	2,000	\$116,351.67	\$135,965.00	-14.39
3-Operations	6.74	6.05	1.69	171	171	7.02	192	302	1,000	\$1,000.00	\$1,795.00	203.51
4-Community Hygiene	1.49	1.40	-0.84	159	171	7.02	192	302	1,000	\$41,963.32	\$40,750.00	-8.28



## Okaloosa DE580 Analysis of Fund Equities Report

Note: This report is based upon Schedule C, FIRS and year-to-date FLAIR transactions as of 03/31/2021

Get this report as an Excel worksheet...

Okaloosa CHD (843646) DE580 Analysis of Fund Equities Report for fiscal year 2020-2021 as of 03/31/2021

### Actual Year-to-Date (through Mar)

OCA	OCA Title	Beginning Cash	Revenues YTD	Expenditures YTD	Certified Forward Expenditures YTD	Actual Cash YTD
<b>State</b>						
1E000	ON SITE SEWAGE DISPOSAL PERMIT FEES	1,768.00	14,577.60	15,472.40	0.00	873.20
1O000	SANITATION CERTIFICATES (FOOD INSPECTION)	9.50	2,833.00	2,842.50	0.00	0.00
4B000	AIDS PATIENT CARE	(178.38)	70,500.00	65,718.12	0.00	4,603.50
4BAPS	AIDS PREVENTION & SURVEILLANCE - GENERAL REVENUE	0.00	14,748.00	15,527.20	0.00	(779.20)
7F000	CHD - TB COMMUNITY PROGRAM	11,372.83	38,850.00	49,103.75	0.00	1,119.08
9V000	STATE UNDERGROUND PETROLEUM RESPONSE ACT	0.00	0.00	2,500.00	0.00	(2,500.00)
ADA21	AIDS DRUG ASSISTANCE PROGRAM ADMIN HQ	(2,140.81)	16,937.42	16,126.22	0.00	(1,329.61)
ADA22	AIDS DRUG ASSISTANCE PROGRAM ADMIN HQ	0.00	0.00	0.00	0.00	0.00
B9000	SEPTIC TANK RESEARCH SURCHARGE	275.00	2,340.00	2,480.00	0.00	135.00
BPC18	WIC BREASTFEEDING PEER COUNSELING PROG	(1,837.44)	1,837.44	0.00	0.00	0.00
BPC19	WIC BREASTFEEDING PEER COUNSELING PROG	(65.05)	15,269.75	15,670.52	920.91	(1,386.73)
BPC20	WIC BREASTFEEDING PEER COUNSELING PROG	0.00	(3.75)	89.41	0.00	(93.16)
BY000	SEPTIC TANK VARIANCE FEES 50%	(722.40)	0.00	(722.40)	0.00	0.00
CBM20	COASTAL BEACH WATER QUALITY MONITORING	23.26	1,020.74	1,044.00	0.00	0.00
CBM21	COASTAL BEACH WATER QUALITY MONITORING	0.00	3,841.28	3,984.19	0.00	(142.91)
CIP19	COMPREHENSIVE COMMUNITY CARDIO - PHBG	806.84	932.71	1,739.55	0.00	0.00
CIP20	COMPREHENSIVE COMMUNITY CARDIO - PHBG	0.00	4,171.40	5,900.70	0.00	(1,729.30)
COVGR	CORONAVIRUS GENERAL REVENUE	0.00	484,769.91	484,657.66	0.00	112.25
DNSPJ	DENTAL SPECIAL INITIATIVE PROJECTS	0.00	7,227.00	4,680.00	0.00	2,547.00
ECP20	EPID & LAB FOR INFECTIOUS DISEASE COVID-19	0.00	259,000.40	483,787.72	0.00	(224,787.32)
ECR20	EPID & LAB FOR INFECTIOUS DISEASE COVID-19	0.00	60,566.18	70,696.00	0.00	(10,129.82)
ENVFE	CHD STATEWIDE ENVIRONMENTAL FEES	1,671.73	220,272.00	222,136.12	1,671.73	(1,864.12)
FMP21	FAMILY PLANNING TITLE X - GRANT	(17,830.78)	226,544.46	208,816.64	0.00	(102.96)
FMPGR	FAMILY PLANNING GENERAL REVENUE	0.00	43,548.00	21,070.35	0.00	22,477.65
HUEH9	HURRICANE CRISIS COAG ENVIRONMENTAL HEALTH	0.00	2,887.41	2,887.41	0.00	0.00
IC3R1	IMMUNIZATION & VACCINES CHILDREN COVID 19 RESPON	0.00	47,058.31	109,024.33	0.00	(61,966.02)
ICV21	IMMUNIZATION & VFC COVID RESPONSE FOR VACCINES	0.00	6,654.19	18,092.73	0.00	(11,438.54)
IMM18	IMMUNIZATION ACTION PLAN	(205.11)	0.00	0.00	0.00	(205.11)
IMM21	IMMUNIZATION ACTION PLAN	0.00	25,327.60	26,863.68	0.00	(1,536.08)
K3000	PUBLIC SWIMMING POOL PERMIT FEES-10% HQ TRANSFER	6,233.75	1,275.00	7,508.75	0.00	0.00
M5000	DRINKING WATER PROGRAM OPERATIONS	0.00	94.50	94.50	0.00	0.00
MC230	MCH SPECIAL PRJCT UNPLANNED PREGNANCY	0.00	40,187.00	42,155.62	0.00	(1,968.62)
MCHB0	MCH BLOCK GRANT FLORIDAS HEALTHY BABIES	0.00	0.00	4,464.15	0.00	(4,464.15)
NCGRV	CHD GENERAL REVENUE NON-CATEGORICAL	334,843.82	1,185,556.00	1,096,264.03	18,879.01	405,056.78
PCG00	PRIMARY CARE PROGRAM	1,615.24	172,773.00	111,541.71	1,615.24	61,231.29
PHCP0	BASE COMMUNITY PREPAREDNESS CAPABILITY	(4,655.44)	4,655.44	0.00	0.00	0.00
PHCP1	BASE COMMUNITY PREPAREDNESS CAPABILITY	0.00	49,937.20	53,562.45	0.00	(3,625.25)
PHEI0	BASE PUB HLTH SURVEILLANCE & EPI INVESTIGATION	(3,661.23)	4,398.25	65.28	671.74	0.00

PHE11	BASE PUB HLTH SURVEILLANCE & EPI INVESTIGATION	0.00	38,929.07	33,381.60	0.00	5,547.47
PHRP0	BASE REGIONAL PREPAREDNESS CAPABILITY	(18,274.59)	21,358.19	730.98	2,010.41	342.21
PHRP1	BASE REGIONAL PREPAREDNESS CAPABILITY	0.00	113,872.63	126,702.55	0.00	(12,829.92)
R9000	TANNING FACILITIES	0.00	265.50	265.50	0.00	0.00
RSIRB	PUBLIC HLTH RESEARCH - IRB PROGRAM	2,094.00	0.00	0.00	0.00	2,094.00
SCHGR	SCHOOL HEALTH SERVICES - GENERAL REVENUE	1,490.34	124,954.00	109,206.31	2,523.82	14,714.21
SEWTN	ONSITE SEWAGE TRAINING CENTER	135.00	1,102.04	1,197.04	0.00	40.00
TCI20	TOBACCO STATE AND COMMUNITY INTERVENTIONS	613.85	0.00	104.25	509.60	0.00
TCI21	TOBACCO STATE AND COMMUNITY INTERVENTIONS	11,021.73	113,016.00	37,594.72	0.00	86,443.01
UQ000	MOBILE HOME & RV PARK FEES	0.00	1,253.20	1,253.20	0.00	0.00
WIC20	WC PROGRAM ADMINISTRATION	(63,370.05)	270,899.64	198,418.76	9,110.83	0.00
WIC21	WC PROGRAM ADMINISTRATION	0.00	348,892.36	381,597.30	0.00	(32,704.94)

**State Total**

**260,833.61 4,065,130.07 4,056,297.50 37,913.29 231,752.89**

**Local**

340BP	340B PRESCRIPTION DRUG SERVICE AGREEMENT	199,678.09	1,384,999.66	1,188,552.58	569.85	395,555.32
CLFEE	CHD CLINIC FEES	38,979.21	1,185,723.39	1,419,395.03	27,078.37	(221,770.80)
COR19	CORONAVIRUS	0.00	5,090.72	75.00	5,090.72	(75.00)
CVGOV	LOCAL COVID-19 RESPONSE	0.00	571,077.17	712,113.60	0.00	(141,036.43)
ENVLF	CHD LOCAL ENVIRONMENTAL FEES	306,069.14	174,141.70	161,556.85	4,869.43	313,784.56
HSDMT	HEALTHY START DATA MANAGEMENT	0.00	1,821.45	598.33	0.00	1,223.12
JV000	VITAL STATISTICS CERTIFIED RECORDS	40,210.43	232,992.00	183,164.49	649.78	89,388.16
LOGOV	CHD LOCAL REVENUE & EXPENDITURES	(51,373.09)	451,293.35	196,105.22	4,164.33	199,650.71
MLH2A	MIGRANT LABOR HOUSING INSPECTION H-2A PROGRAM	0.00	260.82	0.00	0.00	260.82
RWT20	RYAN WHITE TITLE III - DIRECT TO CHD	(1,556.28)	0.00	(1,069.68)	0.00	(486.60)
RWT21	RYAN WHITE TITLE III - DIRECT TO CHD	(6,716.84)	186,346.08	203,789.23	2,292.63	(26,452.62)
RWT22	RYAN WHITE TITLE III - DIRECT TO CHD	0.00	0.00	0.00	0.00	0.00
RWTC0	RYAN WHITE PART C - COVID-19 RESPONSE	(11,854.73)	41,375.19	37,331.31	0.00	(7,810.85)
SALGS	CHD SALE OF SERVICES IN OR OUTSIDE OF STATE GOVT	0.00	0.00	(214.96)	0.00	214.96
TFAH9	TRUST FOR AMERICAS HEALTH AGREEMENT	5,000.00	0.00	0.00	0.00	5,000.00
TSIRM	HURRICANE IRMA EXECUTIVE ORDER 17-235	17.00	0.00	0.00	0.00	17.00

**Local Total**

**518,452.93 4,235,121.53 4,101,397.00 44,715.11 607,462.35**

**Grand Total**

**779,286.54 8,300,251.60 8,157,694.50 82,628.40 839,215.24**

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the Healthiest State in the Nation

February 19, 2021

The Honorable Carolyn Ketchel  
Okaloosa Board of County Commissioners  
302 N Wilson Street, Suite 203  
Crestview, FL 32536

CONTRACT#: C97-0025-HD  
FLORIDA DEPARTMENT OF HEALTH  
OPERATION OF THE HEALTH DEPARTMENT  
EXPIRES: 09/30/2021

RE: FY 20-21 Contract between the Okaloosa Board of County Commissioners and the Department of Health for operation of the Okaloosa County Health Department

Dear Chairman Ketchel:

The above-referenced Core Contract and Section 154.02, Florida Statutes, require that the Department of Health submit quarterly reports to the County with the following information.

As specified in Section 4., Paragraph d., enclosed are updated Attachment II Part II and Part III Revenue and Expenditure Attachments. These attachments reflect any revenue or expenditure adjustments since the previous quarter.

As specified in Section 6., Paragraphs o.i and ii, also enclosed are the DE385L1 Contract Management Variance Report and the DE580L1 Analysis of Fund Equities Report. A written explanation is provided for any service level expenditure variance that deviates more than 25 percent from the planned service expenditure amount and exceeds three percent of the total planned expenditures for the corresponding level of service at the end of the contract year.

If you have any questions, please feel free to contact Alexis Wallace at (850)344-0516.

Sincerely,

Karen A. Chapman  
MD, MPH

Karen A. Chapman, MD, MPH  
Director  
Okaloosa County Health Department

Digitally signed by Karen A. Chapman, MD, MPH  
DN: OU=DOH-Okaloosa, CN=Karen A. Chapman, MD,  
email=Karen.Chapman@health.gov  
I am the author of this document.  
Location: Fort Walton Beach, FL  
Date: 2021.02.18 16:14:24  
Post-Header Version: 9.6.0

Enclosures

Cc: Demonica Connell, Office of Budget and Revenue Management

**Florida Department of Health**  
in OKALOOSA COUNTY  
221 Hospital Dr. NE, Ft Walton Beach, FL 32548  
PHONE: 850/833-9240 • FAX 850/833-9252  
[www.healthyoakaloosa.com](http://www.healthyoakaloosa.com)

The logo for the Public Health Accreditation Board (PHAB) features the acronym "PHAB" in a bold, sans-serif font, followed by the text "Accredited Health Department" and "Public Health Accreditation Board" in a smaller font.

**1. GENERAL REVENUE - STATE**

015040 AIDS PATIENT CARE	100,000	0	100,000	0	100,000
015040 AIDS PREVENTION & SURVEILLANCE - GENERAL REVENUE	20,920	0	20,920	0	20,920
015040 CHD - TB COMMUNITY PROGRAM	55,108	0	55,108	0	55,108
015040 CORONAVIRUS GENERAL REVENUE	596,423	0	596,423	0	596,423
015040 DENTAL SPECIAL INITIATIVE PROJECTS	10,252	0	10,252	0	10,252
015040 FAMILY PLANNING GENERAL REVENUE	61,769	0	61,769	0	61,769
015040 PRIMARY CARE PROGRAM	245,068	0	245,068	0	245,068
015040 SCHOOL HEALTH SERVICES - GENERAL REVENUE	177,240	0	177,240	0	177,240
015050 CHD GENERAL REVENUE NON-CATEGORICAL	1,648,395	0	1,648,395	0	1,648,395
<b>GENERAL REVENUE TOTAL</b>	<b>2,915,175</b>	<b>0</b>	<b>2,915,175</b>	<b>0</b>	<b>2,915,175</b>

**2. NON GENERAL REVENUE - STATE**

015010 TOBACCO STATE AND COMMUNITY INTERVENTIONS	150,688	0	150,688	0	150,688
<b>NON GENERAL REVENUE TOTAL</b>	<b>150,688</b>	<b>0</b>	<b>150,688</b>	<b>0</b>	<b>150,688</b>

**3. FEDERAL FUNDS - STATE**

007000 AIDS DRUG ASSISTANCE PROGRAM ADMIN HQ	31,074	0	31,074	0	31,074
007000 WIC BREASTFEEDING PEER COUNSELING PROG	50,000	0	50,000	0	50,000
007000 COASTAL BEACH WATER QUALITY MONITORING	8,344	0	8,344	0	8,344
007000 COMPREHENSIVE COMMUNITY CARDIO - PHBG	27,990	0	27,990	0	27,990
007000 EPID & LAB FOR INFECTIOUS DISEASE COVID-19	735,406	0	735,406	0	735,406
007000 EPID & LAB FOR INFECTIOUS DISEASE COVID-19	117,564	0	117,564	0	117,564
007000 FAMILY PLANNING TITLE X - GRANT	213,937	0	213,937	0	213,937
007000 HURRICANE CRISIS COAG ENVIRONMENTAL HEALTH	4,500	0	4,500	0	4,500
007000 IMMUNIZATION ACTION PLAN	43,423	0	43,423	0	43,423
007000 MCH SPECIAL PRJCT UNPLANNED PREGNANCY	40,187	0	40,187	0	40,187
007000 MCH BLOCK GRANT FLORIDA'S HEALTHY BABIES	16,342	0	16,342	0	16,342
007000 BASE COMMUNITY PREPAREDNESS CAPABILITY	90,216	0	90,216	0	90,216
007000 BASE PUB HLTH SURVEILLANCE & EPI INVESTIGATION	58,590	0	58,590	0	58,590
007000 BASE REGIONAL PREPAREDNESS CAPABILITY	186,785	0	186,785	0	186,785
007000 WIC PROGRAM ADMINISTRATION	887,259	0	887,259	0	887,259
<b>FEDERAL FUNDS TOTAL</b>	<b>2,511,617</b>	<b>0</b>	<b>2,511,617</b>	<b>0</b>	<b>2,511,617</b>

**4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE**

001020 CHD STATEWIDE ENVIRONMENTAL FEES	121,861	0	121,861	0	121,861
001092 CHD STATEWIDE ENVIRONMENTAL FEES	199,439	0	199,439	0	199,439
001206 ON SITE SEWAGE DISPOSAL PERMIT FEES	17,336	0	17,336	0	17,336
001206 SANITATION CERTIFICATES (FOOD INSPECTION)	2,896	0	2,896	0	2,896
001206 SEPTIC TANK RESEARCH SURCHARGE	2,994	0	2,994	0	2,994
001206 SEPTIC TANK VARIANCE FEES 50%	150	0	150	0	150
001206 PUBLIC SWIMMING POOL PERMIT FEES -10% HQ TRANSFER	8,963	0	8,963	0	8,963
001206 DRINKING WATER PROGRAM OPERATIONS	81	0	81	0	81
001206 TANNING FACILITIES	301	0	301	0	301

001206	ONSITE SEWAGE TRAINING CENTER	1,105	0	1,105	0	1,105
001206	MOBILE HOME & RV PARK FEES	1,225	0	1,225	0	1,225
<b>FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL</b>		<b>356,351</b>	<b>0</b>	<b>356,351</b>	<b>0</b>	<b>356,351</b>

**5. OTHER CASH CONTRIBUTIONS - STATE:**

		0	0	0	0	0
090001	DRAW DOWN FROM PUBLIC HEALTH UNIT	217,679	0	217,679	0	217,679
<b>OTHER CASH CONTRIBUTION TOTAL</b>		<b>217,679</b>	<b>0</b>	<b>217,679</b>	<b>0</b>	<b>217,679</b>

**6. MEDICAID - STATE/COUNTY:**

001057	CHD CLINIC FEES	0	222,573	222,573	0	222,573
001148	CHD CLINIC FEES	0	1,037,504	1,037,504	0	1,037,504
<b>MEDICAID TOTAL</b>		<b>0</b>	<b>1,260,077</b>	<b>1,260,077</b>	<b>0</b>	<b>1,260,077</b>

**7. ALLOCABLE REVENUE - STATE:**

018000	CHD LOCAL ENVIRONMENTAL FEES	9,669	0	9,669	0	9,669
<b>ALLOCABLE REVENUE TOTAL</b>		<b>9,669</b>	<b>0</b>	<b>9,669</b>	<b>0</b>	<b>9,669</b>

**8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE**

ADAP	0	0	0	239,434	239,434
PHARMACY DRUG PROGRAM	0	0	0	18,320	18,320
WIC PROGRAM	0	0	0	3,340,174	3,340,174
BUREAU OF PUBLIC HEALTH LABORATORIES	0	0	0	22,287	22,287
IMMUNIZATIONS	0	0	0	567,049	567,049
<b>OTHER STATE CONTRIBUTIONS TOTAL</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>4,187,264</b>

**9. DIRECT LOCAL CONTRIBUTIONS - BCC/TAX DISTRICT**

008005	CHD LOCAL REVENUE & EXPENDITURES	0	601,661	601,661	0	601,661
008040	LOCAL COVID-19 RESPONSE	0	2,205,389	2,205,389	0	2,205,389
<b>DIRECT COUNTY CONTRIBUTIONS TOTAL</b>		<b>0</b>	<b>2,807,050</b>	<b>2,807,050</b>	<b>0</b>	<b>2,807,050</b>

**10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY**

001073	340B PRESCRIPTION DRUG SERVICE AGREEMENT	0	1,360,474	1,360,474	0	1,360,474
001073	CHD CLINIC FEES	0	20,081	20,081	0	20,081
001077	CHD CLINIC FEES	0	45,769	45,769	0	45,769
001094	CHD LOCAL ENVIRONMENTAL FEES	0	274,783	274,783	0	274,783
001110	VITAL STATISTICS CERTIFIED RECORDS	0	258,305	258,305	0	258,305
<b>FEES AUTHORIZED BY COUNTY TOTAL</b>		<b>0</b>	<b>1,959,412</b>	<b>1,959,412</b>	<b>0</b>	<b>1,959,412</b>

**11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY**

001029	340B PRESCRIPTION DRUG SERVICE AGREEMENT	0	508,999	508,999	0	508,999
001029	CHD CLINIC FEES	0	62,533	62,533	0	62,533
001090	CHD CLINIC FEES	0	845	845	0	845
007010	RYAN WHITE TITLE III - DIRECT TO CHD	0	259,285	259,285	0	259,285
007010	RYAN WHITE TITLE III - DIRECT TO CHD	0	76,403	76,403	0	76,403

007010	RYAN WHITE PART C - COVID-19 RESPONSE	0	35,702	35,702	0	35,702
010300	STATE UNDERGROUND PETROLEUM RESPONSE ACT	0	2,500	2,500	0	2,500
011001	HEALTHY START DATA MANAGEMENT	0	2,993	2,993	0	2,993
031000	CHD CLINIC FEES	0	130,663	130,663	0	130,663
090002	DRAW DOWN FROM PUBLIC HEALTH UNIT	0	-495,987	-495,987	0	-495,987
<b>OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL</b>		0	583,936	583,936	0	583,936
<b>12. ALLOCABLE REVENUE - COUNTY</b>						
018000	CHD LOCAL ENVIRONMENTAL FEES	0	9,669	9,669	0	9,669
<b>COUNTY ALLOCABLE REVENUE TOTAL</b>		0	9,669	9,669	0	9,669
<b>13. BUILDINGS - COUNTY</b>						
	ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	768,890	768,890
	JANITORIAL	0	0	0	76,000	76,000
	UTILITIES	0	0	0	0	0
	BUILDING MAINTENANCE	0	0	0	0	0
	GROUNDS MAINTENANCE	0	0	0	0	0
	INSURANCE	0	0	0	0	0
	OTHER (Specify)	0	0	0	0	0
	OTHER (Specify)	0	0	0	0	0
<b>BUILDINGS TOTAL</b>		0	0	0	844,890	844,890
<b>14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY</b>						
	EQUIPMENT / VEHICLE PURCHASES	0	0	0	0	0
	VEHICLE INSURANCE	0	0	0	0	0
	VEHICLE MAINTENANCE	0	0	0	0	0
	OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
	OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
<b>OTHER COUNTY CONTRIBUTIONS TOTAL</b>		0	0	0	0	0
<b>GRAND TOTAL CHD PROGRAM</b>		6,161,179	6,620,144	12,781,323	5,032,154	17,813,477



**A. COMMUNICABLE DISEASE CONTROL:**

IMMUNIZATION (101)	4.06	4,340	5,656	88,431	75,816	88,431	75,816	302,199	26,295	328,494
SEXUALLY TRANS. DIS. (102)	5.41	1,628	2,967	166,730	142,947	166,730	142,947	10,000	609,354	619,354
HIV/AIDS PREVENTION (03A1)	0.48	0	729	11,109	9,524	11,109	9,524	41,266	0	41,266
HIV/AIDS SURVEILLANCE (03A2)	0.00	0	0	0	0	0	0	0	0	0
HIV/AIDS PATIENT CARE (03A3)	12.46	361	1,396	596,488	511,402	596,488	511,402	463,836	1,751,944	2,215,780
ADAP (03A4)	0.88	160	468	16,927	14,513	16,927	14,513	62,880	0	62,880
TUBERCULOSIS (104)	1.10	28	411	30,091	25,799	30,091	25,798	55,108	56,671	111,779
COMM. DIS. SURV. (106)	4.84	0	1,875	603,830	517,697	603,830	517,697	910,893	1,332,161	2,243,054
HEPATITIS (109)	0.02	0	0	764	655	764	656	2,839	0	2,839
PREPAREDNESS AND RESPONSE (116)	8.56	0	168	219,880	188,516	219,880	188,516	816,792	0	816,792
REFUGEE HEALTH (118)	0.00	0	0	0	0	0	0	0	0	0
VITAL RECORDS (180)	1.68	8,548	21,322	37,699	32,321	37,699	32,322	0	140,041	140,041
<b>COMMUNICABLE DISEASE SUBTOTAL</b>	<b>39.49</b>	<b>15,065</b>	<b>34,992</b>	<b>1,771,949</b>	<b>1,519,190</b>	<b>1,771,949</b>	<b>1,519,191</b>	<b>2,665,813</b>	<b>3,916,466</b>	<b>6,582,279</b>

**B. PRIMARY CARE:**

CHRONIC DISEASE PREVENTION PRO (210)	1.15	2,461	160	28,931	24,804	28,931	24,803	107,469	0	107,469
WIC (21W1)	17.90	7,452	46,191	385,985	330,926	385,985	330,925	1,433,821	0	1,433,821
TOBACCO USE INTERVENTION (212)	2.96	0	467	62,971	53,989	62,971	53,989	233,920	0	233,920
WIC BREASTFEEDING PEER COUNSELING (21W2)	1.71	0	3,168	27,262	23,374	27,262	23,374	101,272	0	101,272
FAMILY PLANNING (223)	14.47	4,329	8,361	337,889	289,691	337,889	289,691	557,513	697,647	1,255,160
IMPROVED PREGNANCY OUTCOME (225)	0.00	0	0	0	0	0	0	0	0	0
HEALTHY START PRENATAL (227)	0.12	2,495	10,365	2,446	2,098	2,446	2,098	0	9,088	9,088
COMPREHENSIVE CHILD HEALTH (229)	0.00	0	0	0	0	0	0	0	0	0
HEALTHY START CHILD (231)	0.00	0	0	0	0	0	0	0	0	0
SCHOOL HEALTH (234)	3.35	0	267,387	86,205	73,908	86,205	73,907	320,225	0	320,225
COMPREHENSIVE ADULT HEALTH (237)	0.27	267	314	5,532	4,743	5,532	4,743	14,429	6,121	20,550
COMMUNITY HEALTH DEVELOPMENT (238)	3.77	0	533	96,478	82,716	96,478	82,717	36,342	322,047	358,389
DENTAL HEALTH (240)	12.54	4,097	7,333	342,668	293,788	342,668	293,787	307,133	965,778	1,272,911
<b>PRIMARY CARE SUBTOTAL</b>	<b>58.24</b>	<b>21,101</b>	<b>344,279</b>	<b>1,376,367</b>	<b>1,180,037</b>	<b>1,376,367</b>	<b>1,180,034</b>	<b>3,112,124</b>	<b>2,000,681</b>	<b>5,112,805</b>

**C. ENVIRONMENTAL HEALTH:****Water and Onsite Sewage Programs**

COSTAL BEACH MONITORING (347)	0.28	348	362	7,809	6,696	7,809	6,696	8,344	20,666	29,010
LIMITED USE PUBLIC WATER SYSTEMS (357)	0.28	13	51	6,945	5,954	6,945	5,955	949	24,850	25,799
PUBLIC WATER SYSTEM (358)	0.00	0	0	0	0	0	0	0	0	0
PRIVATE WATER SYSTEM (359)	0.03	0	14	888	761	888	762	0	3,299	3,299
ONSITE SEWAGE TREATMENT & DISPOSAL (361)	4.99	1,200	2,287	124,727	106,935	124,727	106,936	226,647	236,678	463,325
<b>Group Total</b>	<b>5.58</b>	<b>1,561</b>	<b>2,714</b>	<b>140,369</b>	<b>120,346</b>	<b>140,369</b>	<b>120,349</b>	<b>235,940</b>	<b>285,493</b>	<b>521,433</b>

**Facility Programs**

TATTOO FACILITY SERVICES (344)	0.00	0	0	0	0	0	0	0	0	0
--------------------------------	------	---	---	---	---	---	---	---	---	---

FOOD HYGIENE (348)	1.07	201	744	25,464	21,832	25,464	21,832	28,399	66,193	94,592
BODY PIERCING FACILITIES SERVICES (349)	0.00	0	0	0	0	0	0	0	0	0
GROUP CARE FACILITY (351)	0.61	86	163	15,953	13,677	15,953	13,676	0	59,259	59,259
MIGRANT LABOR CAMP (352)	0.00	0	0	0	0	0	0	0	0	0
HOUSING & PUB. BLDG. (353)	0.00	0	0	0	0	0	0	0	0	0
MOBILE HOME AND PARK (354)	0.99	107	330	22,948	19,674	22,948	19,674	11,027	74,217	85,244
POOLS/BATHING PLACES (360)	1.42	467	1,763	33,847	29,018	33,847	29,018	51,520	74,210	125,730
BIOMEDICAL WASTE SERVICES (364)	0.00	0	0	0	0	0	0	0	0	0
TANNING FACILITY SERVICES (369)	0.07	17	62	1,731	1,484	1,731	1,485	2,758	3,673	6,431
<b>Group Total</b>	<b>4.16</b>	<b>878</b>	<b>3,062</b>	<b>99,943</b>	<b>85,685</b>	<b>99,943</b>	<b>85,685</b>	<b>93,704</b>	<b>277,552</b>	<b>371,256</b>
<b>Groundwater Contamination</b>										
STORAGE TANK COMPLIANCE SERVICES (355)	0.00	0	0	0	0	0	0	0	0	0
SUPER ACT SERVICES (356)	0.09	0	5	2,373	2,034	2,373	2,034	0	8,814	8,814
<b>Group Total</b>	<b>0.09</b>	<b>0</b>	<b>5</b>	<b>2,373</b>	<b>2,034</b>	<b>2,373</b>	<b>2,034</b>	<b>0</b>	<b>8,814</b>	<b>8,814</b>
<b>Community Hygiene</b>										
COMMUNITY ENVIR. HEALTH (345)	0.00	0	0	0	0	0	0	0	0	0
INJURY PREVENTION (346)	0.00	0	0	721	619	721	619	0	2,680	2,680
LEAD MONITORING SERVICES (350)	0.00	0	0	0	0	0	0	0	0	0
PUBLIC SEWAGE (362)	0.00	0	0	0	0	0	0	0	0	0
SOLID WASTE DISPOSAL SERVICE (363)	0.00	0	0	0	0	0	0	0	0	0
SANITARY NUISANCE (365)	0.42	283	369	9,945	8,526	9,945	8,525	0	36,941	36,941
RABIES SURVEILLANCE (366)	1.25	75	263	24,636	21,122	24,636	21,123	0	91,517	91,517
ARBORVIRUS SURVEIL. (367)	0.00	0	0	0	0	0	0	0	0	0
RODENT/ARTHROPOD CONTROL (368)	0.00	0	0	0	0	0	0	0	0	0
WATER POLLUTION (370)	0.00	0	0	0	0	0	0	0	0	0
INDOOR AIR (371)	0.00	0	0	0	0	0	0	0	0	0
RADIOLOGICAL HEALTH (372)	0.00	0	0	0	0	0	0	0	0	0
TOXIC SUBSTANCES (373)	0.00	0	0	0	0	0	0	0	0	0
<b>Group Total</b>	<b>1.67</b>	<b>358</b>	<b>632</b>	<b>35,302</b>	<b>30,267</b>	<b>35,302</b>	<b>30,267</b>	<b>0</b>	<b>131,138</b>	<b>131,138</b>
<b>ENVIRONMENTAL HEALTH SUBTOTAL</b>	<b>11.50</b>	<b>2,797</b>	<b>6,413</b>	<b>277,987</b>	<b>238,332</b>	<b>277,987</b>	<b>238,335</b>	<b>329,644</b>	<b>702,997</b>	<b>1,032,641</b>
<b>D. NON-OPERATIONAL COSTS:</b>										
NON-OPERATIONAL COSTS (599)	0.00	0	0	4,469	3,831	4,469	3,831	16,600	0	16,600
ENVIRONMENTAL HEALTH SURCHARGE (399)	0.00	0	0	9,436	8,090	9,436	8,089	35,051	0	35,051
MEDICAID BUYBACK (611)	0.00	0	0	524	449	524	450	1,947	0	1,947
<b>NON-OPERATIONAL COSTS SUBTOTAL</b>	<b>0.00</b>	<b>0</b>	<b>0</b>	<b>14,429</b>	<b>12,370</b>	<b>14,429</b>	<b>12,370</b>	<b>53,598</b>	<b>0</b>	<b>53,598</b>
<b>TOTAL CONTRACT</b>	<b>109.23</b>	<b>38,963</b>	<b>385,684</b>	<b>3,440,732</b>	<b>2,949,929</b>	<b>3,440,732</b>	<b>2,949,930</b>	<b>6,161,179</b>	<b>6,620,144</b>	<b>12,781,323</b>

**Okaloosa**  
**Contract Management Variance Report**  
**for Period 10/01/2020 to 12/31/2020**

Program	Approved FY20	Planned FY20	Actual FY20	Approved FY21	Planned FY21	% Variance FY20/21	Approved FY20	Planned FY20	% Variance FY20/21	Approved FY21	Planned FY21	% Variance FY20/21
<b>Communicable Disease Section</b>												
01:Immunization	4.15	4.06	2.22	677	1,085	-37.60	835	1,414	-40.95	\$49,293.49	\$88,431.00	-44.26
02:Sexually Trans. Dis.	4.64	5.41	-14.23	409	407	0.49	739	742	-0.37	\$116,221.11	\$166,730.00	-30.29
03:AIDS	11.08	13.82	-19.83	59	130	-54.70	293	648	-54.80	\$438,110.93	\$624,524.00	-29.85
04:Tuberculosis	0.56	1.10	-49.09	4	7	-42.86	68	103	-33.82	\$19,896.73	\$30,091.00	-33.88
06:Comm. Dis. Surv.	36.56	4.84	653.37	0	0		21,529	469	4,492.85	\$1,095,710.89	\$603,830.00	81.46
09:Hepatitis	0.00	0.02	-100.00	6	0		6	0		\$26.47	\$764.00	-96.54
16:Preparedness and Response	23.55	8.56	175.12	0	0		0	42	-100.00	\$110,973.12	\$219,880.00	-49.53
18:Refugee Health	0.00	0.00		0	0		0	0		\$0.00	\$0.00	
80:Vital Records	2.00	1.68	19.05	1,697	2,137	-20.59	5,058	5,331	-5.11	\$28,785.84	\$37,699.00	-23.64
<b>Communicable Disease Totals</b>	<b>64.54</b>	<b>37.46</b>	<b>109.01</b>	<b>2,822</b>	<b>3,766</b>	<b>-24.23</b>	<b>28,388</b>	<b>3,748</b>	<b>226.13</b>	<b>\$1,809,386.58</b>	<b>\$1,771,849.00</b>	<b>4.31</b>
<b>Primary Care Section</b>												
10:Chronic Disease Prevention Pro	0.23	1.15	-80.00	0	615	-100.00	3	40	-92.50	\$3,376.75	\$28,931.00	-88.33
17:Tobacco Use Intervention	0.49	2.96	-83.45	0	0		0	117	-100.00	\$6,888.98	\$62,971.00	-89.06
21:WIC	16.45	19.61	-16.11	920	1,863	-50.62	7,558	12,340	-38.75	\$263,792.59	\$413,247.00	-36.17
23:Family Planning	11.85	14.47	-18.04	794	1,082	-26.63	1,617	2,090	-22.64	\$210,282.14	\$337,889.00	-37.77
25:Improved Pregnancy Outcome	0.00	0.00		0	0		0	0		\$0.00	\$0.00	
27:Healthy Start Prenatal	0.11	0.12	-8.33	460	624	-26.25	1,645	2,591	-36.52	\$1,486.03	\$2,446.00	-39.25
29:Comprehensive Child Health	0.00	0.00		0	0		0	0		\$0.00	\$0.00	
31:Healthy Start Child	0.00	0.00		156	0		631	0		\$0.00	\$0.00	
34:School Health	1.25	3.35	-62.69	0	0		0	66,847	-100.00	\$22,353.41	\$86,205.00	-74.07
37:Comprehensive Adult Health	0.06	0.27	-77.78	23	67	-65.54	26	79	-66.88	\$1,066.78	\$5,532.00	-80.35
38:Community Health Development	0.58	3.77	-84.62	0	0		49	133	-63.23	\$12,287.67	\$96,478.00	-87.24
40:Dental Health	10.92	12.54	-12.92	1,256	1,024	22.63	1,850	1,833	0.91	\$252,816.74	\$342,668.00	-26.22
<b>Primary Care Totals</b>	<b>41.95</b>	<b>58.24</b>	<b>-27.97</b>	<b>3,609</b>	<b>3,275</b>	<b>-21.39</b>	<b>13,379</b>	<b>86,076</b>	<b>-84.46</b>	<b>\$778,371.09</b>	<b>\$1,376,367.00</b>	<b>-43.74</b>
<b>Environmental Health Section</b>												

1:Water & Onsite Sewage	4.97	5.58	-10.93	346	390	-11.34	563	679	-17.02	\$99,801.62	\$140,389.00	-28.90
2:Facility Programs	3.79	4.16	-8.89	356	220	62.19	616	766	-19.53	\$63,567.88	\$99,943.00	-36.40
3:Groundwater Contamination Program	0.20	0.09	122.22	0	0		0	1	-100.00	\$6,993.67	\$2,373.00	194.72
4:Community Hygiene	1.49	1.67	-10.78	86	90	-3.91	104	158	-34.18	\$24,617.90	\$35,302.00	-30.26
<b>Environmental Health Totals</b>	<b>10.45</b>	<b>11.90</b>	<b>-9.33</b>	<b>788</b>	<b>699</b>	<b>12.69</b>	<b>1,283</b>	<b>1,503</b>	<b>-19.38</b>	<b>\$194,980.07</b>	<b>\$278,987.00</b>	<b>-29.86</b>
<b>GRY Totals</b>	<b>21.34</b>	<b>22.23</b>	<b>-2.34</b>	<b>1,249</b>	<b>1,178</b>	<b>20.34</b>	<b>15,199</b>	<b>15,421</b>	<b>-48.21</b>	<b>\$1,175,371.23</b>	<b>\$1,414,381.00</b>	<b>-17.45</b>



# Okaloosa DE580 Analysis of Fund Equities Report

Note: This report is based upon Schedule C, FIRS and year-to-date FLAIR transactions as of 12/31/2020

Get this report as an Excel worksheet...

Okaloosa CHD (643646) DE580 Analysis of Fund Equities Report for fiscal year 2020-2021 as of 12/31/2020

Actual Year-to-Date (through Dec)						
OCA	OCA Title	Beginning Cash	Revenue YTD	Expenditures YTD	Certified Forward Expenditures YTD	Actual Cash YTD
<b>State</b>						
1E000	ON SITE SEWAGE DISPOSAL PERMIT FEES	1,768.00	8,517.60	10,373.60	0.00	(88.00)
1O000	SANITATION CERTIFICATES (FOOD INSPECTION)	9.50	2,833.00	2,842.50	0.00	0.00
4B000	AIDS PATIENT CARE	(178.38)	47,000.00	19,537.06	0.00	27,284.56
4BAPS	AIDS PREVENTION & SURVEILLANCE - GENERAL REVENUE	0.00	9,832.00	2,030.50	0.00	7,801.50
7F000	CHD - TB COMMUNITY PROGRAM	11,372.83	25,900.00	4,983.27	0.00	32,289.56
9V000	STATE UNDERGROUND PETROLEUM RESPONSE ACT	0.00	0.00	289.09	0.00	(289.09)
ADA21	AIDS DRUG ASSISTANCE PROGRAM ADMIN HQ	(2,140.81)	8,495.94	6,355.13	0.00	0.00
ADA22	AIDS DRUG ASSISTANCE PROGRAM ADMIN HQ	0.00	0.00	0.00	0.00	0.00
8S000	SEPTIC TANK RESEARCH SURCHARGE	275.00	1,440.00	1,710.00	0.00	5.00
BPC18	WIC BREASTFEEDING PEER COUNSELING PROG	(1,837.44)	1,837.44	0.00	0.00	0.00
BPC19	WIC BREASTFEEDING PEER COUNSELING PROG	(65.05)	9,160.85	8,799.90	920.91	(625.01)
BPC20	WIC BREASTFEEDING PEER COUNSELING PROG	0.00	153.31	43.68	0.00	109.63
BY000	SEPTIC TANK VARIANCE FEES 50%	(722.40)	0.00	0.00	0.00	(722.40)
CBM20	COASTAL BEACH WATER QUALITY MONITORING	23.26	1,020.74	1,044.00	0.00	0.00
CBM21	COASTAL BEACH WATER QUALITY MONITORING	0.00	3,832.91	3,832.91	0.00	0.00
CIP19	COMPREHENSIVE COMMUNITY CARDIO - PHBG	806.84	932.71	1,739.55	0.00	0.00
CIP20	COMPREHENSIVE COMMUNITY CARDIO - PHBG	0.00	1,180.38	1,180.38	0.00	0.00
COVGR	CORONAVIRUS GENERAL REVENUE	0.00	365,081.99	483,818.51	0.00	(98,736.52)
DNSPJ	DENTAL SPECIAL INITIATIVE PROJECTS	0.00	2,910.00	0.00	0.00	2,910.00
ECP20	EPID & LAB FOR INFECTIOUS DISEASE COVID-19	0.00	33,861.97	38,926.01	0.00	(5,064.04)
ECP20	EPID & LAB FOR INFECTIOUS DISEASE COVID-19	0.00	43,476.11	51,397.88	0.00	(7,921.77)
ENVFE	CHD STATEWIDE ENVIRONMENTAL FEES	1,671.73	149,895.00	186,739.49	1,671.73	(36,844.49)
FMP21	FAMILY PLANNING TITLE X - GRANT	(17,830.78)	147,750.22	129,919.44	0.00	0.00
FMPGR	FAMILY PLANNING GENERAL REVENUE	0.00	29,032.00	3,933.28	0.00	25,098.72
HUEH9	HURRICANE CRISIS COAG ENVIRONMENTAL HEALTH	0.00	1,732.42	1,732.42	0.00	0.00
IMM18	IMMUNIZATION ACTION PLAN	(205.11)	0.00	0.00	0.00	(205.11)
IMM21	IMMUNIZATION ACTION PLAN	0.00	14,272.00	14,272.00	0.00	0.00
K3000	PUBLIC SWIMMING POOL PERMIT FEES-10% HQ TRANSFER	6,233.75	1,262.50	7,796.25	0.00	(300.00)
M5000	DRINKING WATER PROGRAM OPERATIONS	0.00	76.50	85.50	0.00	(9.00)
MC230	MCH SPECIAL PROJ UNPLANNED PREGNANCY	0.00	8,532.44	8,532.44	0.00	0.00
MCHB0	MCH BLOCK GRANT FLORIDAS HEALTHY BABIES	0.00	0.00	0.00	0.00	0.00
NCGRV	CHD GENERAL REVENUE NON-CATEGORICAL	334,643.82	790,371.00	698,792.36	18,879.01	407,343.45
PCG00	PRIMARY CARE PROGRAM	1,615.24	115,182.00	62,447.68	1,615.24	62,734.32
PHCP0	BASE COMMUNITY PREPAREDNESS CAPABILITY	(4,655.44)	4,655.44	0.00	0.00	0.00
PHCP1	BASE COMMUNITY PREPAREDNESS CAPABILITY	0.00	32,869.53	35,076.41	0.00	(2,206.88)
PHEJ0	BASE PUB HLTH SURVEILLANCE & EPI INVESTIGATION	(3,661.23)	4,398.25	85.28	671.74	0.00
PHEI1	BASE PUB HLTH SURVEILLANCE & EPI INVESTIGATION	0.00	30,040.86	32,205.59	0.00	(2,164.73)
PHRP0	BASE REGIONAL PREPAREDNESS CAPABILITY	(18,274.59)	21,358.19	730.98	2,010.41	342.21

PHRP1	BASE REGIONAL PREPAREDNESS CAPABILITY	0.00	78,020.21	83,511.78	0.00	(5,491.57)
R9000	TANNING FACILITIES	0.00	265.50	265.50	0.00	0.00
RSIRB	PUBLIC HLTH RESEARCH - IRB PROGRAM	2,094.00	0.00	0.00	0.00	2,094.00
SCHGR	SCHOOL HEALTH SERVICES - GENERAL REVENUE	1,490.34	83,303.00	79,296.07	2,523.82	2,973.45
SEWTN	ONSITE SEWAGE TRAINING CENTER	135.00	580.00	735.00	0.00	(20.00)
TCI20	TOBACCO STATE AND COMMUNITY INTERVENTIONS	11,635.58	0.00	105.91	509.60	11,020.07
TCI21	TOBACCO STATE AND COMMUNITY INTERVENTIONS	0.00	75,344.00	25,785.36	0.00	49,558.64
UQ000	MOBILE HOME & RV PARK FEES	0.00	1,225.70	1,225.70	0.00	0.00
WIC20	WIC PROGRAM ADMINISTRATION	(63,370.05)	270,899.64	198,418.76	9,110.83	0.00
WIC21	WIC PROGRAM ADMINISTRATION	0.00	182,838.79	188,962.24	0.00	(26,123.45)
<b>State Total</b>		<b>286,833.45</b>	<b>2,391,372.14</b>	<b>2,379,539.41</b>	<b>37,913.29</b>	<b>434,753.06</b>
<b>Local</b>						
340BP	340B PRESCRIPTION DRUG SERVICE AGREEMENT	199,678.09	948,999.63	740,019.90	569.85	408,087.97
CLFEE	CHD CLINIC FEES	38,979.21	841,994.83	1,085,125.13	27,078.37	(231,229.46)
COR19	CORONAVIRUS	0.00	5,090.72	75.00	5,090.72	(75.00)
CVGOV	LOCAL COVID-19 RESPONSE	0.00	247,539.82	496,992.36	0.00	(249,452.54)
ENVLF	CHD LOCAL ENVIRONMENTAL FEES	306,069.14	131,254.70	95,366.16	4,869.43	337,088.25
HSDMT	HEALTHY START DATA MANAGEMENT	0.00	1,603.95	403.90	0.00	1,200.05
JV000	VITAL STATISTICS CERTIFIED RECORDS	40,210.43	149,027.50	118,896.36	649.78	69,691.79
LOGOV	CHD LOCAL REVENUE & EXPENDITURES	(51,373.09)	300,848.03	178,000.14	4,164.33	67,310.47
RWT20	RYAN WHITE TITLE III - DIRECT TO CHD	(1,555.28)	0.00	(1,069.68)	0.00	(485.60)
RWT21	RYAN WHITE TITLE III - DIRECT TO CHD	(6,716.84)	120,511.45	146,130.21	2,292.63	(34,628.23)
RWT22	RYAN WHITE TITLE III - DIRECT TO CHD	0.00	0.00	0.00	0.00	0.00
RWTC0	RYAN WHITE PART C - COVID-19 RESPONSE	(11,554.73)	22,097.54	16,556.32	0.00	(6,413.51)
SALGS	CHD SALE OF SERVICES IN OR OUTSIDE OF STATE GOVT	0.00	0.00	(256.00)	0.00	256.00
TFAH9	TRUST FOR AMERICAS HEALTH AGREEMENT	5,000.00	0.00	0.00	0.00	5,000.00
TSIRM	HURRICANE IRMA EXECUTIVE ORDER 17-235	17.00	0.00	0.00	0.00	17.00
<b>Local Total</b>		<b>578,453.80</b>	<b>2,791,069.17</b>	<b>2,879,539.98</b>	<b>44,715.11</b>	<b>169,355.19</b>
<b>Grand Total</b>		<b>775,287.25</b>	<b>5,182,441.31</b>	<b>5,259,079.39</b>	<b>82,628.40</b>	<b>604,108.24</b>

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the Healthiest State in the Nation

December 17, 2020

The Honorable Trey Goodwin  
Okaloosa Board of County Commissioners  
302 N Wilson Street, Suite 203  
Crestview, FL 32536

CONTRACT#: C97-0025-HD  
FLORIDA DEPARTMENT OF HEALTH  
OPERATION OF THE HEALTH DEPARTMENT  
EXPIRES: 09/30/2021

RE: FY 2019-20 Contract between the Okaloosa Board of County Commissioners and the Department of Health for operation of the Okaloosa County Health Department

Dear Chairman Goodwin:

The above-referenced Core Contract and Section 154.02, Florida Statutes, require that the Department of Health submit quarterly reports to the County with the following information.

As specified in Section 4., Paragraph d., enclosed are updated Attachment II Part II and Part III Revenue and Expenditure Attachments. These attachments reflect any revenue or expenditure adjustments since the previous quarter.

As specified in Section 6., Paragraphs o.i and ii, also enclosed are the DE385L1 Contract Management Variance Report and the DE580L1 Analysis of Fund Equities Report. A written explanation is provided for any service level expenditure variance that deviates more than 25 percent from the planned service expenditure amount and exceeds three percent of the total planned expenditures for the corresponding level of service at the end of the contract year.

If you have any questions, please feel free to contact Susan Wagner at (850)344-0515.

Sincerely,

A handwritten signature in black ink that reads "Karen A. Chapman, MD, MPH" with the word "for" written below it.

Karen A. Chapman, MD, MPH  
Director  
Okaloosa County Health Department

Enclosures

Cc: Demonica Connell, Office of Budget and Revenue Management

**Florida Department of Health**  
in OKALOOSA COUNTY  
221 Hospital Dr. NE, Ft Walton Beach, FL 32548  
PHONE: 850/833-9240 • FAX 850/833-9252  
[www.healthyoakaloosa.com](http://www.healthyoakaloosa.com)



**Accredited Health Department**  
Public Health Accreditation Board

**1. GENERAL REVENUE - STATE**

015040 AIDS PATIENT CARE	100,000	0	100,000	0	100,000
015040 AIDS PREVENTION & SURVEILLANCE - GENERAL REVENUE	20,920	0	20,920	0	20,920
015040 CHD - TB COMMUNITY PROGRAM	59,363	0	59,363	0	59,363
015040 CORONAVIRUS GENERAL REVENUE	55,000	0	55,000	0	55,000
015040 DENTAL SPECIAL INITIATIVE PROJECTS	5,977	0	5,977	0	5,977
015040 HEALTHY BEACHES MONITORING	14,388	0	14,388	0	14,388
015040 FAMILY PLANNING GENERAL REVENUE	54,671	0	54,671	0	54,671
015040 PRIMARY CARE PROGRAM	245,068	0	245,068	0	245,068
015040 SCHOOL HEALTH SERVICES - GENERAL REVENUE	177,240	0	177,240	0	177,240
015050 CHD GENERAL REVENUE NON-CATEGORICAL	1,525,874	0	1,525,874	0	1,525,874
<b>GENERAL REVENUE TOTAL</b>	<b>2,258,501</b>	<b>0</b>	<b>2,258,501</b>	<b>0</b>	<b>2,258,501</b>

**2. NON GENERAL REVENUE - STATE**

015010 STATE UNDERGROUND PETROLEUM RESPONSE ACT	300	0	300	0	300
015010 TOBACCO STATE AND COMMUNITY INTERVENTIONS	150,688	0	150,688	0	150,688
<b>NON GENERAL REVENUE TOTAL</b>	<b>150,988</b>	<b>0</b>	<b>150,988</b>	<b>0</b>	<b>150,988</b>

**3. FEDERAL FUNDS - STATE**

007000 WIC BREASTFEEDING PEER COUNSELING PROG	25,553	0	25,553	0	25,553
007000 COASTAL BEACH WATER QUALITY MONITORING	7,817	0	7,817	0	7,817
007000 COMPREHENSIVE COMMUNITY CARDIO - PHBG	35,000	0	35,000	0	35,000
007000 EPID & LAB FOR INFECTIOUS DISEASE COVID-19	7,500	0	7,500	0	7,500
007000 FAMILY PLANNING TITLE X - GRANT	197,591	0	197,591	0	197,591
007000 HURRICANE CRISIS COAG FOOD AND WATER	1,501	0	1,501	0	1,501
007000 IMMUNIZATION ACTION PLAN	43,423	0	43,423	0	43,423
007000 MCH SPECIAL PRJCT UNPLANNED PREGNANCY	56,969	0	56,969	0	56,969
007000 MCH BLOCK GRANT FLORIDA'S HEALTHY BABIES	16,342	0	16,342	0	16,342
007000 BASE COMMUNITY PREPAREDNESS CAPABILITY	123,836	0	123,836	0	123,836
007000 BASE EMERGENCY OPERATIONS COORDINATION (ESF8)	47,889	0	47,889	0	47,889
007000 BASE REGIONAL PREPAREDNESS CAPABILITY	122,533	0	122,533	0	122,533
007000 WIC PROGRAM ADMINISTRATION	852,037	0	852,037	0	852,037
018005 AIDS DRUG ASSISTANCE PROGRAM ADMIN HQ	31,074	0	31,074	0	31,074
<b>FEDERAL FUNDS TOTAL</b>	<b>1,569,064</b>	<b>0</b>	<b>1,569,064</b>	<b>0</b>	<b>1,569,064</b>

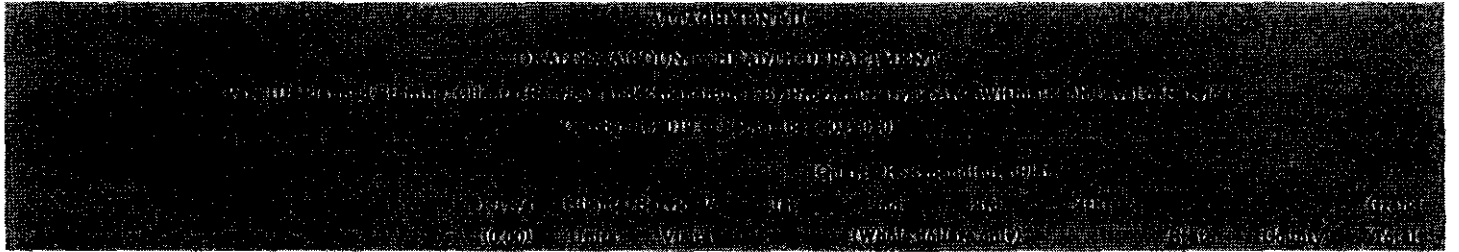
**4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE**

001020 CHD STATEWIDE ENVIRONMENTAL FEES	124,498	0	124,498	0	124,498
001092 CHD STATEWIDE ENVIRONMENTAL FEES	182,819	0	182,819	0	182,819
001206 ON SITE SEWAGE DISPOSAL PERMIT FEES	15,746	0	15,746	0	15,746
001206 SANITATION CERTIFICATES (FOOD INSPECTION)	3,094	0	3,094	0	3,094
001206 SEPTIC TANK RESEARCH SURCHARGE	2,349	0	2,349	0	2,349
001206 SEPTIC TANK VARIANCE FEES 50%	250	0	250	0	250
001206 PUBLIC SWIMMING POOL PERMIT FEES-10% HQ TRANSFER	8,928	0	8,928	0	8,928
001206 DRINKING WATER PROGRAM OPERATIONS	63	0	63	0	63
001206 TANNING FACILITIES	301	0	301	0	301

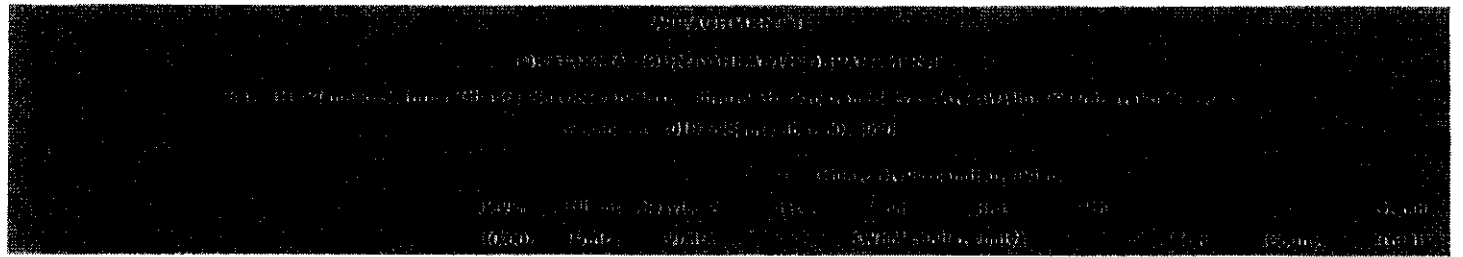


	State	County	Local	Federal	Total
001206 ONSITE SEWAGE TRAINING CENTER	1,154	0	1,154	0	1,154
001206 MOBILE HOME & RV PARK FEES	1,335	0	1,335	0	1,335
<b>FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL</b>	<b>340,537</b>	<b>0</b>	<b>340,537</b>	<b>0</b>	<b>340,537</b>
<b>5. OTHER CASH CONTRIBUTIONS - STATE:</b>					
	0	0	0	0	0
090001 DRAW DOWN FROM PUBLIC HEALTH UNIT	47,834	0	47,834	0	47,834
<b>OTHER CASH CONTRIBUTION TOTAL</b>	<b>47,834</b>	<b>0</b>	<b>47,834</b>	<b>0</b>	<b>47,834</b>
<b>6. MEDICAID - STATE/COUNTY:</b>					
001057 CHD CLINIC FEES	0	218,224	218,224	0	218,224
001148 CHD CLINIC FEES	0	875,914	875,914	0	875,914
<b>MEDICAID TOTAL</b>	<b>0</b>	<b>1,094,138</b>	<b>1,094,138</b>	<b>0</b>	<b>1,094,138</b>
<b>7. ALLOCABLE REVENUE - STATE:</b>					
018000 CHD CLINIC FEES	2,164	0	2,164	0	2,164
031005 CHD CLINIC FEES	95	0	95	0	95
<b>ALLOCABLE REVENUE TOTAL</b>	<b>2,259</b>	<b>0</b>	<b>2,259</b>	<b>0</b>	<b>2,259</b>
<b>8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE</b>					
ADAP	0	0	0	672,751	672,751
PHARMACY DRUG PROGRAM	0	0	0	32,892	32,892
WIC PROGRAM	0	0	0	3,385,550	3,385,550
BUREAU OF PUBLIC HEALTH LABORATORIES	0	0	0	19,182	19,182
IMMUNIZATIONS	0	0	0	706,724	706,724
<b>OTHER STATE CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4,817,099</b>	<b>4,817,099</b>
<b>9. DIRECT LOCAL CONTRIBUTIONS - BCC/TAX DISTRICT</b>					
008005 CHD LOCAL REVENUE & EXPENDITURES	0	601,661	601,661	0	601,661
008040 LOCAL COVID-19 RESPONSE	0	10,000	10,000	0	10,000
<b>DIRECT COUNTY CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>611,661</b>	<b>611,661</b>	<b>0</b>	<b>611,661</b>
<b>10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY</b>					
001073 340B PRESCRIPTION DRUG SERVICE AGREEMENT	0	1,381,914	1,381,914	0	1,381,914
001073 CHD CLINIC FEES	0	42,780	42,780	0	42,780
001077 CHD CLINIC FEES	0	40,855	40,855	0	40,855
001094 CHD LOCAL ENVIRONMENTAL FEES	0	260,524	260,524	0	260,524
001110 VITAL STATISTICS CERTIFIED RECORDS	0	258,283	258,283	0	258,283
<b>FEES AUTHORIZED BY COUNTY TOTAL</b>	<b>0</b>	<b>1,984,356</b>	<b>1,984,356</b>	<b>0</b>	<b>1,984,356</b>
<b>11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY</b>					
001029 340B PRESCRIPTION DRUG SERVICE AGREEMENT	0	542,983	542,983	0	542,983
001029 CHD CLINIC FEES	0	61,829	61,829	0	61,829
001090 CHD CLINIC FEES	0	704	704	0	704
005000 CHD LOCAL REVENUE & EXPENDITURES	0	2,000	2,000	0	2,000
007010 RYAN WHITE TITLE III - DIRECT TO CHD	0	255,959	255,959	0	255,959

007010	RYAN WHITE TITLE III - DIRECT TO CHD	0	69,886	69,886	0	69,886
007010	RYAN WHITE PART C - COVID-19 RESPONSE	0	32,572	32,572	0	32,572
010300	STATE UNDERGROUND PETROLEUM RESPONSE ACT	0	3,100	3,100	0	3,100
011001	HEALTHY START DATA MANAGEMENT	0	1,721	1,721	0	1,721
090002	DRAW DOWN FROM PUBLIC HEALTH UNIT	0	188,355	188,355	0	188,355
<b>OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL</b>		<b>0</b>	<b>1,159,109</b>	<b>1,159,109</b>	<b>0</b>	<b>1,159,109</b>
<b>12. ALLOCABLE REVENUE - COUNTY</b>						
018000	CHD CLINIC FEES	0	2,164	2,164	0	2,164
031005	CHD CLINIC FEES	0	95	95	0	95
<b>COUNTY ALLOCABLE REVENUE TOTAL</b>		<b>0</b>	<b>2,259</b>	<b>2,259</b>	<b>0</b>	<b>2,259</b>
<b>13. BUILDINGS - COUNTY</b>						
	ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	790,101	790,101
	JANITORIAL	0	0	0	76,000	76,000
	UTILITIES	0	0	0	0	0
	BUILDING MAINTENANCE	0	0	0	0	0
	GROUNDS MAINTENANCE	0	0	0	0	0
	INSURANCE	0	0	0	0	0
	OTHER (Specify)	0	0	0	0	0
	OTHER (Specify)	0	0	0	0	0
<b>BUILDINGS TOTAL</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>866,101</b>	<b>866,101</b>
<b>14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY</b>						
	EQUIPMENT / VEHICLE PURCHASES	0	0	0	0	0
	VEHICLE INSURANCE	0	0	0	0	0
	VEHICLE MAINTENANCE	0	0	0	0	0
	OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
	OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
<b>OTHER COUNTY CONTRIBUTIONS TOTAL</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>GRAND TOTAL CHD PROGRAM</b>		<b>4,369,183</b>	<b>4,851,523</b>	<b>9,220,706</b>	<b>5,683,200</b>	<b>14,903,906</b>



BODY PIERCING FACILITIES SERVICES (349)	0.00	0	0	0	0	0	0	0	0	0
GROUP CARE FACILITY (351)	0.46	57	119	8,021	9,856	9,856	8,020	0	34,753	34,753
MIGRANT LABOR CAMP (352)	0.02	2	4	488	511	511	438	1,898	0	1,898
HOUSING & PUB. BLDG. (363)	0.00	0	0	0	0	0	0	0	0	0
MOBILE HOME AND PARK (354)	0.98	112	373	15,942	18,595	18,595	15,942	60,704	8,370	69,074
POOLS/BATHING PLACES (360)	1.51	436	1,757	25,589	29,846	29,846	25,590	45,687	65,184	110,871
BIOMEDICAL WASTE SERVICES (364)	0.00	0	0	0	0	0	0	0	0	0
TANNING FACILITY SERVICES (369)	0.14	24	154	2,452	2,859	2,859	2,452	8,449	2,173	10,622
<b>Group Total</b>	<b>4.66</b>	<b>827</b>	<b>3,155</b>	<b>78,975</b>	<b>92,115</b>	<b>92,115</b>	<b>78,976</b>	<b>178,302</b>	<b>163,879</b>	<b>342,181</b>
<b>Groundwater Contamination</b>										
STORAGE TANK COMPLIANCE SERVICES (355)	0.00	0	0	0	0	0	0	0	0	0
SUPER ACT SERVICES (356)	0.11	0	15	2,380	2,776	2,776	2,379	7,211	3,100	10,311
<b>Group Total</b>	<b>0.11</b>	<b>0</b>	<b>15</b>	<b>2,380</b>	<b>2,776</b>	<b>2,776</b>	<b>2,379</b>	<b>7,211</b>	<b>3,100</b>	<b>10,311</b>
<b>Community Hygiene</b>										
COMMUNITY ENVIR. HEALTH (345)	0.00	0	0	0	0	0	0	0	0	0
INJURY PREVENTION (346)	0.59	0	0	4,789	5,586	5,586	4,790	0	20,751	20,751
LEAD MONITORING SERVICES (350)	0.00	0	0	0	0	0	0	0	0	0
PUBLIC SEWAGE (362)	0.01	0	0	227	265	265	228	985	0	985
SOLID WASTE DISPOSAL SERVICE (363)	0.00	0	0	0	0	0	0	0	0	0
SANITARY NUISANCE (365)	0.46	336	397	7,735	9,021	9,021	7,735	0	38,512	33,512
RABIES SURVEILLANCE (366)	0.16	8	47	10,827	12,278	12,278	10,527	0	45,610	45,610
ARBORVIRUS SURVEIL. (367)	0.00	0	0	0	0	0	0	0	0	0
RODENT/ARTHROPOD CONTROL (368)	0.00	0	0	0	0	0	0	0	0	0
WATER POLLUTION (370)	0.00	0	0	0	0	0	0	0	0	0
INDOOR AIR (371)	0.00	0	0	0	0	0	0	0	0	0
RADIOLOGICAL HEALTH (372)	0.00	0	0	0	0	0	0	0	0	0
TOXIC SUBSTANCES (373)	0.00	0	0	0	0	0	0	0	0	0
<b>Group Total</b>	<b>1.22</b>	<b>344</b>	<b>444</b>	<b>23,278</b>	<b>27,150</b>	<b>27,150</b>	<b>23,280</b>	<b>985</b>	<b>99,873</b>	<b>100,858</b>
<b>ENVIRONMENTAL HEALTH SUBTOTAL</b>	<b>10.98</b>	<b>2,340</b>	<b>5,772</b>	<b>197,731</b>	<b>230,630</b>	<b>230,630</b>	<b>197,735</b>	<b>478,544</b>	<b>378,182</b>	<b>556,726</b>
<b>D. NON-OPERATIONAL COSTS:</b>										
NON-OPERATIONAL COSTS (599)	0.00	0	0	1,802	2,102	2,102	1,803	7,809	0	7,809
ENVIRONMENTAL HEALTH SURCHARGE (399)	0.00	0	0	7,667	8,943	8,943	7,667	33,220	0	33,220
MEDICAID BUYBACK (611)	0.00	0	0	502	586	586	503	2,177	0	2,177
<b>NON-OPERATIONAL COSTS SUBTOTAL</b>	<b>0.00</b>	<b>0</b>	<b>0</b>	<b>9,971</b>	<b>11,631</b>	<b>11,631</b>	<b>9,973</b>	<b>43,206</b>	<b>0</b>	<b>43,206</b>
<b>TOTAL CONTRACT</b>	<b>106.52</b>	<b>36,156</b>	<b>393,230</b>	<b>2,128,136</b>	<b>2,482,212</b>	<b>2,482,212</b>	<b>2,128,146</b>	<b>4,369,183</b>	<b>4,851,523</b>	<b>9,220,706</b>



**A. COMMUNICABLE DISEASE CONTROL:**

IMMUNIZATION (101)	8.86	4,139	5,508	56,654	66,079	66,079	56,654	221,046	24,420	245,466
SEXUALLY TRANS. DIS. (102)	5.45	1,612	2,443	156,056	182,021	182,021	156,056	112,214	563,940	676,154
HIV/AIDS PREVENTION (03A1)	1.62	0	1,814	29,157	34,008	34,008	29,158	126,931	0	126,931
HIV/AIDS SURVEILLANCE (03A2)	0.00	0	0	0	0	0	0	0	0	0
HIV/AIDS PATIENT CARE (03A3)	13.72	387	1,401	475,722	554,871	554,871	475,722	100,000	1,961,186	2,061,186
ADAP (03A4)	0.67	108	467	10,489	12,235	12,235	10,489	45,448	0	45,448
TUBERCULOSIS (104)	0.95	22	130	17,643	20,578	20,578	17,642	76,441	0	76,441
COMM. DIS. SURV. (106)	5.91	0	2,347	60,903	71,035	71,035	60,903	111,890	151,986	263,876
HEPATITIS (109)	0.01	0	0	116	135	135	116	502	0	602
PREPAREDNESS AND RESPONSE (116)	5.29	0	111	303,643	354,162	354,162	303,643	1,039,822	275,788	1,315,610
REFUGEE HEALTH (118)	0.00	0	0	0	0	0	0	0	0	0
VITAL RECORDS (180)	1.69	9,886	21,399	24,730	28,845	28,845	24,730	0	107,150	107,150
<b>COMMUNICABLE DISEASE SUBTOTAL</b>	<b>39.17</b>	<b>15,654</b>	<b>35,620</b>	<b>1,135,113</b>	<b>1,323,969</b>	<b>1,323,969</b>	<b>1,135,113</b>	<b>1,833,694</b>	<b>3,084,470</b>	<b>4,918,164</b>

**B. PRIMARY CARE:**

CHRONIC DISEASE PREVENTION PRO (210)	1.15	955	159	20,158	23,512	23,512	20,159	87,341	0	87,341
WIC (21W1)	18.43	7,814	51,112	229,559	267,753	267,753	229,560	994,625	0	994,625
TOBACCO USE INTERVENTION (212)	2.75	0	606	34,779	40,565	40,565	34,779	150,688	0	150,688
WIC BREASTFEEDING PEER COUNSELING (21W2)	1.71	0	1,883	11,628	13,563	13,563	11,628	50,382	0	50,382
FAMILY PLANNING (223)	11.20	3,464	6,987	184,053	214,675	214,675	184,054	397,066	400,401	797,457
IMPROVED PREGNANCY OUTCOME (225)	0.00	0	0	0	0	0	0	0	0	0
HEALTHY START PRENATAL (227)	0.11	1,713	6,190	1,433	1,671	1,671	1,433	0	6,208	6,208
COMPREHENSIVE CHILD HEALTH (229)	0.00	0	0	0	0	0	0	0	0	0
HEALTHY START CHILD (231)	0.00	0	0	0	0	0	0	0	0	0
SCHOOL HEALTH (234)	8.31	0	276,236	40,907	47,713	47,713	40,907	177,240	0	177,240
COMPREHENSIVE ADULT HEALTH (237)	0.14	69	84	1,870	2,182	2,182	1,870	2,992	5,112	8,104
COMMUNITY HEALTH DEVELOPMENT (238)	4.70	0	819	56,475	65,871	65,871	56,476	113,734	130,959	244,693
DENTAL HEALTH (240)	12.87	4,157	7,962	204,459	238,477	238,477	204,459	39,681	846,191	885,872
<b>PRIMARY CARE SUBTOTAL</b>	<b>56.37</b>	<b>18,162</b>	<b>351,838</b>	<b>785,321</b>	<b>915,982</b>	<b>915,982</b>	<b>785,325</b>	<b>2,013,739</b>	<b>1,388,871</b>	<b>3,402,610</b>

**C. ENVIRONMENTAL HEALTH:**

**Water and Onsite Sewage Programs**

COSTAL BEACH MONITORING (347)	0.18	228	245	7,262	8,470	8,470	7,262	31,464	0	31,464
LIMITED USE PUBLIC WATER SYSTEMS (357)	0.28	12	47	4,087	4,768	4,768	4,087	17,018	692	17,710
PUBLIC WATER SYSTEM (358)	0.00	0	0	0	0	0	0	0	0	0
PRIVATE WATER SYSTEM (359)	0.08	0	34	1,506	1,757	1,757	1,507	4,879	1,648	6,527
ONSITE SEWAGE TREATMENT & DISPOSAL (361)	4.50	929	1,832	80,243	93,594	93,594	80,244	238,685	108,990	347,675
<b>Group Total</b>	<b>4.99</b>	<b>1,169</b>	<b>2,158</b>	<b>93,098</b>	<b>108,589</b>	<b>108,589</b>	<b>93,100</b>	<b>292,046</b>	<b>111,330</b>	<b>403,376</b>

**Facility Programs**

TATTOO FACILITY SERVICES (344)	0.00	0	0	0	0	0	0	0	0	0
FOOD HYGIENE (348)	1.56	196	748	26,533	30,948	30,948	26,534	61,564	53,399	114,963

**Oshtemo**  
**Contract Management Variance Report**  
**for Period 10/01/2019 to 09/30/2020**

Program	Budgeted FTEs	Planned FTEs	Variance FTE	Budgeted Client/Visits	Planned Client/Visits	Variance Client/Visits	Budgeted Hours/Visits	Planned Hours/Visits	Variance Hours/Visits	Budgeted Client/Visits	Planned Client/Visits	Variance Client/Visits	Budgeted Client/Visits	Planned Client/Visits	Variance Client/Visits
<b>Communicable Disease Section</b>															
01:Immunization	4.92	3.86	27.46	2,930	4,139	-29.21	3,854	5,908	-30.01	\$220,387.66	\$245,466.00	-10.22			
02:Sexually Trans. Dis.	4.98	5.45	-8.62	1,466	1,612	-9.06	2,027	2,443	7.53	\$619,052.46	\$676,154.00	-8.45			
03:AIDS	13.39	16.01	-16.36	415	495	-16.16	1,849	3,682	-49.78	\$1,917,760.29	\$2,232,965.00	-14.12			
04:Tuberculosis	1.15	0.95	21.05	15	22	-31.82	200	130	33.85	\$53,859.98	\$76,441.00	-29.54			
06:Comm. Dis. Surv.	8.56	5.91	44.84	0	0		2,653	2,347	13.04	\$425,497.32	\$263,876.00	61.25			
09:Hepatitis	0.01	0.01	0.00	36	0		44	0		\$179.62	\$502.00	-64.22			
16:Preparedness and Response	40.70	5.29	669.38	0	0		230	111	107.21	\$1,637,657.68	\$1,315,610.00	24.48			
18:Refugee Health	0.00	0.00		0	0		0	0		\$0.00	\$0.00				
80:Vital Records	1.93	1.69	14.20	7,445	9,386	-20.68	20,131	21,399	-5.93	\$100,831.25	\$107,150.00	-5.90			
<b>Communicable Disease Totals</b>	<b>75.64</b>	<b>39.17</b>	<b>93.11</b>	<b>12,307</b>	<b>15,654</b>	<b>-21.38</b>	<b>31,588</b>	<b>35,620</b>	<b>-11.32</b>	<b>\$6,975,226.26</b>	<b>\$6,918,844.00</b>	<b>1.16</b>			
<b>Primary Care Section</b>															
10:Chronic Disease Prevention Pro	1.18	1.15	2.61	535	955	-43.98	62	159	-48.43	\$50,340.23	\$87,341.00	-42.36			
12:Tobacco Use Intervention	2.57	2.75	-6.55	0	0		284	606	-53.14	\$130,661.43	\$150,688.00	-13.29			
21:WIC	18.40	20.14	-8.64	6,424	7,814	-17.79	39,545	52,995	-25.38	\$1,006,763.61	\$1,045,007.00	-3.66			
23:Family Planning	12.39	11.20	10.63	3,085	3,454	-10.68	6,144	6,887	-10.79	\$843,393.10	\$797,457.00	5.76			
25:Improved Pregnancy Outcome	0.00	0.00		0	0		0	0		\$0.00	\$0.00				
27:Healthy Start Prenatal	0.10	0.11	-9.09	1,611	1,713	-5.95	7,196	6,190	16.25	\$5,854.50	\$6,208.00	-5.69			
29:Comprehensive Child Health	0.00	0.00		0	0		0	0		\$0.00	\$0.00				
31:Healthy Start Child	0.04	0.00		651	0		3,586	0		\$874.02	\$0.00				
34:School Health	3.10	3.31	-6.34	0	0		262,828	276,236	-4.85	\$167,491.92	\$177,240.00	-5.50			
37:Comprehensive Adult Health	0.09	0.14	-35.71	78	69	13.04	90	84	7.14	\$5,382.45	\$8,104.00	-33.58			
38:Community Health Development	4.23	4.70	-10.00	0	0		344	819	-58.00	\$227,271.45	\$244,693.00	-7.12			
40:Dental Health	12.62	12.87	-1.94	3,270	4,157	-21.34	6,124	7,862	-22.11	\$809,637.45	\$885,872.00	0.43			
<b>Primary Care Totals</b>	<b>54.72</b>	<b>56.37</b>	<b>-2.93</b>	<b>15,654</b>	<b>18,162</b>	<b>-13.81</b>	<b>326,223</b>	<b>351,838</b>	<b>-7.28</b>	<b>\$3,327,670.16</b>	<b>\$3,402,670.00</b>	<b>-2.30</b>			
<b>Environmental Health Section</b>															

1:Water & Onsite Sewage	5.46	4.99	9.42	1,473	1,189	26.01	2,491	2,158	15.43	\$424,237.07	\$403,376.00	5.17
2:Facility Programs	4.75	4.66	1.93	1,926	827	132.89	2,470	3,155	-21.71	\$298,174.88	\$342,181.00	-12.86
3:Groundwater Contamination Program	0.09	0.11	-18.18	0	0		2	15	-86.67	\$4,137.74	\$10,311.00	-59.87
4:Community Hygiene	1.71	1.22	40.16	318	344	-7.56	537	444	20.95	\$91,716.47	\$100,858.00	-9.06
<b>Environmental Health Totals</b>	<b>12.01</b>	<b>10.98</b>	<b>9.28</b>	<b>3,717</b>	<b>2,360</b>	<b>88.25</b>	<b>5,530</b>	<b>5,772</b>	<b>-4.71</b>	<b>\$818,266.16</b>	<b>\$856,726.00</b>	<b>-4.49</b>
<b>CRD Totals</b>	<b>142.37</b>	<b>106.52</b>	<b>33.66</b>	<b>37,478</b>	<b>36,156</b>	<b>62.39</b>	<b>363,371</b>	<b>393,230</b>	<b>-7.61</b>	<b>\$9,121,162.58</b>	<b>\$9,177,900.00</b>	<b>-0.61</b>



## Okaloosa DE580 Analysis of Fund Equities Report

Note: This report is based upon Schedule C, FIRS  
and year-to-date FLAIR transactions as of 09/30/2020

**Okaloosa CHD (643646) DE580 Analysis of Fund Equities Report for fiscal year 2020-2021 as of 09/30/2020**  
Actual Year-to-Date (through Sep)

OCA	OCA Title	Beginning Cash	Revenues YTD	Expenditures YTD	Certified Forward Expenditures YTD	Actual Cash YTD
<b>State</b>						
1E000	ON SITE SEWAGE DISPOSAL PERMIT FEES	1,768.00	4,552.40	6,383.60	0.00	(63.20)
1O000	SANITATION CERTIFICATES (FOOD INSPECTION)	9.50	2,246.00	1,373.50	0.00	882.00
4B000	AIDS PATIENT CARE	(178.38)	25,000.00	6,798.99	0.00	18,022.63
4BAPS	AIDS PREVENTION & SURVEILLANCE - GENERAL REVENUE	0.00	5,230.00	1,511.17	0.00	3,718.83
7F000	CHD - TB COMMUNITY PROGRAM	11,372.83	11,669.00	1,883.26	0.00	21,158.57
9V000	STATE UNDERGROUND PETROLEUM RESPONSE ACT	0.00	0.00	0.00	0.00	0.00
ADA21	AIDS DRUG ASSISTANCE PROGRAM ADMIN HQ	(2,140.81)	5,428.58	3,287.77	0.00	0.00
ADA22	AIDS DRUG ASSISTANCE PROGRAM ADMIN HQ	0.00	0.00	0.00	0.00	0.00
B9000	SEPTIC TANK RESEARCH SURCHARGE	275.00	845.00	1,095.00	0.00	25.00
BPC18	WIC BREASTFEEDING PEER COUNSELING PROG	(1,837.44)	2,851.30	1,013.86	0.00	0.00
BPC19	WIC BREASTFEEDING PEER COUNSELING PROG	(65.05)	4,271.39	3,731.53	920.91	(446.10)
BY000	SEPTIC TANK VARIANCE FEES 50%	(722.40)	0.00	0.00	0.00	(722.40)
CBM20	COASTAL BEACH WATER QUALITY MONITORING	23.26	1,020.74	1,044.00	0.00	0.00
CBM21	COASTAL BEACH WATER QUALITY MONITORING	0.00	1,402.83	1,402.83	0.00	0.00
CIP19	COMPREHENSIVE COMMUNITY CARDIO - PHBG	806.84	(128.70)	678.14	0.00	0.00
CIP20	COMPREHENSIVE COMMUNITY CARDIO - PHBG	0.00	0.00	0.00	0.00	0.00
COVGR	CORONAVIRUS GENERAL REVENUE	0.00	39,845.89	210,128.60	111.75	(170,394.46)
DNSPJ	DENTAL SPECIAL INITIATIVE PROJECTS	0.00	1,548.00	635.75	0.00	912.25
ECR20	EPID & LAB FOR INFECTIOUS DISEASE COVID-19	0.00	7,045.21	15,682.10	0.00	(8,636.89)
EHHBM	HEALTHY BEACHES MONITORING	0.00	0.00	0.00	0.00	0.00
ENVFE	CHD STATEWIDE ENVIRONMENTAL FEES	1,671.73	93,791.40	90,118.53	6,079.07	(734.47)
FMP21	FAMILY PLANNING TITLE X - GRANT	(17,830.78)	56,277.26	38,446.48	0.00	0.00
FMPGR	FAMILY PLANNING GENERAL REVENUE	0.00	14,515.00	3,933.28	0.00	10,581.72
IMM18	IMMUNIZATION ACTION PLAN	(205.11)	0.00	0.00	0.00	(205.11)
IMM20	IMMUNIZATION ACTION PLAN	0.00	0.00	401.89	0.00	(401.89)
IMM21	IMMUNIZATION ACTION PLAN	0.00	5,326.81	5,326.81	0.00	0.00

K3000	PUBLIC SWIMMING POOL PERMIT FEES-10% HQ TRANSFER	6,233.75	1,225.00	7,758.75	0.00	(300.00)
M5000	DRINKING WATER PROGRAM OPERATIONS	0.00	49.50	40.50	0.00	9.00
MC230	MCH SPECIAL PRJCT UNPLANNED PREGNANCY	0.00	8,532.44	8,532.44	0.00	0.00
MCHB0	MCH BLOCK GRANT FLORIDAS HEALTHY BABIES	0.00	0.00	0.00	0.00	0.00
NCGRV	CHD GENERAL REVENUE NON-CATEGORICAL	334,643.82	365,676.00	346,155.76	18,121.94	336,042.12
PCG00	PRIMARY CARE PROGRAM	1,615.24	61,267.00	27,743.70	0.00	35,138.54
PHCP0	BASE COMMUNITY PREPAREDNESS CAPABILITY	(4,655.44)	4,655.44	0.00	757.07	(757.07)
PHCP1	BASE COMMUNITY PREPAREDNESS CAPABILITY	0.00	26,036.05	29,269.64	0.00	(3,233.59)
PHEI0	BASE PUB HLTH SURVEILLANCE & EPI INVESTIGATION	(3,661.23)	4,398.25	65.28	671.74	0.00
PHEI1	BASE PUB HLTH SURVEILLANCE & EPI INVESTIGATION	0.00	11,003.42	14,537.10	0.00	(3,533.68)
PHRP0	BASE REGIONAL PREPAREDNESS CAPABILITY	(18,274.59)	21,015.98	730.98	2,010.41	0.00
PHRP1	BASE REGIONAL PREPAREDNESS CAPABILITY	0.00	29,338.85	38,412.80	0.00	(9,073.95)
R9000	TANNING FACILITIES	0.00	202.50	202.50	0.00	0.00
RSIRB	PUBLIC HLTH RESEARCH - IRB PROGRAM	2,094.00	0.00	0.00	0.00	2,094.00
SCHGR	SCHOOL HEALTH SERVICES - GENERAL REVENUE	1,490.34	44,310.00	45,367.98	2,523.82	(2,091.46)
SEWTN	ONSITE SEWAGE TRAINING CENTER	135.00	255.00	425.00	0.00	(35.00)
TCI20	TOBACCO STATE AND COMMUNITY INTERVENTIONS	11,635.58	0.00	105.91	509.60	11,020.07
TCI21	TOBACCO STATE AND COMMUNITY INTERVENTIONS	0.00	37,672.00	16,176.16	0.00	21,495.84
UQ000	MOBILE HOME & RV PARK FEES	0.00	867.00	837.00	0.00	30.00
WIC20	WIC PROGRAM ADMINISTRATION	(63,370.05)	194,852.73	165,194.48	9,110.83	(42,822.63)
WIC21	WIC PROGRAM ADMINISTRATION	0.00	0.00	0.00	0.00	0.00
<b>State Total</b>		<b>260,833.61</b>	<b>1,094,095.27</b>	<b>1,096,433.07</b>	<b>40,817.14</b>	<b>217,678.67</b>
<b>Local</b>						
340BP	340B PRESCRIPTION DRUG SERVICE AGREEMENT	199,678.09	470,713.01	377,356.59	0.00	293,034.51
CLFEE	CHD CLINIC FEES	38,979.21	345,438.50	461,822.71	29,263.46	(106,668.46)
COR19	CORONAVIRUS	(6,946.77)	0.00	15.71	5,090.72	(12,053.20)
CVGOV	LOCAL COVID-19 RESPONSE	0.00	0.00	19,220.43	0.00	(19,220.43)
CVSAL	COVID SALARIES	0.00	0.00	15,119.96	0.00	(15,119.96)
ENVLF	CHD LOCAL ENVIRONMENTAL FEES	306,069.14	69,941.70	36,996.14	0.00	339,014.70
HSDMT	HEALTHY START DATA MANAGEMENT	0.00	1,067.70	226.49	0.00	841.21
JV000	VITAL STATISTICS CERTIFIED RECORDS	40,210.43	79,977.50	49,914.54	724.28	69,549.11
LOGOV	CHD LOCAL REVENUE & EXPENDITURES	(51,373.09)	150,420.16	98,320.51	4,626.42	(3,899.86)
RWT20	RYAN WHITE TITLE III - DIRECT TO CHD	(1,556.28)	0.00	(1,583.37)	0.00	27.09
RWT21	RYAN WHITE TITLE III - DIRECT TO CHD	(6,716.84)	54,296.87	59,378.81	2,292.63	(14,091.41)
RWT22	RYAN WHITE TITLE III - DIRECT TO CHD	0.00	0.00	0.00	0.00	0.00
RWTC0	RYAN WHITE PART C - COVID-19 RESPONSE	(11,854.73)	13,211.04	1,991.02	0.00	(634.71)



SALGS	CHD SALE OF SERVICES IN OR OUTSIDE OF STATE GOVT	0.00	0.00	(28.10)	0.00	28.10
TFAH9	TRUST FOR AMERICAS HEALTH AGREEMENT	5,000.00	0.00	0.00	0.00	5,000.00
TSIRM	HURRICANE IRMA EXECUTIVE ORDER 17-235	17.00	0.00	0.00	0.00	17.00
xxxxC	All Collocated OCAs	0.00	0.00	7,089.00	0.00	(7,089.00)
	<b>Local Total</b>	<b>511,506.16</b>	<b>1,185,066.48</b>	<b>1,125,840.44</b>	<b>41,997.51</b>	<b>528,734.69</b>
	<b>Grand Total</b>	<b>772,339.77</b>	<b>2,279,161.75</b>	<b>2,222,273.51</b>	<b>82,814.65</b>	<b>746,413.36</b>

**OKALOOSA COUNTY HEALTH DEPARTMENT  
PROGRAM SERVICE VARIANCE ANALYSIS  
REPORT PERIOD: OCTOBER 2019 - SEPTEMBER 2020**

PROGRAM SERVICE	VARIANCE AMOUNT	VARIANCE PERCENTAGE	EXPLANATION
06:Comm. Dis. Surv.	161,621	61.25%	Increased employee time coding to Communicable Disease Surveillance program due to COVID-19 response activities.

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision: To be the Healthiest State in the Nation**

---

**MEMORANDUM**

**DATE:** December 4, 2020  
**TO:** Elizabeth H. Smith, Executive Community Health Nursing Director - SES  
**FROM:** Mark S. Lander, Interim, Deputy Secretary for County Health Systems  
**SUBJECT:** Delegation for Interim Administrator, FDOH-Okaloosa County

*MSL*

---

This memorandum serves as notice that effective Monday, December 7, 2020, the delegation of authority for the Florida Department of Health in Okaloosa County resides with you, Elizabeth H. Smith, until January 23, 2021 or you are otherwise notified. With this assignment, you are hereby delegated the authority to effectively operate and manage the Florida Department of Health in Okaloosa County.

I appreciate your willingness to take on these duties and responsibilities. Please know that the Office of the Deputy Secretary for County Health Systems is here to assist you. I look forward to working with you during this interim assignment.

---

**Florida Department of Health**  
**Office of Deputy Secretary of County Health Systems**  
4062 Bald Cypress Way, Bin B-06 • Tallahassee, FL 32399  
PHONE: 850/245-4243 • FAX: 850/245-4557  
**FloridaHealth.gov**



**Accredited Health Department**  
Public Health Accreditation Board

**PROCUREMENT/CONTRACT/LEASE  
INTERNAL COORDINATION SHEET**

Procurement/Contract/Lease Number: C97-0025-HO Tracking Number: 4108-20  
Procurement/Contractor/Lessee Name: FL Dept of Health Grant Funded: YES \_\_\_ NO X  
Purpose: Renewal  
Date/Term: 9-30-21 1.  GREATER THAN \$100,000  
Department #: 1550 2.  GREATER THAN \$50,000  
Account #: 581602 3.  \$50,000 OR LESS  
Amount: 601,601.00  
Department: ~~135~~ HO Dept. Monitor Name: Wagner

**Purchasing Review**

Procurement or Contract/Lease requirements are met:  
DeRita Mason Date: 8-24-2020  
Purchasing Manager or designee Jeff Hyde, DeRita Mason, Jesica Darr, Angela Etheridge

**2CFR Compliance Review (if required)**

Approved as written: no Federal funds Grant Name: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_  
Grants Coordinator Danielle Garcia

**Risk Management Review**

Approved as written: see email attached Date: 8-25-2020  
\_\_\_\_\_ Edith Gibson or Karen Donaldson  
Risk Manager or designee

**County Attorney Review**

Approved as written: see email attached Date: 8-24-2020  
\_\_\_\_\_ Lynn Hoshihara, Kerry Parsons or Designee  
County Attorney

**IT Review (if applicable)**

Approved as written: \_\_\_\_\_ Date: \_\_\_\_\_

## DeRita Mason

---

**From:** Lynn Hoshihara  
**Sent:** Monday, August 24, 2020 2:44 PM  
**To:** DeRita Mason  
**Cc:** Kerry Parsons; Lisa Price  
**Subject:** Re: Non BCC agency 11020 Health Department Contract Renewal

This is approved as to legal sufficiency. The Chairman's signature block does not list his full legal name. I see that Dr. Chapman already signed the agreement, but let's see if it can be changed. If not, it does not affect the legality of the agreement.

Lynn M. Hoshihara  
County Attorney  
Okaloosa County, Florida

Please note: Due to Florida's very broad public records laws, most written communications to or from County employees regarding County business are public records, available to the public and media upon request. Therefore, this written e-mail communication, including your e-mail address, may be subject to public disclosure.

---

**From:** DeRita Mason  
**Sent:** Monday, August 24, 2020 3:11:19 PM  
**To:** Lynn Hoshihara  
**Cc:** Kerry Parsons; Lisa Price  
**Subject:** FW: Non BCC agency 11020 Health Department Contract Renewal

Good afternoon,

Can you ladies please review this for the upcoming meeting?

Thank you,

DeRita Mason



DeRita Mason  
Contracts and Lease Coordinator  
Okaloosa County Purchasing Department  
5479A Old Bethel Road  
Crestview, Florida 32536  
(850) 689-5960  
[dmason@myokaloosa.com](mailto:dmason@myokaloosa.com)

## DeRita Mason

---

**From:** Lisa Price  
**Sent:** Tuesday, August 25, 2020 8:12 AM  
**To:** DeRita Mason  
**Subject:** RE: Non BCC agency 11020 Health Department Contract Renewal

This is approved by Risk Management, Insurance is in place.

Lisa Price  
Public Records & Contracts Specialist  
302 N Wilson Street, Suite 301  
Crestview, FL. 32536  
(850) 689-5979  
[lprice@myokaloosa.com](mailto:lprice@myokaloosa.com)



*Due to Florida's very broad public records laws, most written communications to or from county employees regarding county business are public records, available to the public and media upon request. Therefore, this written e-mail communication, including your e-mail address, may be subject to public disclosure.*

---

**From:** DeRita Mason <[dmason@myokaloosa.com](mailto:dmason@myokaloosa.com)>  
**Sent:** Monday, August 24, 2020 2:11 PM  
**To:** Lynn Hoshihara <[lhoshihara@myokaloosa.com](mailto:lhoshihara@myokaloosa.com)>  
**Cc:** Kerry Parsons <[kparsons@myokaloosa.com](mailto:kparsons@myokaloosa.com)>; Lisa Price <[lprice@myokaloosa.com](mailto:lprice@myokaloosa.com)>  
**Subject:** FW: Non BCC agency 11020 Health Department Contract Renewal

Good afternoon,

Can you ladies please review this for the upcoming meeting?

Thank you,

DeRita Mason



DeRita Mason

**CONTRACT BETWEEN  
OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS  
AND  
STATE OF FLORIDA DEPARTMENT OF HEALTH  
FOR OPERATION OF THE  
OKALOOSA COUNTY HEALTH DEPARTMENT  
CONTRACT YEAR 2020-2021**

This contract is made and entered into between the State of Florida, Department of Health ("State") and the Okaloosa County Board of County Commissioners ("County"), through their undersigned authorities, effective October 1, 2020.

**RECITALS**

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

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

C. Okaloosa County Health Department ("CHD") is one of the created County Health Departments.

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

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

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

2. TERM. The parties mutually agree that this contract shall be effective from October 1, 2020, through September 30, 2021, or until a written contract replacing this contract is entered into between the parties, whichever is later, unless this contract is otherwise terminated pursuant to the termination provisions set forth in paragraph 8. below.

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

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

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

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

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

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

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

i. The State's appropriated responsibility (*direct contribution excluding any state fees, Medicaid contributions or any other funds not listed on the Schedule C*) as provided in Attachment II, Part II is an amount not to exceed \$ 5,260,717 (*State General Revenue, State Funds, Other State Funds and Federal Funds listed on the Schedule C*). The State's obligation to pay under this contract is contingent upon an annual appropriation by the Legislature.

ii. The County's appropriated responsibility (*direct contribution excluding any fees, other cash or local contributions*) as provided in Attachment II, Part II is an amount not to exceed \$ 601,661 (*amount listed under the "Board of County Commissioners Annual Appropriations section of the revenue attachment*).

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



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

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

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

County Health Department Trust Fund  
Okaloosa County  
221 Hospital Dr. NE  
Fort Walton Beach, FL 32548

5. CHD DIRECTOR/ADMINISTRATOR. Both parties agree the director/administrator of the CHD shall be a State employee or under contract with the State and will be under the day-to-day direction of the Deputy Secretary for County Health Systems. The director/administrator shall be selected by the State with the concurrence of the County. The director/administrator of the CHD shall ensure that non-categorical sources of funding are used to fulfill public health priorities in the community and the Long Range Program Plan.

6. ADMINISTRATIVE POLICIES AND PROCEDURES. The parties hereto agree that the following standards should apply in the operation of the CHD:

a. The CHD and its personnel shall follow all State policies and procedures, except to the extent permitted for the use of County purchasing procedures as set forth in subparagraph b., below. All CHD employees shall be State or State-contract personnel subject to State personnel rules and procedures. Employees will report time in the Health Management System compatible format by program component as specified by the State.

b. The CHD shall comply with all applicable provisions of federal and state laws and regulations relating to its operation with the exception that the use of County purchasing procedures shall be allowed when it will result in a better price or service and no statewide Department of Health purchasing contract has been implemented for those goods or services. In such cases, the CHD director/administrator must sign a justification therefore, and all County purchasing procedures must be followed in their entirety, and such compliance shall be documented. Such justification and compliance documentation shall be maintained by the CHD in accordance with the terms of this contract. State procedures must be followed for all leases on facilities not enumerated in Attachment IV.

c. The CHD shall maintain books, records and documents in accordance with the Generally Accepted Accounting Principles (GAAP), as promulgated by the Governmental

Accounting Standards Board (GASB), and the requirements of federal or state law. These records shall be maintained as required by the Department of Health Policies and Procedures for Records Management and shall be open for inspection at any time by the parties and the public, except for those records that are not otherwise subject to disclosure as provided by law which are subject to the confidentiality provisions of paragraphs 6.i. and 6.k., below. Books, records and documents must be adequate to allow the CHD to comply with the following reporting requirements:

- i.* The revenue and expenditure requirements in the Florida Accounting Information Resource (FLAIR) System;
- ii.* The client registration and services reporting requirements of the minimum data set as specified in the most current version of the Client Information System/Health Management Component Pamphlet;
- iii.* Financial procedures specified in the Department of Health's Accounting Procedures Manuals, Accounting memoranda, and Comptroller's memoranda;
- iv.* The CHD is responsible for assuring that all contracts with service providers include provisions that all subcontracted services be reported to the CHD in a manner consistent with the client registration and service reporting requirements of the minimum data set as specified in the Client Information System/Health Management Component Pamphlet.

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

e. That any surplus/deficit funds, including fees or accrued interest, remaining in the County Health Department Trust Fund account at the end of the contract year shall be credited/debited to the State or County, as appropriate, based on the funds contributed by each and the expenditures incurred by each. Expenditures will be charged to the program accounts by State and County based on the ratio of planned expenditures in this contract and funding from all sources is credited to the program accounts by State and County. The equity share of any surplus/deficit funds accruing to the State and County is determined each month and at contract year-end. Surplus funds may be applied toward the funding requirements of each participating governmental entity in the following year. However, in each such case, all surplus funds, including fees and accrued interest, shall remain in the trust fund until accounted for in a manner which clearly illustrates the amount which has been credited to each participating governmental entity. The planned use of surplus funds shall be reflected in Attachment II, Part I of this contract, with special capital projects explained in Attachment V.

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

Systems shall forward written evidence of this approval to the CHD within 30 days after an emergency transfer.

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

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

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

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

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

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

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

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

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

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

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

- i. March 1, 2021 for the report period October 1, 2020 through December 31, 2020;
- ii. June 1, 2021 for the report period October 1, 2020 through March 31, 2021;
- iii. September 1, 2021 for the report period October 1, 2020 through June 30, 2021; and
- iv. December 1, 2021 for the report period October 1, 2020 through September 30, 2021.

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

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

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

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

8. TERMINATION.

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

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

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

9. MISCELLANEOUS. The parties further agree:

a. Availability of Funds. If this contract, any renewal hereof, or any term, performance or payment hereunder, extends beyond the fiscal year beginning July 1, 2021, it is agreed that the performance and payment under this contract are contingent upon an annual appropriation by the Legislature, in accordance with section 287.0582, Florida Statutes.

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

For the State:

Susan Wagner  
Name  
Business Manager  
Title  
221 Hospital Dr. NE  
Address  
(850) 344-0515  
Telephone

For the County:

Jordan Steffens  
Name  
Finance Director  
Title  
101 E James Lee Blvd  
Address  
850) 689-5000 Ext 3441  
Telephone


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

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

In WITNESS THEREOF, the parties hereto have caused this eight page contract, with its attachments as referenced, including Attachment I (two pages), Attachment II (six pages), Attachment III (one page), Attachment IV (one page), and Attachment V (one page), to be executed by their undersigned officials as duly authorized effective the 1<sup>st</sup> day of October, 2020.

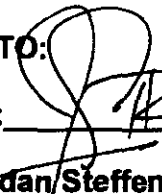
**BOARD OF COUNTY COMMISSIONERS  
FOR OKALOOSA COUNTY**

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

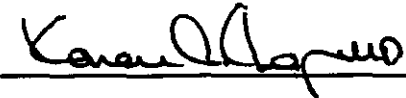
SIGNED BY:  \_\_\_\_\_  
NAME: Robert A. "Trey" Goadwin III  
TITLE: Chairman  
DATE: SEP 01 2020



SIGNED BY: \_\_\_\_\_  
NAME: Scott A. Rivkees, MD  
TITLE: State Surgeon General  
DATE: \_\_\_\_\_

ATTESTED TO: \_\_\_\_\_  
SIGNED BY:  \_\_\_\_\_  
NAME: Jordan Steffens  
TITLE: Finance Director  
DATE: SEP 01 2020



SIGNED BY:  \_\_\_\_\_  
NAME: Karen A. Chapman, MD, MPH  
TITLE: CHD Director  
DATE: 8/25/2020

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

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

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

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

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



**ATTACHMENT II**  
**OKALOOSA COUNTY HEALTH DEPARTMENT**  
**PART I. PLANNED USE OF COUNTY HEALTH DEPARTMENT TRUST FUND BALANCES**

	Estimated State Share of CHD Trust Fund Balance	Estimated County Share of CHD Trust Fund Balance	Total
1. CHD Trust Fund Ending Balance 09/30/20	0	444332	444332
2. Drawdown for Contract Year October 1, 2020 to September 30, 2021	0	48368	48368
3. Special Capital Project use for Contract Year October 1, 2020 to September 30, 2021	0	0	0
4. Balance Reserved for Contingency Fund October 1, 2020 to September 30, 2021	0	492700	492700

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

**1. GENERAL REVENUE - STATE**

015040 AIDS PATIENT CARE	100,000	0	100,000	0	100,000
015040 AIDS PREVENTION & SURVEILLANCE - GENERAL REVENUE	20,920	0	20,920	0	20,920
015040 CHD - TB COMMUNITY PROGRAM	55,108	0	55,108	0	55,108
015040 CORONAVIRUS GENERAL REVENUE	1,015,653	0	1,015,653	0	1,015,653
015040 DENTAL SPECIAL INITIATIVE PROJECTS	6,191	0	6,191	0	6,191
015040 HEALTHY BEACHES MONITORING	14,388	0	14,388	0	14,388
015040 FAMILY PLANNING GENERAL REVENUE	61,769	0	61,769	0	61,769
015040 PRIMARY CARE PROGRAM	245,068	0	245,068	0	245,068
015040 SCHOOL HEALTH SERVICES - GENERAL REVENUE	177,240	0	177,240	0	177,240
015050 CHD GENERAL REVENUE NON-CATEGORICAL	1,525,874	0	1,525,874	0	1,525,874
<b>GENERAL REVENUE TOTAL</b>	<b>3,222,211</b>	<b>0</b>	<b>3,222,211</b>	<b>0</b>	<b>3,222,211</b>

**2. NON GENERAL REVENUE - STATE**

015010 TOBACCO STATE AND COMMUNITY INTERVENTIONS	150,688	0	150,688	0	150,688
<b>NON GENERAL REVENUE TOTAL</b>	<b>150,688</b>	<b>0</b>	<b>150,688</b>	<b>0</b>	<b>150,688</b>

**3. FEDERAL FUNDS - STATE**

007000 WIC BREASTFEEDING PEER COUNSELING PROG	50,000	0	50,000	0	50,000
007000 COASTAL BEACH WATER QUALITY MONITORING	7,921	0	7,921	0	7,921
007000 COMPREHENSIVE COMMUNITY CARDIO - PHBG	35,000	0	35,000	0	35,000
007000 FAMILY PLANNING TITLE X - GRANT	213,937	0	213,937	0	213,937
007000 IMMUNIZATION ACTION PLAN	43,423	0	43,423	0	43,423
007000 MCH SPECIAL PRJCT UNPLANNED PREGNANCY	40,187	0	40,187	0	40,187
007000 MCH BLOCK GRANT FLORIDA'S HEALTHY BABIES	16,342	0	16,342	0	16,342
007000 BASE COMMUNITY PREPAREDNESS CAPABILITY	90,216	0	90,216	0	90,216
007000 BASE PUB HLTH SURVEILLANCE & EPI INVESTIGATION	58,590	0	58,590	0	58,590
007000 BASE REGIONAL PREPAREDNESS CAPABILITY	186,785	0	186,785	0	186,785
007000 WIC PROGRAM ADMINISTRATION	941,681	0	941,681	0	941,681
018005 AIDS DRUG ASSISTANCE PROGRAM ADMIN HQ	31,074	0	31,074	0	31,074
<b>FEDERAL FUNDS TOTAL</b>	<b>1,715,156</b>	<b>0</b>	<b>1,715,156</b>	<b>0</b>	<b>1,715,156</b>

**4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE**

001020 CHD STATEWIDE ENVIRONMENTAL FEES	121,861	0	121,861	0	121,861
001092 CHD STATEWIDE ENVIRONMENTAL FEES	196,199	0	196,199	0	196,199
001206 ON SITE SEWAGE DISPOSAL PERMIT FEES	16,971	0	16,971	0	16,971
001206 SANITATION CERTIFICATES (FOOD INSPECTION)	2,896	0	2,896	0	2,896
001206 SEPTIC TANK RESEARCH SURCHARGE	2,885	0	2,885	0	2,885
001206 SEPTIC TANK VARIANCE FEES 50%	150	0	150	0	150
001206 PUBLIC SWIMMING POOL PERMIT FEES-10% HQ TRANSFER	8,963	0	8,963	0	8,963
001206 DRINKING WATER PROGRAM OPERATIONS	81	0	81	0	81
001206 TANNING FACILITIES	301	0	301	0	301
001206 ONSITE SEWAGE TRAINING CENTER	1,105	0	1,105	0	1,105
001206 MOBILE HOME & RV PARK FEES	1,225	0	1,225	0	1,225
<b>FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL</b>	<b>352,637</b>	<b>0</b>	<b>352,637</b>	<b>0</b>	<b>352,637</b>

5. OTHER CASH CONTRIBUTIONS - STATE:

	0	0	0	0	0
090001 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	0	0	0	0
<b>OTHER CASH CONTRIBUTION TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

6. MEDICAID - STATE/COUNTY:

001057 CHD CLINIC FEES	0	222,573	222,573	0	222,573
001148 CHD CLINIC FEES	0	1,081,093	1,081,093	0	1,081,093
<b>MEDICAID TOTAL</b>	<b>0</b>	<b>1,303,666</b>	<b>1,303,666</b>	<b>0</b>	<b>1,303,666</b>

7. ALLOCABLE REVENUE - STATE:

	0	0	0	0	0
<b>ALLOCABLE REVENUE TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE

ADAP	0	0	0	239,434	239,434
PHARMACY DRUG PROGRAM	0	0	0	18,320	18,320
WIC PROGRAM	0	0	0	3,340,174	3,340,174
BUREAU OF PUBLIC HEALTH LABORATORIES	0	0	0	22,287	22,287
IMMUNIZATIONS	0	0	0	567,049	567,049
<b>OTHER STATE CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4,187,264</b>	<b>4,187,264</b>

9. DIRECT LOCAL CONTRIBUTIONS - BCC/TAX DISTRICT

008005 CHD LOCAL REVENUE & EXPENDITURES	0	601,661	601,661	0	601,661
<b>DIRECT COUNTY CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>601,661</b>	<b>601,661</b>	<b>0</b>	<b>601,661</b>

10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY

001073 340B PRESCRIPTION DRUG SERVICE AGREEMENT	0	1,360,474	1,360,474	0	1,360,474
001073 CHD CLINIC FEES	0	47,934	47,934	0	47,934
001077 CHD CLINIC FEES	0	45,769	45,769	0	45,769
001094 CHD LOCAL ENVIRONMENTAL FEES	0	272,023	272,023	0	272,023
001110 VITAL STATISTICS CERTIFIED RECORDS	0	274,505	274,505	0	274,505
<b>FEES AUTHORIZED BY COUNTY TOTAL</b>	<b>0</b>	<b>2,000,705</b>	<b>2,000,705</b>	<b>0</b>	<b>2,000,705</b>

11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY

001029 340B PRESCRIPTION DRUG SERVICE AGREEMENT	0	560,250	560,250	0	560,250
001029 CHD CLINIC FEES	0	62,533	62,533	0	62,533
001090 CHD CLINIC FEES	0	845	845	0	845
007010 RYAN WHITE TITLE III - DIRECT TO CHD	0	236,281	236,281	0	236,281
007010 RYAN WHITE TITLE III - DIRECT TO CHD	0	76,403	76,403	0	76,403
007010 RYAN WHITE PART C - COVID-19 RESPONSE	0	26,678	26,678	0	26,678
010300 STATE UNDERGROUND PETROLEUM RESPONSE ACT	0	2,500	2,500	0	2,500
011001 HEALTHY START DATA MANAGEMENT	0	2,993	2,993	0	2,993
090002 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	48,368	48,368	0	48,368
<b>OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>920,115</b>	<b>920,115</b>	<b>0</b>	<b>920,115</b>

12. ALLOCABLE REVENUE - COUNTY

	0	0	0	0	0
<b>COUNTY ALLOCABLE REVENUE TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

13. BUILDINGS - COUNTY

ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	790,101	790,101
JANITORIAL	0	0	0	76,000	76,000
UTILITIES	0	0	0	0	0
BUILDING MAINTENANCE	0	0	0	0	0
GROUPS MAINTENANCE	0	0	0	0	0
INSURANCE	0	0	0	0	0
OTHER (Specify)	0	0	0	0	0
OTHER (Specify)	0	0	0	0	0
<b>BUILDINGS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>866,101</b>	<b>866,101</b>

14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY

EQUIPMENT / VEHICLE PURCHASES	0	0	0	0	0
VEHICLE INSURANCE	0	0	0	0	0
VEHICLE MAINTENANCE	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
<b>OTHER COUNTY CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>GRAND TOTAL CHD PROGRAM</b>	<b>5,440,692</b>	<b>4,826,147</b>	<b>10,266,839</b>	<b>5,053,365</b>	<b>15,320,204</b>
--------------------------------	------------------	------------------	-------------------	------------------	-------------------

**A. COMMUNICABLE DISEASE CONTROL:**

IMMUNIZATION (101)	4.08	4,340	5,656	72,123	61,835	72,123	61,834	241,620	26,295	267,915
SEXUALLY TRANS. DIS. (102)	5.41	1,628	2,967	144,947	124,271	144,947	124,272	8,588	529,849	538,437
HIV/AIDS PREVENTION (03A1)	0.48	0	729	9,158	7,877	9,188	7,877	34,130	0	34,130
HIV/AIDS SURVEILLANCE (03A2)	0.00	0	0	0	0	0	0	0	0	0
HIV/AIDS PATIENT CARE (03A3)	12.46	361	1,096	542,159	464,823	542,159	464,823	266,194	1,747,770	2,013,964
ADAP (03A4)	0.88	160	468	13,396	11,485	13,396	11,494	49,761	0	49,761
TUBERCULOSIS (104)	1.10	28	411	25,664	22,004	25,664	22,004	83,963	11,373	95,336
COMM. DIS. SURV. (106)	4.84	0	1,875	374,843	321,374	374,843	321,373	1,078,705	313,728	1,392,433
HEPATITIS (109)	0.02	0	0	654	561	654	562	0	2,431	2,431
PREPAREDNESS AND RESPONSE (116)	8.56	0	168	179,208	153,644	179,208	153,644	665,704	0	665,704
REFUGEE HEALTH (118)	0.00	0	0	0	0	0	0	0	0	0
VITAL RECORDS (180)	1.68	8,548	21,322	29,066	24,920	29,066	24,921	0	107,973	107,973
<b>COMMUNICABLE DISEASE SUBTOTAL</b>	<b>39.49</b>	<b>15,065</b>	<b>34,992</b>	<b>1,391,248</b>	<b>1,192,794</b>	<b>1,391,248</b>	<b>1,192,714</b>	<b>2,424,665</b>	<b>2,739,419</b>	<b>5,168,084</b>

**B. PRIMARY CARE:**

CHRONIC DISEASE PREVENTION PRO (210)	1.15	2,461	160	23,373	20,039	23,373	20,038	86,823	0	86,823
WIC (21W1)	17.90	7,452	46,191	312,747	268,135	312,747	268,134	1,161,763	0	1,161,763
TOBACCO USE INTERVENTION (212)	2.96	0	487	58,662	50,294	58,662	50,294	217,912	0	217,912
WIC BREASTFEEDING PEER COUNSELING (21W2)	1.71	0	3,168	19,009	16,297	19,009	16,297	70,612	0	70,612
FAMILY PLANNING (223)	14.47	4,329	8,361	275,150	236,901	275,150	236,901	506,229	515,873	1,022,102
IMPROVED PREGNANCY OUTCOME (225)	0.00	0	0	0	0	0	0	0	0	0
HEALTHY START PRENATAL (227)	6.12	2,495	10,365	1,862	1,596	1,862	1,595	0	6,915	6,915
COMPREHENSIVE CHILD HEALTH (229)	0.00	0	0	0	0	0	0	0	0	0
HEALTHY START CHILD (231)	0.00	0	0	0	0	0	0	0	0	0
SCHOOL HEALTH (234)	3.35	0	267,387	68,470	58,703	68,470	58,703	254,346	0	254,346
COMPREHENSIVE ADULT HEALTH (237)	0.27	267	314	4,485	3,845	4,485	3,846	10,540	6,121	16,661
COMMUNITY HEALTH DEVELOPMENT (238)	3.77	0	533	83,330	71,443	83,330	71,442	135,458	174,087	309,545
DENTAL HEALTH (240)	12.54	4,097	7,333	286,785	245,877	286,785	245,678	174,831	890,474	1,065,325
<b>PRIMARY CARE SUBTOTAL</b>	<b>58.24</b>	<b>21,101</b>	<b>344,279</b>	<b>1,133,873</b>	<b>972,130</b>	<b>1,133,873</b>	<b>972,128</b>	<b>2,618,534</b>	<b>1,593,470</b>	<b>4,212,004</b>

**C. ENVIRONMENTAL HEALTH:**

**Water and Onsite Sewage Programs**

COSTAL BEACH MONITORING (347)	0.28	348	362	8,739	7,493	8,739	7,493	22,309	10,155	32,464
LIMITED USE PUBLIC WATER SYSTEMS (357)	0.28	13	51	5,607	4,807	5,607	4,806	949	19,878	20,827
PUBLIC WATER SYSTEM (358)	0.00	0	0	0	0	0	0	0	0	0
PRIVATE WATER SYSTEM (359)	0.03	0	14	720	617	720	617	0	2,674	2,674
ONSITE SEWAGE TREATMENT & DISPOSAL (361)	4.99	1,200	2,287	100,120	85,838	100,120	85,837	233,700	158,215	371,915
<b>Group Total</b>	<b>5.58</b>	<b>1,561</b>	<b>2,714</b>	<b>115,186</b>	<b>98,755</b>	<b>115,186</b>	<b>98,753</b>	<b>236,958</b>	<b>170,922</b>	<b>427,880</b>

**Facility Programs**

TATTOO FACILITY SERVICES (344)	0.00	0	0	0	0	0	0	0	0	0
FOOD HYGIENE (348)	1.07	201	744	20,355	17,451	20,355	17,451	28,399	47,213	75,612

BODY PIERCING FACILITIES SERVICES (349)	0.00	0	0	0	0	0	0	0	0	0
GROUP CARE FACILITY (351)	0.61	86	163	13,020	11,163	13,020	11,164	0	48,367	48,367
MIGRANT LABOR CAMP (352)	0.00	0	0	0	0	0	0	0	0	0
HOUSING & PUB. BLDG. (353)	0.00	0	0	0	0	0	0	0	0	0
MOBILE HOME AND PARK (354)	0.99	107	330	18,214	15,616	18,214	15,617	11,027	56,634	67,661
POOLS/BATHING PLACES (360)	1.42	467	1,763	27,084	23,221	27,084	23,222	41,227	59,384	100,611
BIOMEDICAL WASTE SERVICES (364)	0.00	0	0	0	0	0	0	0	0	0
TANNING FACILITY SERVICES (369)	0.07	17	62	1,394	1,196	1,394	1,196	2,758	2,422	5,180
<b>Group Total</b>	<b>4.16</b>	<b>878</b>	<b>3,062</b>	<b>80,067</b>	<b>68,647</b>	<b>80,067</b>	<b>68,650</b>	<b>63,411</b>	<b>214,020</b>	<b>287,431</b>
<b>Groundwater Contamination</b>										
STORAGE TANK COMPLIANCE SERVICES (355)	0.00	0	0	0	0	0	0	0	0	0
SUPER ACT SERVICES (356)	0.09	0	5	1,910	1,638	1,910	1,637	0	7,095	7,095
<b>Group Total</b>	<b>0.09</b>	<b>0</b>	<b>5</b>	<b>1,910</b>	<b>1,638</b>	<b>1,910</b>	<b>1,637</b>	<b>0</b>	<b>7,095</b>	<b>7,095</b>
<b>Community Hygiene</b>										
COMMUNITY ENVIR. HEALTH (345)	0.00	0	0	0	0	0	0	0	0	0
INJURY PREVENTION (346)	0.00	0	0	589	505	589	504	0	2,187	2,187
LEAD MONITORING SERVICES (350)	0.00	0	0	0	0	0	0	0	0	0
PUBLIC SEWAGE (362)	0.00	0	0	0	0	0	0	0	0	0
SOLID WASTE DISPOSAL SERVICE (363)	0.00	0	0	0	0	0	0	0	0	0
SANITARY NUISANCE (365)	0.42	283	369	7,952	6,818	7,952	6,819	0	29,541	29,541
RABIES SURVEILLANCE (366)	1.25	75	263	18,708	16,039	18,708	16,038	0	69,495	69,493
ARBOVIRUS SURVEIL. (367)	0.00	0	0	0	0	0	0	0	0	0
RODENT/ARTHROPOD CONTROL (368)	0.00	0	0	0	0	0	0	0	0	0
WATER POLLUTION (370)	0.00	0	0	0	0	0	0	0	0	0
INDOOR AIR (371)	0.00	0	0	0	0	0	0	0	0	0
RADIOLOGICAL HEALTH (372)	0.00	0	0	0	0	0	0	0	0	0
TOXIC SUBSTANCES (373)	0.00	0	0	0	0	0	0	0	0	0
<b>Group Total</b>	<b>1.67</b>	<b>358</b>	<b>632</b>	<b>27,249</b>	<b>23,362</b>	<b>27,249</b>	<b>23,361</b>	<b>0</b>	<b>101,221</b>	<b>101,221</b>
<b>ENVIRONMENTAL HEALTH SUBTOTAL</b>	<b>11.50</b>	<b>2,797</b>	<b>6,413</b>	<b>224,412</b>	<b>192,402</b>	<b>224,412</b>	<b>192,401</b>	<b>340,369</b>	<b>483,256</b>	<b>633,627</b>
<b>D. NON-OPERATIONAL COSTS:</b>										
NON-OPERATIONAL COSTS (599)	0.00	0	0	4,469	3,831	4,469	3,831	16,600	0	16,600
ENVIRONMENTAL HEALTH SURCHARGE (399)	0.00	0	0	9,308	7,980	9,308	7,981	34,577	0	34,577
MEDICAID BUYBACK (611)	0.00	0	0	524	449	524	450	1,947	0	1,947
<b>NON-OPERATIONAL COSTS SUBTOTAL</b>	<b>0.00</b>	<b>0</b>	<b>0</b>	<b>14,301</b>	<b>12,260</b>	<b>14,301</b>	<b>12,262</b>	<b>53,124</b>	<b>0</b>	<b>53,124</b>
<b>TOTAL CONTRACT</b>	<b>109.23</b>	<b>38,963</b>	<b>385,684</b>	<b>2,763,834</b>	<b>2,369,586</b>	<b>2,763,834</b>	<b>2,369,583</b>	<b>5,440,892</b>	<b>4,826,147</b>	<b>10,266,839</b>

**ATTACHMENT III**  
**OKALOOSA COUNTY HEALTH DEPARTMENT**  
**CIVIL RIGHTS CERTIFICATE**

The applicant provides this assurance in consideration of and for the purpose of obtaining federal grants, loans, contracts (except contracts of insurance or guaranty), property, discounts, or other federal financial assistance to programs or activities receiving or benefiting from federal financial assistance. The provider agrees to complete the Civil Rights Compliance Questionnaire, DH Forms 946 A and B (or the subsequent replacement if adopted during the contract period), if so requested by the department.

The applicant assures that it will comply with:

1. Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C., 2000 Et seq., which prohibits discrimination on the basis of race, color or national origin in programs and activities receiving or benefiting from federal financial assistance.
2. Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. 794, which prohibits discrimination on the basis of handicap in programs and activities receiving or benefiting from federal financial assistance.
3. Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. 1681 et seq., which prohibits discrimination on the basis of sex in education programs and activities receiving or benefiting from federal financial assistance.
4. The Age Discrimination Act of 1975, as amended, 42 U.S.C. 6101 et seq., which prohibits discrimination on the basis of age in programs or activities receiving or benefiting from federal financial assistance.
5. The Omnibus Budget Reconciliation Act of 1981, P.L. 97-35, which prohibits discrimination on the basis of sex and religion in programs and activities receiving or benefiting from federal financial assistance.
6. All regulations, guidelines and standards lawfully adopted under the above statutes. The applicant agrees that compliance with this assurance constitutes a condition of continued receipt of or benefit from federal financial assistance, and that it is binding upon the applicant, its successors, transferees, and assignees for the period during which such assistance is provided. The applicant further assures that all contracts, subcontractors, subgrantees or others with whom it arranges to provide services or benefits to participants or employees in connection with any of its programs and activities are not discriminating against those participants or employees in violation of the above statutes, regulations, guidelines, and standards. In the event of failure to comply, the applicant understands that the grantor may, at its discretion, seek a court order requiring compliance with the terms of this assurance or seek other appropriate judicial or administrative relief, to include assistance being terminated and further assistance being denied.

**Attachment IV**

**Fiscal Year - 2020 - 2021**

**Okaloosa County Health Department**

**Facilities Utilized by the County Health Department**

<b>Complete Location</b> (Street Address, City, Zip)	<b>Facility Description</b> <b>And Official Building</b> <b>Name (if applicable)</b> (Admin, Clinic, Envrn Hlth, etc.)	<b>Lease/ Agreement Number</b>	<b>Type of Agreement</b> (Private Lease thru State or County, other - please define)	<b>Complete Legal Name of Owner</b>	<b>SQ Feet</b>	<b>Employee Count</b> (FTE/OPS/ Contract)
221 Hospital Drive Northeast Fort Walton Beach, Florida 32548	Med Svcs, Env Hlth, Epi, CHI, PHP, WIC 525A	N/A	County In-kind	Okaloosa County	34599	89
810 East James Lee Blvd Crestview, Florida 32639	Med Svcs, Dental, Env Hlth, WIC 013A	N/A	County In-kind	Okaloosa County	10052	22
90 College Boulevard East Niceville, FL 32578	Okaloosa County Emergency Operations Center-COVID-19 Call Center.	N/A	County In-kind	Okaloosa County	4300	22
1804 Lewis Turner BLVD Walton Beach, FL 32547	Okaloosa County Water & Sewer 4th Floor-COVID-19 Reponse	N/A	County-Lease	Okaloosa County	6390	50

*Facility - a fixed site managed by DOH/CHD personnel for the purpose of providing or supporting public health services. Includes county-owned, state-owned, and leased facilities. Includes DOH/CHD warehouse and administrative sites. Includes facilities managed by DOH/CHD that may be shared with other organizations. Does not include schools, jails or other facilities where DOH/CHD staff are out-posted or sites where services are provided on an episodic basis.*



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

CASH RESERVED OR ANTICIPATED TO BE RESERVED FOR PROJECTS

<u>CONTRACT YEAR</u>	<u>STATE</u>	<u>COUNTY</u>	<u>TOTAL</u>
2019-2020*	\$ _____ 0	\$ _____ 150000	\$ _____ 150000
2020-2021**	\$ _____ 0	\$ _____ 0	\$ _____ 0
2021-2022***	\$ _____ 0	\$ _____ 0	\$ _____ 0
2022-2023***	\$ _____ 0	\$ _____ 0	\$ _____ 0
<b>PROJECT TOTAL</b>	<b>\$ _____ 0</b>	<b>\$ _____ 150000</b>	<b>\$ _____ 150000</b>

**SPECIAL PROJECTS CONSTRUCTION/RENOVATION PLAN**

PROJECT NUMBER: 61946100

PROJECT NAME: FDOH-Okaloosa Fort Walton Beach Renovations

LOCATION/ADDRESS: FDOH-Okaloosa, 121 Hospital Dr NE, Fort Walton Beach, FL 32548

PROJECT TYPE:

NEW BUILDING	_____ ROOFING	_____
RENOVATION	_____ X PLANNING STUDY	_____
NEW ADDITION	_____ OTHER	_____

SQUARE FOOTAGE: \_\_\_\_\_ 0

PROJECT SUMMARY: *Describe scope of work in reasonable detail.*  
**Tower Bathrooms** - Replace stall dividers/doors, plumbing fixtures, tile floor, paint and other minor updates as needed in 6 stacked bathrooms in the three-story portion of the building.  
**1st Floor Tile Re-grout** - Deep clean tile floor, remove existing grout, install and seal new grout.

START DATE (*Initial expenditure of funds*) : March 2021

COMPLETION DATE: September 2021

DESIGN FEES: \$ \_\_\_\_\_ 0

CONSTRUCTION COSTS: \$ \_\_\_\_\_ 150000

FURNITURE/EQUIPMENT: \$ \_\_\_\_\_ 0

TOTAL PROJECT COST: \$ \_\_\_\_\_ 150000

COST PER SQ FOOT: \$ \_\_\_\_\_ 13

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

\* Cash balance as of 9/30/20  
 \*\* Cash to be transferred to FCO account.  
 \*\*\* Cash anticipated for future contract years.

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the Healthiest State in the Nation

**BOARD OF COUNTY COMMISSIONERS**

**AGENDA REQUEST**

**DATE:** August 20, 2020

**TO:** Honorable Chairman and Members of the Board

**FROM:** Karen A. Chapman, M.D., M.P.H.

**SUBJECT:** Approval of the Annual Contract between BCC and FDOH for the Operations of the OCHD for Contract Year 2020-2021

**DISTRICT:** All

**REQUESTING DEPARTMENT:** Health Department

**STATEMENT OF ISSUE:** Approval of Annual Contract between Okaloosa County Board of County Commissioners and the Florida Department of Health for the Operation of the Okaloosa County Health Department for Contract Year 2020-2021.

**BACKGROUND:** Annually, pursuant to Chapter 154, F.S., a contract is prepared to outline the services to be offered by the County Health Department along with funding for the operation.

**RECOMMENDATIONS:** Board approval and Chairman signs three sets of the contract for the operation of the Okaloosa County Health Department for the contract year 2020-2021. The three signed sets should be returned to the Okaloosa County Health Department to the attention of Susan Wagner, 344-0515. Okaloosa County Health Department will obtain signatures from the State Surgeon General of the Florida Department of Health and return a signed original to the Board of County Commissioners.

**ENCLOSURE:** Contract for Fiscal Year 2020-2021

**RECOMMENDED BY:**

DEPARTMENT HEAD

**DATE:**

8/25/2020

**APPROVED BY:**

COUNTY ADMINISTRATOR

**DATE:**

7/31/20



## CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 11/13/2019

Contract/Lease Control #: C97-0025-HD

Procurement#: NA

Contract/Lease Type: CONTRACT

Award To/Lessee: FLORIDA DEPARTMENT OF HEALTH

Owner/Lessor: OKALOOSA COUNTY

Effective Date: 10/01/2018

Expiration Date: 09/30/2020

Description of Contract/Lease: OPERATION OF THE HEALTH DEPARTMENT

Department: HD

Department Monitor: CHAPMAN

Monitor's Telephone #: 850-833-9240

Monitor's FAX # or E-mail: KCHAPMAN@MYOKALOOSA.COM

Closed:

Cc: BCC RECORDS

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the Healthiest State in the Nation

C97-0025-HD

August 19, 2020

CONTRACT#: C97-0025-HD  
FLORIDA DEPARTMENT OF HEALTH  
OPERATION OF HEALTH DEPARTMENT  
EXPIRES: 09/30/2020

The Honorable Trey Goodwin  
Okaloosa Board of County Commissioners  
302 N Wilson Street, Suite 203  
Crestview, FL 32536

RE: FY 2019-20 Contract between the Okaloosa Board of County Commissioners and the Department of Health for operation of the Okaloosa County Health Department

Dear Chairman Goodwin:

The above-referenced Core Contract and Section 154.02, Florida Statutes, require that the Department of Health submit quarterly reports to the County with the following information.

As specified in Section 4., Paragraph d., enclosed are updated Attachment II Part II and Part III Revenue and Expenditure Attachments. These attachments reflect any revenue or expenditure adjustments since the previous quarter.

As specified in Section 6., Paragraphs o.i and ii, also enclosed are the DE385L1 Contract Management Variance Report and the DE580L1 Analysis of Fund Equities Report. A written explanation is provided for any service level expenditure variance that deviates more than 25 percent from the planned service expenditure amount and exceeds three percent of the total planned expenditures for the corresponding level of service at the end of the contract year.

If you have any questions, please feel free to contact Susan Wagner at (850)344-0515.

Sincerely,

A handwritten signature in black ink that reads "Karen A. Chapman for KAC".

Karen A. Chapman, MD, MPH  
Director  
Okaloosa County Health Department

Enclosures

Cc: Demonica Connell, Office of Budget and Revenue Management

APPENDIX B

GENERAL REVENUE - STATE

NON GENERAL REVENUE - STATE

FEDERAL FUNDS - STATE

(0100) (0100) (0100) (0100) (0100)  
 (0100) (0100) (0100) (0100) (0100)  
 (0100) (0100) (0100) (0100) (0100)

1. GENERAL REVENUE - STATE

015040 AIDS PATIENT CARE	100,000	0	100,000	0	100,000
015040 AIDS PREVENTION & SURVEILLANCE - GENERAL REVENUE	20,920	0	20,920	0	20,920
015040 CHD - TB COMMUNITY PROGRAM	59,363	0	59,363	0	59,363
015040 DENTAL SPECIAL INITIATIVE PROJECTS	5,977	0	5,977	0	5,977
015040 HEALTHY BEACHES MONITORING	14,388	0	14,388	0	14,388
015040 FAMILY PLANNING GENERAL REVENUE	54,671	0	54,671	0	54,671
015040 PRIMARY CARE PROGRAM	246,068	0	246,068	0	246,068
015040 SCHOOL HEALTH SERVICES - GENERAL REVENUE	177,240	0	177,240	0	177,240
015050 CHD GENERAL REVENUE NON-CATEGORICAL	1,525,874	0	1,525,874	0	1,525,874
<b>GENERAL REVENUE TOTAL</b>	<b>2,203,501</b>	<b>0</b>	<b>2,203,501</b>	<b>0</b>	<b>2,203,501</b>

2. NON GENERAL REVENUE - STATE

015010 STATE UNDERGROUND PETROLEUM RESPONSE ACT	300	0	300	0	300
015010 TOBACCO STATE AND COMMUNITY INTERVENTIONS	150,888	0	150,888	0	150,888
<b>NON GENERAL REVENUE TOTAL</b>	<b>150,988</b>	<b>0</b>	<b>150,988</b>	<b>0</b>	<b>150,988</b>

3. FEDERAL FUNDS - STATE

007000 WIC BREASTFEEDING PEER COUNSELING PROG	25,553	0	25,553	0	25,553
007000 COASTAL BEACH WATER QUALITY MONITORING	7,817	0	7,817	0	7,817
007000 COMPREHENSIVE COMMUNITY CARDIO - PHBG	35,000	0	35,000	0	35,000
007000 FAMILY PLANNING TITLE X - GRANT	197,591	0	197,591	0	197,591
007000 HURRICANE CRISIS COAG FOOD AND WATER	1,501	0	1,501	0	1,501
007000 IMMUNIZATION ACTION PLAN	43,423	0	43,423	0	43,423
007000 MCH SPECIAL PRJCT UNPLANNED PREGNANCY	56,969	0	56,969	0	56,969
007000 MCH BLOCK GRANT FLORIDA'S HEALTHY BABIES	16,342	0	16,342	0	16,342
007000 BASE COMMUNITY PREPAREDNESS CAPABILITY	123,835	0	123,835	0	123,835
007000 BASE EMERGENCY OPERATIONS COORDINATOR (ESF8)	47,889	0	47,889	0	47,889
007000 BASE REGIONAL PREPAREDNESS CAPABILITY	122,533	0	122,533	0	122,533
007000 WIC PROGRAM ADMINISTRATION	852,037	0	852,037	0	852,037
018005 AIDS DRUG ASSISTANCE PROGRAM ADMIN HQ	31,074	0	31,074	0	31,074
<b>FEDERAL FUNDS TOTAL</b>	<b>1,561,564</b>	<b>0</b>	<b>1,561,564</b>	<b>0</b>	<b>1,561,564</b>

4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE

001020 CHD STATEWIDE ENVIRONMENTAL FEES	124,498	0	124,498	0	124,498
001092 CHD STATEWIDE ENVIRONMENTAL FEES	182,819	0	182,819	0	182,819
001206 ON SITE SEWAGE DISPOSAL PERMIT FEES	15,746	0	15,746	0	15,746
001206 SANITATION CERTIFICATES (FOOD INSPECTION)	3,094	0	3,094	0	3,094
001206 SEPTIC TANK RESEARCH SURCHARGE	2,349	0	2,349	0	2,349
001206 SEPTIC TANK VARIANCE FEES 50%	250	0	250	0	250
001206 PUBLIC SWIMMING POOL PERMIT FEES-10% HQ TRANSFER	8,928	0	8,928	0	8,928
001206 DRINKING WATER PROGRAM OPERATIONS	63	0	63	0	63
001206 TANNING FACILITIES	301	0	301	0	301
001206 ONSITE SEWAGE TRAINING CENTER	1,154	0	1,154	0	1,154
001206 MOBILE HOME & RV PARK FEES	1,335	0	1,335	0	1,335

2019-2020 BUDGET

HEALTHY START PROGRAM

HEALTHY START PROGRAM - COUNTY CONTRIBUTIONS

HEALTHY START PROGRAM - COUNTY CONTRIBUTIONS

	2019-2020 Budget	2019-2020 Actual	2019-2020 Budget	2019-2020 Actual	2019-2020 Budget
011001 HEALTHY START DATA MANAGEMENT	0	1,721	1,721	0	1,721
090002 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	260,855	260,855	0	260,855
<b>OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>1,231,609</b>	<b>1,231,609</b>	<b>0</b>	<b>1,231,609</b>
<b>12. ALLOCABLE REVENUE - COUNTY</b>					
018000 CHD CLINIC FEES	0	2,164	2,164	0	2,164
031005 CHD CLINIC FEES	0	95	95	0	95
<b>COUNTY ALLOCABLE REVENUE TOTAL</b>	<b>0</b>	<b>2,259</b>	<b>2,259</b>	<b>0</b>	<b>2,259</b>
<b>13. BUILDINGS - COUNTY</b>					
ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	440,412	440,412
JANITORIAL	0	0	0	76,000	76,000
UTILITIES	0	0	0	0	0
BUILDING MAINTENANCE	0	0	0	0	0
GROUNDS MAINTENANCE	0	0	0	0	0
INSURANCE	0	0	0	0	0
OTHER (Specify)	0	0	0	0	0
OTHER (Specify)	0	0	0	0	0
<b>BUILDINGS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>516,412</b>	<b>516,412</b>
<b>14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY</b>					
EQUIPMENT / VEHICLE PURCHASES	0	0	0	0	0
VEHICLE INSURANCE	0	0	0	0	0
VEHICLE MAINTENANCE	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
<b>OTHER COUNTY CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>GRAND TOTAL CHD PROGRAM</b>	<b>4,306,683</b>	<b>4,914,023</b>	<b>9,220,706</b>	<b>5,333,511</b>	<b>14,554,217</b>

APPENDIX C

COMMUNICABLE DISEASE CONTROL

2019-2020 Budget Request for the Department of Health Services, San Bernardino County, California  
 Fiscal Year 2019-2020 Budget Request

Department of Health Services

Table 1 - Budget Request

2019-2020 Budget Request

San Bernardino County

Page 11

**A. COMMUNICABLE DISEASE CONTROL:**

IMMUNIZATION (101)	3.86	4,139	5,508	56,654	66,079	66,079	56,654	221,046	24,420	245,466
SEXUALLY TRANS. DIS. (102)	5.45	1,612	2,443	156,056	182,021	182,021	156,056	112,214	583,940	676,154
HIV/AIDS PREVENTION (03A1)	1.62	0	1,814	29,157	34,008	34,008	29,158	126,331	0	126,331
HIV/AIDS SURVEILLANCE (03A2)	0.00	0	0	0	0	0	0	0	0	0
HIV/AIDS PATIENT CARE (03A3)	13.72	387	1,401	475,722	554,871	554,871	475,722	100,000	1,961,186	2,061,186
ADAP (03A4)	0.67	108	467	10,489	12,235	12,235	10,489	45,448	0	45,448
TUBERCULOSIS (104)	0.95	22	180	17,643	20,578	20,578	17,642	76,441	0	76,441
COMM. DIS. SURV. (106)	5.91	0	2,347	94,369	110,069	110,069	94,369	93,602	315,274	408,876
HEPATITIS (109)	0.01	0	0	116	195	195	116	502	0	502
PREPAREDNESS AND RESPONSE (116)	5.29	0	111	128,966	150,423	150,423	128,966	558,777	0	558,777
REFUGEE HEALTH (118)	0.00	0	0	0	0	0	0	0	0	0
VITAL RECORDS (180)	1.69	9,386	21,399	24,730	28,845	28,845	24,730	0	107,150	107,150
<b>COMMUNICABLE DISEASE SUBTOTAL</b>	<b>39.17</b>	<b>15,654</b>	<b>35,620</b>	<b>993,902</b>	<b>1,159,264</b>	<b>1,159,264</b>	<b>993,901</b>	<b>1,334,361</b>	<b>2,971,970</b>	<b>4,306,331</b>

**B. PRIMARY CARE:**

CHRONIC DISEASE PREVENTION PRO (210)	1.15	955	159	20,158	23,512	23,512	20,159	87,341	0	87,341
WIC (21W1)	18.43	7,814	51,112	264,179	308,133	308,133	264,180	1,144,625	0	1,144,625
TOBACCO USE INTERVENTION (212)	2.75	0	606	45,441	53,002	53,002	45,441	196,886	0	196,886
WIC BREASTFEEDING PEER COUNSELING (21W2)	1.71	0	1,883	11,628	13,563	13,563	11,628	50,382	0	50,382
FAMILY PLANNING (223)	11.20	3,454	6,887	184,053	214,875	214,875	184,054	397,056	400,401	797,457
IMPROVED PREGNANCY OUTCOME (225)	0.00	0	0	0	0	0	0	0	0	0
HEALTHY START PRENATAL (227)	0.11	1,713	6,190	1,433	1,671	1,671	1,433	0	6,208	6,208
COMPREHENSIVE CHILD HEALTH (229)	0.00	0	0	0	0	0	0	0	0	0
HEALTHY START CHILD (231)	0.00	0	0	0	0	0	0	0	0	0
SCHOOL HEALTH (234)	3.31	0	276,236	57,210	66,728	66,728	57,209	247,875	0	247,875
COMPREHENSIVE ADULT HEALTH (237)	0.14	69	84	1,870	2,182	2,182	1,870	2,992	5,112	8,104
COMMUNITY HEALTH DEVELOPMENT (238)	4.70	0	819	95,711	111,635	111,635	95,712	283,734	130,959	414,693
DENTAL HEALTH (240)	12.87	4,157	7,862	244,849	285,587	285,587	244,849	89,681	1,021,191	1,060,872
<b>PRIMARY CARE SUBTOTAL</b>	<b>56.37</b>	<b>18,162</b>	<b>351,838</b>	<b>928,532</b>	<b>1,080,688</b>	<b>1,080,688</b>	<b>926,535</b>	<b>2,450,572</b>	<b>1,563,871</b>	<b>4,014,448</b>

**C. ENVIRONMENTAL HEALTH:**

**Water and Onsite Sewage Programs**

COSTAL BEACH MONITORING (347)	0.18	228	245	7,262	8,470	8,470	7,262	31,464	0	31,464
LIMITED USE PUBLIC WATER SYSTEMS (357)	0.23	12	47	4,087	4,768	4,768	4,087	17,018	692	17,710
PUBLIC WATER SYSTEM (358)	0.00	0	0	0	0	0	0	0	0	0
PRIVATE WATER SYSTEM (359)	0.08	0	34	1,506	1,757	1,757	1,507	4,879	1,648	6,527
ONSITE SEWAGE TREATMENT & DISPOSAL (361)	4.50	929	1,832	80,243	93,594	93,594	80,244	238,686	108,990	347,676
<b>Group Total</b>	<b>4.99</b>	<b>1,169</b>	<b>2,158</b>	<b>93,098</b>	<b>108,589</b>	<b>108,589</b>	<b>93,100</b>	<b>292,046</b>	<b>111,330</b>	<b>403,376</b>

**Facility Programs**

TATTOO FACILITY SERVICES (344)	0.00	0	0	0	0	0	0	0	0	0
FOOD HYGIENE (348)	1.56	196	748	26,533	30,948	30,948	26,534	61,564	53,399	114,963

**Outcomes  
Contract Management - Yearbook Report  
For Period of 01/01/2019 to 06/30/2020**

**Communicable Disease Section**

01:Immunization	3.72	3.86	-3.63	1,703	3,104	-85.14	2,591	4,131	-37.28	\$147,649.19	\$188,872.00	-21.80
02:Sexually Trans. Dis.	4.87	5.45	-10.64	963	1,209	-18.69	1,985	1,632	8.34	\$504,172.02	\$520,098.00	-3.06
03:AIDS	13.25	16.01	-17.24	170	371	-54.21	1,484	2,762	-46.26	\$1,462,033.25	\$1,717,596.00	-14.86
04:Tuberculosis	1.15	0.95	21.05	13	17	-21.21	198	98	103.08	\$56,184.58	\$58,799.00	-4.45
06:Comm. Dis. Surv.	8.56	5.91	44.84	0	0		1,316	1,760	-25.24	\$184,766.11	\$314,507.00	-41.25
09:Hepatitis	0.01	0.01	0.00	31	0		38	0		\$180.90	\$386.00	-53.13
16:Preparches and Response	13.71	5.29	159.17	0	0		228	83	173.87	\$1,122,306.68	\$429,872.00	161.13
18:Refugee Health	0.00	0.00		0	0		0	0		\$0.00	\$0.00	
80:Vital Records	1.60	1.69	-5.33	5,236	7,040	-25.62	13,835	16,049	-13.90	\$72,173.62	\$82,400.00	-12.43
<b>Communicable Disease Totals</b>	<b>46.87</b>	<b>39.17</b>	<b>99.66</b>	<b>8,934</b>	<b>11,741</b>	<b>-30.70</b>	<b>21,625</b>	<b>26,725</b>	<b>-18.82</b>	<b>\$3,549,866.65</b>	<b>\$3,312,606.00</b>	<b>7.17</b>

**Primary Care Section**

10:Chronic Disease Prevention Pro	1.18	1.15	2.61	535	716	-25.31	79	119	-33.75	\$48,307.70	\$67,182.00	-27.80
12:Tobacco Use Intervention	2.51	2.75	-8.73	0	0		284	455	-37.51	\$138,597.25	\$151,405.00	-8.48
21:WC	17.43	20.14	-13.46	2,529	5,861	-56.85	28,673	39,746	-27.86	\$805,442.49	\$919,199.00	-12.38
23:Family Planning	12.39	11.20	10.63	2,028	2,591	-21.79	4,785	5,165	-7.36	\$662,389.70	\$613,403.00	8.02
25:Improved Pregnancy Outcome	0.00	0.00		0	0		0	0		\$0.00	\$0.00	
27:Healthy Start Prenatal	0.09	0.11	-18.18	1,023	1,285	-20.37	5,171	4,643	11.38	\$3,074.54	\$4,775.00	-35.61
28:Comprehensive Child Health	0.00	0.00		0	0		0	0		\$0.00	\$0.00	
31:Healthy Start Child	0.04	0.00		385	0		2,693	0		\$776.21	\$0.00	
34:School Health	3.09	3.31	-6.65	0	0		192,343	207,177	-7.16	\$139,366.11	\$190,666.00	-26.91
37:Comprehensive Adult Health	0.09	0.14	-35.71	59	52	14.01	68	63	7.94	\$4,946.94	\$6,234.00	-20.65
38:Community Health Development	4.23	4.70	-10.00	0	0		311	614	-62.04	\$225,323.67	\$318,981.00	-29.34
40:Dental Health	12.62	12.87	-1.94	1,918	3,116	-38.48	4,312	5,897	-26.87	\$717,166.50	\$816,033.00	-12.11
<b>Primary Care Totals</b>	<b>53.67</b>	<b>56.37</b>	<b>-4.79</b>	<b>8,405</b>	<b>11,602</b>	<b>-37.78</b>	<b>28,272</b>	<b>30,879</b>	<b>-9.53</b>	<b>\$2,745,991.12</b>	<b>\$3,067,506.00</b>	<b>-10.07</b>

**Environmental Health Section**





# Okaloosa DE580 Analysis of Fund Equities Report

Note: This report is based upon Schedule C, FIRS  
and year-to-date FLAIR transactions as of 06/30/2020

Okaloosa CHD (643646) DE580 Analysis of Fund Equities Report for fiscal year 2019-2020 as of 06/30/2020  
Actual Year-to-Date (through Jun)

OCA	OCA Title	Beginning Cash	Revenues YTD	Expenditures YTD	Certified Forward Expenditures YTD	Actual Cash YTD
<b>State</b>						
1E000	ON SITE SEWAGE DISPOSAL PERMIT FEES	158.40	15,794.00	14,184.40	0.00	1,768.00
1O000	SANITATION CERTIFICATES (FOOD INSPECTION)	0.00	2,965.75	2,956.25	0.00	9.50
4B000	AIDS PATIENT CARE	0.00	100,000.00	100,178.38	0.00	(178.38)
4BAPS	AIDS PREVENTION & SURVEILLANCE - GENERAL REVENUE	0.00	20,920.00	20,920.00	0.00	0.00
7F000	CHD - TB COMMUNITY PROGRAM	2,443.58	59,363.00	47,990.23	2,443.52	11,372.83
9V000	STATE UNDERGROUND PETROLEUM RESPONSE ACT	0.00	2,790.00	2,790.00	0.00	0.00
ADA20	AIDS DRUG ASSISTANCE PROGRAM ADMIN HQ	0.00	24,858.00	24,858.00	0.00	0.00
ADA21	AIDS DRUG ASSISTANCE PROGRAM ADMIN HQ	0.00	3,670.17	5,810.98	0.00	(2,140.81)
B9000	SEPTIC TANK RESEARCH SURCHARGE	30.00	2,430.00	2,185.00	0.00	275.00
BPC17	WIC BREASTFEEDING PEER COUNSELING PROG	(1,370.92)	1,370.92	0.00	0.00	0.00
BPC18	WIC BREASTFEEDING PEER COUNSELING PROG	0.00	24,189.42	24,875.74	1,151.12	(1,837.44)
BPC19	WIC BREASTFEEDING PEER COUNSELING PROG	0.00	71.26	136.31	0.00	(65.05)
BY000	SEPTIC TANK VARIANCE FEES 50%	(746.00)	23.60	0.00	0.00	(722.40)
CBM19	COASTAL BEACH WATER QUALITY MONITORING	(871.76)	2,450.79	1,192.26	386.77	0.00
CBM20	COASTAL BEACH WATER QUALITY MONITORING	0.00	5,811.26	5,788.00	0.00	23.26
CIP18	COMPREHENSIVE COMMUNITY CARDIO - PHBG	0.00	8,750.00	8,750.00	0.00	0.00
CIP19	COMPREHENSIVE COMMUNITY CARDIO - PHBG	0.00	27,056.84	26,250.00	0.00	806.84
DNSPJ	DENTAL SPECIAL INITIATIVE PROJECTS	0.00	5,977.00	5,977.00	0.00	0.00
EHHBM	HEALTHY BEACHES MONITORING	0.00	14,388.00	14,388.00	0.00	0.00
ENVFE	CHD STATEWIDE ENVIRONMENTAL FEES	13,168.63	310,461.89	308,790.16	13,168.63	1,671.73
FMP20	FAMILY PLANNING TITLE X - GRANT	0.00	179,630.54	179,630.54	0.00	0.00
FMP21	FAMILY PLANNING TITLE X - GRANT	0.00	129.22	17,960.00	0.00	(17,830.78)
FMPGR	FAMILY PLANNING GENERAL REVENUE	0.00	54,671.00	54,671.00	0.00	0.00
HUFW9	HURRICANE CRISIS COAG FOOD AND WATER	0.00	1,501.13	1,501.13	0.00	0.00
IMM18	IMMUNIZATION ACTION PLAN	(205.11)	0.00	0.00	0.00	(205.11)
IMM20	IMMUNIZATION ACTION PLAN	0.00	43,423.00	43,423.00	0.00	0.00

**Grand Total**

**890,901.25 9,373,317.43 9,080,139.71 215,277.43 968,801.54**

**Gresham, Kristy L**

---

**From:** Chapman, Karen A  
**Sent:** Thursday, March 5, 2020 11:11 AM  
**To:** Wagner, Susan; Gresham, Kristy L; Colwell, Amanda R; Wadsworth, Lynn; Dall, Trisha; Beedie, Katherine A  
**Cc:** Ziegler, Carolyn H; Scott, Katie E  
**Subject:** Delegation of Authority

I am delegating authority to Carrie Ziegler beginning now and until I rescind for the normal day to day operations of the CHD effective immediately and until I rescind in order to focus my activities on my role as the incident manager for our COVID-19 response in Okaloosa County. I will continue to work with each of you as relates to COVID-19 activities. Thanks.

**Karen A. Chapman, MD, MPH**  
*Director*  
Florida Department of Health in Okaloosa County  
*Medical Director*  
Florida Department of Health Statewide Family Planning Program  
**Email address: [Karen.Chapman@flhealth.gov](mailto:Karen.Chapman@flhealth.gov)**  
[www.HealthyOkaloosa.com](http://www.HealthyOkaloosa.com)  
221 Hospital Drive, NE Fort Walton Beach, FL 32548  
**office** (850) 833-9245  
**fax** (850) 833-9252

**Mission:** To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

**LIKE US on Facebook** [FLDepartmentofHealth](#)  
**FOLLOW US on Twitter** [@FLHealthEmerald](#)  
**DOH Online Newsroom** <http://newsroom.doh.state.fl.us>

Please note: FL has a very broad public records law. Most written communication to or from state officials regarding state business are public records available to the public and the media upon request. Your email communication may therefore be subject to public disclosure.

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the Healthiest State in the Nation

May 29, 2020

The Honorable Trey Goodwin  
Okaloosa Board of County Commissioners  
302 N Wilson Street, Suite 203  
Crestview, FL 32536

CONTRACT#: C97-0025-HD  
FLORIDA DEPARTMENT OF HEALTH  
OPERATION OF HEALTH DEPARTMENT  
EXPIRES: 09/30/2020

RE: FY 2019-20 Contract between the Okaloosa Board of County Commissioners and the Department of Health for operation of the Okaloosa County Health Department

Dear Chairman Goodwin:

The above-referenced Core Contract and Section 154.02, Florida Statutes, require that the Department of Health submit quarterly reports to the County with the following information.

As specified in Section 4., Paragraph d., enclosed are updated Attachment II Part II and Part III Revenue and Expenditure Attachments. These attachments reflect any revenue or expenditure adjustments since the previous quarter.

As specified in Section 6., Paragraphs o.i and ii, also enclosed are the DE385L1 Contract Management Variance Report and the DE580L1 Analysis of Fund Equities Report. A written explanation is provided for any service level expenditure variance that deviates more than 25 percent from the planned service expenditure amount and exceeds three percent of the total planned expenditures for the corresponding level of service at the end of the contract year.

If you have any questions, please feel free to contact Susan Wagner at (850)344-0515.

Sincerely,

A handwritten signature in black ink that reads "Karen A. Chapman for KAC".

Karen A. Chapman, MD, MPH  
Director  
Okaloosa County Health Department

Enclosures

Cc: Demonica Connell, Office of Budget and Revenue Management



ANNEXURE

(6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)

(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)

(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)

(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)

5. OTHER CASH CONTRIBUTIONS - STATE:

	0	0	0	0	0
090001 DRAW DOWN FROM PUBLIC HEALTH UNIT	47,834	0	47,834	0	47,834
<b>OTHER CASH CONTRIBUTION TOTAL</b>	<b>47,834</b>	<b>0</b>	<b>47,834</b>	<b>0</b>	<b>47,834</b>

6. MEDICAID - STATE/COUNTY:

001057 CHD CLINIC FEES	0	244,243	244,243	0	244,243
001148 CHD CLINIC FEES	0	1,065,483	1,065,483	0	1,065,483
<b>MEDICAID TOTAL</b>	<b>0</b>	<b>1,309,726</b>	<b>1,309,726</b>	<b>0</b>	<b>1,309,726</b>

7. ALLOCABLE REVENUE - STATE:

018000 CHD CLINIC FEES	2,164	0	2,164	0	2,164
<b>ALLOCABLE REVENUE TOTAL</b>	<b>2,164</b>	<b>0</b>	<b>2,164</b>	<b>0</b>	<b>2,164</b>

8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE

ADAP	0	0	0	672,751	672,751
PHARMACY DRUG PROGRAM	0	0	0	32,892	32,892
WIC PROGRAM	0	0	0	3,385,550	3,385,550
BUREAU OF PUBLIC HEALTH LABORATORIES	0	0	0	19,182	19,182
IMMUNIZATIONS	0	0	0	706,724	706,724
<b>OTHER STATE CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4,817,099</b>	<b>4,817,099</b>

9. DIRECT LOCAL CONTRIBUTIONS - BCC/TAX DISTRICT

008005 CHD LOCAL REVENUE & EXPENDITURES	0	601,661	601,661	0	601,661
<b>DIRECT COUNTY CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>601,661</b>	<b>601,661</b>	<b>0</b>	<b>601,661</b>

10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY

001073 340B PRESCRIPTION DRUG SERVICE AGREEMENT	0	1,360,474	1,360,474	0	1,360,474
001073 CHD CLINIC FEES	0	53,322	53,322	0	53,322
001077 CHD CLINIC FEES	0	54,273	54,273	0	54,273
001094 CHD LOCAL ENVIRONMENTAL FEES	0	249,499	249,499	0	249,499
001110 VITAL STATISTICS CERTIFIED RECORDS	0	279,123	279,123	0	279,123
<b>FEES AUTHORIZED BY COUNTY TOTAL</b>	<b>0</b>	<b>1,996,691</b>	<b>1,996,691</b>	<b>0</b>	<b>1,996,691</b>

11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY

001029 340B PRESCRIPTION DRUG SERVICE AGREEMENT	0	542,983	542,983	0	542,983
001029 CHD CLINIC FEES	0	68,256	68,256	0	68,256
001090 CHD CLINIC FEES	0	995	995	0	995
005000 CHD LOCAL REVENUE & EXPENDITURES	0	2,000	2,000	0	2,000
007010 RYAN WHITE TITLE III - DIRECT TO CHD	0	255,959	255,959	0	255,959
007010 RYAN WHITE TITLE III - DIRECT TO CHD	0	76,898	76,898	0	76,898
010300 STATE UNDERGROUND PETROLEUM RESPONSE ACT	0	3,100	3,100	0	3,100
011001 HEALTHY START DATA MANAGEMENT	0	3,786	3,786	0	3,786
090002 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	328,574	328,574	0	328,574
<b>OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>1,282,551</b>	<b>1,282,551</b>	<b>0</b>	<b>1,282,551</b>

**APPENDIX III**

(b) (5) - DCP, (b) (5) - N/A, (b) (5) - A, (b) (5) - B, (b) (5) - C, (b) (5) - D, (b) (5) - E, (b) (5) - F, (b) (5) - G, (b) (5) - H, (b) (5) - I, (b) (5) - J, (b) (5) - K, (b) (5) - L, (b) (5) - M, (b) (5) - N, (b) (5) - O, (b) (5) - P, (b) (5) - Q, (b) (5) - R, (b) (5) - S, (b) (5) - T, (b) (5) - U, (b) (5) - V, (b) (5) - W, (b) (5) - X, (b) (5) - Y, (b) (5) - Z

2013-2014 State of Colorado Department of Health and Senior Services

Operating Budget - FY 2013-2014

(b) (5) - DCP, (b) (5) - N/A, (b) (5) - A, (b) (5) - B, (b) (5) - C, (b) (5) - D, (b) (5) - E, (b) (5) - F, (b) (5) - G, (b) (5) - H, (b) (5) - I, (b) (5) - J, (b) (5) - K, (b) (5) - L, (b) (5) - M, (b) (5) - N, (b) (5) - O, (b) (5) - P, (b) (5) - Q, (b) (5) - R, (b) (5) - S, (b) (5) - T, (b) (5) - U, (b) (5) - V, (b) (5) - W, (b) (5) - X, (b) (5) - Y, (b) (5) - Z

**12. ALLOCABLE REVENUE - COUNTY**

018000 CHD CLINIC FEES	0	2,164	2,164	0	2,164
<b>COUNTY ALLOCABLE REVENUE TOTAL</b>	<b>0</b>	<b>2,164</b>	<b>2,164</b>	<b>0</b>	<b>2,164</b>

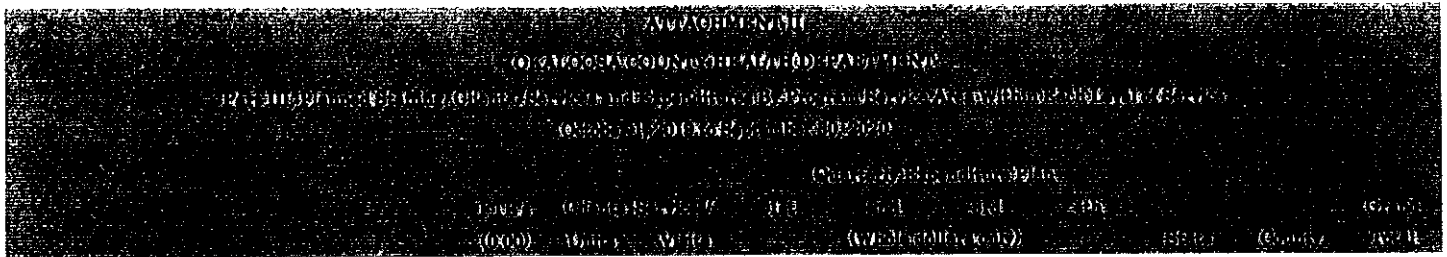
**13. BUILDINGS - COUNTY**

ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	440,412	440,412
JANITORIAL	0	0	0	76,000	76,000
UTILITIES	0	0	0	0	0
BUILDING MAINTENANCE	0	0	0	0	0
GROUNDS MAINTENANCE	0	0	0	0	0
INSURANCE	0	0	0	0	0
OTHER (Specify)	0	0	0	0	0
OTHER (Specify)	0	0	0	0	0
<b>BUILDINGS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>516,412</b>	<b>516,412</b>

**14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY**

EQUIPMENT / VEHICLE PURCHASES	0	0	0	0	0
VEHICLE INSURANCE	0	0	0	0	0
VEHICLE MAINTENANCE	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
<b>OTHER COUNTY CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>GRAND TOTAL CHD PROGRAM</b>	<b>4,367,492</b>	<b>5,192,793</b>	<b>9,560,285</b>	<b>5,333,511</b>	<b>14,883,796</b>
--------------------------------	------------------	------------------	------------------	------------------	-------------------



**A. COMMUNICABLE DISEASE CONTROL:**

IMMUNIZATION (101)	3.87	4,150	5,523	58,143	67,817	67,817	58,143	222,462	29,458	251,920
SEXUALLY TRANS. DIS. (102)	5.45	1,612	2,443	136,661	159,398	159,398	136,662	98,824	498,296	592,119
HIV/AIDS PREVENTION (03A1)	1.62	0	1,814	29,710	34,653	34,653	29,710	20,920	107,806	128,726
HIV/AIDS SURVEILLANCE (03A2)	0.00	0	0	0	0	0	0	0	0	0
HIV/AIDS PATIENT CARE (03A3)	13.73	387	1,402	517,614	603,734	603,734	517,614	100,000	2,142,696	2,242,696
ADAP (03A4)	0.67	108	467	10,717	12,500	12,500	10,718	46,435	0	46,435
TUBERCULOSIS (104)	0.95	22	130	20,551	23,971	23,971	20,551	89,044	0	89,044
COMM. DIS. SURV. (106)	5.92	0	2,351	101,994	118,964	118,964	101,994	167,512	274,404	441,916
HEPATITIS (109)	0.01	0	0	118	137	137	118	510	0	510
PREPAREDNESS AND RESPONSE (116)	5.29	0	111	134,808	157,236	157,236	134,808	584,088	0	584,088
REFUGEE HEALTH (118)	0.00	0	0	0	0	0	0	0	0	0
VITAL RECORDS (180)	1.69	9,386	21,399	25,142	29,324	29,324	25,142	0	108,932	108,932
<b>COMMUNICABLE DISEASE SUBTOTAL</b>	<b>39.20</b>	<b>15,665</b>	<b>35,640</b>	<b>1,035,458</b>	<b>1,207,734</b>	<b>1,207,734</b>	<b>1,035,460</b>	<b>1,329,795</b>	<b>3,156,591</b>	<b>4,486,386</b>

**B. PRIMARY CARE:**

CHRONIC DISEASE PREVENTION PRO (210)	1.15	965	159	20,303	23,681	23,681	20,302	87,967	0	87,967
WIC (21W1)	17.88	7,580	49,586	271,995	317,249	317,249	271,996	1,178,489	0	1,178,489
TOBACCO USE INTERVENTION (212)	2.75	0	606	43,943	51,254	51,254	43,943	190,394	0	190,394
WIC BREASTFEEDING PEER COUNSELING (21W2)	1.71	0	1,883	21,406	24,968	24,968	21,407	92,749	0	92,749
FAMILY PLANNING (223)	11.20	3,454	6,887	187,876	219,134	219,134	187,876	385,576	428,444	814,020
IMPROVED PREGNANCY OUTCOME (225)	0.00	0	0	0	0	0	0	0	0	0
HEALTHY START PRENATAL (227)	0.11	1,713	6,190	1,466	1,710	1,710	1,467	0	6,353	6,353
COMPREHENSIVE CHILD HEALTH (229)	0.00	0	0	0	0	0	0	0	0	0
HEALTHY START CHILD (231)	0.00	0	0	0	0	0	0	0	0	0
SCHOOL HEALTH (234)	3.32	0	277,071	56,990	66,472	66,472	56,990	246,924	0	246,924
COMPREHENSIVE ADULT HEALTH (237)	0.14	69	84	1,916	2,234	2,234	1,916	2,900	5,400	8,300
COMMUNITY HEALTH DEVELOPMENT (238)	4.71	0	821	102,286	119,304	119,304	102,285	283,734	159,445	443,179
DENTAL HEALTH (240)	12.88	4,160	7,868	257,295	300,103	300,103	257,295	32,886	1,081,910	1,114,796
<b>PRIMARY CARE SUBTOTAL</b>	<b>55.85</b>	<b>17,931</b>	<b>351,155</b>	<b>965,476</b>	<b>1,126,109</b>	<b>1,126,109</b>	<b>965,477</b>	<b>2,501,619</b>	<b>1,681,552</b>	<b>4,183,171</b>

**C. ENVIRONMENTAL HEALTH:**

**Water and Onsite Sewage Programs**

COSTAL BEACH MONITORING (347)	0.18	228	245	7,575	8,835	8,835	7,574	32,819	0	32,819
LIMITED USE PUBLIC WATER SYSTEMS (357)	0.23	12	47	4,178	4,873	4,873	4,179	13,472	4,631	18,103
PUBLIC WATER SYSTEM (358)	0.00	0	0	0	0	0	0	0	0	0
PRIVATE WATER SYSTEM (359)	0.08	0	34	1,540	1,796	1,796	1,540	4,824	1,848	6,672
ONSITE SEWAGE TREATMENT & DISPOSAL (361)	4.50	929	1,832	80,233	93,582	93,582	80,233	250,281	97,349	347,630
<b>Group Total</b>	<b>4.99</b>	<b>1,169</b>	<b>2,158</b>	<b>93,526</b>	<b>109,086</b>	<b>109,086</b>	<b>93,526</b>	<b>301,396</b>	<b>103,828</b>	<b>405,224</b>

**Facility Programs**

TATTOO FACILITY SERVICES (344)	0.00	0	0	0	0	0	0	0	0	0
FOOD HYGIENE (348)	1.57	197	753	27,167	31,686	31,686	27,167	61,375	56,431	117,706



	2007		2008		2009		2010		2011	
	(\$K)	(\$K)	(\$K)	(\$K)	(\$K)	(\$K)	(\$K)	(\$K)	(\$K)	(\$K)
<b>BODY PIERCING FACILITIES SERVICES (349)</b>	0.00	0	0	0	0	0	0	0	0	0
<b>GROUP CARE FACILITY (351)</b>	0.45	57	119	8,202	9,567	9,567	8,201	0	35,537	35,537
<b>MIGRANT LABOR CAMP (352)</b>	0.02	2	4	448	522	522	448	1,940	0	1,940
<b>HOUSING &amp; PUB. BLDG. (353)</b>	0.00	0	0	0	0	0	0	0	0	0
<b>MOBILE HOME AND PARK (354)</b>	0.88	112	373	16,337	19,056	19,056	16,337	59,851	10,935	70,786
<b>POOLS/BATHING PLACES (360)</b>	1.51	436	1,757	26,199	30,557	30,557	26,199	46,775	66,737	113,512
<b>BIOMEDICAL WASTE SERVICES (364)</b>	0.00	0	0	0	0	0	0	0	0	0
<b>TANNING FACILITY SERVICES (369)</b>	0.14	24	154	2,509	2,926	2,926	2,510	5,767	5,104	10,871
<b>Group Total</b>	<b>4.67</b>	<b>828</b>	<b>3,160</b>	<b>80,862</b>	<b>94,314</b>	<b>94,314</b>	<b>80,862</b>	<b>175,608</b>	<b>174,744</b>	<b>350,352</b>
<b>Groundwater Contamination</b>										
<b>STORAGE TANK COMPLIANCE SERVICES (355)</b>	0.00	0	0	0	0	0	0	0	0	0
<b>SUPER ACT SERVICES (356)</b>	0.11	0	15	2,358	2,750	2,750	2,359	7,117	3,100	10,217
<b>Group Total</b>	<b>0.11</b>	<b>0</b>	<b>15</b>	<b>2,358</b>	<b>2,750</b>	<b>2,750</b>	<b>2,359</b>	<b>7,117</b>	<b>3,100</b>	<b>10,217</b>
<b>Community Hygiene</b>										
<b>COMMUNITY ENVIR. HEALTH (345)</b>	0.00	0	0	0	0	0	0	0	0	0
<b>INJURY PREVENTION (346)</b>	0.59	0	0	5,069	5,912	5,912	5,070	0	21,963	21,963
<b>LEAD MONITORING SERVICES (350)</b>	0.00	0	0	0	0	0	0	0	0	0
<b>PUBLIC SEWAGE (362)</b>	0.01	0	0	232	271	271	231	1,005	0	1,005
<b>SOLID WASTE DISPOSAL SERVICE (363)</b>	0.00	0	0	0	0	0	0	0	0	0
<b>SANITARY NUISANCE (365)</b>	0.46	336	397	7,921	14,238	6,738	5,421	0	34,318	34,318
<b>RABIES SURVEILLANCE (366)</b>	0.16	8	47	3,854	9,495	1,995	1,353	0	16,697	16,697
<b>ARBORVIRUS SURVEIL. (367)</b>	0.00	0	0	0	0	0	0	0	0	0
<b>RODENT/ARTHROPOD CONTROL (368)</b>	0.00	0	0	0	0	0	0	0	0	0
<b>WATER POLLUTION (370)</b>	0.00	0	0	0	0	0	0	0	0	0
<b>INDOOR AIR (371)</b>	0.00	0	0	0	0	0	0	0	0	0
<b>RADIOLOGICAL HEALTH (372)</b>	0.00	0	0	0	0	0	0	0	0	0
<b>TOXIC SUBSTANCES (373)</b>	0.00	0	0	0	0	0	0	0	0	0
<b>Group Total</b>	<b>1.22</b>	<b>344</b>	<b>444</b>	<b>17,076</b>	<b>29,916</b>	<b>14,916</b>	<b>12,075</b>	<b>1,005</b>	<b>72,978</b>	<b>73,983</b>
<b>ENVIRONMENTAL HEALTH SUBTOTAL</b>	<b>10.99</b>	<b>2,341</b>	<b>5,777</b>	<b>193,822</b>	<b>236,066</b>	<b>221,066</b>	<b>188,822</b>	<b>485,126</b>	<b>354,650</b>	<b>839,776</b>
<b>D. NON-OPERATIONAL COSTS:</b>										
<b>NON-OPERATIONAL COSTS (599)</b>	0.00	0	0	1,802	2,102	2,102	1,803	7,809	0	7,809
<b>ENVIRONMENTAL HEALTH SURCHARGE (399)</b>	0.00	0	0	7,200	8,398	8,398	7,200	31,196	0	31,196
<b>MEDICAID BUYBACK (611)</b>	0.00	0	0	449	524	524	450	1,947	0	1,947
<b>NON-OPERATIONAL COSTS SUBTOTAL</b>	<b>0.00</b>	<b>0</b>	<b>0</b>	<b>9,451</b>	<b>11,024</b>	<b>11,024</b>	<b>9,453</b>	<b>40,952</b>	<b>0</b>	<b>40,952</b>
<b>TOTAL CONTRACT</b>	<b>106.04</b>	<b>35,937</b>	<b>392,572</b>	<b>2,204,207</b>	<b>2,580,933</b>	<b>2,565,933</b>	<b>2,199,212</b>	<b>4,357,492</b>	<b>5,192,798</b>	<b>9,550,285</b>

**Okaloosa**  
**Contract Management Variance Report**  
**for Period 10/01/2019 to 03/31/2020**

Program	Planned FTE	Planned FTE	Variance FTE	Planned Clients/Units	Planned Clients/Units	Variance Clients/Units	Planned Yrly/Services	Planned Yrly/Services	Variance Yrly/Services	Planned Expenditures	Planned Expenditures	Variance Expenditures
<b>Communicable Disease Section</b>												
01:Immunization	3.72	3.87	-3.88	1,434	2,075	-30.89	2,181	2,742	-21.02	\$120,804.74	\$175,960.00	-4.09
02:Sexually Trans. Ds.	4.87	5.45	-10.64	690	806	-14.39	1,344	1,222	16.03	\$295,125.61	\$296,059.00	-0.32
03:AIDS	13.25	16.02	-17.29	143	248	-42.22	1,128	1,842	-38.75	\$1,101,679.68	\$1,208,928.00	-8.87
04:Tuberculosis	1.15	0.95	21.05	11	11	0.00	118	65	81.34	\$53,132.12	\$44,522.00	19.34
06:Comm. Ds. Surv.	8.56	5.92	44.59	0	0		1,313	1,176	11.70	\$174,181.40	\$220,958.00	-21.17
09:Hepatitis	0.01	0.01	0.00	24	0		28	0		\$160.14	\$255.00	-37.20
10:Preparedness and Response	6.32	5.29	19.47	0	0		217	56	290.99	\$395,601.58	\$292,044.00	85.46
18:Refugee Health	0.00	0.00		0	0		0	0		\$0.00	\$0.00	
80:Vital Records	1.60	1.69	-5.33	3,750	4,693	-20.09	9,380	10,700	-12.33	\$49,311.51	\$54,466.00	-9.46
<b>Communicable Disease Totals</b>	<b>39.48</b>	<b>39.20</b>	<b>0.71</b>	<b>6,052</b>	<b>7,833</b>	<b>-22.73</b>	<b>15,709</b>	<b>17,820</b>	<b>-11.85</b>	<b>\$2,189,996.78</b>	<b>\$2,243,192.00</b>	<b>-2.37</b>
<b>Primary Care Section</b>												
10:Chronic Disease Prevention Pro	1.18	1.15	2.61	535	478	12.04	79	80	-0.63	\$42,489.71	\$43,984.00	-3.40
12:Tobacco Use Intervention	2.51	2.75	-8.73	0	0		284	303	-4.27	\$94,955.00	\$95,197.00	-0.25
21:WIC	17.43	19.59	-11.03	3,908	3,790	3.11	23,672	25,735	-8.01	\$525,645.01	\$635,618.00	-17.30
23:Family Planning	12.39	11.20	10.63	1,568	1,727	-9.21	3,514	3,444	2.05	\$462,638.44	\$407,010.00	13.67
25:Improved Pregnancy Outcome	0.00	0.00		0	0		0	0		\$0.00	\$0.00	
27:Healthy Start Prenatal	0.09	0.11	-18.18	729	857	-14.89	3,426	3,095	10.69	\$1,662.60	\$3,176.00	-47.65
29:Comprehensive Child Health	0.00	0.00		0	0		0	0		\$0.00	\$0.00	
31:Healthy Start Child	0.04	0.00		281	0		1,810	0		\$371.30	\$0.00	
34:School Health	3.09	3.32	-6.93	0	0		192,342	138,536	38.84	\$116,094.77	\$123,462.00	-5.97
37:Comprehensive Adult Health	0.09	0.14	-35.71	49	35	42.03	55	42	30.95	\$3,405.04	\$4,150.00	-17.95
38:Community Health Development	4.23	4.71	-10.19	0	0		311	411	-24.24	\$196,638.27	\$221,590.00	-11.26
40:Dental Health	12.62	12.88	-2.02	1,638	2,080	-21.25	3,352	3,934	-14.79	\$524,337.34	\$557,398.00	-5.93
<b>Primary Care Totals</b>	<b>53.67</b>	<b>55.85</b>	<b>-3.90</b>	<b>8,708</b>	<b>8,966</b>	<b>-2.87</b>	<b>228,845</b>	<b>175,578</b>	<b>30.34</b>	<b>\$1,968,237.48</b>	<b>\$2,091,585.00</b>	<b>-5.90</b>
<b>Environmental Health Section</b>												

1:Water & Onsite Sewerage	5.32	4.99	6.61	601	565	2.82	1,179	1,079	9.27	\$225,425.77	\$302,612.00	11.26
2:Facility Programs	4.48	4.67	0.21	408	414	-1.45	1,031	1,580	-34.75	\$170,509.43	\$175,176.00	-2.46
3:Groundwater Contamination Program	0.09	0.11	-18.18	0	0		2	8	-73.33	\$1,596.67	\$3,108.00	-29.39
4:Community Hygiene	1.71	1.22	48.16	148	172	-13.95	297	222	33.78	\$95,030.63	\$46,992.00	17.11
<b>Environmental Health</b>	<b>11.60</b>	<b>66.99</b>	<b>7.37</b>	<b>1,157</b>	<b>1,171</b>	<b>-1.25</b>	<b>2,509</b>	<b>2,899</b>	<b>-13.14</b>	<b>\$454,562.50</b>	<b>\$429,888.00</b>	<b>5.74</b>
<b>Totals</b>	<b>19.40</b>	<b>77.08</b>	<b>11.47</b>	<b>17,969</b>	<b>17,969</b>	<b>0.00</b>	<b>37,563</b>	<b>46,238</b>	<b>25.87</b>	<b>\$4,612,796.76</b>	<b>\$4,764,668.00</b>	<b>-1.19</b>



# Okaloosa DE580 Analysis of Fund Equities Report

Note: This report is based upon Schedule C, FIRS  
and year-to-date FLAIR transactions as of 03/31/2020

Okaloosa CHD (643646) DE580 Analysis of Fund Equities Report for fiscal year 2019-2020 as of 03/31/2020

Actual Year-to-Date (through Mar)

OCA	OCA Title	Beginning Cash	Revenues YTD	Expenditures YTD	Certified Forward Expenditures YTD	Actual Cash YTD
<b>State</b>						
1E000	ON SITE SEWAGE DISPOSAL PERMIT FEES	158.40	11,147.20	11,097.20	0.00	208.40
1O000	SANITATION CERTIFICATES (FOOD INSPECTION)	0.00	2,931.75	2,931.75	0.00	0.00
4B000	AIDS PATIENT CARE	0.00	75,000.00	58,423.10	0.00	16,576.90
4BAPS	AIDS PREVENTION & SURVEILLANCE - GENERAL REVENUE	0.00	15,690.00	9,829.91	0.00	5,860.09
7F000	CHD - TB COMMUNITY PROGRAM	2,443.58	44,523.00	31,143.53	2,443.52	13,379.53
9V000	STATE UNDERGROUND PETROLEUM RESPONSE ACT	0.00	2,790.00	3,108.21	0.00	(318.21)
ADA20	AIDS DRUG ASSISTANCE PROGRAM ADMIN HQ	0.00	24,858.00	24,858.00	0.00	0.00
ADA21	AIDS DRUG ASSISTANCE PROGRAM ADMIN HQ	0.00	0.00	0.00	0.00	0.00
B9000	SEPTIC TANK RESEARCH SURCHARGE	30.00	1,750.00	1,740.00	0.00	40.00
BPC17	WIC BREASTFEEDING PEER COUNSELING PROG	(1,370.92)	1,370.92	0.00	0.00	0.00
BPC18	WIC BREASTFEEDING PEER COUNSELING PROG	0.00	16,140.16	15,924.90	1,151.12	(935.86)
BPC19	WIC BREASTFEEDING PEER COUNSELING PROG	0.00	66.23	66.23	0.00	0.00
BY000	SEPTIC TANK VARIANCE FEES 50%	(746.00)	4.00	0.00	0.00	(742.00)
CBM19	COASTAL BEACH WATER QUALITY MONITORING	(871.76)	2,450.79	2,029.27	386.77	(837.01)
CBM20	COASTAL BEACH WATER QUALITY MONITORING	0.00	802.18	916.34	0.00	(114.16)
CIP18	COMPREHENSIVE COMMUNITY CARDIO - PHBG	0.00	8,750.00	8,750.00	0.00	0.00
CIP19	COMPREHENSIVE COMMUNITY CARDIO - PHBG	0.00	18,857.21	18,857.21	0.00	0.00
DNSPJ	DENTAL SPECIAL INITIATIVE PROJECTS	0.00	4,482.00	2,977.00	0.00	1,505.00
EHHBM	HEALTHY BEACHES MONITORING	0.00	10,791.00	6,832.63	0.00	3,958.37
ENVFE	CHD STATEWIDE ENVIRONMENTAL FEES	13,168.63	185,594.04	230,645.46	13,168.63	(45,051.42)
FMP20	FAMILY PLANNING TITLE X - GRANT	0.00	170,839.54	179,630.54	0.00	(8,791.00)
FMPGR	FAMILY PLANNING GENERAL REVENUE	0.00	41,004.00	30,751.53	0.00	10,252.47
HUFW9	HURRICANE CRISIS COAG FOOD AND WATER	0.00	1,501.13	1,501.13	0.00	0.00
IMM18	IMMUNIZATION ACTION PLAN	(205.11)	0.00	0.00	0.00	(205.11)
IMM20	IMMUNIZATION ACTION PLAN	0.00	33,758.40	33,758.40	0.00	0.00
K3000	PUBLIC SWIMMING POOL PERMIT FEES-10% HQ TRANSFER	7,550.00	1,405.00	8,955.00	0.00	0.00

M5000	DRINKING WATER PROGRAM OPERATIONS	0.00	159.50	159.50	0.00	0.00
MC238	MCH SPECIAL PRJCT UNPLANNED PREGNANCY	0.00	16,782.00	16,782.00	0.00	0.00
MC239	MCH SPECIAL PRJCT UNPLANNED PREGNANCY	0.00	40,187.00	40,187.00	0.00	0.00
MCHB9	MCH BLOCK GRANT FLORIDAS HEALTHY BABIES	0.00	1,320.00	8,312.26	0.00	(6,992.26)
NCGRV	CHD GENERAL REVENUE NON-CATEGORICAL	28,243.18	1,147,829.00	1,139,112.58	28,243.18	8,716.42
PCG00	PRIMARY CARE PROGRAM	0.00	183,801.00	144,702.34	0.00	39,098.66
PHCP0	BASE COMMUNITY PREPAREDNESS CAPABILITY	0.00	69,483.43	71,175.37	0.00	(1,691.94)
PHCP9	BASE COMMUNITY PREPAREDNESS CAPABILITY	(7,873.06)	41,789.51	31,743.64	2,172.81	0.00
PHEI0	BASE EMERGENCY OPERATIONS COORDINATON (ESF8)	0.00	28,434.17	30,733.22	0.00	(2,299.05)
PHEI9	BASE PUB HLTH SURVEILLANCE & EPI INVESTIGATION	(1,869.30)	4,168.13	221.34	2,077.49	0.00
PHRP0	BASE REGIONAL PREPAREDNESS CAPABILITY	0.00	41,174.88	48,816.15	0.00	(7,641.27)
R9000	TANNING FACILITIES	0.00	301.00	301.00	0.00	0.00
RSIRB	PUBLIC HLTH RESEARCH - IRB PROGRAM	2,094.00	0.00	0.00	0.00	2,094.00
SCHGR	SCHOOL HEALTH SERVICES - GENERAL REVENUE	9,123.60	132,930.00	120,167.95	6,585.71	15,299.94
SEWTN	ONSITE SEWAGE TRAINING CENTER	5.00	770.00	765.00	0.00	10.00
TCI19	TOBACCO STATE AND COMMUNITY INTERVENTIONS	5,496.25	0.00	175.12	5,349.98	(28.85)
TCI20	TOBACCO STATE AND COMMUNITY INTERVENTIONS	0.00	113,016.00	96,154.77	0.00	16,861.23
UQ000	MOBILE HOME & RV PARK FEES	0.00	1,309.10	1,309.10	0.00	0.00
WIC19	WIC PROGRAM ADMINISTRATION	(32,850.64)	257,935.69	225,085.05	0.00	0.00
WIC20	WIC PROGRAM ADMINISTRATION	0.00	334,496.55	371,322.03	0.00	(36,825.48)
<b>State Total</b>		<b>22,525.85</b>	<b>3,092,393.51</b>	<b>3,031,952.76</b>	<b>61,579.21</b>	<b>21,387.39</b>
<b>Local</b>						
340BP	340B PRESCRIPTION DRUG SERVICE AGREEMENT	0.00	1,438,355.36	1,322,309.64	0.00	116,045.72
CLFEE	CHD CLINIC FEES	455,111.39	1,077,901.50	1,258,322.53	83,166.46	191,523.90
COR19	CORONAVIRUS	0.00	0.00	12,159.33	0.00	(12,159.33)
ENVLF	CHD LOCAL ENVIRONMENTAL FEES	342,493.63	142,766.50	148,077.13	4,785.70	332,397.30
HSDMT	HEALTHY START DATA MANAGEMENT	0.00	1,721.10	2,245.85	0.00	(524.75)
JV000	VITAL STATISTICS CERTIFIED RECORDS	145,017.67	206,379.00	280,594.50	44,664.40	26,137.77
LOGOV	CHD LOCAL REVENUE & EXPENDITURES	(31,458.70)	451,782.00	436,040.16	18,679.71	(34,396.57)
RWT20	RYAN WHITE TITLE III - DIRECT TO CHD	(47,805.59)	268,053.92	242,784.16	2,401.95	(24,937.78)
RWT21	RYAN WHITE TITLE III - DIRECT TO CHD	0.00	0.00	0.00	0.00	0.00
SALGS	CHD SALE OF SERVICES IN OR OUTSIDE OF STATE GOV'T	0.00	0.00	(168.00)	0.00	168.00
TFAH9	TRUST FOR AMERICAS HEALTH AGREEMENT	5,000.00	0.00	0.00	0.00	5,000.00
TSIRM	HURRICANE IRMA EXECUTIVE ORDER 17-235	17.00	0.00	0.00	0.00	17.00
<b>Local Total</b>		<b>868,375.40</b>	<b>3,586,959.38</b>	<b>3,702,365.30</b>	<b>153,698.22</b>	<b>599,271.26</b>

**Grand Total**

**890,901.25 6,679,352.89 6,734,318.06 215,277.43 620,658.65**

## **Wagner, Susan**

---

**From:** Chapman, Karen A  
**Sent:** Thursday, March 5, 2020 11:11 AM  
**To:** Wagner, Susan; Gresham, Kristy L; Colwell, Amanda R; Wadsworth, Lynn; Dall, Trisha; Beedie, Katherine A  
**Cc:** Ziegler, Carolyn H; Scott, Katie E  
**Subject:** Delegation of Authority

I am delegating authority to Carrie Ziegler beginning now and until I rescind for the normal day to day operations of the CHD effective immediately and until I rescind in order to focus my activities on my role as the incident manager for our COVID-19 response in Okaloosa County. I will continue to work with each of you as relates to COVID-19 activities. Thanks.

**Karen A. Chapman, MD, MPH**  
*Director*  
Florida Department of Health in Okaloosa County  
*Medical Director*  
Florida Department of Health Statewide Family Planning Program  
**Email address: [Karen.Chapman@flhealth.gov](mailto:Karen.Chapman@flhealth.gov)**  
[www.HealthyOkaloosa.com](http://www.HealthyOkaloosa.com)  
221 Hospital Drive, NE Fort Walton Beach, FL 32548  
**office** (850) 833-9245  
**fax** (850) 833-9252

**Mission:** To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

**LIKE US on Facebook** [FLDepartmentofHealth](https://www.facebook.com/FLDepartmentofHealth)  
**FOLLOW US on Twitter** [@FLHealthEmerald](https://twitter.com/FLHealthEmerald)  
**DOH Online Newsroom** <http://newsroom.doh.state.fl.us>

Please note: FL has a very broad public records law. Most written communication to or from state officials regarding state business are public records available to the public and the media upon request. Your email communication may therefore be subject to public disclosure.

CONTRACT#: C97-0025-HD  
FLORIDA DEPARTMENT OF HEALTH  
OPERATION OF THE HEALTH DEPARTMENT  
EXPIRES: 09/30/2020



**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the Healthiest State in the Nation

---

February 24, 2020

The Honorable Graham Fountain  
Okaloosa Board of County Commissioners  
302 N Wilson Street, Suite 203  
Crestview, FL 32536

RE: FY 2019-20 Contract between the Okaloosa Board of County Commissioners and the Department of Health for operation of the Okaloosa County Health Department

Dear Chairman Fountain:

The above-referenced Core Contract and Section 154.02, Florida Statutes, require that the Department of Health submit quarterly reports to the County with the following information.

As specified in Section 4., Paragraph d., enclosed are updated Attachment II Part II and Part III Revenue and Expenditure Attachments. These attachments reflect any revenue or expenditure adjustments since the previous quarter.

As specified in Section 6., Paragraphs o.i and ii, also enclosed are the DE385L1 Contract Management Variance Report and the DE580L1 Analysis of Fund Equities Report. A written explanation is provided for any service level expenditure variance that deviates more than 25 percent from the planned service expenditure amount and exceeds three percent of the total planned expenditures for the corresponding level of service at the end of the contract year.

If you have any questions, please feel free to contact Susan Wagner at (850)344-0515.

Sincerely,

A handwritten signature in black ink, appearing to read "Karen A. Chapman".

Karen A. Chapman, MD, MPH  
Director  
Okaloosa County Health Department

Enclosures

Cc: Demonica Connell, Office of Budget and Revenue Management

---

**Florida Department of Health**  
in OKALOOSA COUNTY  
221 Hospital Dr. NE, Ft Walton Beach, FL 32548  
PHONE: 850/833-9240 • FAX 850/833-9252  
[www.healthyokaloosa.com](http://www.healthyokaloosa.com)

The logo for PHAB (Public Health Accreditation Board) consists of the acronym "PHAB" in a stylized font next to the text "Accredited Health Department Public Health Accreditation Board".

**PHAB** Accredited Health Department  
Public Health Accreditation Board



1. GENERAL REVENUE - STATE

015040 AIDS PATIENT CARE	100,000	0	100,000	0	100,000
015040 AIDS PREVENTION & SURVEILLANCE - GENERAL REVENUE	20,920	0	20,920	0	20,920
015040 CHD - TB COMMUNITY PROGRAM	59,363	0	59,363	0	59,363
015040 DENTAL SPECIAL INITIATIVE PROJECTS	5,977	0	5,977	0	5,977
015040 HEALTHY BEACHES MONITORING	14,388	0	14,388	0	14,388
015040 FAMILY PLANNING GENERAL REVENUE	54,671	0	54,671	0	54,671
015040 PRIMARY CARE PROGRAM	245,068	0	245,068	0	245,068
015040 SCHOOL HEALTH SERVICES - GENERAL REVENUE	177,240	0	177,240	0	177,240
015050 CHD GENERAL REVENUE NON-CATEGORICAL	1,512,178	0	1,512,178	0	1,512,178
<b>GENERAL REVENUE TOTAL</b>	<b>2,189,805</b>	<b>0</b>	<b>2,189,805</b>	<b>0</b>	<b>2,189,805</b>

2. NON GENERAL REVENUE - STATE

015010 TOBACCO STATE AND COMMUNITY INTERVENTIONS	150,688	0	150,688	0	150,688
<b>NON GENERAL REVENUE TOTAL</b>	<b>150,688</b>	<b>0</b>	<b>150,688</b>	<b>0</b>	<b>150,688</b>

3. FEDERAL FUNDS - STATE

007000 WIC BREASTFEEDING PEER COUNSELING PROG	68,553	0	68,553	0	68,553
007000 COASTAL BEACH WATER QUALITY MONITORING	8,860	0	8,860	0	8,860
007000 COMPREHENSIVE COMMUNITY CARDIO - PHBG	35,000	0	35,000	0	35,000
007000 FAMILY PLANNING TITLE X - GRANT	175,881	0	175,881	0	175,881
007000 HURRICANE CRISIS COAG FOOD AND WATER	1,501	0	1,501	0	1,501
007000 IMMUNIZATION ACTION PLAN	43,423	0	43,423	0	43,423
007000 MCH SPECIAL PRJCT UNPLANNED PREGNANCY	56,969	0	56,969	0	56,969
007000 MCH BLOCK GRANT FLORIDA'S HEALTHY BABIES	16,342	0	16,342	0	16,342
007000 BASE COMMUNITY PREPAREDNESS CAPABILITY	123,835	0	123,835	0	123,835
007000 BASE EMERGENCY OPERATIONS COORDINATOR (ESF8)	47,989	0	47,989	0	47,989
007000 BASE REGIONAL PREPAREDNESS CAPABILITY	65,164	0	65,164	0	65,164
007000 WIC PROGRAM ADMINISTRATION	896,437	0	896,437	0	896,437
018006 AIDS DRUG ASSISTANCE PROGRAM ADMIN HQ	31,074	0	31,074	0	31,074
<b>FEDERAL FUNDS TOTAL</b>	<b>1,571,028</b>	<b>0</b>	<b>1,571,028</b>	<b>0</b>	<b>1,571,028</b>

4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE

001020 CHD STATEWIDE ENVIRONMENTAL FEES	124,861	0	124,861	0	124,861
001092 CHD STATEWIDE ENVIRONMENTAL FEES	160,277	0	160,277	0	160,277
001206 ON SITE SEWAGE DISPOSAL PERMIT FEES	13,619	0	13,619	0	13,619
001206 SANITATION CERTIFICATES (FOOD INSPECTION)	3,094	0	3,094	0	3,094
001206 SEPTIC TANK RESEARCH SURCHARGE	2,008	0	2,008	0	2,008
001206 SEPTIC TANK VARIANCE FEES 50%	250	0	250	0	250
001206 PUBLIC SWIMMING POOL PERMIT FEES-10% HQ TRANSFER	8,928	0	8,928	0	8,928
001206 DRINKING WATER PROGRAM OPERATIONS	63	0	63	0	63
001206 TANNING FACILITIES	301	0	301	0	301
001206 ONSITE SEWAGE TRAINING CENTER	1,154	0	1,154	0	1,154
001206 MOBILE HOME & RV PARK FEES	1,335	0	1,335	0	1,335
<b>FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL</b>	<b>315,890</b>	<b>0</b>	<b>315,890</b>	<b>0</b>	<b>315,890</b>

**5. OTHER CASH CONTRIBUTIONS - STATE:**

	0	0	0	0	0
090001 DRAW DOWN FROM PUBLIC HEALTH UNIT	47,834	0	47,834	0	47,834
<b>OTHER CASH CONTRIBUTION TOTAL</b>	<b>47,834</b>	<b>0</b>	<b>47,834</b>	<b>0</b>	<b>47,834</b>

**6. MEDICAID - STATE/COUNTY:**

001067 CHD CLINIC FEES	0	193,781	193,781	0	193,781
001148 CHD CLINIC FEES	0	1,115,216	1,115,216	0	1,115,216
<b>MEDICAID TOTAL</b>	<b>0</b>	<b>1,308,997</b>	<b>1,308,997</b>	<b>0</b>	<b>1,308,997</b>

**7. ALLOCABLE REVENUE - STATE:**

018000 CHD CLINIC FEES	2,164	0	2,164	0	2,164
<b>ALLOCABLE REVENUE TOTAL</b>	<b>2,164</b>	<b>0</b>	<b>2,164</b>	<b>0</b>	<b>2,164</b>

**8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE**

ADAP	0	0	0	672,751	672,751
PHARMACY DRUG PROGRAM	0	0	0	32,892	32,892
WIC PROGRAM	0	0	0	3,385,550	3,385,550
BUREAU OF PUBLIC HEALTH LABORATORIES	0	0	0	19,182	19,182
IMMUNIZATIONS	0	0	0	706,724	706,724
<b>OTHER STATE CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4,817,099</b>	<b>4,817,099</b>

**9. DIRECT LOCAL CONTRIBUTIONS - BCC/TAX DISTRICT**

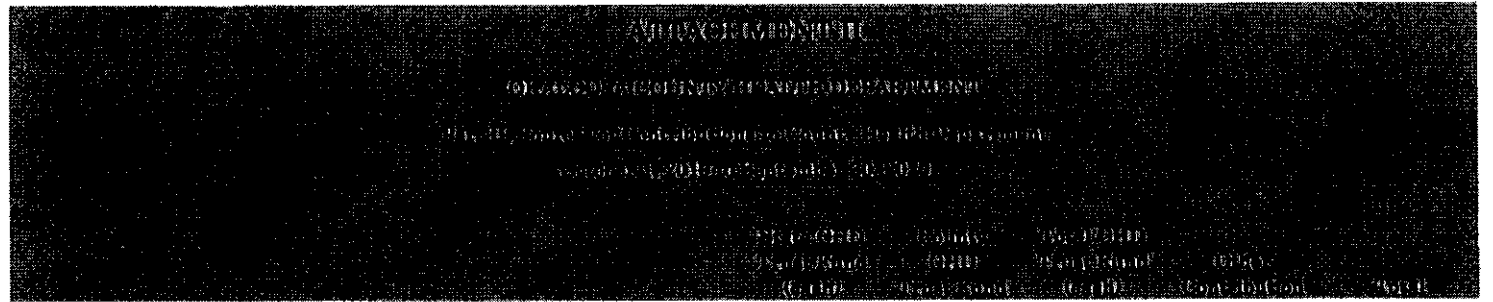
008005 CHD LOCAL REVENUE & EXPENDITURES	0	601,661	601,661	0	601,661
<b>DIRECT COUNTY CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>601,661</b>	<b>601,661</b>	<b>0</b>	<b>601,661</b>

**10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY**

001073 340B PRESCRIPTION DRUG SERVICE AGREEMENT	0	1,413,804	1,413,804	0	1,413,804
001073 CHD CLINIC FEES	0	50,730	50,730	0	50,730
001077 CHD CLINIC FEES	0	54,132	54,132	0	54,132
001094 CHD LOCAL ENVIRONMENTAL FEES	0	243,826	243,826	0	243,826
001110 VITAL STATISTICS CERTIFIED RECORDS	0	279,123	279,123	0	279,123
<b>FEES AUTHORIZED BY COUNTY TOTAL</b>	<b>0</b>	<b>2,041,615</b>	<b>2,041,615</b>	<b>0</b>	<b>2,041,615</b>

**11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY**

001029 340B PRESCRIPTION DRUG SERVICE AGREEMENT	0	648,133	648,133	0	648,133
001029 CHD CLINIC FEES	0	67,600	67,600	0	67,600
001090 CHD CLINIC FEES	0	1,624	1,624	0	1,624
005000 CHD LOCAL REVENUE & EXPENDITURES	0	2,000	2,000	0	2,000
007010 RYAN WHITE TITLE III - DIRECT TO CHD	0	255,959	255,959	0	255,959
007010 RYAN WHITE TITLE III - DIRECT TO CHD	0	76,898	76,898	0	76,898
010300 STATE UNDERGROUND PETROLEUM RESPONSE ACT	0	2,500	2,500	0	2,500
011001 HEALTHY START DATA MANAGEMENT	0	3,786	3,786	0	3,786
090002 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	180,713	180,713	0	180,713
<b>OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>1,239,213</b>	<b>1,239,213</b>	<b>0</b>	<b>1,239,213</b>



12. ALLOCABLE REVENUE - COUNTY

018000 CHD CLINIC FEES	0	2,164	2,164	0	2,164
COUNTY ALLOCABLE REVENUE TOTAL	0	2,164	2,164	0	2,164

13. BUILDINGS - COUNTY

ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	440,412	440,412
JANITORIAL	0	0	0	76,000	76,000
UTILITIES	0	0	0	0	0
BUILDING MAINTENANCE	0	0	0	0	0
GROUNDS MAINTENANCE	0	0	0	0	0
INSURANCE	0	0	0	0	0
OTHER (Specify)	0	0	0	0	0
OTHER (Specify)	0	0	0	0	0
BUILDINGS TOTAL	0	0	0	516,412	516,412

14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY

EQUIPMENT / VEHICLE PURCHASES	0	0	0	0	0
VEHICLE INSURANCE	0	0	0	0	0
VEHICLE MAINTENANCE	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
OTHER COUNTY CONTRIBUTIONS TOTAL	0	0	0	0	0

GRAND TOTAL CHD PROGRAM	4,277,409	5,193,650	9,471,059	5,333,511	14,804,570
-------------------------	-----------	-----------	-----------	-----------	------------

**A. COMMUNICABLE DISEASE CONTROL:**

IMMUNIZATION (101)	9.87	4,150	5,523	58,153	67,828	67,828	58,154	109,787	142,176	251,963
SEXUALLY TRANS. DIS. (102)	5.46	1,615	2,448	145,427	169,623	169,623	145,426	92,161	537,998	630,099
HIV/AIDS PREVENTION (03A1)	1.62	0	1,814	29,714	34,658	34,658	29,714	128,744	0	128,744
HIV/AIDS SURVEILLANCE (03A2)	0.00	0	0	0	0	0	0	0	0	0
HIV/AIDS PATIENT CARE (03A3)	13.74	388	1,403	519,107	605,474	605,474	519,107	182,036	2,067,126	2,249,162
ADAP (03A4)	0.67	108	467	10,719	12,503	12,503	10,719	46,444	0	46,444
TUBERCULOSIS (104)	0.96	22	130	29,554	20,974	20,974	17,555	89,057	0	89,057
COMM. DIS. SURV. (106)	5.92	0	2,351	100,867	117,649	117,649	100,867	147,579	289,453	437,032
HEPATITIS (109)	0.01	0	0	118	138	138	117	511	0	511
PREPAREDNESS AND RESPONSE (116)	4.73	0	99	119,573	139,468	139,468	119,573	518,082	0	518,082
REFUGEE HEALTH (118)	0.00	0	0	0	0	0	0	0	0	0
VITAL RECORDS (180)	1.69	9,886	21,399	24,988	29,145	29,145	24,988	0	108,266	108,266
<b>COMMUNICABLE DISEASE SUBTOTAL</b>	<b>38.66</b>	<b>15,669</b>	<b>35,634</b>	<b>1,038,220</b>	<b>1,197,460</b>	<b>1,197,460</b>	<b>1,026,220</b>	<b>1,314,401</b>	<b>3,144,959</b>	<b>4,450,360</b>

**B. PRIMARY CARE:**

CHRONIC DISEASE PREVENTION PRO (210)	1.15	955	159	20,157	23,511	23,511	20,158	87,337	0	87,337
WIC (21W1)	17.91	7,593	49,669	280,948	326,028	326,028	290,948	1,173,952	0	1,173,952
TOBACCO USE INTERVENTION (212)	2.75	0	606	45,714	53,320	53,320	45,715	198,069	0	198,069
WIC BREASTFEEDING PEER COUNSELING (21W2)	1.71	0	1,888	21,191	24,716	24,716	21,191	91,814	0	91,814
FAMILY PLANNING (223)	11.22	3,460	6,899	215,876	206,802	206,802	175,877	363,010	422,347	805,357
IMPROVED PREGNANCY OUTCOME (226)	0.00	0	0	0	0	0	0	0	0	0
HEALTHY START PRENATAL (227)	0.11	1,713	6,190	1,452	1,694	1,694	1,453	0	6,293	6,293
COMPREHENSIVE CHILD HEALTH (229)	0.00	0	0	0	0	0	0	0	0	0
HEALTHY START CHILD (231)	0.00	0	0	0	0	0	0	0	0	0
SCHOOL HEALTH (234)	3.32	0	277,071	55,173	64,353	64,353	55,174	239,053	0	239,053
COMPREHENSIVE ADULT HEALTH (237)	0.14	69	84	1,916	2,235	2,235	1,916	0	8,302	8,302
COMMUNITY HEALTH DEVELOPMENT (238)	4.71	0	821	96,511	112,568	112,568	96,512	258,605	159,554	418,159
DENTAL HEALTH (240)	12.90	4,166	7,880	255,100	297,543	297,543	255,101	129,999	975,888	1,105,287
<b>PRIMARY CARE SUBTOTAL</b>	<b>55.92</b>	<b>17,956</b>	<b>351,262</b>	<b>944,038</b>	<b>1,112,770</b>	<b>1,112,770</b>	<b>964,045</b>	<b>2,561,239</b>	<b>1,572,984</b>	<b>4,183,623</b>

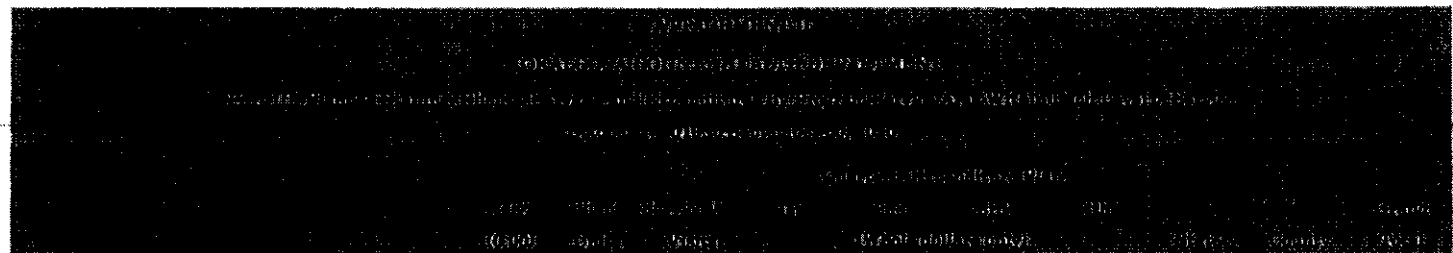
**C. ENVIRONMENTAL HEALTH:**

**Water and Onsite Sewage Programs**

COSTAL BEACH MONITORING (347)	0.18	228	245	7,550	8,806	8,806	7,549	32,711	0	32,711
LIMITED USE PUBLIC WATER SYSTEMS (357)	0.23	12	47	4,147	4,836	4,836	4,147	1,515	16,451	17,966
PUBLIC WATER SYSTEM (358)	0.00	0	0	0	0	0	0	0	0	0
PRIVATE WATER SYSTEM (359)	0.08	0	34	1,529	1,783	1,783	1,528	0	6,623	6,623
ONSITE SEWAGE TREATMENT & DISPOSAL (361)	4.52	933	1,840	78,292	91,318	91,318	78,291	158,882	180,337	339,219
<b>Group Total</b>	<b>5.01</b>	<b>1,173</b>	<b>2,166</b>	<b>91,518</b>	<b>106,743</b>	<b>106,743</b>	<b>91,515</b>	<b>193,108</b>	<b>203,411</b>	<b>395,519</b>

**Facility Programs**

TATTOO FACILITY SERVICES (344)	0.00	0	0	0	0	0	0	0	0	0
FOOD HYGIENE (348)	1.58	188	757	26,946	31,429	31,429	26,947	54,181	62,820	116,751



BODY PIERCING FACILITIES SERVICES (349)	0.00	0	0	0	0	0	0	0	0	0
GROUP CARE FACILITY (351)	0.45	57	119	8,139	9,493	9,493	8,139	0	35,264	35,264
MIGRANT LABOR CAMP (352)	0.02	2	4	445	518	518	445	0	1,926	1,926
HOUSING & PUB. BLDG. (353)	0.00	0	0	0	0	0	0	0	0	0
MOBILE HOME AND PARK (354)	0.98	112	373	16,200	18,895	18,895	16,201	59,851	10,340	70,191
POOLS/BATHING PLACES (360)	1.51	436	1,757	25,986	30,309	30,309	25,987	46,396	66,195	112,591
BIOMEDICAL WASTE SERVICES (364)	0.00	0	0	0	0	0	0	0	0	0
TANNING FACILITY SERVICES (369)	0.15	26	165	2,488	2,903	2,903	2,488	2,734	8,048	10,782
<b>Group Total</b>	<b>4.69</b>	<b>831</b>	<b>3,175</b>	<b>80,204</b>	<b>93,547</b>	<b>93,547</b>	<b>80,207</b>	<b>163,112</b>	<b>184,393</b>	<b>347,505</b>
<b>Groundwater Contamination</b>										
STORAGE TANK COMPLIANCE SERVICES (365)	0.00	0	0	0	0	0	0	0	0	0
SUPER ACT SERVICES (366)	0.11	0	15	2,204	2,570	2,570	2,204	0	9,548	9,548
<b>Group Total</b>	<b>0.11</b>	<b>0</b>	<b>15</b>	<b>2,204</b>	<b>2,570</b>	<b>2,570</b>	<b>2,204</b>	<b>0</b>	<b>9,548</b>	<b>9,548</b>
<b>Community Hygiene</b>										
COMMUNITY ENVIR. HEALTH (345)	0.00	0	0	0	0	0	0	0	0	0
INJURY PREVENTION (346)	0.00	0	0	0	7,354	7,354	12,610	0	27,318	27,318
LEAD MONITORING SERVICES (350)	0.00	0	0	0	0	0	0	0	0	0
PUBLIC SEWAGE (362)	0.01	0	0	230	268	268	231	0	997	997
SOLID WASTE DISPOSAL SERVICE (368)	0.00	0	0	0	0	0	0	0	0	0
SANITARY NUISANCE (366)	0.47	344	405	16,856	6,162	6,162	4,856	0	34,036	34,036
RABIES SURVEILLANCE (368)	0.16	8	47	10,832	1,970	1,970	1,832	0	16,604	16,604
ARBORVIRUS SURVEIL. (367)	0.00	0	0	0	0	0	0	0	0	0
RODENT/ARTHROPOD CONTROL (368)	0.00	0	0	0	0	0	0	0	0	0
WATER POLLUTION (370)	0.00	0	0	0	0	0	0	0	0	0
INDOOR AIR (371)	0.00	0	0	0	0	0	0	0	0	0
RADIOLOGICAL HEALTH (372)	0.00	0	0	0	0	0	0	0	0	0
TOXIC SUBSTANCES (373)	0.00	0	0	0	0	0	0	0	0	0
<b>Group Total</b>	<b>0.64</b>	<b>352</b>	<b>452</b>	<b>27,918</b>	<b>15,754</b>	<b>15,754</b>	<b>19,529</b>	<b>0</b>	<b>78,955</b>	<b>78,955</b>
<b>ENVIRONMENTAL HEALTH SUBTOTAL</b>	<b>10.45</b>	<b>2,356</b>	<b>5,806</b>	<b>201,844</b>	<b>218,614</b>	<b>218,614</b>	<b>193,455</b>	<b>356,220</b>	<b>476,307</b>	<b>832,527</b>
<b>D. NON-OPERATIONAL COSTS:</b>										
NON-OPERATIONAL COSTS (599)	0.00	0	0	2,966	3,459	3,459	2,966	12,850	0	12,850
ENVIRONMENTAL HEALTH SURCHARGE (399)	0.00	0	0	7,098	8,278	8,278	7,098	30,752	0	30,752
MEDICAID BUYBACK (611)	0.00	0	0	449	524	524	450	1,947	0	1,947
<b>NON-OPERATIONAL COSTS SUBTOTAL</b>	<b>0.00</b>	<b>0</b>	<b>0</b>	<b>10,513</b>	<b>12,261</b>	<b>12,261</b>	<b>10,514</b>	<b>45,549</b>	<b>0</b>	<b>45,549</b>
<b>TOTAL CONTRACT</b>	<b>105.03</b>	<b>35,981</b>	<b>392,704</b>	<b>2,194,615</b>	<b>2,541,105</b>	<b>2,541,105</b>	<b>2,194,234</b>	<b>4,277,409</b>	<b>5,193,650</b>	<b>9,471,059</b>







# Okaloosa DE580 Analysis of Fund Equities Report

Note: This report is based upon Schedule C, FIRS  
and year-to-date FLAIR transactions as of 12/31/2019

Okaloosa CHD (643646) DE580 Analysis of Fund Equities Report for fiscal year 2019-2020 as of 12/31/2019  
Actual Year-to-Date (through Dec)

OCA	OCA Title	Beginning Cash	Revenues YTD	Expenditures YTD	Certified Forward Expenditures YTD	Actual Cash YTD
<b>State</b>						
1E000	ON SITE SEWAGE DISPOSAL PERMIT FEES	158.40	7,037.20	7,168.00	0.00	27.60
1O000	SANITATION CERTIFICATES (FOOD INSPECTION)	0.00	2,898.50	2,878.50	0.00	20.00
4B000	AIDS PATIENT CARE	0.00	50,000.00	40,054.77	0.00	9,945.23
4BAPS	AIDS PREVENTION & SURVEILLANCE - GENERAL REVENUE	0.00	10,460.00	6,582.72	0.00	3,877.28
7F000	CHD - TB COMMUNITY PROGRAM	2,443.58	29,682.00	28,421.41	2,443.52	1,260.65
9V000	STATE UNDERGROUND PETROLEUM RESPONSE ACT	0.00	2,790.00	925.63	0.00	1,864.37
ADA20	AIDS DRUG ASSISTANCE PROGRAM ADMIN HQ	0.00	19,750.97	23,089.44	0.00	(3,338.47)
ADA21	AIDS DRUG ASSISTANCE PROGRAM ADMIN HQ	0.00	0.00	0.00	0.00	0.00
B9000	SEPTIC TANK RESEARCH SURCHARGE	30.00	1,220.00	1,245.00	0.00	5.00
BPC17	WIC BREASTFEEDING PEER COUNSELING PROG	(1,370.92)	1,370.92	0.00	0.00	0.00
BPC18	WIC BREASTFEEDING PEER COUNSELING PROG	0.00	9,657.64	9,137.64	1,151.12	(631.12)
BPC19	WIC BREASTFEEDING PEER COUNSELING PROG	0.00	44.63	18.88	0.00	25.75
BY000	SEPTIC TANK VARIANCE FEES 50%	(746.00)	0.00	0.00	0.00	(746.00)
CBM19	COASTAL BEACH WATER QUALITY MONITORING	(871.76)	2,450.79	2,029.27	386.77	(837.01)
CBM20	COASTAL BEACH WATER QUALITY MONITORING	0.00	0.00	7.50	0.00	(7.50)
CIP18	COMPREHENSIVE COMMUNITY CARDIO - PHBG	0.00	8,750.00	8,750.00	0.00	0.00
CIP19	COMPREHENSIVE COMMUNITY CARDIO - PHBG	0.00	0.00	5,496.48	0.00	(5,496.48)
DNSPJ	DENTAL SPECIAL INITIATIVE PROJECTS	0.00	2,988.00	1,297.00	0.00	1,691.00
EHHBM	HEALTHY BEACHES MONITORING	0.00	7,194.00	6,429.05	0.00	764.95
ENVFE	CHD STATEWIDE ENVIRONMENTAL FEES	13,168.63	137,149.29	136,312.02	13,168.63	837.27
FMP20	FAMILY PLANNING TITLE X - GRANT	0.00	100,789.24	132,396.26	0.00	(31,607.02)
FMPGR	FAMILY PLANNING GENERAL REVENUE	0.00	27,336.00	20,134.26	0.00	7,201.74
HUFW9	HURRICANE CRISIS COAG FOOD AND WATER	0.00	1,501.13	1,501.13	0.00	0.00
IMM18	IMMUNIZATION ACTION PLAN	(205.11)	0.00	0.00	0.00	(205.11)
IMM20	IMMUNIZATION ACTION PLAN	0.00	14,138.44	18,700.22	0.00	(4,561.78)
K3000	PUBLIC SWIMMING POOL PERMIT FEES-10% HQ TRANSFER	7,550.00	1,405.00	8,955.00	0.00	0.00



M5000	DRINKING WATER PROGRAM OPERATIONS	0.00	150.50	150.50	0.00	0.00
MC238	MCH SPECIAL PRJCT UNPLANNED PREGNANCY	0.00	16,782.00	16,782.00	0.00	0.00
MC239	MCH SPECIAL PRJCT UNPLANNED PREGNANCY	0.00	14,453.48	14,453.48	0.00	0.00
NCGRV	CHD GENERAL REVENUE NON-CATEGORICAL	28,243.18	756,088.00	751,786.06	28,243.18	4,301.94
PCG00	PRIMARY CARE PROGRAM	0.00	122,534.00	113,752.33	0.00	8,781.67
PHCP0	BASE COMMUNITY PREPAREDNESS CAPABILITY	0.00	51,920.64	54,766.74	0.00	(2,846.10)
PHCP9	BASE COMMUNITY PREPAREDNESS CAPABILITY	(7,873.06)	10,649.01	603.14	2,172.81	0.00
PHEI0	BASE EMERGENCY OPERATIONS COORDINATON (ESF8)	0.00	21,072.43	21,754.23	0.00	(681.80)
PHEI9	BASE PUB HLTH SURVEILLANCE & EPI INVESTIGATION	(1,869.30)	4,168.13	221.34	2,077.49	0.00
PHRP0	BASE REGIONAL PREPAREDNESS CAPABILITY	0.00	20,386.29	20,802.60	0.00	(416.31)
R9000	TANNING FACILITIES	0.00	286.00	286.00	0.00	0.00
RSIRB	PUBLIC HLTH RESEARCH - IRB PROGRAM	2,094.00	0.00	0.00	0.00	2,094.00
SCHGR	SCHOOL HEALTH SERVICES - GENERAL REVENUE	9,123.60	88,620.00	68,763.99	6,585.71	22,393.90
SEWTN	ONSITE SEWAGE TRAINING CENTER	5.00	395.00	400.00	0.00	0.00
TCI19	TOBACCO STATE AND COMMUNITY INTERVENTIONS	5,395.61	0.00	146.27	5,349.98	(100.64)
TCI20	TOBACCO STATE AND COMMUNITY INTERVENTIONS	0.00	75,344.00	59,720.68	0.00	15,623.32
UQ000	MOBILE HOME & RV PARK FEES	0.00	1,291.60	1,291.60	0.00	0.00
WIC19	WIC PROGRAM ADMINISTRATION	(32,850.64)	257,935.69	225,085.05	0.00	0.00
WIC20	WIC PROGRAM ADMINISTRATION	0.00	128,462.15	160,592.74	0.00	(32,130.59)
<b>State Total</b>		<b>22,425.21</b>	<b>2,009,152.67</b>	<b>1,972,888.93</b>	<b>61,579.21</b>	<b>(2,890.26)</b>

**Local**

340BP	340B PRESCRIPTION DRUG SERVICE AGREEMENT	0.00	984,368.66	818,289.00	0.00	166,079.66
CLFEE	CHD CLINIC FEES	455,212.03	759,933.66	714,117.10	83,166.46	417,862.13
ENVLF	CHD LOCAL ENVIRONMENTAL FEES	342,493.63	110,654.00	76,558.67	4,785.70	371,803.26
HSCNT	CHD HEALTHY START COALITION CONTRACT	0.00	0.00	112.45	0.00	(112.45)
HSDMT	HEALTHY START DATA MANAGEMENT	0.00	863.85	1,354.62	0.00	(490.77)
JV000	VITAL STATISTICS CERTIFIED RECORDS	145,017.67	132,305.50	182,342.98	44,664.40	50,315.79
LOGOV	CHD LOCAL REVENUE & EXPENDITURES	(31,458.70)	251,172.96	302,359.02	18,679.71	(101,324.47)
RWT20	RYAN WHITE TITLE III - DIRECT TO CHD	(47,805.59)	184,946.39	159,846.62	2,401.95	(25,107.77)
RWT21	RYAN WHITE TITLE III - DIRECT TO CHD	0.00	0.00	0.00	0.00	0.00
SALGS	CHD SALE OF SERVICES IN OR OUTSIDE OF STATE GOVT	0.00	0.00	(140.00)	0.00	140.00
TFAH9	TRUST FOR AMERICAS HEALTH AGREEMENT	5,000.00	0.00	0.00	0.00	5,000.00
TSDRN	TROPICAL STORM DORIAN	0.00	0.00	198.00	0.00	(198.00)
TSIRM	HURRICANE IRMA EXECUTIVE ORDER 17-235	17.00	0.00	0.00	0.00	17.00
<b>Local Total</b>		<b>868,476.04</b>	<b>2,424,245.02</b>	<b>2,255,038.46</b>	<b>153,698.22</b>	<b>883,984.38</b>

**Grand Total**

**890,901.25 4,433,397.69 4,227,927.39 215,277.43 881,094.12**

## CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 11/7/18

Contract/Lease Control #: C97-0025-HD

Procurement#: N/A

Contract/Lease Type: CONTRACT

Award To/Lessee: FLORIDA DEPARTMENT OF HEALTH

Owner/Lessor: OKALOOSA COUNTY

Effective Date: 10/01/2018

Expiration Date: 09/30/19

Description of Contract/Lease: OPERATION OF THE HEALTH DEPARTMENT

Department: HD

Department Monitor: K. CHAPMAN

Monitor's Telephone #: 850-833-9240

Monitor's FAX # or E-mail: KCHAPMAN@MYOKALOOSA.COM

Closed:

Cc: Finance Department Contracts & Grants Office

**PROCUREMENT/CONTRACT/LEASE  
INTERNAL COORDINATION SHEET**

Procurement/Contract/Lease Number: C97-0025-H0 Tracking Number: 3551-19  
Procurement/Contractor/Lessee Name: State of Florida Grant Funded: YES \_\_\_ NO Y  
Purpose: Contract  
Date/Term: 9-30-20  
Amount: \$601,661.00  
Department: BCC  
Dept. Monitor Name: Hofstad

1.  GREATER THAN \$100,000  
2.  GREATER THAN \$50,000  
3.  \$50,000 OR LESS

**Purchasing Review**

Procurement or Contract/Lease requirements are met:  
Oketa Mosa Date: 8-30-19  
Purchasing Director or designee Jeff Hyde, DeRita Mason, Jesica Darr

**2CFR Compliance Review (if required)**

Approved as written: no federal funds Grant Name: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_  
Grants Coordinator Danielle Garcia

**Risk Management Review**

Approved as written: see email attached Date: 9-3-19  
\_\_\_\_\_ Date: \_\_\_\_\_  
Risk Manager or designee

**County Attorney Review**

Approved as written: see email attached Date: 9-6-19  
\_\_\_\_\_ Date: \_\_\_\_\_  
County Attorney Gregory T. Stewart, Lynn Hoshihara, Kerry Parsons or Designee

Following Okaloosa County approval:

**Clerk Finance**

Document has been received:  
\_\_\_\_\_ Date: \_\_\_\_\_  
Finance Manager or designee

## DeRita Mason

---

**From:** Parsons, Kerry <KParsons@ngn-tally.com>  
**Sent:** Thursday, September 5, 2019 4:48 PM  
**To:** DeRita Mason  
**Cc:** Karen Donaldson; Lynn Hoshihara  
**Subject:** RE: State of Florida/Health Department Contract

This is approved for legal purposes.

**Kerry A. Parsons, Esq.**

**Nabors  
Giblin &  
Nickerson**  
ATTORNEYS AT LAW

1500 Mahan Dr. Ste. 200  
Tallahassee, FL 32308  
T. (850) 224-4070  
[Kparsons@ngn-tally.com](mailto:Kparsons@ngn-tally.com)

*The information contained in this e-mail message is intended for the personal and confidential use of the recipient(s) named above. This message and its attachments may be an attorney-client communication and, as such, is privileged and confidential. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error and that any review, dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone or e-mail and delete the original message. Thank you!*

**From:** DeRita Mason <dmason@myokaloosa.com>  
**Sent:** Friday, August 30, 2019 5:11 PM  
**To:** Parsons, Kerry <KParsons@ngn-tally.com>; Lynn Hoshihara <lhoshihara@myokaloosa.com>  
**Cc:** Karen Donaldson <kdonaldson@myokaloosa.com>  
**Subject:** State of Florida/Health Department Contract

Please review and approve.

Thank you,

DeRita



DeRita Mason  
Contracts and Lease Coordinator  
Okaloosa County Purchasing Department  
5479A Old Bethel Road  
Crestview, Florida 32536  
(850) 689-5960  
[dmason@myokaloosa.com](mailto:dmason@myokaloosa.com)

## DeRita Mason

---

**From:** Karen Donaldson  
**Sent:** Saturday, August 31, 2019 3:38 PM  
**To:** DeRita Mason  
**Subject:** RE: State of Florida/Health Department Contract

DeRita

This is approved by risk management; there is no insurance component in this contract.

Thank you

*Karen Donaldson*

Karen Donaldson  
Public Records and Contracts Specialist  
Okaloosa County Risk Management  
5479-B Old Bethel Rd.  
Crestview, Fl. 32536  
850.683.6207  
[KDonaldson@myokaloosa.com](mailto:KDonaldson@myokaloosa.com)



*Please note: Due to Florida's very broad public records laws, most written communications to or from county employees regarding county business are public records, available to the public and media upon request. Therefore, this written e-mail communication, including your e-mail address, may be subject to public disclosure.*

---

**From:** DeRita Mason <[dmason@myokaloosa.com](mailto:dmason@myokaloosa.com)>  
**Sent:** Friday, August 30, 2019 4:11 PM  
**To:** 'Parsons, Kerry' <[KParsons@ngn-tally.com](mailto:KParsons@ngn-tally.com)>; Lynn Hoshihara <[lhoshihara@myokaloosa.com](mailto:lhoshihara@myokaloosa.com)>  
**Cc:** Karen Donaldson <[kdonaldson@myokaloosa.com](mailto:kdonaldson@myokaloosa.com)>  
**Subject:** State of Florida/Health Department Contract

Please review and approve.

Thank you,

DeRita

**CONTRACT BETWEEN  
OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS  
AND  
STATE OF FLORIDA DEPARTMENT OF HEALTH  
FOR OPERATION OF THE  
OKALOOSA COUNTY HEALTH DEPARTMENT  
CONTRACT YEAR 2019-2020**

This contract is made and entered into between the State of Florida, Department of Health ("State") and the Okaloosa County Board of County Commissioners ("County"), through their undersigned authorities, effective October 1, 2019.

**RECITALS**

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

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

C. Okaloosa County Health Department ("CHD") is one of the created County Health Departments.

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

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

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

2. **TERM.** The parties mutually agree that this contract shall be effective from October 1, 2019, through September 30, 2020, or until a written contract replacing this contract is entered into between the parties, whichever is later, unless this contract is otherwise terminated pursuant to the termination provisions set forth in paragraph 8. below.

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

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

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

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

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

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

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

- i. The State's appropriated responsibility (*direct contribution excluding any state fees, Medicaid contributions or any other funds not listed on the Schedule C*) as provided in Attachment II, Part II is an amount not to exceed \$ 3,750,361 (*State General Revenue, State Funds, Other State Funds and Federal Funds listed on the Schedule C*). The State's obligation to pay under this contract is contingent upon an annual appropriation by the Legislature.
- ii. The County's appropriated responsibility (*direct contribution excluding any fees, other cash or local contributions*) as provided in Attachment II, Part II is an amount not to exceed \$601,661 (*amount listed under the "Board of County Commissioners Annual Appropriations section of the revenue attachment*).

b. Overall expenditures will not exceed available funding or budget authority, whichever is less, (either current year or from surplus trust funds) in any service category. Unless requested otherwise, any surplus at the end of the term of this contract in the County Health



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

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

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

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

County Health Department Trust Fund  
Okaloosa County  
221 Hospital Dr. NE  
Fort Walton Beach, FL 32548

5. CHD DIRECTOR/ADMINISTRATOR. Both parties agree the director/administrator of the CHD shall be a State employee or under contract with the State and will be under the day-to-day direction of the Deputy Secretary for County Health Systems. The director/administrator shall be selected by the State with the concurrence of the County. The director/administrator of the CHD shall ensure that non-categorical sources of funding are used to fulfill public health priorities in the community and the Long Range Program Plan.

6. ADMINISTRATIVE POLICIES AND PROCEDURES. The parties hereto agree that the following standards should apply in the operation of the CHD:

a. The CHD and its personnel shall follow all State policies and procedures, except to the extent permitted for the use of County purchasing procedures as set forth in subparagraph b., below. All CHD employees shall be State or State-contract personnel subject to State personnel rules and procedures. Employees will report time in the Health Management System compatible format by program component as specified by the State.

b. The CHD shall comply with all applicable provisions of federal and state laws and regulations relating to its operation with the exception that the use of County purchasing procedures shall be allowed when it will result in a better price or service and no statewide Department of Health purchasing contract has been implemented for those goods or services. In such cases, the CHD director/administrator must sign a justification therefore, and all County purchasing procedures must be followed in their entirety, and such compliance shall be documented. Such justification and compliance documentation shall be maintained by the CHD in accordance with the terms of this contract. State procedures must be followed for all leases on facilities not enumerated in Attachment IV.

c. The CHD shall maintain books, records and documents in accordance with the Generally Accepted Accounting Principles (GAAP), as promulgated by the Governmental Accounting Standards Board (GASB), and the requirements of federal or state law. These records shall be maintained as required by the Department of Health Policies and Procedures for Records Management and shall be open for inspection at any time by the parties and the public, except for those records that are not otherwise subject to disclosure as provided by law which are subject to the confidentiality provisions of paragraphs 6.i. and 6.k., below. Books, records and documents must be adequate to allow the CHD to comply with the following reporting requirements:

- i. The revenue and expenditure requirements in the Florida Accounting Information Resource (FLAIR) System;
- ii. The client registration and services reporting requirements of the minimum data set as specified in the most current version of the Client Information System/Health Management Component Pamphlet;
- iii. Financial procedures specified in the Department of Health's Accounting Procedures Manuals, Accounting memoranda, and Comptroller's memoranda;
- iv. The CHD is responsible for assuring that all contracts with service providers include provisions that all subcontracted services be reported to the CHD in a manner consistent with the client registration and service reporting requirements of the minimum data set as specified in the Client Information System/Health Management Component Pamphlet.

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

e. That any surplus/deficit funds, including fees or accrued interest, remaining in the County Health Department Trust Fund account at the end of the contract year shall be credited/debited to the State or County, as appropriate, based on the funds contributed by each and the expenditures incurred by each. Expenditures will be charged to the program accounts by State and County based on the ratio of planned expenditures in this contract and funding from all sources is credited to the program accounts by State and County. The equity share of any surplus/deficit funds accruing to the State and County is determined each month and at contract year-end. Surplus funds may be applied toward the funding requirements of each participating governmental entity in the following year. However, in each such case, all surplus funds, including fees and accrued interest, shall remain in the trust fund until accounted for in a manner which clearly illustrates the amount which has been credited to each participating governmental entity. The planned use of surplus funds shall be reflected in Attachment II, Part I of this contract, with special capital projects explained in Attachment V.

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

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

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

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

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

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

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

m. The CHD shall establish a system through which applicants for services and current clients may present grievances over denial, modification or termination of services. The CHD will advise applicants of the right to appeal a denial or exclusion from services, of failure to

take account of a client's choice of service, and of his/her right to a fair hearing to the final governing authority of the agency. Specific references to existing laws, rules or program manuals are included in Attachment I of this contract.

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

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

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

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

- i. March 1, 2020 for the report period October 1, 2019 through December 31, 2019;
- ii. June 1, 2020 for the report period October 1, 2019 through March 31, 2020;
- iii. September 1, 2020 for the report period October 1, 2019 through June 30, 2020; and
- iv. December 1, 2020 for the report period October 1, 2019 through September 30, 2020.

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

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

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

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

8. TERMINATION.

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

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

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

9. MISCELLANEOUS. The parties further agree:

a. Availability of Funds. If this contract, any renewal hereof, or any term, performance or payment hereunder, extends beyond the fiscal year beginning July 1, 2020, it is agreed that the performance and payment under this contract are contingent upon an annual appropriation by the Legislature, in accordance with section 287.0582, Florida Statutes.

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

For the State:

Laura Green  
Name  
Business Manager  
Title  
221 Hospital Dr. NE

Fort Walton Beach, FL 32548  
Address

For the County:

Gary Stanford  
Name  
Finance Director  
Title  
101 E James Lee Blvd

Crestview, FL 32536  
Address

850) 344-0518  
Telephone

(850) 689-5639  
Telephone

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

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

In WITNESS THEREOF, the parties hereto have caused this eight page contract, with its attachments as referenced, including Attachment I (two pages), Attachment II (six pages), Attachment III (one page), Attachment IV (one page), and Attachment V (one page), to be executed by their undersigned officials as duly authorized effective the 1<sup>st</sup> day of October, 2019.

**BOARD OF COUNTY COMMISSIONERS  
FOR OKALOOSA COUNTY**

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

SIGNED BY: Charles K. Windes, Jr.

NAME: Charles K. Windes, Jr.

TITLE: Chairman

DATE: SEP 17 2019



SIGNED BY: Scott A. Rivkees, MD

NAME: Scott A. Rivkees, MD

TITLE: State Surgeon General

DATE: 10/10/19

ATTESTED TO:

SIGNED BY: Gary J. Stanford

NAME: Gary Stanford

TITLE: Finance Director

DATE: SEP 17 2019



SIGNED BY: Karen A. Chapman, MD, MPH

NAME: Karen A. Chapman, MD, MPH

TITLE: CHD Director

DATE: 9/23/19

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

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

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

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

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



**ATTACHMENT II**  
**OKALOOSA COUNTY HEALTH DEPARTMENT**  
**PART I. PLANNED USE OF COUNTY HEALTH DEPARTMENT TRUST FUND BALANCES**

	Estimated State Share of CHD Trust Fund Balance	Estimated County Share of CHD Trust Fund Balance	Total
1. CHD Trust Fund Ending Balance 09/30/19	22425	868476	890901
2. Drawdown for Contract Year October 1, 2019 to September 30, 2020	-22425	-55865	-78290
3. Special Capital Project use for Contract Year October 1, 2019 to September 30, 2020	0	0	0
4. Balance Reserved for Contingency Fund October 1, 2019 to September 30, 2020	0	812611	812611

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

## ATTACHMENT II

### OKALOOSA COUNTY HEALTH DEPARTMENT

#### Part II, Sources of Contributions to County Health Department

October 1, 2019 to September 30, 2020

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contributions	Total
<b>1. GENERAL REVENUE - STATE</b>					
015040 AIDS PATIENT CARE	100,000	0	100,000	0	100,000
015040 AIDS PREVENTION & SURVEILLANCE - GENERAL REVENUE	20,920	0	20,920	0	20,920
015040 CHD - TB COMMUNITY PROGRAM	59,363	0	59,363	0	59,363
015040 DENTAL SPECIAL INITIATIVE PROJECTS	5,977	0	5,977	0	5,977
015040 HEALTHY BEACHES MONITORING	14,219	0	14,219	0	14,219
015040 FAMILY PLANNING GENERAL REVENUE	54,671	0	54,671	0	54,671
015040 PRIMARY CARE PROGRAM	245,068	0	245,068	0	245,068
015040 SCHOOL HEALTH SERVICES - GENERAL REVENUE	177,240	0	177,240	0	177,240
015050 CHD GENERAL REVENUE NON-CATEGORICAL	1,499,358	0	1,499,358	0	1,499,358
<b>GENERAL REVENUE TOTAL</b>	<b>2,176,816</b>	<b>0</b>	<b>2,176,816</b>	<b>0</b>	<b>2,176,816</b>
<b>2. NON GENERAL REVENUE - STATE</b>					
015010 TOBACCO STATE AND COMMUNITY INTERVENTIONS	150,688	0	150,688	0	150,688
<b>NON GENERAL REVENUE TOTAL</b>	<b>150,688</b>	<b>0</b>	<b>150,688</b>	<b>0</b>	<b>150,688</b>
<b>3. FEDERAL FUNDS - STATE</b>					
007000 WIC BREASTFEEDING PEER COUNSELING PROG	68,553	0	68,553	0	68,553
007000 COASTAL BEACH WATER QUALITY MONITORING	7,440	0	7,440	0	7,440
007000 COMPREHENSIVE COMMUNITY CARDIO - PHBG	35,000	0	35,000	0	35,000
007000 FAMILY PLANNING TITLE X - GRANT	175,881	0	175,881	0	175,881
007000 HURRICANE CRISIS COAG FOOD AND WATER	1,501	0	1,501	0	1,501
007000 IMMUNIZATION ACTION PLAN	43,423	0	43,423	0	43,423
007000 MCH SPECIAL PRJCT UNPLANNED PREGNANCY	56,969	0	56,969	0	56,969
007000 BASE COMMUNITY PREPAREDNESS CAPABILITY	92,435	0	92,435	0	92,435
007000 BASE EMERGENCY OPERATIONS COORDINATON (ESF8)	47,989	0	47,989	0	47,989
007000 BASE REGIONAL PREPAREDNESS CAPABILITY	65,164	0	65,164	0	65,164
007000 WIC PROGRAM ADMINISTRATION	883,417	0	883,417	0	883,417
018005 AIDS DRUG ASSISTANCE PROGRAM ADMIN HQ	31,074	0	31,074	0	31,074
<b>FEDERAL FUNDS TOTAL</b>	<b>1,508,846</b>	<b>0</b>	<b>1,508,846</b>	<b>0</b>	<b>1,508,846</b>
<b>4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE</b>					
001020 CHD STATEWIDE ENVIRONMENTAL FEES	124,861	0	124,861	0	124,861
001092 CHD STATEWIDE ENVIRONMENTAL FEES	154,395	0	154,395	0	154,395
001206 ON SITE SEWAGE DISPOSAL PERMIT FEES	12,989	0	12,989	0	12,989
001206 SANITATION CERTIFICATES (FOOD INSPECTION)	3,094	0	3,094	0	3,094
001206 SEPTIC TANK RESEARCH SURCHARGE	1,700	0	1,700	0	1,700
001206 SEPTIC TANK VARIANCE FEES 50%	250	0	250	0	250
001206 PUBLIC SWIMMING POOL PERMIT FEES-10% HQ TRANSFER	8,928	0	8,928	0	8,928
001206 DRINKING WATER PROGRAM OPERATIONS	63	0	63	0	63
001206 TANNING FACILITIES	301	0	301	0	301
001206 ONSITE SEWAGE TRAINING CENTER	1,225	0	1,225	0	1,225
001206 MOBILE HOME & RV PARK FEES	1,335	0	1,335	0	1,335
<b>FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL</b>	<b>309,141</b>	<b>0</b>	<b>309,141</b>	<b>0</b>	<b>309,141</b>

## ATTACHMENT II

### OKALOOSA COUNTY HEALTH DEPARTMENT

#### Part II, Sources of Contributions to County Health Department

October 1, 2019 to September 30, 2020

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>5. OTHER CASH CONTRIBUTIONS - STATE:</b>					
	0	0	0	0	0
090001 DRAW DOWN FROM PUBLIC HEALTH UNIT	22,425	0	22,425	0	22,425
<b>OTHER CASH CONTRIBUTION TOTAL</b>	<b>22,425</b>	<b>0</b>	<b>22,425</b>	<b>0</b>	<b>22,425</b>
<b>6. MEDICAID - STATE/COUNTY:</b>					
001057 CHD CLINIC FEES	0	193,073	193,073	0	193,073
001148 CHD CLINIC FEES	0	1,151,616	1,151,616	0	1,151,616
<b>MEDICAID TOTAL</b>	<b>0</b>	<b>1,344,689</b>	<b>1,344,689</b>	<b>0</b>	<b>1,344,689</b>
<b>7. ALLOCABLE REVENUE - STATE:</b>					
018000 CHD CLINIC FEES	2,164	0	2,164	0	2,164
<b>ALLOCABLE REVENUE TOTAL</b>	<b>2,164</b>	<b>0</b>	<b>2,164</b>	<b>0</b>	<b>2,164</b>
<b>8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE</b>					
ADAP	0	0	0	672,751	672,751
PHARMACY DRUG PROGRAM	0	0	0	32,892	32,892
WIC PROGRAM	0	0	0	3,385,550	3,385,550
BUREAU OF PUBLIC HEALTH LABORATORIES	0	0	0	19,182	19,182
IMMUNIZATIONS	0	0	0	706,724	706,724
<b>OTHER STATE CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4,817,099</b>	<b>4,817,099</b>
<b>9. DIRECT LOCAL CONTRIBUTIONS - BCC/TAX DISTRICT</b>					
008005 CHD LOCAL REVENUE & EXPENDITURES	0	601,661	601,661	0	601,661
<b>DIRECT COUNTY CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>601,661</b>	<b>601,661</b>	<b>0</b>	<b>601,661</b>
<b>10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY</b>					
001073 340B PRESCRIPTION DRUG SERVICE AGREEMENT	0	1,131,000	1,131,000	0	1,131,000
001073 CHD CLINIC FEES	0	48,685	48,685	0	48,685
001077 CHD CLINIC FEES	0	52,852	52,852	0	52,852
001094 CHD LOCAL ENVIRONMENTAL FEES	0	238,909	238,909	0	238,909
001110 VITAL STATISTICS CERTIFIED RECORDS	0	279,123	279,123	0	279,123
<b>FEES AUTHORIZED BY COUNTY TOTAL</b>	<b>0</b>	<b>1,750,569</b>	<b>1,750,569</b>	<b>0</b>	<b>1,750,569</b>
<b>11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY</b>					
001029 340B PRESCRIPTION DRUG SERVICE AGREEMENT	0	399,312	399,312	0	399,312
001029 CHD CLINIC FEES	0	67,225	67,225	0	67,225
001090 CHD CLINIC FEES	0	1,324	1,324	0	1,324
005000 CHD LOCAL REVENUE & EXPENDITURES	0	2,000	2,000	0	2,000
007010 RYAN WHITE TITLE III - DIRECT TO CHD	0	229,269	229,269	0	229,269
007010 RYAN WHITE TITLE III - DIRECT TO CHD	0	76,898	76,898	0	76,898
010300 STATE UNDERGROUND PETROLEUM RESPONSE ACT	0	2,500	2,500	0	2,500
011001 HEALTHY START DATA MANAGEMENT	0	3,786	3,786	0	3,786
090002 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	55,865	55,865	0	55,865
<b>OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>838,179</b>	<b>838,179</b>	<b>0</b>	<b>838,179</b>
<b>12. ALLOCABLE REVENUE - COUNTY</b>					

## ATTACHMENT II

### OKALOOSA COUNTY HEALTH DEPARTMENT

#### Part II, Sources of Contributions to County Health Department

October 1, 2019 to September 30, 2020

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
018000 CHD CLINIC FEES	0	2,164	2,164	0	2,164
<b>COUNTY ALLOCABLE REVENUE TOTAL</b>	<b>0</b>	<b>2,164</b>	<b>2,164</b>	<b>0</b>	<b>2,164</b>
<b>13. BUILDINGS - COUNTY</b>					
ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	440,412	440,412
JANITORIAL	0	0	0	76,000	76,000
UTILITIES	0	0	0	0	0
BUILDING MAINTENANCE	0	0	0	0	0
GROUNDS MAINTENANCE	0	0	0	0	0
INSURANCE	0	0	0	0	0
OTHER (Specify)	0	0	0	0	0
OTHER (Specify)	0	0	0	0	0
<b>BUILDINGS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>516,412</b>	<b>516,412</b>
<b>14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY</b>					
EQUIPMENT / VEHICLE PURCHASES	0	0	0	0	0
VEHICLE INSURANCE	0	0	0	0	0
VEHICLE MAINTENANCE	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
<b>OTHER COUNTY CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>GRAND TOTAL CHD PROGRAM</b>	<b>4,170,080</b>	<b>4,537,262</b>	<b>8,707,342</b>	<b>5,333,511</b>	<b>14,040,853</b>

**ATTACHMENT II**

**OKALOOSA COUNTY HEALTH DEPARTMENT**

**Part III, Planned Staffing, Clients, Services and Expenditures By Program Service Area Within Each Level of Service  
October 1, 2019 to September 30, 2020**

	FTE's (0.00)	Clients Units	Services/ Visits	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd	3rd	4th			
				(Whole dollars only)						
<b>A. COMMUNICABLE DISEASE CONTROL:</b>										
IMMUNIZATION (101)	3.90	4,182	5,565	57,913	67,549	67,549	57,913	124,246	126,678	250,924
SEXUALLY TRANS. DIS. (102)	5.16	1,527	2,313	122,269	142,612	142,612	122,268	110,277	419,484	529,761
HIV/AIDS PREVENTION (03A1)	1.16	0	1,299	22,510	26,255	26,255	22,510	97,630	0	97,530
HIV/AIDS SURVEILLANCE (03A2)	0.00	0	0	0	0	0	0	0	0	0
HIV/AIDS PATIENT CARE (03A3)	12.60	355	1,287	421,036	491,087	491,087	421,035	182,035	1,642,210	1,824,245
ADAP (03A4)	0.67	108	467	10,678	12,454	12,454	10,678	46,264	0	46,264
TUBERCULOSIS (104)	0.96	22	132	20,613	24,043	24,043	20,613	89,312	0	89,312
COMM. DIS. SURV. (106)	5.94	0	2,359	98,901	115,356	115,356	98,902	156,822	271,693	428,515
HEPATITIS (109)	0.00	0	0	0	0	0	0	0	0	0
PREPAREDNESS AND RESPONSE (116)	4.74	0	99	91,688	106,943	106,943	91,688	397,262	0	397,262
REFUGEE HEALTH (118)	0.00	0	0	0	0	0	0	0	0	0
VITAL RECORDS (180)	1.68	9,386	21,399	24,371	28,426	28,426	24,371	0	105,594	105,594
<b>COMMUNICABLE DISEASE SUBTOTAL</b>	<b>36.82</b>	<b>15,580</b>	<b>34,920</b>	<b>869,979</b>	<b>1,014,725</b>	<b>1,014,725</b>	<b>869,978</b>	<b>1,203,748</b>	<b>2,565,659</b>	<b>3,769,407</b>
<b>B. PRIMARY CARE:</b>										
CHRONIC DISEASE PREVENTION PRO (210)	1.16	964	160	19,830	23,129	23,129	19,829	85,917	0	85,917
WIC (21W1)	18.04	7,648	50,030	262,785	306,507	306,507	262,784	1,138,583	0	1,138,583
TOBACCO USE INTERVENTION (212)	2.76	0	608	46,369	54,084	54,084	46,368	200,905	0	200,905
WIC BREASTFEEDING PEER COUNSELING (21W2)	1.72	0	1,894	20,703	24,148	24,148	20,703	89,702	0	89,702
FAMILY PLANNING (223)	11.27	3,475	6,930	185,178	215,988	215,988	185,177	381,571	420,760	802,331
IMPROVED PREGNANCY OUTCOME (225)	0.00	0	0	0	0	0	0	0	0	0
HEALTHY START PRENATAL (227)	0.11	1,713	6,190	1,420	1,656	1,656	1,420	0	6,152	6,152
COMPREHENSIVE CHILD HEALTH (229)	0.00	0	0	0	0	0	0	0	0	0
HEALTHY START CHILD (231)	0.00	0	0	0	0	0	0	0	0	0
SCHOOL HEALTH (234)	3.33	0	277,905	56,746	66,187	66,187	56,747	245,867	0	245,867
COMPREHENSIVE ADULT HEALTH (237)	0.14	69	84	1,908	2,226	2,226	1,908	79	8,189	8,268
COMMUNITY HEALTH DEVELOPMENT (238)	4.72	0	823	95,687	111,607	111,607	95,687	255,034	159,554	414,588
DENTAL HEALTH (240)	12.93	4,176	7,899	257,286	300,092	300,092	257,286	199,354	915,402	1,114,756
<b>PRIMARY CARE SUBTOTAL</b>	<b>56.18</b>	<b>18,045</b>	<b>352,523</b>	<b>947,912</b>	<b>1,105,624</b>	<b>1,105,624</b>	<b>947,909</b>	<b>2,597,012</b>	<b>1,510,057</b>	<b>4,107,069</b>
<b>C. ENVIRONMENTAL HEALTH:</b>										
<b>Water and Onsite Sewage Programs</b>										
COSTAL BEACH MONITORING (347)	0.18	228	245	3,981	4,643	4,643	3,982	17,249	0	17,249
LIMITED USE PUBLIC WATER SYSTEMS (357)	0.23	12	47	4,125	4,811	4,811	4,126	1,515	16,358	17,873
PUBLIC WATER SYSTEM (358)	0.00	0	0	0	0	0	0	0	0	0
PRIVATE WATER SYSTEM (359)	0.08	0	34	1,521	1,773	1,773	1,521	0	6,588	6,588
ONSITE SEWAGE TREATMENT & DISPOSAL (361)	4.53	936	1,845	77,858	90,812	90,812	77,857	157,410	179,929	337,339
<b>Group Total</b>	<b>5.02</b>	<b>1,176</b>	<b>2,171</b>	<b>87,485</b>	<b>102,039</b>	<b>102,039</b>	<b>87,486</b>	<b>176,174</b>	<b>202,875</b>	<b>379,049</b>
<b>Facility Programs</b>										
TATTOO FACILITY SERVICES (344)	0.00	0	0	0	0	0	0	0	0	0
FOOD HYGIENE (348)	1.58	198	757	26,795	31,253	31,253	26,795	63,854	52,242	116,096

**ATTACHMENT II**

**OKALOOSA COUNTY HEALTH DEPARTMENT**

**Part III, Planned Staffing, Clients, Services and Expenditures By Program Service Area Within Each Level of Service  
October 1, 2019 to September 30, 2020**

	FTE's (0.00)	Clients Units	Services/ Visits	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd	3rd	4th			
				(Whole dollars only)						
BODY PIERCING FACILITIES SERVICES (349)	0.00	0	0	0	0	0	0	0	0	0
GROUP CARE FACILITY (351)	0.45	57	119	7,958	9,282	9,282	7,957	0	34,479	34,479
MIGRANT LABOR CAMP (352)	0.02	2	4	442	516	516	442	0	1,916	1,916
HOUSING & PUB. BLDG. (353)	0.00	0	0	0	0	0	0	0	0	0
MOBILE HOME AND PARK (354)	0.98	112	373	16,106	18,786	18,786	16,105	34,442	35,341	69,783
POOLS/BATHING PLACES (360)	1.51	496	1,757	25,841	30,140	30,140	25,841	46,136	65,826	111,962
BIOMEDICAL WASTE SERVICES (364)	0.00	0	0	0	0	0	0	0	0	0
TANNING FACILITY SERVICES (369)	0.15	26	165	2,475	2,887	2,887	2,475	2,734	7,990	10,724
<b>Group Total</b>	<b>4.69</b>	<b>831</b>	<b>3,175</b>	<b>79,617</b>	<b>92,864</b>	<b>92,864</b>	<b>79,615</b>	<b>147,166</b>	<b>197,794</b>	<b>344,960</b>
<b>Groundwater Contamination</b>										
STORAGE TANK COMPLIANCE SERVICES (355)	0.00	0	0	0	0	0	0	0	0	0
SUPER ACT SERVICES (356)	0.11	0	15	2,192	2,557	2,557	2,192	0	9,498	9,498
<b>Group Total</b>	<b>0.11</b>	<b>0</b>	<b>15</b>	<b>2,192</b>	<b>2,557</b>	<b>2,557</b>	<b>2,192</b>	<b>0</b>	<b>9,498</b>	<b>9,498</b>
<b>Community Hygiene</b>										
COMMUNITY ENVIR. HEALTH (345)	0.00	0	0	0	0	0	0	0	0	0
INJURY PREVENTION (346)	0.00	0	0	0	0	0	0	0	0	0
LEAD MONITORING SERVICES (350)	0.00	0	0	0	0	0	0	0	0	0
PUBLIC SEWAGE (362)	0.01	0	0	229	268	268	229	0	994	994
SOLID WASTE DISPOSAL SERVICE (363)	0.00	0	0	0	0	0	0	0	0	0
SANITARY NUISANCE (365)	0.47	344	405	7,811	9,111	9,111	7,812	0	33,845	33,845
RABIES SURVEILLANCE (366)	0.16	8	47	3,817	4,453	4,453	3,817	0	16,540	16,540
ARBORVIRUS SURVEIL. (367)	0.00	0	0	0	0	0	0	0	0	0
RODENT/ARTHROPOD CONTROL (368)	0.00	0	0	0	0	0	0	0	0	0
WATER POLLUTION (370)	0.00	0	0	0	0	0	0	0	0	0
INDOOR AIR (371)	0.00	0	0	0	0	0	0	0	0	0
RADIOLOGICAL HEALTH (372)	0.00	0	0	0	0	0	0	0	0	0
TOXIC SUBSTANCES (373)	0.00	0	0	0	0	0	0	0	0	0
<b>Group Total</b>	<b>0.64</b>	<b>352</b>	<b>452</b>	<b>11,857</b>	<b>13,832</b>	<b>13,832</b>	<b>11,858</b>	<b>0</b>	<b>51,379</b>	<b>51,379</b>
<b>ENVIRONMENTAL HEALTH SUBTOTAL</b>	<b>10.46</b>	<b>2,359</b>	<b>5,813</b>	<b>181,151</b>	<b>211,292</b>	<b>211,292</b>	<b>181,151</b>	<b>323,340</b>	<b>461,546</b>	<b>784,886</b>
<b>D. NON-OPERATIONAL COSTS:</b>										
NON-OPERATIONAL COSTS (599)	0.00	0	0	2,966	3,459	3,459	2,966	12,850	0	12,850
ENVIRONMENTAL HEALTH SURCHARGE (399)	0.00	0	0	6,897	8,045	8,045	6,898	29,885	0	29,885
MEDICAID BUYBACK (611)	0.00	0	0	749	874	874	748	3,245	0	3,245
<b>NON-OPERATIONAL COSTS SUBTOTAL</b>	<b>0.00</b>	<b>0</b>	<b>0</b>	<b>10,612</b>	<b>12,378</b>	<b>12,378</b>	<b>10,612</b>	<b>45,980</b>	<b>0</b>	<b>45,980</b>
<b>TOTAL CONTRACT</b>	<b>103.46</b>	<b>35,984</b>	<b>393,256</b>	<b>2,009,654</b>	<b>2,344,019</b>	<b>2,344,019</b>	<b>2,009,650</b>	<b>4,170,080</b>	<b>4,537,282</b>	<b>8,707,342</b>

**ATTACHMENT III**  
**OKALOOSA COUNTY HEALTH DEPARTMENT**  
**CIVIL RIGHTS CERTIFICATE**

The applicant provides this assurance in consideration of and for the purpose of obtaining federal grants, loans, contracts (except contracts of insurance or guaranty), property, discounts, or other federal financial assistance to programs or activities receiving or benefiting from federal financial assistance. The provider agrees to complete the Civil Rights Compliance Questionnaire, DH Forms 946 A and B (or the subsequent replacement if adopted during the contract period), if so requested by the department.

The applicant assures that it will comply with:

1. Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C., 2000 Et seq., which prohibits discrimination on the basis of race, color or national origin in programs and activities receiving or benefiting from federal financial assistance.
2. Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. 794, which prohibits discrimination on the basis of handicap in programs and activities receiving or benefiting from federal financial assistance.
3. Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. 1681 et seq., which prohibits discrimination on the basis of sex in education programs and activities receiving or benefiting from federal financial assistance.
4. The Age Discrimination Act of 1975, as amended, 42 U.S.C. 6101 et seq., which prohibits discrimination on the basis of age in programs or activities receiving or benefiting from federal financial assistance.
5. The Omnibus Budget Reconciliation Act of 1981, P.L. 97-35, which prohibits discrimination on the basis of sex and religion in programs and activities receiving or benefiting from federal financial assistance.
6. All regulations, guidelines and standards lawfully adopted under the above statutes. The applicant agrees that compliance with this assurance constitutes a condition of continued receipt of or benefit from federal financial assistance, and that it is binding upon the applicant, its successors, transferees, and assignees for the period during which such assistance is provided. The applicant further assures that all contracts, subcontractors, subgrantees or others with whom it arranges to provide services or benefits to participants or employees in connection with any of its programs and activities are not discriminating against those participants or employees in violation of the above statutes, regulations, guidelines, and standards. In the event of failure to comply, the applicant understands that the grantor may, at its discretion, seek a court order requiring compliance with the terms of this assurance or seek other appropriate judicial or administrative relief, to include assistance being terminated and further assistance being denied.

**Attachment IV**  
**Fiscal Year - 2019 - 2020**  
**Okaloosa County Health Department**  
**Facilities Utilized by the County Health Department**

<b>Complete Location</b> (Street Address, City, Zip)	<b>Facility Description</b> <b>And Official Building</b> <b>Name (if applicable)</b> (Admin, Clinic, Env'n Hlth, etc.)	<b>Lease/ Agreement Number</b>	<b>Type of Agreement</b> (Private Lease thru State or County, other - please define)	<b>Complete Legal Name of Owner</b>	<b>SQ Feet</b>	<b>Employee Count</b> (FTE/OPS/ Contract)
221 Hospital Drive Northeast Fort Walton Beach, Florida 32548	Med Svcs, Env Hlth, Epi, CHI, PHP, WIC 525A	N/A	County In-kind	Okaloosa County	34599	89
216 Hospital Drive Northeast Fort Walton Beach, Florida 32548		N/A	County In-kind	Okaloosa County	3132	0
810 East James Lee Blvd Crestview, Florida 32539	Med Svcs, Dental, Env Hlth, WIC 013A	N/A	County In-kind	Okaloosa County	10052	22

*Facility - a fixed site managed by DOH/CHD personnel for the purpose of providing or supporting public health services. Includes county-owned, state-owned, and leased facilities. Includes DOH/CHD warehouse and administrative sites. Includes facilities managed by DOH/CHD that may be shared with other organizations. Does not include schools, jails or other facilities where DOH/CHD staff are out-posted or sites where services are provided on an episodic basis.*



**OKALOOSA COUNTY HEALTH DEPARTMENT  
SPECIAL PROJECTS SAVINGS PLAN**

CASH RESERVED OR ANTICIPATED TO BE RESERVED FOR PROJECTS

<u>CONTRACT YEAR</u>	<u>STATE</u>	<u>COUNTY</u>	<u>TOTAL</u>
2018-2019*	\$ _____ 0	\$ _____ 150000	\$ _____ 150000
2019-2020**	\$ _____ 0	\$ _____ 0	\$ _____ 0
2020-2021***	\$ _____ 0	\$ _____ 0	\$ _____ 0
2021-2022***	\$ _____ 0	\$ _____ 0	\$ _____ 0
PROJECT TOTAL	\$ _____ 0	\$ _____ 150000	\$ _____ 150000

**SPECIAL PROJECTS CONSTRUCTION/RENOVATION PLAN**

PROJECT NUMBER: 61946100

PROJECT NAME: FDOH-Okaloosa Fort Walton Beach Renovations

LOCATION/ADDRESS: FDOH-Okaloosa, 121 Hospital Dr NE, Fort Walton Beach, FL 32548

PROJECT TYPE:

NEW BUILDING	_____	ROOFING	_____
RENOVATION	_____	X PLANNING STUDY	_____
NEW ADDITION	_____	OTHER	_____

SQUARE FOOTAGE: \_\_\_\_\_ 11700

PROJECT SUMMARY: *Describe scope of work in reasonable detail.*  
**Tower Bathrooms** - Replace stall dividers/doors, plumbing fixtures, tile floor, paint and other minor updates as needed in 6 stacked bathrooms in the three-story portion of the building.  
**1st Floor Tile Re-grout** - Deep clean tile floor, remove existing grout, install and seal new grout.

START DATE (Initial expenditure of funds) : October 2019

COMPLETION DATE: June 2020

DESIGN FEES: \$ \_\_\_\_\_ 0

CONSTRUCTION COSTS: \$ \_\_\_\_\_ 150000

FURNITURE/EQUIPMENT: \$ \_\_\_\_\_ 0

TOTAL PROJECT COST: \$ \_\_\_\_\_ 150000

COST PER SQ FOOT: \$ \_\_\_\_\_ 13

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

\* Cash balance as of 9/30/19  
 \*\* Cash to be transferred to FCO account.  
 \*\*\* Cash anticipated for future contract years.

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Scott A. Rivkees, MD  
State Surgeon General

**Vision:** To be the Healthiest State in the Nation

August 27, 2019

The Honorable Kelly Windes  
Okaloosa Board of County Commissioners  
302 N Wilson Street, Suite 203  
Crestview, FL 32536

RE: FY 2018-19 Contract between the Okaloosa Board of County Commissioners and the Department of Health for operation of the Okaloosa County Health Department

Dear Chairman Windes:

The above-referenced Core Contract and Section 154.02, Florida Statutes, require that the Department of Health submit quarterly reports to the County with the following information.

As specified in Section 4., Paragraph d., enclosed are updated Attachment II Part II and Part III Revenue and Expenditure Attachments. These attachments reflect any revenue or expenditure adjustments since the previous quarter.

As specified in Section 6., Paragraphs o.i and ii, also enclosed are the DE385L1 Contract Management Variance Report and the DE580L1 Analysis of Fund Equities Report. A written explanation is provided for any service level expenditure variance that deviates more than 25 percent from the planned service expenditure amount and exceeds three percent of the total planned expenditures for the corresponding level of service at the end of the contract year.

If you have any questions, please feel free to contact Susan Wagner at (850)344-0515.

Sincerely,

A handwritten signature in black ink, appearing to read "Karen A. Chapman".

Karen A. Chapman, MD, MPH  
Director  
Okaloosa County Health Department

Enclosures

Cc: Demonica Connell, Office of Budget and Revenue Management

**ATTACHMENT II**

**ORALOSA COUNTY HEALTH DEPARTMENT**

**PART II: SOURCE OF FUNDS - ORALOSA COUNTY HEALTH DEPARTMENT**

October 1, 2016 to September 30, 2017

	State CHD Trust Fund (GA)	County CHD Trust Fund	Local CHD Trust Fund (GA)	Other Contributions	Total
<b>1. GENERAL REVENUE - STATE</b>					
015040 AIDS PATIENT CARE	100,000	0	100,000	0	100,000
015040 AIDS PREVENTION & SURVEILLANCE - GENERAL REVENUE	20,920	0	20,920	0	20,920
015040 CHD - TB COMMUNITY PROGRAM	60,607	0	60,607	0	60,607
015040 DENTAL SPECIAL INITIATIVE PROJECTS	5,977	0	5,977	0	5,977
015040 FAMILY PLANNING GENERAL REVENUE	78,781	0	78,781	0	78,781
015040 PRIMARY CARE PROGRAM	245,068	0	245,068	0	245,068
015040 SCHOOL HEALTH SERVICES - GENERAL REVENUE	177,240	0	177,240	0	177,240
015050 CHD GENERAL REVENUE NON-CATEGORICAL	1,499,358	0	1,499,358	0	1,499,358
<b>GENERAL REVENUE TOTAL</b>	<b>2,187,951</b>	<b>0</b>	<b>2,187,951</b>	<b>0</b>	<b>2,187,951</b>
<b>2. NON GENERAL REVENUE - STATE</b>					
015010 STATE UNDERGROUND PETROLEUM RESPONSE ACT	5,391	0	5,391	0	5,391
015010 MIGRANT LABOR HOUSING INSPECTION H-2A PROGRAM	0	0	0	0	0
015010 TOBACCO STATE AND COMMUNITY INTERVENTIONS	150,688	0	150,688	0	150,688
<b>NON GENERAL REVENUE TOTAL</b>	<b>156,082</b>	<b>0</b>	<b>156,082</b>	<b>0</b>	<b>156,082</b>
<b>3. FEDERAL FUNDS - STATE</b>					
007000 WIC BREASTFEEDING PEER COUNSELING PROG	19,018	0	19,018	0	19,018
007000 COASTAL BEACH WATER QUALITY MONITORING	11,445	0	11,445	0	11,445
007000 COMPREHENSIVE COMMUNITY CARDIO - PHBG	35,000	0	35,000	0	35,000
007000 CMS-MCH PURCHASED CLIENT SERVICES	16,342	0	16,342	0	16,342
007000 FAMILY PLANNING TITLE X - GRANT	144,225	0	144,225	0	144,225
007000 HURRICANE CRISIS COAG FOOD AND WATER	536	0	536	0	536
007000 IMMUNIZATION ACTION PLAN	43,423	0	43,423	0	43,423
007000 MCH SPECIAL PRJCT UNPLANNED PREGNANCY	48,440	0	48,440	0	48,440
007000 BASE COMMUNITY PREPAREDNESS CAPABILITY	145,298	0	145,298	0	145,298
007000 BASE PUB HLTH SURVEILLANCE & EPI INVESTIGATION	48,440	0	48,440	0	48,440
007000 WIC PROGRAM ADMINISTRATION	850,294	0	850,294	0	850,294
015075 INSPECTIONS OF SUMMER FEEDING PROGRAM - DOE	1,485	0	1,485	0	1,485
018005 AIDS DRUG ASSISTANCE PROGRAM ADMIN HQ	21,568	0	21,568	0	21,568
<b>FEDERAL FUNDS TOTAL</b>	<b>1,385,514</b>	<b>0</b>	<b>1,385,514</b>	<b>0</b>	<b>1,385,514</b>
<b>4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE</b>					
001020 CHD STATEWIDE ENVIRONMENTAL FEES	125,818	0	125,818	0	125,818
001092 CHD STATEWIDE ENVIRONMENTAL FEES	157,765	0	157,765	0	157,765
001206 ON SITE SEWAGE DISPOSAL PERMIT FEES	13,565	0	13,565	0	13,565
001206 SANITATION CERTIFICATES (FOOD INSPECTION)	3,296	0	3,296	0	3,296
001206 SEPTIC TANK RESEARCH SURCHARGE	1,470	0	1,470	0	1,470
001206 SEPTIC TANK VARIANCE FEES 50%	250	0	250	0	250
001206 PUBLIC SWIMMING POOL PERMIT FEES-10% HQ TRANSFER	8,925	0	8,925	0	8,925
001206 DRINKING WATER PROGRAM OPERATIONS	108	0	108	0	108
001206 TANNING FACILITIES	327	0	327	0	327
001206 ONSITE SEWAGE TRAINING CENTER	1,350	0	1,350	0	1,350
001206 MOBILE HOME & RV PARK FEES	1,365	0	1,365	0	1,365

<b>FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL</b>					
	314,239	0	314,239	0	314,239
<b>5. OTHER CASH CONTRIBUTIONS - STATE:</b>					
	0	0	0	0	0
090001 DRAW DOWN FROM PUBLIC HEALTH UNIT	64,347	0	64,347	0	64,347
<b>OTHER CASH CONTRIBUTION TOTAL</b>	<b>64,347</b>	<b>0</b>	<b>64,347</b>	<b>0</b>	<b>64,347</b>
<b>6. MEDICAID - STATE/COUNTY:</b>					
001057 CHD CLINIC FEES	0	217,769	217,769	0	217,769
001148 CHD CLINIC FEES	0	964,274	964,274	0	964,274
<b>MEDICAID TOTAL</b>	<b>0</b>	<b>1,182,043</b>	<b>1,182,043</b>	<b>0</b>	<b>1,182,043</b>
<b>7. ALLOCABLE REVENUE - STATE:</b>					
018000 CHD CLINIC FEES	1,450	0	1,450	0	1,450
031005 COASTAL BEACH QUALITY MONITORING	1,311	0	1,311	0	1,311
031005 COUNTY HEALTH SYSTEMS HOLDBACK	59,791	0	59,791	0	59,791
031005 TRUST FOR AMERICA'S HEALTH AGREEMENT	2,500	0	2,500	0	2,500
<b>ALLOCABLE REVENUE TOTAL</b>	<b>65,052</b>	<b>0</b>	<b>65,052</b>	<b>0</b>	<b>65,052</b>
<b>8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE</b>					
ADAP	0	0	0	647,224	647,224
PHARMACY DRUG PROGRAM	0	0	0	51,263	51,263
WIC PROGRAM	0	0	0	3,491,592	3,491,592
BUREAU OF PUBLIC HEALTH LABORATORIES	0	0	0	23,684	23,684
IMMUNIZATIONS	0	0	0	568,321	568,321
<b>OTHER STATE CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4,782,084</b>	<b>4,782,084</b>
<b>9. DIRECT LOCAL CONTRIBUTIONS - BCC/TAX DISTRICT</b>					
008005 CHD LOCAL REVENUE & EXPENDITURES	0	651,799	651,799	0	651,799
<b>DIRECT COUNTY CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>651,799</b>	<b>651,799</b>	<b>0</b>	<b>651,799</b>
<b>10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY</b>					
001073 CHD CLINIC FEES	0	1,104,814	1,104,814	0	1,104,814
001077 CHD CLINIC FEES	0	63,366	63,366	0	63,366
001094 CHD LOCAL ENVIRONMENTAL FEES	0	225,452	225,452	0	225,452
001110 VITAL STATISTICS CERTIFIED RECORDS	0	276,348	276,348	0	276,348
<b>FEES AUTHORIZED BY COUNTY TOTAL</b>	<b>0</b>	<b>1,669,980</b>	<b>1,669,980</b>	<b>0</b>	<b>1,669,980</b>
<b>11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY</b>					
001029 CHD CLINIC FEES	0	368,345	368,345	0	368,345
001090 CHD CLINIC FEES	0	1,452	1,452	0	1,452
005000 CHD LOCAL REVENUE & EXPENDITURES	0	4,500	4,500	0	4,500
007010 RYAN WHITE TITLE III - DIRECT TO CHD	0	249,400	249,400	0	249,400
007010 RYAN WHITE TITLE III - DIRECT TO CHD	0	75,496	75,496	0	75,496
011001 HEALTHY START DATA MANAGEMENT	0	2,143	2,143	0	2,143
090002 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	438,953	438,953	0	438,953

## ATTACHMENT II

### OKALOOSA COUNTY HEALTH DEPARTMENT

#### Part II: Sources of Contributions to County Health Department

October 1, 2016 to September 30, 2018

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL</b>	0	262,383	262,383	0	262,383
<b>12. ALLOCABLE REVENUE - COUNTY</b>					
018000 CHD CLINIC FEES	0	1,450	1,450	0	1,450
031005 COASTAL BEACH QUALITY MONITORING	0	1,311	1,311	0	1,311
031005 COUNTY HEALTH SYSTEMS HOLDBACK	0	59,791	59,791	0	59,791
031005 TRUST FOR AMERICA'S HEALTH AGREEMENT	0	2,500	2,500	0	2,500
<b>COUNTY ALLOCABLE REVENUE TOTAL</b>	0	65,052	65,052	0	65,052
<b>13. BUILDINGS - COUNTY</b>					
ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	140,412	140,412
JANITORIAL	0	0	0	76,000	76,000
UTILITIES	0	0	0	0	0
BUILDING MAINTENANCE	0	0	0	0	0
GROUNDS MAINTENANCE	0	0	0	0	0
INSURANCE	0	0	0	0	0
OTHER (Specify)	0	0	0	0	0
OTHER (Specify)	0	0	0	0	0
<b>BUILDINGS TOTAL</b>	0	0	0	516,412	516,412
<b>14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY</b>					
EQUIPMENT / VEHICLE PURCHASES	0	0	0	0	0
VEHICLE INSURANCE	0	0	0	0	0
VEHICLE MAINTENANCE	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
<b>OTHER COUNTY CONTRIBUTIONS TOTAL</b>	0	0	0	0	0
<b>GRAND TOTAL CHD PROGRAM</b>	4,173,185	3,831,257	8,004,442	5,298,496	13,302,938

**ATTACHMENT**

**DEPARTMENT OF HEALTH SERVICES**

SOUTH CAROLINA DEPARTMENT OF HEALTH SERVICES  
 1600 BROADWAY, 10TH FLOOR, COLUMBIA, SOUTH CAROLINA 29201  
 (803) 732-2100

Program	FY 2019			FY 2020			FY 2021			State	County	Grand Total
	FTE	Cost	Value	FTE	Cost	Value	FTE	Cost	Value			
	(00)	(000)	(000)	(00)	(000)	(000)	(00)	(000)	(000)			
<b>A. COMMUNICABLE DISEASE CONTROL:</b>												
IMMUNIZATION (101)	3.66	4,091	5,110	55,402	64,620	55,402	64,619	173,297	66,746	240,043		
SEXUALLY TRANS. DIS. (102)	5.29	1,555	2,134	110,854	129,298	110,854	129,297	122,534	357,769	480,303		
HIV/AIDS PREVENTION (03A1)	1.59	0	1,727	18,723	21,839	18,723	21,839	81,124	0	81,124		
HIV/AIDS SURVEILLANCE (03A2)	0.00	0	0	0	0	0	0	0	0	0		
HIV/AIDS PATIENT CARE (03A3)	12.50	263	1,205	379,786	442,974	379,786	442,974	237,155	1,408,365	1,645,520		
ADAP (03A4)	0.61	89	549	7,970	9,297	7,970	9,297	34,534	0	34,534		
TUBERCULOSIS (104)	1.01	41	160	21,215	24,744	21,215	24,744	91,918	0	91,918		
COMM. DIS. SURV. (106)	5.96	0	2,852	88,451	103,167	88,451	103,168	131,256	251,981	383,237		
HEPATITIS (109)	0.03	70	96	479	559	479	559	2,076	0	2,076		
PREPAREDNESS AND RESPONSE (116)	5.72	0	188	112,806	131,574	112,806	131,573	128,968	59,791	488,759		
REFUGEE HEALTH (118)	0.00	0	0	0	0	0	0	0	0	0		
VITAL RECORDS (180)	1.78	8,733	19,370	24,780	28,902	24,780	28,902	0	107,364	107,364		
<b>COMMUNICABLE DISEASE SUBTOTAL</b>	<b>38.15</b>	<b>14,842</b>	<b>33,391</b>	<b>820,466</b>	<b>956,974</b>	<b>820,466</b>	<b>956,972</b>	<b>1,302,862</b>	<b>2,252,016</b>	<b>3,554,878</b>		
<b>B. PRIMARY CARE:</b>												
CHRONIC DISEASE PREVENTION PRO (210)	1.12	1,837	158	18,155	21,176	18,155	21,176	78,662	0	78,662		
WIC (21W1)	18.12	8,169	53,284	252,242	294,210	252,242	294,211	1,092,905	0	1,092,905		
TOBACCO USE INTERVENTION (212)	2.77	0	357	45,364	52,911	45,364	52,910	196,549	0	196,549		
WIC BREASTFEEDING PEER COUNSELING (21W2)	1.09	0	3,188	4,826	5,628	4,826	5,628	20,908	0	20,908		
FAMILY PLANNING (223)	11.60	3,100	6,644	176,333	208,004	176,333	208,003	977,360	395,293	772,673		
IMPROVED PREGNANCY OUTCOME (225)	0.00	0	0	0	0	0	0	0	0	0		
HEALTHY START PRENATAL (227)	0.07	7,252	33,306	752	877	752	876	1,114	2,143	3,257		
COMPREHENSIVE CHILD HEALTH (229)	0.00	0	0	0	0	0	0	0	0	0		
HEALTHY START CHILD (231)	0.00	0	0	0	0	0	0	0	0	0		
SCHOOL HEALTH (234)	3.35	0	235,019	54,561	63,639	54,561	63,638	236,399	0	236,399		
COMPREHENSIVE ADULT HEALTH (237)	0.22	213	271	3,346	3,903	3,346	3,904	5,810	8,689	14,499		
COMMUNITY HEALTH DEVELOPMENT (238)	1.34	0	951	88,234	102,915	88,234	102,915	252,660	129,638	382,298		
DENTAL HEALTH (240)	13.57	4,103	7,875	205,357	239,524	205,357	239,523	139,594	750,167	889,761		
<b>PRIMARY CARE SUBTOTAL</b>	<b>56.25</b>	<b>24,704</b>	<b>341,053</b>	<b>851,170</b>	<b>992,787</b>	<b>851,170</b>	<b>992,784</b>	<b>2,401,981</b>	<b>1,285,930</b>	<b>3,687,911</b>		
<b>C. ENVIRONMENTAL HEALTH:</b>												
<b>Water and Onsite Sewage Programs</b>												
COSTAL BEACH MONITORING (347)	0.22	289	302	3,980	4,642	3,980	4,643	15,934	1,311	17,245		
LIMITED USE PUBLIC WATER SYSTEMS (357)	0.16	12	42	2,692	3,139	2,692	3,139	7,846	3,816	11,662		
PUBLIC WATER SYSTEM (358)	0.00	0	0	0	0	0	0	0	0	0		
PRIVATE WATER SYSTEM (359)	0.09	0	36	1,205	1,405	1,205	1,404	0	5,219	5,219		
ONSITE SEWAGE TREATMENT & DISPOSAL (361)	4.72	1,148	2,174	73,481	85,706	73,481	85,706	226,376	91,998	318,374		
<b>Group Total</b>	<b>5.19</b>	<b>1,449</b>	<b>2,554</b>	<b>81,358</b>	<b>94,992</b>	<b>81,358</b>	<b>94,992</b>	<b>250,156</b>	<b>102,344</b>	<b>352,500</b>		
<b>Facility Programs</b>												
TATTOO FACILITY SERVICES (344)	0.00	0	0	0	0	0	0	0	0	0		
FOOD HYGIENE (348)	1.73	251	820	26,161	30,513	26,161	30,513	65,374	17,974	113,348		



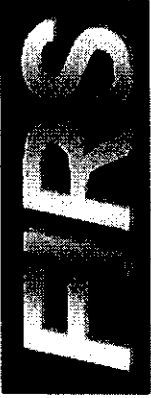
BODY PIERCING FACILITIES SERVICES (349)	0.00	0	0	0	0	0	0	0	0	0
GROUP CARE FACILITY (351)	0.37	95	193	5,849	6,822	5,849	6,822	0	25,342	25,342
MIGRANT LABOR CAMP (352)	0.00	0	0	0	0	0	0	0	0	0
HOUSING & PUB. BLDG. (353)	0.00	0	0	0	0	0	0	0	0	0
MOBILE HOME AND PARK (354)	0.70	117	419	10,468	12,209	10,468	12,209	45,184	170	45,354
POOLS/BATHING PLACES (360)	1.63	395	1,670	24,441	28,508	24,441	28,509	45,700	60,199	105,899
BIOMEDICAL WASTE SERVICES (364)	0.00	0	0	0	0	0	0	0	0	0
TANNING FACILITY SERVICES (369)	0.17	27	102	2,546	2,970	2,546	2,970	2,968	8,064	11,032
<b>Group Total</b>	<b>4.60</b>	<b>885</b>	<b>3,204</b>	<b>69,465</b>	<b>81,022</b>	<b>69,465</b>	<b>81,023</b>	<b>159,226</b>	<b>141,749</b>	<b>300,975</b>
<b>Groundwater Contamination</b>										
STORAGE TANK COMPLIANCE SERVICES (355)	0.00	0	0	0	0	0	0	0	0	0
SUPER ACT SERVICES (356)	0.06	2	9	1,908	2,225	1,908	2,224	8,265	0	8,265
<b>Group Total</b>	<b>0.06</b>	<b>2</b>	<b>9</b>	<b>1,908</b>	<b>2,225</b>	<b>1,908</b>	<b>2,224</b>	<b>8,265</b>	<b>0</b>	<b>8,265</b>
<b>Community Hygiene</b>										
COMMUNITY ENVIR. HEALTH (345)	0.00	0	0	0	0	0	0	0	0	0
INJURY PREVENTION (346)	0.00	0	0	0	0	0	0	0	0	0
LEAD MONITORING SERVICES (350)	0.00	0	0	0	0	0	0	0	0	0
PUBLIC SEWAGE (362)	0.00	0	0	0	0	0	0	0	0	0
SOLID WASTE DISPOSAL SERVICE (363)	0.00	0	0	0	0	0	0	0	0	0
SANITARY NUISANCE (365)	0.55	318	371	8,385	9,780	8,385	9,779	0	36,329	36,329
RABIES SURVEILLANCE (366)	0.10	48	36	2,975	3,470	2,975	3,469	0	12,889	12,889
ARBORVIRUS SURVEIL (367)	0.00	0	0	0	0	0	0	0	0	0
RODENT/ARTHROPOD CONTROL (368)	0.00	0	0	0	0	0	0	0	0	0
WATER POLLUTION (370)	0.00	0	0	0	0	0	0	0	0	0
INDOOR AIR (371)	0.00	0	0	0	0	0	0	0	0	0
RADIOLOGICAL HEALTH (372)	0.00	0	0	0	0	0	0	0	0	0
TOXIC SUBSTANCES (373)	0.00	0	0	0	0	0	0	0	0	0
<b>Group Total</b>	<b>0.65</b>	<b>366</b>	<b>407</b>	<b>11,360</b>	<b>13,250</b>	<b>11,360</b>	<b>13,248</b>	<b>0</b>	<b>49,218</b>	<b>49,218</b>
<b>ENVIRONMENTAL HEALTH SUBTOTAL</b>	<b>10.50</b>	<b>2,702</b>	<b>6,174</b>	<b>164,091</b>	<b>191,389</b>	<b>164,091</b>	<b>191,387</b>	<b>417,647</b>	<b>293,311</b>	<b>710,958</b>
<b>D. NON-OPERATIONAL COSTS:</b>										
NON-OPERATIONAL COSTS (599)	0.00	0	0	3,831	4,469	3,831	4,469	16,600	0	16,600
ENVIRONMENTAL HEALTH SURCHARGE (399)	0.00	0	0	7,075	8,253	7,075	8,253	30,656	0	30,656
MEDICAID BUYBACK (611)	0.00	0	0	794	926	794	925	3,439	0	3,439
<b>NON-OPERATIONAL COSTS SUBTOTAL</b>	<b>0.00</b>	<b>0</b>	<b>0</b>	<b>11,700</b>	<b>13,648</b>	<b>11,700</b>	<b>13,647</b>	<b>50,695</b>	<b>0</b>	<b>50,695</b>
<b>TOTAL CONTRACT</b>	<b>104.90</b>	<b>42,248</b>	<b>380,618</b>	<b>1,847,427</b>	<b>2,154,798</b>	<b>1,847,427</b>	<b>2,154,790</b>	<b>4,173,185</b>	<b>3,831,257</b>	<b>8,004,442</b>

**Ontario  
Contract Management Variance Report  
for Period 10/01/2018 to 06/30/2019**

Program	Reported FTE	Planned FTE	% Variance FTE	Reported Clients/Dis.	Planned Clients/Dis.	% Variance Clients/Dis.	Reported Visits/Services	Planned Visits/Services	% Variance Visits/Services	Reported Expenditures	Planned Expenditures	% Variance Expenditures
<b>Communicable Disease Section</b>												
01:Immunization	3.67	3.66	0.27	2,072	3,008	-32.47	3,130	3,833	-18.33	\$137,808.83	\$175,424.00	-21.44
02:Sexually Trans. Dis.	5.13	5.29	-3.02	1,047	1,166	-10.23	1,729	1,601	8.03	\$367,369.43	\$351,006.00	4.66
03:AIDS	12.46	14.70	-15.24	153	264	-42.05	2,174	2,611	-16.73	\$1,288,938.79	\$1,287,068.00	0.14
04:Tuberculosis	0.91	1.01	-9.90	13	31	-57.72	113	120	-5.83	\$64,816.22	\$67,174.00	-3.51
06:Comm. Dis. Surv.	7.55	5.96	26.68	0	0		2,249	2,139	5.14	\$275,817.86	\$280,069.00	-1.52
09:Hepatitis	0.01	0.03	-66.67	53	53	0.95	69	72	-4.17	\$286.58	\$1,517.00	-81.11
16:Preparedness and Response	7.61	5.72	33.04	0	0		72	141	-48.94	\$432,313.95	\$357,186.00	21.03
18:Refugee Health	0.00	0.00		0	0		0	0		\$0.00	\$0.00	
80:Vital Records	1.68	1.78	-5.62	6,524	6,550	-0.39	14,915	14,528	2.67	\$74,712.62	\$78,462.00	-4.78
<b>Communicable Disease Totals</b>	<b>39.02</b>	<b>38.15</b>	<b>2.28</b>	<b>9,862</b>	<b>11,832</b>	<b>-17.40</b>	<b>24,461</b>	<b>25,043</b>	<b>-2.26</b>	<b>\$2,642,058.28</b>	<b>\$2,597,908.00</b>	<b>1.70</b>
<b>Primary Care Section</b>												
10:Chronic Disease Prevention Pro	1.40	1.12	25.00	390	1,378	-71.69	124	119	4.64	\$61,871.03	\$57,486.00	7.63
12:Tobacco Use Intervention	2.46	2.77	-3.97	0	0		524	268	95.70	\$147,030.65	\$143,639.00	2.36
21:WIC	18.67	19.21	-2.81	2,973	6,127	-51.48	34,153	42,354	-19.36	\$769,855.28	\$813,974.00	-5.42
23:Family Planning	11.62	11.60	0.17	2,340	2,348	-0.32	5,471	4,983	9.79	\$622,947.14	\$564,670.00	10.32
25:Improved Pregnancy Outcome	0.00	0.00		0	0		0	0		\$0.00	\$0.00	
27:Healthy Start Prenatal	0.10	0.07	42.86	1,239	5,439	-77.22	4,712	24,980	-81.14	\$4,086.75	\$2,361.00	71.64
29:Comprehensive Child Health	0.00	0.00		0	0		0	0		\$0.00	\$0.00	
31:Healthy Start Child	0.01	0.00		381	0		2,099	0		\$260.24	\$0.00	
34:School Health	3.29	3.35	-1.79	0	0		274,460	176,264	55.71	\$168,859.94	\$172,761.00	-2.26
37:Comprehensive Adult Health	0.24	0.22	9.09	69	160	-56.81	86	203	-57.69	\$11,414.96	\$10,595.00	7.74
38:Community Health Development	4.36	4.34	0.46	0	0		558	713	-21.77	\$283,692.68	\$279,383.00	1.54
40:Oral Health	10.66	11.57	-21.44	2,519	3,077	-18.14	5,358	5,906	-9.28	\$713,378.06	\$650,238.00	9.71
<b>Primary Care Totals</b>	<b>53.01</b>	<b>56.25</b>	<b>-5.76</b>	<b>9,511</b>	<b>18,518</b>	<b>-46.51</b>	<b>327,505</b>	<b>355,790</b>	<b>-28.04</b>	<b>\$2,793,396.73</b>	<b>\$2,695,327.00</b>	<b>3.28</b>
<b>Environmental Health Section</b>												



1-Water & Sewer	4.94	5.19	-4.82	763	1,087	-29.79	1,542	1,916	-19.50	\$250,987.32	\$257,608.00	-2.57
2-Facility Programs	5.64	4.60	22.61	407	664	-38.68	1,911	2,403	-20.47	\$224,337.53	\$219,952.00	1.99
3-Groundwater Contamination Program	0.11	0.06	83.33	0	2	-100.00	15	7	122.22	\$7,448.85	\$6,041.00	23.30
4-Community Hygiene	1.75	0.65	169.23	285	275	3.83	486	305	59.21	\$70,606.12	\$35,970.00	34,636.12
<b>Environmental Health</b>												
Totals	12.44	10.50	18.46	1,455	2,627	-28.28	3,954	4,831	-14.65	\$953,380.02	\$519,571.00	433,809.02
<b>CHD Totals</b>	<b>106.67</b>	<b>106.50</b>	<b>-0.41</b>	<b>21,228</b>	<b>34,586</b>	<b>-33.01</b>	<b>355,910</b>	<b>285,464</b>	<b>24.68</b>	<b>\$5,978,831.02</b>	<b>\$5,912,804.00</b>	<b>66,027.02</b>



# Okaloosa DE580 Analysis of Fund Equities Report

Note: This report is based upon Schedule C, FIRS and year-to-date FLAIR transactions as of 06/30/2019

Okaloosa CHD (643646) DE580 Analysis of Fund Equities Report for fiscal year 2018-2019 as of 06/30/2019  
Actual Year-to-Date (through Jun)

OCA	OCA Title	Beginning Cash	Revenues YTD	Expenditures YTD	Certified Forward Expenditures YTD	Actual Cash YTD
State						
1E000	ON SITE SEWAGE DISPOSAL PERMIT FEES	289.20	13,144.80	13,275.60	0.00	158.40
1O000	SANITATION CERTIFICATES (FOOD INSPECTION)	0.00	3,302.75	3,302.75	0.00	0.00
3S000	INSPECTIONS OF SUMMER FEEDING PROGRAM - DOE	0.00	1,485.00	1,485.00	0.00	0.00
4B000	AIDS PATIENT CARE	0.00	100,000.00	100,000.00	0.00	0.00
4BAPS	AIDS PREVENTION & SURVEILLANCE - GENERAL REVENUE	769.20	20,920.00	20,920.00	769.20	0.00
7F000	CHD - TB COMMUNITY PROGRAM	0.00	60,607.00	58,163.42	0.00	2,443.58
9V000	STATE UNDERGROUND PETROLEUM RESPONSE ACT	0.00	5,394.00	5,394.00	0.00	0.00
ADA19	AIDS DRUG ASSISTANCE PROGRAM ADMIN HQ	(4,409.00)	25,110.02	20,701.02	0.00	0.00
B9000	SEPTIC TANK RESEARCH SURCHARGE	25.00	1,735.00	1,730.00	0.00	30.00
BPC17	WIC BREASTFEEDING PEER COUNSELING PROG	(695.30)	17,220.71	16,878.11	1,018.22	(1,370.92)
BY000	SEPTIC TANK VARIANCE FEES 50%	(750.00)	4.00	0.00	0.00	(746.00)
CBM18	COASTAL BEACH WATER QUALITY MONITORING	(1,892.70)	3,486.66	1,214.72	379.24	0.00
CBM19	COASTAL BEACH WATER QUALITY MONITORING	0.00	6,364.88	7,236.64	0.00	(871.76)
CIP17	COMPREHENSIVE COMMUNITY CARDIO - PHBG	(7,583.82)	16,333.82	8,750.00	0.00	0.00
CIP18	COMPREHENSIVE COMMUNITY CARDIO - PHBG	0.00	26,250.00	26,250.00	0.00	0.00
DE017	CMS-MCH PURCHASED CLIENT SERVICES	(1,756.99)	6,756.99	0.00	5,000.00	0.00
DE018	CMS-MCH PURCHASED CLIENT SERVICES	0.00	16,342.00	16,342.00	0.00	0.00
DNSPJ	DENTAL SPECIAL INITIATIVE PROJECTS	0.00	5,977.00	5,977.00	0.00	0.00
ENVFE	CHD STATEWIDE ENVIRONMENTAL FEES	4,251.79	277,445.85	264,277.22	4,251.79	13,168.63
FMP18	FAMILY PLANNING TITLE X - GRANT	(31,434.81)	52,049.06	20,614.25	0.00	0.00
FMP19	FAMILY PLANNING TITLE X - GRANT	0.00	117,296.00	117,296.00	0.00	0.00
FMP20	FAMILY PLANNING TITLE X - GRANT	0.00	0.00	0.00	0.00	0.00
FMPGR	FAMILY PLANNING GENERAL REVENUE	0.00	78,781.00	78,781.00	0.00	0.00
HUFW9	HURRICANE CRISIS COAG FOOD AND WATER	0.00	535.87	535.87	0.00	0.00
IMM18	IMMUNIZATION ACTION PLAN	(205.11)	0.00	0.00	0.00	(205.11)
IMM19	IMMUNIZATION ACTION PLAN	0.00	43,423.00	43,423.00	0.00	0.00

K3000	PUBLIC SWIMMING POOL PERMIT FEES-10% HQ TRANSFER	1,637.50	8,800.00	2,887.50	0.00	7,550.00
M5000	DRINKING WATER PROGRAM OPERATIONS	0.00	90.00	90.00	0.00	0.00
MC237	MCH SPECIAL PRJCT UNPLANNED PREGNANCY	0.00	4,760.24	4,760.24	0.00	0.00
MC238	MCH SPECIAL PRJCT UNPLANNED PREGNANCY	0.00	43,672.00	43,672.00	0.00	0.00
NCGRV	CHD GENERAL REVENUE NON-CATEGORICAL	48,298.84	1,505,162.28	1,476,919.10	48,298.84	28,243.18
PCG00	PRIMARY CARE PROGRAM	0.00	245,068.00	245,068.00	0.00	0.00
PHCP8	BASE COMMUNITY PREPAREDNESS CAPABILITY	(4,241.03)	7,893.18	4.69	3,647.46	0.00
PHCP9	BASE COMMUNITY PREPAREDNESS CAPABILITY	0.00	135,983.67	143,856.73	0.00	(7,873.06)
PHE18	BASE PUB HLTH SURVEILLANCE & EPI INVESTIGATION	1,198.66	1,240.12	400.98	2,037.80	0.00
PHE19	BASE PUB HLTH SURVEILLANCE & EPI INVESTIGATION	0.00	39,631.85	41,501.15	0.00	(1,869.30)
PHVM7	BASE VOLUNTEER MANAGEMENT	150.34	(150.34)	0.00	0.00	0.00
R9000	TANNING FACILITIES	0.00	327.00	327.00	0.00	0.00
RSIRB	PUBLIC HLTH RESEARCH - IRB PROGRAM	0.00	2,538.00	444.00	0.00	2,094.00
SCHGR	SCHOOL HEALTH SERVICES - GENERAL REVENUE	7,603.07	177,240.00	168,116.40	7,603.07	9,123.60
SEWTN	ONSITE SEWAGE TRAINING CENTER	20.00	1,210.00	1,225.00	0.00	5.00
TC118	TOBACCO STATE AND COMMUNITY INTERVENTIONS	3,951.25	0.00	252.19	3,699.06	0.00
TC119	TOBACCO STATE AND COMMUNITY INTERVENTIONS	0.00	150,688.00	145,292.39	0.00	5,395.61
UQ000	MOBILE HOME & RV PARK FEES	0.00	1,365.10	1,365.10	0.00	0.00
WIC18	WIC PROGRAM ADMINISTRATION	(33,664.55)	305,495.54	238,698.67	33,132.32	0.00
WIC19	WIC PROGRAM ADMINISTRATION	0.00	538,009.34	570,859.98	0.00	(32,850.64)
	<b>State Total</b>	<b>(18,438.46)</b>	<b>4,068,989.39</b>	<b>3,918,288.72</b>	<b>109,637.00</b>	<b>22,425.21</b>

Local						
CBWQM	COASTAL BEACH QUALITY MONITORING	0.00	2,621.00	2,621.00	0.00	0.00
CHSHB	COUNTY HEALTH SYSTEMS HOLDBACK	0.00	122,581.00	122,581.00	0.00	0.00
CLFEE	CHD CLINIC FEES	353,408.59	2,736,538.85	2,562,303.84	72,431.57	455,212.03
ENLVF	CHD LOCAL ENVIRONMENTAL FEES	309,369.99	221,474.75	170,238.90	18,112.21	342,493.63
HSDMT	HEALTHY START DATA MANAGEMENT	0.00	2,143.20	2,143.20	0.00	0.00
JV000	VITAL STATISTICS CERTIFIED RECORDS	99,301.31	273,780.48	205,579.53	22,484.59	145,017.67
LOGOV	CHD LOCAL REVENUE & EXPENDITURES	(83,429.82)	655,761.43	586,943.30	16,847.01	(31,458.70)
MILH2A	MIGRANT LABOR HOUSING INSPECTION H-2A PROGRAM	0.00	260.82	260.82	0.00	0.00
RWT19	RYAN WHITE TITLE III - DIRECT TO CHD	(6,234.76)	267,070.69	249,399.96	11,435.97	0.00
RWT20	RYAN WHITE TITLE III - DIRECT TO CHD	0.00	0.00	47,805.59	0.00	(47,805.59)
TFAH9	TRUST FOR AMERICAS HEALTH AGREEMENT	0.00	5,000.00	0.00	0.00	5,000.00
TSIRM	HURRICANE IRMA EXECUTIVE ORDER 17-235	17.00	0.00	0.00	0.00	17.00
	<b>Local Total</b>	<b>672,432.31</b>	<b>4,287,232.22</b>	<b>3,949,877.14</b>	<b>141,311.35</b>	<b>868,476.04</b>

**Grand Total**

**653,993.85 8,356,221.61 7,868,165.86 251,148.35 890,901.25**

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Vision:** To be the Healthiest State in

**CONTRACT#: C97-0025-HD**  
**DEPARTMENT OF HEALTH**  
**OPERATION OF COUNTY HEALTH**  
**DEPARTMENT**  
**EXPIRES: 09/30/2019**

February 26, 2019

The Honorable Kelly Windes  
Okaloosa Board of County Commissioners  
302 N Wilson Street, Suite 203  
Crestview, FL 32536

RE: FY 2018-19 Contract between the Okaloosa Board of County Commissioners and the Department of Health for operation of the Okaloosa County Health Department

Dear Chairman Windes:

The above-referenced Core Contract and Section 154.02, Florida Statutes, require that the Department of Health submit quarterly reports to the County with the following information.

As specified in Section 4., Paragraph d., enclosed are updated Attachment II Part II and Part III Revenue and Expenditure Attachments. These attachments reflect any revenue or expenditure adjustments since the previous quarter.

As specified in Section 6., Paragraphs o.i and ii, also enclosed are the DE385L1 Contract Management Variance Report and the DE580L1 Analysis of Fund Equities Report. A written explanation is provided for any service level expenditure variance that deviates more than 25 percent from the planned service expenditure amount and exceeds three percent of the total planned expenditures for the corresponding level of service at the end of the contract year.

If you have any questions, please feel free to contact Susan Wagner at (850)344-0515.

Sincerely,

A handwritten signature in black ink, appearing to read "Karen A. Chapman".

Karen A. Chapman, MD, MRH  
Director  
Okaloosa County Health Department

Enclosures

Cc: Demonica Connell, Office of Budget and Revenue Management

**ATTACHMENT II**

**OKALOOSA COUNTY HEALTH DEPARTMENT**

Part II: Sources of Contributions to County Health Department  
October 1, 2018 to September 30, 2019

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>1. GENERAL REVENUE - STATE</b>					
015040 AIDS PATIENT CARE	100,000	0	100,000	0	100,000
015040 AIDS PREVENTION & SURVEILLANCE - GENERAL REVENUE	20,920	0	20,920	0	20,920
015040 CHD - TB COMMUNITY PROGRAM	60,607	0	60,607	0	60,607
015040 DENTAL SPECIAL INITIATIVE PROJECTS	5,977	0	5,977	0	5,977
015040 FAMILY PLANNING GENERAL REVENUE	78,781	0	78,781	0	78,781
015040 PRIMARY CARE PROGRAM	245,068	0	245,068	0	245,068
015040 SCHOOL HEALTH SERVICES - GENERAL REVENUE	177,240	0	177,240	0	177,240
015050 CHD GENERAL REVENUE NON-CATEGORICAL	1,482,999	0	1,482,999	0	1,482,999
<b>GENERAL REVENUE TOTAL</b>	<b>2,171,592</b>	<b>0</b>	<b>2,171,592</b>	<b>0</b>	<b>2,171,592</b>
<b>2. NON GENERAL REVENUE - STATE</b>					
015010 STATE UNDERGROUND PETROLEUM RESPONSE ACT	1,500	0	1,500	0	1,500
015010 TOBACCO STATE AND COMMUNITY INTERVENTIONS	150,688	0	150,688	0	150,688
<b>NON GENERAL REVENUE TOTAL</b>	<b>152,188</b>	<b>0</b>	<b>152,188</b>	<b>0</b>	<b>152,188</b>
<b>3. FEDERAL FUNDS - STATE</b>					
007000 WIC BREASTFEEDING PEER COUNSELING PROG	48,571	0	48,571	0	48,571
007000 COASTAL BEACH WATER QUALITY MONITORING	11,446	0	11,446	0	11,446
007000 COMPREHENSIVE COMMUNITY CARDIO - PHBG	35,000	0	35,000	0	35,000
007000 CMS-MCH PURCHASED CLIENT SERVICES	16,342	0	16,342	0	16,342
007000 FAMILY PLANNING TITLE X - GRANT	140,475	0	140,475	0	140,475
007000 EMERGENCY RESPONSE: PH CRISIS RESPONSE	887	0	887	0	887
007000 IMMUNIZATION ACTION PLAN	43,423	0	43,423	0	43,423
007000 MCH SPECIAL PRJCT UNPLANNED PREGNANCY	48,440	0	48,440	0	48,440
007000 BASE COMMUNITY PREPAREDNESS CAPABILITY	148,775	0	148,775	0	148,775
007000 BASE PUB HLTH SURVEILLANCE & EPI INVESTIGATION	48,440	0	48,440	0	48,440
007000 WIC PROGRAM ADMINISTRATION	856,450	0	856,450	0	856,450
015075 INSPECTIONS OF SUMMER FEEDING PROGRAM - DOE	998	0	998	0	998
018005 AIDS DRUG ASSISTANCE PROGRAM ADMIN HQ	21,568	0	21,568	0	21,568
<b>FEDERAL FUNDS TOTAL</b>	<b>1,420,814</b>	<b>0</b>	<b>1,420,814</b>	<b>0</b>	<b>1,420,814</b>
<b>4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE</b>					
001020 CHD STATEWIDE ENVIRONMENTAL FEES	125,307	0	125,307	0	125,307
001092 CHD STATEWIDE ENVIRONMENTAL FEES	140,490	0	140,490	0	140,490
001206 ON SITE SEWAGE DISPOSAL PERMIT FEES	12,125	0	12,125	0	12,125
001206 SANITATION CERTIFICATES (FOOD INSPECTION)	3,287	0	3,287	0	3,287
001206 SEPTIC TANK RESEARCH SURCHARGE	1,300	0	1,300	0	1,300
001206 SEPTIC TANK VARIANCE FEES 50%	250	0	250	0	250
001206 PUBLIC SWIMMING POOL PERMIT FEES-10% HQ TRANSFER	8,925	0	8,925	0	8,925
001206 DRINKING WATER PROGRAM OPERATIONS	99	0	99	0	99
001206 TANNING FACILITIES	327	0	327	0	327
001206 ONSITE SEWAGE TRAINING CENTER	1,050	0	1,050	0	1,050
001206 MOBILE HOME & RV PARK FEES	1,401	0	1,401	0	1,401
<b>FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL</b>	<b>294,561</b>	<b>0</b>	<b>294,561</b>	<b>0</b>	<b>294,561</b>

**ATTACHMENT II**

**OKALOOSA COUNTY HEALTH DEPARTMENT**

**Part II: Sources of Contributions to County Health Department  
October 1, 2018 to September 30, 2019**

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>5. OTHER CASH CONTRIBUTIONS - STATE:</b>					
	0	0	0	0	0
090001 DRAW DOWN FROM PUBLIC HEALTH UNIT	64,347	0	64,347	0	64,347
<b>OTHER CASH CONTRIBUTION TOTAL</b>	<b>64,347</b>	<b>0</b>	<b>64,347</b>	<b>0</b>	<b>64,347</b>
<b>6. MEDICAID - STATE/COUNTY:</b>					
001057 CHD CLINIC FEES	0	194,524	194,524	0	194,524
001147 CHD CLINIC FEES	0	1,233	1,233	0	1,233
001148 CHD CLINIC FEES	0	884,673	884,673	0	884,673
<b>MEDICAID TOTAL</b>	<b>0</b>	<b>1,080,430</b>	<b>1,080,430</b>	<b>0</b>	<b>1,080,430</b>
<b>7. ALLOCABLE REVENUE - STATE:</b>					
018000 CHD CLINIC FEES	1,450	0	1,450	0	1,450
031005 COASTAL BEACH QUALITY MONITORING	1,311	0	1,311	0	1,311
031005 COUNTY HEALTH SYSTEMS HOLDBACK	61,291	0	61,291	0	61,291
<b>ALLOCABLE REVENUE TOTAL</b>	<b>64,052</b>	<b>0</b>	<b>64,052</b>	<b>0</b>	<b>64,052</b>
<b>8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE</b>					
ADAP	0	0	0	647,224	647,224
PHARMACY DRUG PROGRAM	0	0	0	51,263	51,263
WIC PROGRAM	0	0	0	3,491,592	3,491,592
BUREAU OF PUBLIC HEALTH LABORATORIES	0	0	0	23,684	23,684
IMMUNIZATIONS	0	0	0	568,321	568,321
<b>OTHER STATE CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4,782,084</b>	<b>4,782,084</b>
<b>9. DIRECT LOCAL CONTRIBUTIONS - BCC/TAX DISTRICT</b>					
008005 CHD LOCAL REVENUE & EXPENDITURES	0	601,661	601,661	0	601,661
<b>DIRECT COUNTY CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>601,661</b>	<b>601,661</b>	<b>0</b>	<b>601,661</b>
<b>10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY</b>					
001073 CHD CLINIC FEES	0	1,087,560	1,087,560	0	1,087,560
001077 CHD CLINIC FEES	0	56,708	56,708	0	56,708
001094 CHD LOCAL ENVIRONMENTAL FEES	0	214,120	214,120	0	214,120
001110 VITAL STATISTICS CERTIFIED RECORDS	0	257,201	257,201	0	257,201
<b>FEES AUTHORIZED BY COUNTY TOTAL</b>	<b>0</b>	<b>1,615,589</b>	<b>1,615,589</b>	<b>0</b>	<b>1,615,589</b>
<b>11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY</b>					
001029 CHD CLINIC FEES	0	315,746	315,746	0	315,746
001090 CHD CLINIC FEES	0	1,308	1,308	0	1,308
005000 CHD LOCAL REVENUE & EXPENDITURES	0	4,500	4,500	0	4,500
007010 RYAN WHITE TITLE III - DIRECT TO CHD	0	249,400	249,400	0	249,400
007010 RYAN WHITE TITLE III - DIRECT TO CHD	0	78,037	78,037	0	78,037
011001 HEALTHY START DATA MANAGEMENT	0	1,904	1,904	0	1,904
090002 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	108,451	108,451	0	108,451
<b>OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>542,444</b>	<b>542,444</b>	<b>0</b>	<b>542,444</b>

## ATTACHMENT II

### OKALOOSA COUNTY HEALTH DEPARTMENT

Part II, Sources of Contributions to County Health Department  
October 1, 2018 to September 30, 2019

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>12. ALLOCABLE REVENUE - COUNTY</b>					
018000 CHD CLINIC FEES	0	1,450	1,450	0	1,450
031005 COASTAL BEACH QUALITY MONITORING	0	1,311	1,311	0	1,311
031005 COUNTY HEALTH SYSTEMS HOLDBACK	0	61,291	61,291	0	61,291
<b>COUNTY ALLOCABLE REVENUE TOTAL</b>	<b>0</b>	<b>64,052</b>	<b>64,052</b>	<b>0</b>	<b>64,052</b>
<b>13. BUILDINGS - COUNTY</b>					
ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	440,412	440,412
JANITORIAL	0	0	0	76,000	76,000
UTILITIES	0	0	0	0	0
BUILDING MAINTENANCE	0	0	0	0	0
GROUNDS MAINTENANCE	0	0	0	0	0
INSURANCE	0	0	0	0	0
OTHER (Specify)	0	0	0	0	0
OTHER (Specify)	0	0	0	0	0
<b>BUILDINGS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>516,412</b>	<b>516,412</b>
<b>14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY</b>					
EQUIPMENT / VEHICLE PURCHASES	0	0	0	0	0
VEHICLE INSURANCE	0	0	0	0	0
VEHICLE MAINTENANCE	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
<b>OTHER COUNTY CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>GRAND TOTAL CHD PROGRAM</b>	<b>4,167,554</b>	<b>3,904,176</b>	<b>8,071,730</b>	<b>5,298,496</b>	<b>13,370,226</b>



**ATTACHMENT II**

**ORALOOA COUNTY HEALTH DEPARTMENT**

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

October 1, 2018 to September 30, 2019

	FTE's (0.00)	Clients Units	Services/ Visits	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd (Whole dollars only)	3rd	4th			
<b>A. COMMUNICABLE DISEASE CONTROL:</b>										
IMMUNIZATION (101)	3.68	4,113	5,138	40,889	68,046	59,111	87,167	197,844	58,269	256,113
SEXUALLY TRANS. DIS. (102)	4.90	1,440	1,977	94,039	109,685	94,039	109,686	116,856	291,593	407,449
HIV/AIDS PREVENTION (03A1)	1.01	0	1,097	14,737	17,189	14,737	17,189	63,852	0	63,852
HIV/AIDS SURVEILLANCE (03A2)	0.00	0	0	0	0	0	0	0	0	0
HIV/AIDS PATIENT CARE (03A3)	11.38	239	1,097	821,618	465,110	401,618	465,110	136,754	1,516,702	1,653,456
ADAP (03A4)	0.62	91	558	8,244	9,615	8,244	9,615	35,718	0	35,718
TUBERCULOSIS (104)	1.03	42	163	21,670	25,276	21,670	25,276	93,892	0	93,892
COMM. DIS. SURV. (106)	5.97	0	2,856	57,848	103,876	89,059	135,088	117,221	268,650	385,871
HEPATITIS (109)	0.03	70	96	495	578	495	578	0	2,146	2,146
PREPAREDNESS AND RESPONSE (116)	4.59	0	151	194,949	102,410	79,949	77,411	399,428	61,291	454,719
REFUGEE HEALTH (118)	0.00	0	0	0	0	0	0	0	0	0
VITAL RECORDS (180)	1.78	8,733	19,370	25,185	29,376	25,185	29,376	0	109,122	109,122
<b>COMMUNICABLE DISEASE SUBTOTAL</b>	<b>34.99</b>	<b>14,728</b>	<b>32,503</b>	<b>779,674</b>	<b>932,061</b>	<b>794,107</b>	<b>956,406</b>	<b>1,154,555</b>	<b>2,307,773</b>	<b>3,462,338</b>
<b>B. PRIMARY CARE:</b>										
CHRONIC DISEASE PREVENTION PRO (210)	1.12	1,837	168	18,305	21,351	18,305	21,352	79,313	0	79,313
WIC (21W1)	18.17	8,191	53,431	203,802	316,028	263,802	316,028	1,099,660	0	1,099,660
TOBACCO USE INTERVENTION (212)	2.77	0	357	45,733	53,343	45,733	53,343	198,152	0	198,152
WIC BREASTFEEDING PEER COUNSELING (21W2)	1.72	0	5,031	15,804	18,434	15,804	18,435	68,477	0	68,477
FAMILY PLANNING (223)	11.50	3,103	6,587	182,304	212,635	182,304	212,635	369,757	420,121	789,878
IMPROVED PREGNANCY OUTCOME (225)	0.00	0	0	0	0	0	0	0	0	0
HEALTHY START PRENATAL (227)	0.06	6,216	28,548	592	691	592	692	0	2,567	2,567
COMPREHENSIVE CHILD HEALTH (229)	0.00	0	0	0	0	0	0	0	0	0
HEALTHY START CHILD (231)	0.00	0	0	0	0	0	0	0	0	0
SCHOOL HEALTH (234)	3.36	0	235,721	55,010	64,162	55,010	64,162	238,344	0	238,344
COMPREHENSIVE ADULT HEALTH (237)	0.22	213	271	3,441	4,014	3,441	4,014	0	14,910	14,910
COMMUNITY HEALTH DEVELOPMENT (238)	4.68	0	1,025	66,291	118,980	91,291	118,980	254,065	141,477	395,542
DENTAL HEALTH (240)	13.79	4,170	8,003	175,083	247,535	211,750	297,534	216,695	715,207	931,902
<b>PRIMARY CARE SUBTOTAL</b>	<b>57.39</b>	<b>23,730</b>	<b>339,132</b>	<b>766,365</b>	<b>1,057,173</b>	<b>888,032</b>	<b>1,107,175</b>	<b>2,524,463</b>	<b>1,294,282</b>	<b>3,818,745</b>
<b>C. ENVIRONMENTAL HEALTH:</b>										
<b>Water and Onsite Sewage Programs</b>										
COSTAL BEACH MONITORING (347)	0.22	289	302	4,131	4,819	4,131	4,819	16,589	1,311	17,900
LIMITED USE PUBLIC WATER SYSTEMS (357)	0.16	12	42	2,804	3,270	2,804	3,270	9,753	2,395	12,148
PUBLIC WATER SYSTEM (358)	0.00	0	0	0	0	0	0	0	0	0
PRIVATE WATER SYSTEM (359)	0.09	0	36	1,260	1,470	1,260	1,470	0	5,460	5,460
ONSITE SEWAGE TREATMENT & DISPOSAL (361)	4.73	1,150	2,179	66,764	89,536	76,764	99,536	176,107	156,493	332,600
<b>Group Total</b>	<b>5.20</b>	<b>1,451</b>	<b>2,559</b>	<b>74,959</b>	<b>99,095</b>	<b>84,959</b>	<b>109,095</b>	<b>202,449</b>	<b>165,659</b>	<b>368,108</b>
<b>Facility Programs</b>										
TATTOO FACILITY SERVICES (344)	0.00	0	0	0	0	0	0	0	0	0
FOOD HYGIENE (348)	1.74	252	825	27,258	31,794	27,258	31,794	104,682	13,422	118,104

## ATTACHMENT II

## OKALOOSA COUNTY HEALTH DEPARTMENT

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

October 1, 2018 to September 30, 2019

	FTE's (0.00)	Clients Units	Services/ Visits	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd	3rd	4th			
				(Whole dollars only)						
BODY PIERCING FACILITIES SERVICES (349)	0.00	0	0	0	0	0	0	0	0	0
GROUP CARE FACILITY (351)	0.38	98	199	6,113	7,130	6,113	7,129	0	26,485	26,485
MIGRANT LABOR CAMP (352)	0.00	0	0	0	0	0	0	0	0	0
HOUSING & PUB. BLDG. (353)	0.00	0	0	0	0	0	0	0	0	0
MOBILE HOME AND PARK (354)	0.70	117	419	10,953	12,775	10,953	12,774	47,455	0	47,455
POOLS/BATHING PLACES (360)	1.63	395	1,670	25,572	29,826	25,572	29,826	47,880	62,916	110,796
BIOMEDICAL WASTE SERVICES (364)	0.00	0	0	0	0	0	0	0	0	0
TANNING FACILITY SERVICES (369)	0.17	27	102	2,661	3,104	2,661	3,103	5,929	5,600	11,529
Group Total	4.62	889	3,215	72,557	84,029	72,557	84,626	205,946	108,423	314,369
Groundwater Contamination										
STORAGE TANK COMPLIANCE SERVICES (355)	0.00	0	0	0	0	0	0	0	0	0
SUPER ACT SERVICES (358)	0.06	2	9	1,053	1,228	1,053	1,228	4,562	0	4,562
Group Total	0.06	2	9	1,053	1,228	1,053	1,228	4,562	0	4,562
Community Hygiene										
COMMUNITY ENVIR. HEALTH (345)	0.00	0	0	0	0	0	0	0	0	0
INJURY PREVENTION (346)	0.00	0	0	0	0	0	0	0	0	0
LEAD MONITORING SERVICES (350)	0.00	0	0	0	0	0	0	0	0	0
PUBLIC SEWAGE (362)	0.00	0	0	0	0	0	0	0	0	0
SOLID WASTE DISPOSAL SERVICE (363)	0.00	0	0	0	0	0	0	0	0	0
SANITARY NUISANCE (365)	0.66	324	378	8,767	10,226	8,767	10,227	17,312	20,075	37,987
RABIES SURVEILLANCE (366)	0.10	48	36	8,112	2,630	1,112	1,631	6,121	7,364	13,485
ARBOVIRUS SURVEIL (367)	0.00	0	0	0	0	0	0	0	0	0
RODENT/ARTHROPOD CONTROL (368)	0.00	0	0	0	0	0	0	0	0	0
WATER POLLUTION (370)	0.00	0	0	0	0	0	0	0	0	0
INDOOR AIR (371)	0.00	0	0	0	0	0	0	0	0	0
RADIOLOGICAL HEALTH (372)	0.00	0	0	0	0	0	0	0	0	0
TOXIC SUBSTANCES (373)	0.00	0	0	0	0	0	0	0	0	0
Group Total	0.66	372	414	18,879	12,856	9,879	11,858	23,433	28,039	51,472
ENVIRONMENTAL HEALTH SUBTOTAL	10.54	2,714	6,197	165,448	197,808	168,448	206,807	436,390	302,121	738,511
D. NON-OPERATIONAL COSTS:										
NON-OPERATIONAL COSTS (599)	0.00	0	0	3,831	4,468	3,831	4,469	16,599	0	16,599
ENVIRONMENTAL HEALTH SURCHARGE (399)	0.00	0	0	6,639	7,743	6,639	7,743	28,764	0	28,764
MEDICAID BUYBACK (611)	0.00	0	0	1,563	1,823	1,563	1,824	6,773	0	6,773
NON-OPERATIONAL COSTS SUBTOTAL	0.00	0	0	12,033	14,034	12,033	14,036	52,136	0	52,136
TOTAL CONTRACT	102.92	41,172	377,832	1,723,520	2,201,076	1,862,620	2,284,514	4,167,554	3,904,176	8,071,730

**Okaloosa**  
**Contract Management Variance Report**  
**for Period 10/01/2018 to 12/31/2018**

Program	Reported FTEs	Planned FTEs	% Variance FTE	Reported Clients/Units	Planned Clients/Units	% Variance Clients/Units	Reported Visits/Services	Planned Visits/Services	% Variance Visits/Services	Reported Expenditures	Planned Expenditures	% Variance Expenditures
<b>Communicable Disease Section</b>												
01:Immunization	3.67	3.68	-0.27	840	1,028	-18.31	1,146	1,285	-10.78	\$38,612.42	\$40,889.00	-5.57
02:Sexually Trans. Dis.	4.82	4.90	-1.63	380	360	5.56	579	494	17.15	\$97,783.51	\$94,039.00	3.98
03:AIDS	11.33	13.01	-12.91	64	83	-22.42	674	688	-2.03	\$350,814.23	\$344,599.00	1.80
04:Tuberculosis	0.84	1.03	-18.45	6	11	-42.86	36	41	-11.66	\$18,979.98	\$21,670.00	-12.41
06:Comm. Dis. Surv.	6.86	5.97	14.91	0	0		346	714	-51.54	\$69,363.07	\$57,848.00	-19.91
09:Hepatitis	0.00	0.03	-100.00	24	18	37.14	28	24	16.67	\$10.02	\$495.00	-97.98
16:Preparedness and Response	7.61	4.59	65.80	0	0		39	38	3.31	\$154,785.85	\$194,949.00	-20.60
18:Refugee Health	0.00	0.00		0	0		0	0		\$0.00	\$0.00	
80:Vital Records	1.68	1.78	-5.62	1,970	2,183	-9.77	4,911	4,843	1.41	\$22,861.94	\$25,185.00	-9.22
<b>Communicable Disease Totals</b>	<b>36.81</b>	<b>34.99</b>	<b>5.20</b>	<b>3,284</b>	<b>3,682</b>	<b>-10.81</b>	<b>7,759</b>	<b>8,126</b>	<b>-4.51</b>	<b>\$753,211.03</b>	<b>\$779,674.00</b>	<b>-3.39</b>
<b>Primary Care Section</b>												
10:Chronic Disease Prevention Pro	1.40	1.12	25.00	94	459	-79.53	25	40	-36.71	\$17,618.02	\$18,305.00	-3.75
12:Tobacco Use Intervention	2.58	2.77	-6.86	0	0		174	89	94.96	\$41,499.84	\$45,733.00	-9.26
21:WIC	18.53	19.89	-6.84	819	2,048	-60.00	10,703	14,616	-26.77	\$215,794.02	\$219,606.00	-1.74
23:Family Planning	10.91	11.50	-5.13	766	776	-1.26	1,688	1,647	2.50	\$185,919.07	\$182,304.00	1.98
25:Improved Pregnancy Outcome	0.00	0.00		0	0		0	0		\$0.00	\$0.00	
27:Healthy Start Prenatal	0.07	0.06	16.67	442	1,554	-71.56	1,405	7,137	-80.31	\$1,010.69	\$592.00	70.72
29:Comprehensive Child Health	0.00	0.00		0	0		0	0		\$0.00	\$0.00	
31:Healthy Start Child	0.01	0.00		154	0		682	0		\$248.00	\$0.00	
34:School Health	3.24	3.36	-3.57	0	0		72,485	58,930	23.00	\$47,364.77	\$55,010.00	-13.90
37:Comprehensive Adult Health	0.09	0.22	-59.09	18	53	-66.20	20	68	-70.48	\$2,737.24	\$3,441.00	-20.45
38:Community Health Development	3.93	4.68	-16.03	0	0		147	256	-42.63	\$70,079.56	\$66,291.00	5.72
40:Dental Health	9.22	13.79	-33.14	1,078	1,043	3.41	1,705	2,001	-14.78	\$176,859.02	\$175,083.00	1.01
<b>Primary Care Totals</b>	<b>-9.98</b>	<b>57.39</b>	<b>-12.91</b>	<b>3,271</b>	<b>5,933</b>	<b>-43.18</b>	<b>89,034</b>	<b>84,783</b>	<b>5.01</b>	<b>\$739,121.21</b>	<b>\$766,365.00</b>	<b>-0.95</b>
<b>Environmental Health Section</b>												





# Okaloosa DE580 Analysis of Fund Equities Report

Note: This report is based upon Schedule C, FIRS  
and year-to-date FLAIR transactions as of 12/31/2018

Okaloosa CHD (643646) DE580 Analysis of Fund Equities Report for fiscal year 2018-2019 as of 12/31/2018  
Actual Year-to-Date (through Dec)

OCA	OCA Title	Beginning Cash	Revenues YTD	Expenditures YTD	Certified Forward Expenditures YTD	Actual Cash YTD
<b>State</b>						
1E000	ON SITE SEWAGE DISPOSAL PERMIT FEES	289.20	5,957.60	6,184.00	0.00	62.80
1O000	SANITATION CERTIFICATES (FOOD INSPECTION)	0.00	3,250.25	3,250.25	0.00	0.00
3S000	INSPECTIONS OF SUMMER FEEDING PROGRAM - DOE	0.00	1,485.00	167.52	0.00	1,317.48
4B000	AIDS PATIENT CARE	0.00	75,000.00	45,986.44	0.00	29,013.56
4BAPS	AIDS PREVENTION & SURVEILLANCE - GENERAL REVENUE	769.20	15,690.00	12,962.46	769.20	2,727.54
7F000	CHD - TB COMMUNITY PROGRAM	0.00	45,456.00	19,107.08	0.00	26,348.92
9V000	STATE UNDERGROUND PETROLEUM RESPONSE ACT	0.00	217.00	685.83	0.00	(468.83)
ADA19	AIDS DRUG ASSISTANCE PROGRAM ADMIN HQ	(4,409.00)	9,256.28	15,088.79	0.00	(10,241.51)
B9000	SEPTIC TANK RESEARCH SURCHARGE	25.00	885.00	910.00	0.00	0.00
BPC17	WIC BREASTFEEDING PEER COUNSELING PROG	(695.30)	6,011.46	4,357.49	1,018.22	(59.55)
BPC18	WIC BREASTFEEDING PEER COUNSELING PROG	0.00	0.00	17.66	0.00	(17.66)
BY000	SEPTIC TANK VARIANCE FEES 50%	(750.00)	0.00	0.00	0.00	(750.00)
CBM18	COASTAL BEACH WATER QUALITY MONITORING	(1,892.70)	3,486.66	1,214.72	379.24	0.00
CBM19	COASTAL BEACH WATER QUALITY MONITORING	0.00	3,532.84	3,936.59	0.00	(403.75)
CIP17	COMPREHENSIVE COMMUNITY CARDIO - PHBG	(7,583.82)	16,333.82	8,750.00	0.00	0.00
CIP18	COMPREHENSIVE COMMUNITY CARDIO - PHBG	0.00	1,798.85	7,180.81	0.00	(5,381.96)
DE017	CMS-MCH PURCHASED CLIENT SERVICES	(1,756.99)	6,756.99	0.00	5,000.00	0.00
DE018	CMS-MCH PURCHASED CLIENT SERVICES	0.00	2,249.55	3,633.67	0.00	(1,384.12)
DNSPJ	DENTAL SPECIAL INITIATIVE PROJECTS	0.00	4,482.00	592.00	0.00	3,890.00
ENVFE	CHD STATEWIDE ENVIRONMENTAL FEES	4,251.79	124,171.05	155,783.94	4,251.79	(31,612.89)
FMP18	FAMILY PLANNING TITLE X - GRANT	(31,434.81)	52,049.06	20,614.25	0.00	0.00
FMP19	FAMILY PLANNING TITLE X - GRANT	0.00	38,522.63	67,037.50	0.00	(28,514.87)
FMPGR	FAMILY PLANNING GENERAL REVENUE	0.00	59,085.00	8,444.27	0.00	50,640.73
IMM18	IMMUNIZATION ACTION PLAN	(205.11)	0.00	0.00	0.00	(205.11)
IMM19	IMMUNIZATION ACTION PLAN	0.00	25,634.15	32,062.35	0.00	(6,428.20)
K3000	PUBLIC SWIMMING POOL PERMIT FEES-10% HQ TRANSFER	1,637.50	1,250.00	2,887.50	0.00	0.00

M5000	DRINKING WATER PROGRAM OPERATIONS	0.00	72.00	72.00	0.00	0.00
MC237	MCH SPECIAL PRJCT UNPLANNED PREGNANCY	0.00	4,760.24	4,760.24	0.00	0.00
MC238	MCH SPECIAL PRJCT UNPLANNED PREGNANCY	0.00	40,223.72	44,511.53	0.00	(4,287.81)
NCGRV	CHD GENERAL REVENUE NON-CATEGORICAL	48,298.84	1,112,250.00	655,967.65	48,298.84	456,282.35
PCG00	PRIMARY CARE PROGRAM	0.00	183,798.00	89,727.98	0.00	94,070.02
PHCP8	BASE COMMUNITY PREPAREDNESS CAPABILITY	(4,241.03)	7,893.18	4.69	3,647.46	0.00
PHCP9	BASE COMMUNITY PREPAREDNESS CAPABILITY	0.00	38,474.40	41,462.28	0.00	(2,987.88)
PHEI8	BASE PUB HLTH SURVEILLANCE & EPI INVESTIGATION	1,198.66	1,240.12	400.98	2,037.80	0.00
PHEI9	BASE PUB HLTH SURVEILLANCE & EPI INVESTIGATION	0.00	13,372.76	16,476.69	0.00	(3,103.93)
PHVM7	BASE VOLUNTEER MANAGEMENT	150.34	(150.34)	0.00	0.00	0.00
R9000	TANNING FACILITIES	0.00	312.00	312.00	0.00	0.00
SCHGR	SCHOOL HEALTH SERVICES - GENERAL REVENUE	7,603.07	132,930.00	80,777.77	7,603.07	52,152.23
SEWTN	ONSITE SEWAGE TRAINING CENTER	20.00	410.00	420.00	0.00	10.00
TCI18	TOBACCO STATE AND COMMUNITY INTERVENTIONS	3,951.25	0.00	252.19	3,699.06	0.00
TCI19	TOBACCO STATE AND COMMUNITY INTERVENTIONS	0.00	113,016.00	60,809.80	0.00	52,206.20
UQ000	MOBILE HOME & RV PARK FEES	0.00	1,337.60	1,337.60	0.00	0.00
WIC18	WIC PROGRAM ADMINISTRATION	(33,664.55)	305,501.88	238,705.01	33,132.32	0.00
WIC19	WIC PROGRAM ADMINISTRATION	0.00	131,513.91	160,728.12	0.00	(29,214.21)
<b>State Total</b>		<b>(18,438.46)</b>	<b>2,589,516.66</b>	<b>1,817,581.65</b>	<b>109,837.00</b>	<b>643,659.55</b>
<b>Local</b>						
CBWQM	COASTAL BEACH QUALITY MONITORING	0.00	2,621.00	0.00	0.00	2,621.00
CHSHB	COUNTY HEALTH SYSTEMS HOLDBACK	0.00	0.00	17,582.00	0.00	(17,582.00)
CLFEE	CHD CLINIC FEES	353,408.59	1,206,225.98	994,124.27	72,431.57	493,078.73
ENVLF	CHD LOCAL ENVIRONMENTAL FEES	309,369.99	92,909.75	69,830.13	18,112.21	314,337.40
HSDMT	HEALTHY START DATA MANAGEMENT	0.00	830.10	907.53	0.00	(77.43)
JV000	VITAL STATISTICS CERTIFIED RECORDS	99,301.31	137,359.50	81,621.94	22,484.59	132,554.28
LOGOV	CHD LOCAL REVENUE & EXPENDITURES	(83,429.82)	354,092.05	248,482.82	16,847.01	5,332.40
RWT19	RYAN WHITE TITLE III - DIRECT TO CHD	(6,234.76)	125,865.45	164,674.31	11,435.97	(56,479.59)
RWT20	RYAN WHITE TITLE III - DIRECT TO CHD	0.00	0.00	0.00	0.00	0.00
SALGS	CHD SALE OF SERVICES IN OR OUTSIDE OF STATE GOVT	0.00	0.00	(168.00)	0.00	168.00
TSFLR	HURRICANE FLORENCE NORTH CAROLINA RESPONSE	0.00	0.00	5,300.80	0.00	(5,300.80)
TSIRM	HURRICANE IRMA EXECUTIVE ORDER 17-235	17.00	0.00	0.00	0.00	17.00
TSMKL	TROPICAL STORM MICHAEL	0.00	0.00	3,448.88	0.00	(3,448.88)
<b>Local Total</b>		<b>672,432.31</b>	<b>1,919,903.83</b>	<b>1,585,804.68</b>	<b>141,311.35</b>	<b>865,220.11</b>
<b>Grand Total</b>		<b>653,993.85</b>	<b>4,509,420.49</b>	<b>3,403,386.33</b>	<b>251,148.35</b>	<b>1,508,879.66</b>

PROCUREMENT/CONTRACT/LEASE  
INTERNAL COORDINATION SHEET

097-0025-40

Procurement/Contract/Lease Number: TBD Tracking Number: 311418  
Procurement/Contractor/Lessee Name: FOOH Grant Funded: YES \_\_\_ NO X  
Purpose: contract  
Date/Term: 9-30-19  
Amount: [redacted]  
Department: BCC  
Dept. Monitor Name: Hopstad

1.  GREATER THAN \$100,000  
2.  GREATER THAN \$50,000  
3.  \$50,000 OR LESS

**Purchasing Review**

Procurement or Contract/Lease requirements are met:  
DeRita Mason Date: 9-10-18  
Purchasing Manager or designee Jeff Hyde, DeRita Mason

**2CFR Compliance Review (if required)**

Approved as written: NO federal funds Date: \_\_\_\_\_  
Grants Coordinator Danielle Garcia

**Risk Management Review**

Approved as written: Krystal King Date: 9-12-18  
Risk Manager or designee Laura Porter or Krystal King

**County Attorney Review**

Approved as written: see mail attached Date: 9-11-18  
County Attorney Gregory T. Stewart, Lynn Hoshihara, Kerry Parsons or Designee

Following Okaloosa County approval:  
**Clerk Finance**

Document has been received:  
Finance Manager or designee Date: \_\_\_\_\_

**DeRita Mason**

---

**From:** Parsons, Kerry <KParsons@ngn-tally.com>  
**Sent:** Tuesday, September 11, 2018 9:34 AM  
**To:** DeRita Mason  
**Cc:** Lynn Hoshihara  
**Subject:** RE: FL Dept. of Health Contract Review

The annual Health Department contract is approved for legal purposes.

---

**From:** DeRita Mason [mailto:dmason@myokaloosa.com]  
**Sent:** Monday, September 10, 2018 10:05 AM  
**To:** Parsons, Kerry  
**Cc:** Lynn Hoshihara  
**Subject:** FL Dept. of Health Contract Review

Please review and approve the attached.

Thank you,

DeRita



DeRita Mason  
Contracts and Lease Coordinator  
Okaloosa County Purchasing Department  
5479A Old Bethel Road  
Crestview, Florida 32536  
(850) 689-5960  
dmason@myokaloosa.com



**CONTRACT BETWEEN  
OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS  
AND  
STATE OF FLORIDA DEPARTMENT OF HEALTH  
FOR OPERATION OF THE  
OKALOOSA COUNTY HEALTH DEPARTMENT  
CONTRACT YEAR 2018-2019**

This contract is made and entered into between the State of Florida, Department of Health ("State") and the Okaloosa County Board of County Commissioners ("County"), through their undersigned authorities, effective October 1, 2018.

**RECITALS**

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

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

C. Okaloosa County Health Department ("CHD") is one of the created County Health Departments.

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

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

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

2. TERM. The parties mutually agree that this contract shall be effective from October 1, 2018, through September 30, 2019, or until a written contract replacing this contract is entered into between the parties, whichever is later, unless this contract is otherwise terminated pursuant to the termination provisions set forth in paragraph 8. below.

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

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

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

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

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

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

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

i. The State's appropriated responsibility (*direct contribution excluding any state fees, Medicaid contributions or any other funds not listed on the Schedule C*) as provided in Attachment II, Part II is an amount not to exceed \$ 3,680,169 (*State General Revenue, State Funds, Other State Funds and Federal Funds listed on the Schedule C*). The State's obligation to pay under this contract is contingent upon an annual appropriation by the Legislature.

ii. The County's appropriated responsibility (*direct contribution excluding any fees, other cash or local contributions*) as provided in Attachment II, Part II is an amount not to exceed \$601,661 (*amount listed under the "Board of County Commissioners Annual Appropriations section of the revenue attachment*).

b. Overall expenditures will not exceed available funding or budget authority, whichever is less, (either current year or from surplus trust funds) in any service category. Unless requested otherwise, any surplus at the end of the term of this contract in the County Health

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

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

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

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

County Health Department Trust Fund  
Okaloosa County  
221 Hospital Dr. NE  
Fort Walton Beach, FL 32548

5. CHD DIRECTOR/ADMINISTRATOR. Both parties agree the director/administrator of the CHD shall be a State employee or under contract with the State and will be under the day-to-day direction of the Deputy Secretary for County Health Systems. The director/administrator shall be selected by the State with the concurrence of the County. The director/administrator of the CHD shall ensure that non-categorical sources of funding are used to fulfill public health priorities in the community and the Long Range Program Plan.

6. ADMINISTRATIVE POLICIES AND PROCEDURES. The parties hereto agree that the following standards should apply in the operation of the CHD:

a. The CHD and its personnel shall follow all State policies and procedures, except to the extent permitted for the use of County purchasing procedures as set forth in subparagraph b., below. All CHD employees shall be State or State-contract personnel subject to State personnel rules and procedures. Employees will report time in the Health Management System compatible format by program component as specified by the State.

b. The CHD shall comply with all applicable provisions of federal and state laws and regulations relating to its operation with the exception that the use of County purchasing procedures shall be allowed when it will result in a better price or service and no statewide Department of Health purchasing contract has been implemented for those goods or services. In such cases, the CHD director/administrator must sign a justification therefore, and all County purchasing procedures must be followed in their entirety, and such compliance shall be documented. Such justification and compliance documentation shall be maintained by the CHD in accordance with the terms of this contract. State procedures must be followed for all leases on facilities not enumerated in Attachment IV.

c. The CHD shall maintain books, records and documents in accordance with the Generally Accepted Accounting Principles (GAAP), as promulgated by the Governmental Accounting Standards Board (GASB), and the requirements of federal or state law. These records shall be maintained as required by the Department of Health Policies and Procedures for Records Management and shall be open for inspection at any time by the parties and the public, except for those records that are not otherwise subject to disclosure as provided by law which are subject to the confidentiality provisions of paragraphs 6.i. and 6.k., below. Books, records and documents must be adequate to allow the CHD to comply with the following reporting requirements:

- i.* The revenue and expenditure requirements in the Florida Accounting Information Resource (FLAIR) System;
- ii.* The client registration and services reporting requirements of the minimum data set as specified in the most current version of the Client Information System/Health Management Component Pamphlet;
- iii.* Financial procedures specified in the Department of Health's Accounting Procedures Manuals, Accounting memoranda, and Comptroller's memoranda;
- iv.* The CHD is responsible for assuring that all contracts with service providers include provisions that all subcontracted services be reported to the CHD in a manner consistent with the client registration and service reporting requirements of the minimum data set as specified in the Client Information System/Health Management Component Pamphlet.

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

e. That any surplus/deficit funds, including fees or accrued interest, remaining in the County Health Department Trust Fund account at the end of the contract year shall be credited/debited to the State or County, as appropriate, based on the funds contributed by each and the expenditures incurred by each. Expenditures will be charged to the program accounts by State and County based on the ratio of planned expenditures in this contract and funding from all sources is credited to the program accounts by State and County. The equity share of any surplus/deficit funds accruing to the State and County is determined each month and at contract year-end. Surplus funds may be applied toward the funding requirements of each participating governmental entity in the following year. However, in each such case, all surplus funds, including fees and accrued interest, shall remain in the trust fund until accounted for in a manner which clearly illustrates the amount which has been credited to each participating governmental entity. The planned use of surplus funds shall be reflected in Attachment II, Part I of this contract, with special capital projects explained in Attachment V.

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

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

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

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

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

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

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

m. The CHD shall establish a system through which applicants for services and current clients may present grievances over denial, modification or termination of services. The CHD will advise applicants of the right to appeal a denial or exclusion from services, of failure to

take account of a client's choice of service, and of his/her right to a fair hearing to the final governing authority of the agency. Specific references to existing laws, rules or program manuals are included in Attachment I of this contract.

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

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

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

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

- i.* March 1, 2019 for the report period October 1, 2018 through December 31, 2018;
- ii.* June 1, 2019 for the report period October 1, 2018 through March 31, 2019;
- iii.* September 1, 2019 for the report period October 1, 2018 through June 30, 2019; and
- iv.* December 1, 2019 for the report period October 1, 2018 through September 30, 2019.

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

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

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

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

8. TERMINATION.

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

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

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

9. MISCELLANEOUS. The parties further agree:

a. Availability of Funds. If this contract, any renewal hereof, or any term, performance or payment hereunder, extends beyond the fiscal year beginning July 1, 2019, it is agreed that the performance and payment under this contract are contingent upon an annual appropriation by the Legislature, in accordance with section 287.0582, Florida Statutes.

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

For the State:

Laura Green

Name

Business Manager

Title

221 Hospital Dr. NE

Fort Walton Beach, FL 32548

Address

For the County:

Gary Stanford

Name

Finance Director

Title

101 E James Lee Blvd

Crestview, FL 32536

Address

850) 344-0518  
Telephone

(850) 689-5639  
Telephone


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

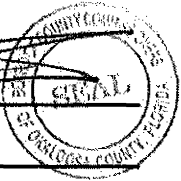
c. Captions. The captions and headings contained in this contract are for the convenience of the parties only and do not in any way modify, amplify, or give additional notice of the provisions hereof.

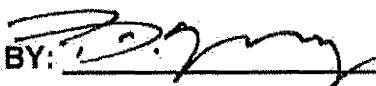
In WITNESS THEREOF, the parties hereto have caused this eight page contract, with its attachments as referenced, including Attachment I (two pages), Attachment II (six pages), Attachment III (one page), Attachment IV (one page), and Attachment V (one page), to be executed by their undersigned officials as duly authorized effective the 1<sup>st</sup> day of October, 2018.

**BOARD OF COUNTY COMMISSIONERS  
FOR OKALOOSA COUNTY**

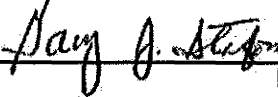
**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

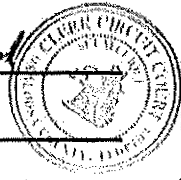
SIGNED BY:   
NAME: Graham Fountain  
TITLE: Chairman  
DATE: 9/18/18




SIGNED BY:   
NAME: Celeste Philip, MD, MPH  
TITLE: Surgeon General and Secretary  
DATE: 10/25/18

**ATTESTED TO:**

SIGNED BY:   
NAME: J. D. Peacock II  
TITLE: Clerk of Circuit Court  
DATE: 9/18/18



SIGNED BY:   
NAME: Karen A. Chapman, MD, MPH  
TITLE: CHD Director  
DATE: 9/7/18



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

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

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

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

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

**ATTACHMENT II**  
**OKALOOSA COUNTY HEALTH DEPARTMENT**  
**PART I. PLANNED USE OF COUNTY HEALTH DEPARTMENT TRUST FUND BALANCES**

	Estimated State Share of CHD Trust Fund Balance	Estimated County Share of CHD Trust Fund Balance	Total
1. CHD Trust Fund Ending Balance 09/30/18		0	653994
2. Drawdown for Contract Year October 1, 2018 to September 30, 2019		0	-102939
3. Special Capital Project use for Contract Year October 1, 2018 to September 30, 2019		0	0
4. Balance Reserved for Contingency Fund October 1, 2018 to September 30, 2019		0	551055

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

**ATTACHMENT II**

**LOCAL GOOSA COUNTY HEALTH DEPARTMENT**

**Primary Sources of Contributions to County Health Department**

October 1, 2018 to September 30, 2019

	State CHD Trust Funds (cash)	County CHD Trust Funds	Total CHD Trust Funds (cash)	Other Contributions	Total
<b>1. GENERAL REVENUE - STATE</b>					
015040 AIDS PATIENT CARE	100,000	0	100,000	0	100,000
015040 AIDS PREVENTION & SURVEILLANCE - GENERAL REVENUE	20,920	0	20,920	0	20,920
015040 CHD - TB COMMUNITY PROGRAM	60,607	0	60,607	0	60,607
015040 DENTAL SPECIAL INITIATIVE PROJECTS	5,977	0	5,977	0	5,977
015040 FAMILY PLANNING GENERAL REVENUE	78,781	0	78,781	0	78,781
015040 PRIMARY CARE PROGRAM	245,068	0	245,068	0	245,068
015040 SCHOOL HEALTH SERVICES - GENERAL REVENUE	177,240	0	177,240	0	177,240
015050 CHD GENERAL REVENUE NON-CATEGORICAL	1,482,999	0	1,482,999	0	1,482,999
<b>GENERAL REVENUE TOTAL</b>	<b>2,171,592</b>	<b>0</b>	<b>2,171,592</b>	<b>0</b>	<b>2,171,592</b>
<b>2. NON GENERAL REVENUE - STATE</b>					
015010 STATE UNDERGROUND PETROLEUM RESPONSE ACT	1,500	0	1,500	0	1,500
015010 TOBACCO STATE AND COMMUNITY INTERVENTIONS	150,688	0	150,688	0	150,688
<b>NON GENERAL REVENUE TOTAL</b>	<b>152,188</b>	<b>0</b>	<b>152,188</b>	<b>0</b>	<b>152,188</b>
<b>3. FEDERAL FUNDS - STATE</b>					
007000 WIC BREASTFEEDING PEER COUNSELING PROG	48,571	0	48,571	0	48,571
007000 COASTAL BEACH WATER QUALITY MONITORING	11,050	0	11,050	0	11,050
007000 COMPREHENSIVE COMMUNITY CARDIO - PHBG	35,000	0	35,000	0	35,000
007000 CMS-MCH PURCHASED CLIENT SERVICES	16,342	0	16,342	0	16,342
007000 FAMILY PLANNING TITLE X - GRANT	154,557	0	154,557	0	154,557
007000 IMMUNIZATION ACTION PLAN	43,423	0	43,423	0	43,423
007000 MCH SPECIAL PRJCT UNPLANNED PREGNANCY	48,440	0	48,440	0	48,440
007000 BASE COMMUNITY PREPAREDNESS CAPABILITY	93,534	0	93,534	0	93,534
007000 BASE PUB HLTH SURVEILLANCE & EPI INVESTIGATION	48,039	0	48,039	0	48,039
007000 WIC PROGRAM ADMINISTRATION	858,933	0	858,933	0	858,933
015075 INSPECTIONS OF SUMMER FEEDING PROGRAM - DOE	998	0	998	0	998
<b>FEDERAL FUNDS TOTAL</b>	<b>1,358,887</b>	<b>0</b>	<b>1,358,887</b>	<b>0</b>	<b>1,358,887</b>
<b>4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE</b>					
001020 CHD STATEWIDE ENVIRONMENTAL FEES	125,049	0	125,049	0	125,049
001092 CHD STATEWIDE ENVIRONMENTAL FEES	140,460	0	140,460	0	140,460
001206 ON SITE SEWAGE DISPOSAL PERMIT FEES	12,125	0	12,125	0	12,125
001206 SANITATION CERTIFICATES (FOOD INSPECTION)	3,075	0	3,075	0	3,075
001206 SEPTIC TANK RESEARCH SURCHARGE	1,300	0	1,300	0	1,300
001206 SEPTIC TANK VARIANCE FEES 50%	250	0	250	0	250
001206 PUBLIC SWIMMING POOL PERMIT FEES-10% HQ TRANSFER	8,925	0	8,925	0	8,925
001206 DRINKING WATER PROGRAM OPERATIONS	99	0	99	0	99
001206 TANNING FACILITIES	389	0	389	0	389
001206 ONSITE SEWAGE TRAINING CENTER	1,050	0	1,050	0	1,050
001206 MOBILE HOME & RV PARK FEES	1,401	0	1,401	0	1,401
<b>FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL</b>	<b>294,123</b>	<b>0</b>	<b>294,123</b>	<b>0</b>	<b>294,123</b>
<b>5. OTHER CASH CONTRIBUTIONS - STATE:</b>					

**ATTACHMENT II**

**ORALOGOSA COUNTY HEALTH DEPARTMENT**

Part II Sources of Contributions to County Health Department  
October 1, 2018 to September 30, 2019

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
090001 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	0	0	0	0
<b>OTHER CASH CONTRIBUTION TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>6. MEDICAID - STATE/COUNTY:</b>					
001057 CHD CLINIC FEES	0	194,624	194,524	0	194,524
001147 CHD CLINIC FEES	0	1,233	1,233	0	1,233
001148 CHD CLINIC FEES	0	985,218	985,218	0	985,218
<b>MEDICAID TOTAL</b>	<b>0</b>	<b>1,180,975</b>	<b>1,180,975</b>	<b>0</b>	<b>1,180,975</b>
<b>7. ALLOCABLE REVENUE - STATE:</b>					
018000 CHD CLINIC FEES	1,450	0	1,450	0	1,450
031005 COUNTY HEALTH SYSTEMS HOLDBACK	61,291	0	61,291	0	61,291
<b>ALLOCABLE REVENUE TOTAL</b>	<b>62,741</b>	<b>0</b>	<b>62,741</b>	<b>0</b>	<b>62,741</b>
<b>8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE</b>					
ADAP	0	0	0	647,224	647,224
PHARMACY DRUG PROGRAM	0	0	0	51,263	51,263
WIC PROGRAM	0	0	0	3,491,592	3,491,592
BUREAU OF PUBLIC HEALTH LABORATORIES	0	0	0	23,684	23,684
IMMUNIZATIONS	0	0	0	568,321	568,321
<b>OTHER STATE CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4,782,084</b>	<b>4,782,084</b>
<b>9. DIRECT LOCAL CONTRIBUTIONS - BCC/TAX DISTRICT</b>					
008005 CHD LOCAL REVENUE & EXPENDITURES	0	601,661	601,661	0	601,661
<b>DIRECT COUNTY CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>601,661</b>	<b>601,661</b>	<b>0</b>	<b>601,661</b>
<b>10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY</b>					
001073 CHD CLINIC FEES	0	769,156	769,156	0	769,156
001077 CHD CLINIC FEES	0	56,708	56,708	0	56,708
001094 CHD LOCAL ENVIRONMENTAL FEES	0	214,782	214,782	0	214,782
001110 VITAL STATISTICS CERTIFIED RECORDS	0	257,201	257,201	0	257,201
<b>FEES AUTHORIZED BY COUNTY TOTAL</b>	<b>0</b>	<b>1,297,847</b>	<b>1,297,847</b>	<b>0</b>	<b>1,297,847</b>
<b>11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY</b>					
001029 CHD CLINIC FEES	0	117,732	117,732	0	117,732
001090 CHD CLINIC FEES	0	1,308	1,308	0	1,308
005000 CHD LOCAL REVENUE & EXPENDITURES	0	4,500	4,500	0	4,500
007010 RYAN WHITE TITLE III - DIRECT TO CHD	0	234,110	234,110	0	234,110
007010 RYAN WHITE TITLE III - DIRECT TO CHD	0	78,037	78,037	0	78,037
011001 HEALTHY START DATA MANAGEMENT	0	1,904	1,904	0	1,904
090002 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	102,939	102,939	0	102,939
<b>OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>540,530</b>	<b>540,530</b>	<b>0</b>	<b>540,530</b>
<b>12. ALLOCABLE REVENUE - COUNTY</b>					
018000 CHD CLINIC FEES	0	1,450	1,450	0	1,450
031005 COUNTY HEALTH SYSTEMS HOLDBACK	0	61,291	61,291	0	61,291

**ATTACHMENT II**

**GLAUCOSA COUNTY HEALTH DEPARTMENT**

Part II Schedule of Contributions to County Health Department

October 1, 2018 to September 30, 2019

	State/CHD Trust Fund (cash)	County/CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>COUNTY ALLOCABLE REVENUE TOTAL</b>	0	62,741	62,741	0	62,741
<b>13. BUILDINGS - COUNTY</b>					
ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	440,412	440,412
JANITORIAL	0	0	0	76,000	76,000
UTILITIES	0	0	0	0	0
BUILDING MAINTENANCE	0	0	0	0	0
GROUNDS MAINTENANCE	0	0	0	0	0
INSURANCE	0	0	0	0	0
OTHER (Specify)	0	0	0	0	0
OTHER (Specify)	0	0	0	0	0
<b>BUILDINGS TOTAL</b>	0	0	0	516,412	516,412
<b>14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY</b>					
EQUIPMENT / VEHICLE PURCHASES	0	0	0	0	0
VEHICLE INSURANCE	0	0	0	0	0
VEHICLE MAINTENANCE	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
<b>OTHER COUNTY CONTRIBUTIONS TOTAL</b>	0	0	0	0	0
<b>GRAND TOTAL CHD PROGRAM</b>	4,039,531	3,683,754	7,723,285	5,298,496	13,021,781

ATTACHMENT II

LOCALOOSA COUNTY HEALTH DEPARTMENT

Part III: Planned Staffing, Clients, Services and Expenditures By Program/Service Area Within Each Level of Service  
 October 1, 2016 to September 30, 2019

	2016				2017				2018		Grand Total
	FY16 (0.00)	Clients/Units	Services/Visits	As Is	2017 Plan	2017 Actual	2018 Plan	State	County		
<b>A. COMMUNICABLE DISEASE CONTROL:</b>											
IMMUNIZATION (101)	3.73	4,169	5,208	56,197	66,547	66,197	66,548	124,311	119,178	243,489	
SEXUALLY TRANS. DIS. (102)	4.95	1,455	1,997	171,370	199,882	171,370	199,882	260,033	492,471	742,504	
HIV/AIDS PREVENTION (03A1)	1.01	0	1,097	14,729	17,179	14,729	17,179	63,816	0	63,816	
HIV/AIDS SURVEILLANCE (03A2)	0.00	0	0	0	0	0	0	0	0	0	
HIV/AIDS PATIENT CARE (03A3)	10.41	219	1,003	231,793	270,368	231,793	270,367	86,016	919,286	1,004,301	
ADAP (03A4)	0.62	91	558	8,360	8,739	8,360	8,739	36,178	0	36,178	
TUBERCULOSIS (104)	1.08	42	163	21,848	26,484	21,848	26,484	94,664	0	94,664	
COMM. DIS. SURV. (106)	4.88	0	2,336	81,017	94,496	81,017	94,496	116,046	236,980	351,026	
HEPATITIS (109)	0.02	47	64	290	338	290	337	0	1,256	1,256	
PREPAREDNESS AND RESPONSE (116)	3.48	0	116	90,800	106,907	90,800	106,907	332,123	61,291	393,414	
REFUGEE HEALTH (118)	0.00	0	0	0	0	0	0	0	0	0	
VITAL RECORDS (180)	1.79	8,782	19,478	26,306	29,516	26,306	29,516	0	109,643	109,643	
COMMUNICABLE DISEASE SUBTOTAL	31.92	14,805	32,018	701,700	818,448	701,700	818,444	1,101,187	1,939,103	3,040,290	
<b>B. PRIMARY CARE:</b>											
CHRONIC DISEASE PREVENTION PRO (210)	1.17	1,919	166	18,320	21,367	18,320	21,367	79,374	0	79,374	
WIC (21W1)	18.32	8,269	53,872	263,416	296,678	263,416	296,678	1,097,988	0	1,097,988	
TOBACCO USE INTERVENTION (212)	2.98	0	384	46,412	62,968	46,412	62,969	196,761	0	196,761	
WIC BREASTFEEDING PEER COUNSELING (21W2)	1.73	0	5,060	16,679	18,288	16,679	18,287	67,933	0	67,933	
FAMILY PLANNING (223)	11.60	3,130	6,644	183,620	214,054	183,620	214,063	377,676	417,672	796,147	
IMPROVED PREGNANCY OUTCOME (226)	0.00	0	0	0	0	0	0	0	0	0	
HEALTHY START PRENATAL (227)	0.06	6,216	28,548	688	686	688	687	0	2,649	2,649	
COMPREHENSIVE CHILD HEALTH (229)	0.00	0	0	0	0	0	0	0	0	0	
HEALTHY START CHILD (231)	0.00	0	0	0	0	0	0	0	0	0	
SCHOOL HEALTH (234)	3.37	0	236,422	54,601	63,686	54,601	63,684	236,671	0	236,671	
COMPREHENSIVE ADULT HEALTH (237)	0.22	213	271	3,664	4,167	3,664	4,166	0	15,441	15,441	
COMMUNITY HEALTH DEVELOPMENT (238)	4.72	0	1,034	91,776	107,046	91,776	107,046	264,066	143,676	397,640	
DENTAL HEALTH (240)	11.03	3,336	6,401	231,678	270,224	231,678	270,223	162,361	841,462	1,003,803	
PRIMARY CARE SUBTOTAL	56.20	23,072	338,801	898,553	1,048,052	898,553	1,048,049	2,472,618	1,420,589	3,893,207	
<b>C. ENVIRONMENTAL HEALTH:</b>											
<b>Water and Onsite Sewage Programs</b>											
COSTAL BEACH MONITORING (347)	0.19	260	261	4,066	4,743	4,066	4,743	17,618	0	17,618	
LIMITED USE PUBLIC WATER SYSTEMS (357)	0.16	12	42	2,780	3,243	2,780	3,243	9,763	2,293	12,046	
PUBLIC WATER SYSTEM (358)	0.00	0	0	0	0	0	0	0	0	0	
PRIVATE WATER SYSTEM (359)	0.07	0	28	1,171	1,366	1,171	1,366	0	5,073	5,073	
ONSITE SEWAGE TREATMENT & DISPOSAL (361)	4.77	1,160	2,197	76,224	88,906	76,224	88,906	174,122	166,138	330,260	
Group Total	5.19	1,422	2,528	84,241	98,268	84,241	98,267	201,493	163,504	364,997	
<b>Facility Programs</b>											
TATTOO FACILITY SERVICES (344)	0.00	0	0	0	0	0	0	0	0	0	
FOOD HYGIENE (348)	1.76	264	830	26,990	31,480	26,990	31,479	80,969	36,980	116,939	

## ATTACHMENT II

## ORALOSA COUNTY HEALTH DEPARTMENT

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

October 1, 2018 to September 30, 2019

	FTE's (0.00)	Clients/Services		Quarterly Expenditure Plan				State	County	Grand Total
		Units	Visits	1st	2nd	3rd	4th			
BODY PIERCING FACILITIES SERVICES (349)	0.00	0	0	0	0	0	0	0	0	0
GROUP CARE FACILITY (351)	0.38	98	199	6,057	7,065	6,057	7,064	0	26,248	26,248
MIGRANT LABOR CAMP (352)	0.00	0	0	0	0	0	0	0	0	0
HOUSING & PUB. BLDG. (353)	0.00	0	0	0	0	0	0	0	0	0
MOBILE HOME AND PARK (354)	0.70	117	419	10,850	12,655	10,850	12,655	47,010	0	47,010
POOLS/BATHING PLACES (360)	1.72	417	1,762	26,693	31,068	26,693	31,062	49,865	65,524	115,389
BIOMEDICAL WASTE SERVICES (364)	0.00	0	0	0	0	0	0	0	0	0
TANNING FACILITY SERVICES (369)	0.17	27	102	2,714	3,168	2,714	3,167	6,458	5,308	11,761
Group Total	4.72	913	3,312	73,248	85,429	73,248	85,427	184,292	138,050	317,342
Groundwater Contamination										
STORAGE TANK COMPLIANCE SERVICES (355)	0.00	0	0	0	0	0	0	0	0	0
SUPER ACT SERVICES (356)	0.06	2	9	1,048	1,217	1,048	1,218	4,521	0	4,521
Group Total	0.06	2	9	1,048	1,217	1,048	1,218	4,521	0	4,521
Community Hygiene										
COMMUNITY ENVIR. HEALTH (345)	0.00	0	0	0	0	0	0	0	0	0
INJURY PREVENTION (346)	0.00	0	0	0	0	0	0	0	0	0
LEAD MONITORING SERVICES (350)	0.00	0	0	0	0	0	0	0	0	0
PUBLIC SEWAGE (362)	0.00	0	0	0	0	0	0	0	0	0
SOLID WASTE DISPOSAL SERVICE (363)	0.00	0	0	0	0	0	0	0	0	0
SANITARY NUISANCE (365)	0.56	324	378	8,686	10,131	8,686	10,132	17,312	20,323	37,635
RABIES SURVEILLANCE (366)	0.10	48	36	3,071	3,582	3,071	3,582	6,121	7,185	13,306
ARBORVIRUS SURVEIL (367)	0.00	0	0	0	0	0	0	0	0	0
RODENT/ARTHROPOD CONTROL (368)	0.00	0	0	0	0	0	0	0	0	0
WATER POLLUTION (370)	0.00	0	0	0	0	0	0	0	0	0
INDOOR AIR (371)	0.00	0	0	0	0	0	0	0	0	0
RADIOLOGICAL HEALTH (372)	0.00	0	0	0	0	0	0	0	0	0
TOXIC SUBSTANCES (373)	0.00	0	0	0	0	0	0	0	0	0
Group Total	0.66	372	414	11,757	13,713	11,757	13,714	23,433	27,508	50,941
ENVIRONMENTAL HEALTH SUBTOTAL	10.63	2,709	6,268	170,284	198,617	170,284	198,616	413,739	324,062	737,801
D. NON-OPERATIONAL COSTS:										
NON-OPERATIONAL COSTS (599)	0.00	0	0	3,831	4,469	3,831	4,469	16,600	0	16,600
ENVIRONMENTAL HEALTH SURCHARGE (599)	0.00	0	0	6,604	7,703	6,604	7,703	28,614	0	28,614
MEDICAID BUYBACK (611)	0.00	0	0	1,568	1,823	1,568	1,824	6,773	0	6,773
NON-OPERATIONAL COSTS SUBTOTAL	0.00	0	0	11,998	13,996	11,998	13,996	51,987	0	51,987
TOTAL CONTRACT	97.75	40,586	377,082	1,782,535	2,079,110	1,782,535	2,079,105	4,039,531	3,683,754	7,723,285



**ATTACHMENT III**  
**OKALOOSA COUNTY HEALTH DEPARTMENT**  
**CIVIL RIGHTS CERTIFICATE**

The applicant provides this assurance in consideration of and for the purpose of obtaining federal grants, loans, contracts (except contracts of insurance or guaranty), property, discounts, or other federal financial assistance to programs or activities receiving or benefiting from federal financial assistance. The provider agrees to complete the Civil Rights Compliance Questionnaire, DH Forms 946 A and B (or the subsequent replacement if adopted during the contract period), if so requested by the department.

The applicant assures that it will comply with:

1. Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C., 2000 Et seq., which prohibits discrimination on the basis of race, color or national origin in programs and activities receiving or benefiting from federal financial assistance.
2. Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. 794, which prohibits discrimination on the basis of handicap in programs and activities receiving or benefiting from federal financial assistance.
3. Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. 1681 et seq., which prohibits discrimination on the basis of sex in education programs and activities receiving or benefiting from federal financial assistance.
4. The Age Discrimination Act of 1975, as amended, 42 U.S.C. 6101 et seq., which prohibits discrimination on the basis of age in programs or activities receiving or benefiting from federal financial assistance.
5. The Omnibus Budget Reconciliation Act of 1981, P.L. 97-35, which prohibits discrimination on the basis of sex and religion in programs and activities receiving or benefiting from federal financial assistance.
6. All regulations, guidelines and standards lawfully adopted under the above statutes. The applicant agrees that compliance with this assurance constitutes a condition of continued receipt of or benefit from federal financial assistance, and that it is binding upon the applicant, its successors, transferees, and assignees for the period during which such assistance is provided. The applicant further assures that all contracts, subcontractors, subgrantees or others with whom it arranges to provide services or benefits to participants or employees in connection with any of its programs and activities are not discriminating against those participants or employees in violation of the above statutes, regulations, guidelines, and standards. In the event of failure to comply, the applicant understands that the grantor may, at its discretion, seek a court order requiring compliance with the terms of this assurance or seek other appropriate judicial or administrative relief, to include assistance being terminated and further assistance being denied.

Attachment IV

Fiscal Year - 2018 - 2019

Okaloosa County Health Department

Facilities Utilized by the County Health Department

Complete Location (Street Address, City, Zip)	Facility Description And Official Building Name (if applicable) (Admin, Clinic, Env'n Hlth, etc.)	Lease/ Agreement Number	Type of Agreement (Private Lease thru State or County, other - please define)	Complete Legal Name of Owner	SQ Feet	Employee Count (FTE/OPS/ Contract)
221 Hospital Drive Northeast Fort Walton Beach, Florida 32548	Med Svcs, Env Hlth, Epi, CHI, PHP, WIC 525A	N/A	County In-kind	Okaloosa County	34599	83
215 Hospital Drive Northeast Fort Walton Beach, Florida 32548	Med Svcs, Tob Prev, School Hlth 525C	N/A	County In-kind	Okaloosa County	3132	0
810 East James Lee Boulevard Crestview, Florida 32539	Med Svcs, Dental, Env Hlth, WIC 013A	N/A	County In-kind	Okaloosa County	10052	25

*Facility - a fixed site managed by DOH/CHD personnel for the purpose of providing or supporting public health services. Includes county-owned, state-owned, and leased facilities. Includes DOH/CHD warehouse and administrative sites. Includes facilities managed by DOH/CHD that may be shared with other organizations. Does not include schools, jails or other facilities where DOH/CHD staff are out-posted or sites where services are provided on an episodic basis.*

Attachment\_IV - Page 10 of 11

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

CASH RESERVED OR ANTICIPATED TO BE RESERVED FOR PROJECTS

<u>CONTRACT YEAR</u>	<u>STATE</u>	<u>COUNTY</u>	<u>TOTAL</u>
2017-2018*	\$ _____ 0	\$ _____ 0	\$ _____ 0
2018-2019**	\$ _____ 0	\$ _____ 0	\$ _____ 0
2019-2020***	\$ _____ 0	\$ _____ 0	\$ _____ 0
2020-2021***	\$ _____ 0	\$ _____ 0	\$ _____ 0
PROJECT TOTAL	\$ _____ 0	\$ _____ 0	\$ _____ 0

**SPECIAL PROJECTS CONSTRUCTION/RENOVATION PLAN**

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

PROJECT NAME: \_\_\_\_\_

LOCATION/ADDRESS: \_\_\_\_\_

PROJECT TYPE:           NEW BUILDING           \_\_\_\_\_ ROOFING           \_\_\_\_\_

                                  RENOVATION           \_\_\_\_\_ PLANNING STUDY           \_\_\_\_\_

                                  NEW ADDITION           \_\_\_\_\_ OTHER           \_\_\_\_\_

SQUARE FOOTAGE: \_\_\_\_\_ 0

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

START DATE (*initial expenditure of funds*) : \_\_\_\_\_

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

DESIGN FEES:           \$ \_\_\_\_\_ 0

CONSTRUCTION COSTS:           \$ \_\_\_\_\_ 0

FURNITURE/EQUIPMENT:           \$ \_\_\_\_\_ 0

TOTAL PROJECT COST:           \$ \_\_\_\_\_ 0

COST PER SQ FOOT:           \$ \_\_\_\_\_ 0

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

\* Cash balance as of 9/30/18

\*\* Cash to be transferred to FCO account.

\*\*\* Cash anticipated for future contract years.

**EXHIBIT B**

**CONTRACT, LEASE, AGREEMENT CONTROL FORM**

Date: 11/5/15

CONTRACT # 97-0025-HD  
FL DEPT. OF HEALTH, H  
OKALOOSA CO. HEALTH DEPT.  
FUNDING

Contract/Lease Control #: C97-0025-HD

Bid #: N/A

Contract/Lease Type: CONTRACT

Award To/Lessee: FL DEPT OF HEALTH/OKALOOSA COUNTY HEALTH DEPT

Lessor:

Effective Date: 10/1/2004

Term: EXPIRES 9/30/2016

Description of Contract/Lease: HEALTH DEPT FUNDING

Department Manager: HEALTH DEPARTMENT

Department Monitor: K. CHAPMAN

Monitor's Telephone #: 833-9240

Monitor's FAX #: 833-9252

Date Closed:

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

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

**RECITALS**

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

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

C. Okaloosa County Health Department ("CHD") is one of the created County Health Departments.

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

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

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

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

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

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

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

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

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

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

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

- i. The State's appropriated responsibility (*direct contribution excluding any state fees, Medicaid contributions or any other funds not listed on the Schedule C*) as provided in Attachment II, Part II is an amount not to exceed \$ 3,503,320 (*State General Revenue, State Funds, Other State Funds and Federal Funds listed on the Schedule C*). The State's obligation to pay under this contract is contingent upon an annual appropriation by the Legislature.
- ii. The County's appropriated responsibility (*direct contribution excluding any fees, other cash or local contributions*) as provided in Attachment II, Part II is an amount not to exceed \$ 701,661 (*amount listed under the "Board of County Commissioners Annual Appropriations section of the revenue attachment*).

b. Overall expenditures will not exceed available funding or budget authority, whichever is less, (either current year or from surplus trust funds) in any service category. Unless requested otherwise, any surplus at the end of the term of this contract in the County Health

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

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

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

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

County Health Department Trust Fund  
Okaloosa County  
221 Hospital Dr. NE  
Fort Walton Beach, FL 32548

5. CHD DIRECTOR/ADMINISTRATOR. Both parties agree the director/administrator of the CHD shall be a State employee or under contract with the State and will be under the day-to-day direction of the Deputy Secretary for County Health Systems. The director/administrator shall be selected by the State with the concurrence of the County. The director/administrator of the CHD shall ensure that non-categorical sources of funding are used to fulfill public health priorities in the community and the Long Range Program Plan. A report detailing the status of public health as measured by outcome measures and similar indicators will be sent by the CHD director/administrator to the parties no later than October 1 of each year (*This is the standard quality assurance "County Health Profile" report located on the Division of Public Health Statistics and Performance Management Intranet site*).

6. ADMINISTRATIVE POLICIES AND PROCEDURES. The parties hereto agree that the following standards should apply in the operation of the CHD:

a. The CHD and its personnel shall follow all State policies and procedures, except to the extent permitted for the use of County purchasing procedures as set forth in subparagraph b., below. All CHD employees shall be State or State-contract personnel subject to State personnel rules and procedures. Employees will report time in the Health Management System compatible format by program component as specified by the State.

b. The CHD shall comply with all applicable provisions of federal and state laws and regulations relating to its operation with the exception that the use of County purchasing procedures shall be allowed when it will result in a better price or service and no statewide Department of Health purchasing contract has been implemented for those goods or services. In such cases, the CHD director/administrator must sign a justification therefore, and all County purchasing procedures must be followed in their entirety, and such

compliance shall be documented. Such justification and compliance documentation shall be maintained by the CHD in accordance with the terms of this contract. State procedures must be followed for all leases on facilities not enumerated in Attachment IV.

c. The CHD shall maintain books, records and documents in accordance with the Generally Accepted Accounting Principles (GAAP), as promulgated by the Governmental Accounting Standards Board (GASB), and the requirements of federal or state law. These records shall be maintained as required by the Department of Health Policies and Procedures for Records Management and shall be open for inspection at any time by the parties and the public, except for those records that are not otherwise subject to disclosure as provided by law which are subject to the confidentiality provisions of paragraph 6.i., below. Books, records and documents must be adequate to allow the CHD to comply with the following reporting requirements:

- i.* The revenue and expenditure requirements in the Florida Accounting Information Resource (FLAIR) System;
- ii.* The client registration and services reporting requirements of the minimum data set as specified in the most current version of the Client Information System/Health Management Component Pamphlet;
- iii.* Financial procedures specified in the Department of Health's Accounting Procedures Manuals, Accounting memoranda, and Comptroller's memoranda;
- iv.* The CHD is responsible for assuring that all contracts with service providers include provisions that all subcontracted services be reported to the CHD in a manner consistent with the client registration and service reporting requirements of the minimum data set as specified in the Client Information System/Health Management Component Pamphlet.

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

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



credited to each participating governmental entity. The planned use of surplus funds shall be reflected in Attachment II, Part I of this contract, with special capital projects explained in Attachment V.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

8. TERMINATION.

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

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

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

9. MISCELLANEOUS. The parties further agree:

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

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

For the State:

Laura T. Green

Name

Business Manager

Title

For the County:

Gary Stanford

Name

Finance Director

Title

221 Hospital Dr. NE

101 E James Lee Blvd

Fort Walton Beach, FL 32548

Crestview, FL 32536

Address

Address

(850) 833-9233

(850) 689-5639

Telephone

Telephone

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

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

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

**BOARD OF COUNTY COMMISSIONERS  
FOR OKALOOSA COUNTY**

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

SIGNED BY: *Charles K. Windes, Jr.*

SIGNED BY: *Celeste Philip*

NAME: Charles K. Windes, Jr.

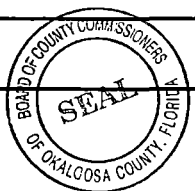
NAME: Celeste Philip, MD, MPH

TITLE: Chairman

TITLE: Surgeon General and Secretary

DATE: 9/22/16

DATE: 10/13/16



**ATTESTED TO:**

SIGNED BY: *Gary J. Stanford*

SIGNED BY: *Karen A. Chapman*

NAME: Gary Stanford

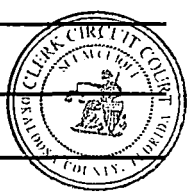
NAME: Karen A. Chapman, MD, MPH

TITLE: Finance Director

TITLE: CHD Director

DATE: 9/22/16

DATE: 9/12/16



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

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

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

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

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

**ATTACHMENT II**

**OKALOOSA COUNTY HEALTH DEPARTMENT**

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

	Estimated State Share of CHD Trust Fund Balance	Estimated County Share of CHD Trust Fund Balance	Total
1. CHD Trust Fund Ending Balance 09/30/16			
	(46,447)	1,014,804	968,357
2. Drawdown for Contract Year October 1, 2016 to September 30, 2017	-	(350,686)	(350,686)
3. Special Capital Project use for Contract Year October 1, 2016 to September 30, 2017	-	-	-
4. Balance Reserved for Contingency Fund October 1, 2016 to September 30, 2017			
	(46,447)	664,118	617,671

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

## ATTACHMENT II

### OKALOOSA COUNTY HEALTH DEPARTMENT

#### Part II, Sources of Contributions to County Health Department

October 1, 2016 to September 30, 2017

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>1. GENERAL REVENUE - STATE</b>					
015040 AIDS PATIENT CARE	100,000	0	100,000	0	100,000
015040 AIDS PREVENTION & SURVEILLANCE - GENERAL REVENUE	20,920	0	20,920	0	20,920
015040 CHD - TB COMMUNITY PROGRAM	52,469	0	52,469	0	52,469
015040 DENTAL SPECIAL INITIATIVE PROJECTS	5,806	0	5,806	0	5,806
015040 FAMILY PLANNING GENERAL REVENUE	59,053	0	59,053	0	59,053
015040 PRIMARY CARE PROGRAM	245,068	0	245,068	0	245,068
015040 SCHOOL HEALTH SERVICES - GENERAL REVENUE	177,240	0	177,240	0	177,240
015050 CHD GENERAL REVENUE NON-CATEGORICAL	1,385,852	0	1,385,852	0	1,385,852
<b>GENERAL REVENUE TOTAL</b>	<b>2,046,408</b>	<b>0</b>	<b>2,046,408</b>	<b>0</b>	<b>2,046,408</b>
<b>2. NON GENERAL REVENUE - STATE</b>					
015010 STATE UNDERGROUND PETROLEUM RESPONSE ACT	3,000	0	3,000	0	3,000
015010 TOBACCO STATE AND COMMUNITY INTERVENTIONS	150,688	0	150,688	0	150,688
<b>NON GENERAL REVENUE TOTAL</b>	<b>153,688</b>	<b>0</b>	<b>153,688</b>	<b>0</b>	<b>153,688</b>
<b>3. FEDERAL FUNDS - STATE</b>					
007000 AIDS DRUG ASSISTANCE PROGRAM ADMIN HQ	16,477	0	16,477	0	16,477
007000 WIC BREASTFEEDING PEER COUNSELING PROG	44,692	0	44,692	0	44,692
007000 COASTAL BEACH WATER QUALITY MONITORING	10,201	0	10,201	0	10,201
007000 COMPREHENSIVE COMMUNITY CARDIO - PHBG	33,119	0	33,119	0	33,119
007000 CMS-MCH PURCHASED CLIENT SERVICES 2014-2015	14,376	0	14,376	0	14,376
007000 FAMILY PLANNING TITLE X - GRANT	118,954	0	118,954	0	118,954
007000 HPP VOLUNTEER MANAGEMENT	24,863	0	24,863	0	24,863
007000 IMMUNIZATION ACTION PLAN	27,900	0	27,900	0	27,900
007000 MCH SPECIAL PRJCT UNPLANNED PREGNANCY	42,891	0	42,891	0	42,891
007000 BASE COMMUNITY PREPAREDNESS CAPABILITY	54,023	0	54,023	0	54,023
007000 BASE PUB HLTH SURVEILLANCE & EPI INVESTIGATION	119,115	0	119,115	0	119,115
007000 PHP PUBLIC HEALTH PREPAREDNESS BASE ALLOC	9,360	0	9,360	0	9,360
007000 WIC PROGRAM ADMINISTRATION	802,002	0	802,002	0	802,002
015075 INSPECTIONS OF SUMMER FEEDING PROGRAM - DOE	926	0	926	0	926
<b>FEDERAL FUNDS TOTAL</b>	<b>1,318,899</b>	<b>0</b>	<b>1,318,899</b>	<b>0</b>	<b>1,318,899</b>
<b>4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE</b>					
001020 CHD STATEWIDE ENVIRONMENTAL FEES	123,752	0	123,752	0	123,752
001092 CHD STATEWIDE ENVIRONMENTAL FEES	142,119	0	142,119	0	142,119
001206 ON SITE SEWAGE DISPOSAL PERMIT FEES	9,300	0	9,300	0	9,300
001206 SANITATION CERTIFICATES (FOOD INSPECTION)	2,404	0	2,404	0	2,404
001206 SEPTIC TANK RESEARCH SURCHARGE	1,425	0	1,425	0	1,425
001206 SEPTIC TANK VARIANCE FEES 50%	150	0	150	0	150
001206 PUBLIC SWIMMING POOL PERMIT FEES-10% HQ TRANSFER	6,782	0	6,782	0	6,782
001206 DRINKING WATER PROGRAM OPERATIONS	72	0	72	0	72
001206 TANNING FACILITIES	389	0	389	0	389
001206 ONSITE SEWAGE TRAINING CENTER	1,200	0	1,200	0	1,200
001206 MOBILE HOME & RV PARK FEES	1,141	0	1,141	0	1,141



**ATTACHMENT II**

**OKALOOSA COUNTY HEALTH DEPARTMENT**

**Part II, Sources of Contributions to County Health Department**

October 1, 2016 to September 30, 2017

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL</b>	288,734	0	288,734	0	288,734
<b>5. OTHER CASH CONTRIBUTIONS - STATE:</b>					
	0	0	0	0	0
090001 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	0	0	0	0
<b>OTHER CASH CONTRIBUTION TOTAL</b>	0	0	0	0	0
<b>6. MEDICAID - STATE/COUNTY:</b>					
001057 CHD CLINIC FEES	0	255,432	255,432	0	255,432
001148 CHD CLINIC FEES	0	854,165	854,165	0	854,165
<b>MEDICAID TOTAL</b>	0	1,109,597	1,109,597	0	1,109,597
<b>7. ALLOCABLE REVENUE - STATE:</b>					
001009 CHD CLINIC FEES	400	0	400	0	400
018000 CHD CLINIC FEES	1,635	0	1,635	0	1,635
<b>ALLOCABLE REVENUE TOTAL</b>	2,035	0	2,035	0	2,035
<b>8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE</b>					
ADAP	0	0	0	384,238	384,238
PHARMACY DRUG PROGRAM	0	0	0	54,310	54,310
WIC PROGRAM	0	0	0	3,625,153	3,625,153
BUREAU OF PUBLIC HEALTH LABORATORIES	0	0	0	27,862	27,862
IMMUNIZATIONS	0	0	0	516,463	516,463
<b>OTHER STATE CONTRIBUTIONS TOTAL</b>	0	0	0	4,608,026	4,608,026
<b>9. DIRECT LOCAL CONTRIBUTIONS - BCC/TAX DISTRICT</b>					
008005 CHD LOCAL REVENUE & EXPENDITURES	0	701,661	701,661	0	701,661
<b>DIRECT COUNTY CONTRIBUTIONS TOTAL</b>	0	701,661	701,661	0	701,661
<b>10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY</b>					
001073 CHD CLINIC FEES	0	189,322	189,322	0	189,322
001077 CHD CLINIC FEES	0	55,697	55,697	0	55,697
001094 CHD LOCAL ENVIRONMENTAL FEES	0	185,144	185,144	0	185,144
001110 VITAL STATISTICS CERTIFIED RECORDS	0	257,681	257,681	0	257,681
<b>FEES AUTHORIZED BY COUNTY TOTAL</b>	0	687,844	687,844	0	687,844
<b>11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY</b>					
001029 CHD CLINIC FEES	0	46,152	46,152	0	46,152
005000 CHD LOCAL REVENUE & EXPENDITURES	0	23,805	23,805	0	23,805
007010 RYAN WHITE TITLE III - DIRECT TO CHD	0	281,978	281,978	0	281,978
007010 RYAN WHITE TITLE III - DIRECT TO CHD	0	35,791	35,791	0	35,791
011001 HEALTHY START DATA MANAGEMENT	0	1,881	1,881	0	1,881
090002 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	350,686	350,686	0	350,686
<b>OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL</b>	0	740,293	740,293	0	740,293
<b>12. ALLOCABLE REVENUE - COUNTY</b>					
001009 CHD CLINIC FEES	0	400	400	0	400

## ATTACHMENT II

### OKALOOSA COUNTY HEALTH DEPARTMENT

#### Part II, Sources of Contributions to County Health Department

October 1, 2016 to September 30, 2017

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
018000 CHD CLINIC FEES	0	1,635	1,635	0	1,635
<b>COUNTY ALLOCABLE REVENUE TOTAL</b>	<b>0</b>	<b>2,035</b>	<b>2,035</b>	<b>0</b>	<b>2,035</b>
<b>13. BUILDINGS - COUNTY</b>					
ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	440,412	440,412
JANITORIAL SERVICES	0	0	0	76,000	76,000
UTILITIES	0	0	0	0	0
BUILDING MAINTENANCE	0	0	0	0	0
GROUNDS MAINTENANCE	0	0	0	0	0
INSURANCE	0	0	0	0	0
OTHER (Specify)	0	0	0	0	0
OTHER (Specify)	0	0	0	0	0
<b>BUILDINGS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>516,412</b>	<b>516,412</b>
<b>14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY</b>					
EQUIPMENT / VEHICLE PURCHASES	0	0	0	0	0
VEHICLE INSURANCE	0	0	0	0	0
VEHICLE MAINTENANCE	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
<b>OTHER COUNTY CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>GRAND TOTAL CHD PROGRAM</b>	<b>3,809,764</b>	<b>3,241,430</b>	<b>7,051,194</b>	<b>5,124,438</b>	<b>12,175,632</b>

## ATTACHMENT II

## OKALOOSA COUNTY HEALTH DEPARTMENT

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

October 1, 2016 to September 30, 2017

	Quarterly Expenditure Plan								State	County	Grand Total
	FTE's	Clients	Services/	1st	2nd	3rd	4th				
	(0.00)	Units	Visits		(Whole dollars only)						
<b>A. COMMUNICABLE DISEASE CONTROL:</b>											
IMMUNIZATION (101)	1.72	1,770	2,124	31,421	36,649	31,421	36,650	97,179	38,962	136,141	
SEXUALLY TRANS. DIS. (102)	9.34	2,105	3,315	133,278	155,452	133,278	155,451	331,475	245,984	577,459	
HIV/AIDS PREVENTION (03A1)	0.70	136	251	10,107	11,788	10,107	11,788	40,642	3,148	43,790	
HIV/AIDS SURVEILLANCE (03A2)	0.00	0	0	0	0	0	0	0	0	0	
HIV/AIDS PATIENT CARE (03A3)	9.74	295	6,354	173,732	202,638	173,732	202,638	116,332	636,408	752,740	
ADAP (03A4)	0.76	92	938	10,313	12,029	10,313	12,029	41,306	3,378	44,684	
TUBERCULOSIS (104)	1.76	127	1,008	27,748	32,365	27,748	32,365	111,371	8,855	120,226	
COMM. DIS. SURV. (106)	4.34	0	1,962	68,480	79,874	68,480	79,874	147,397	149,311	296,708	
HEPATITIS (109)	0.00	0	0	0	0	0	0	0	0	0	
PREPAREDNESS AND RESPONSE (116)	4.89	0	129	75,870	88,493	75,870	88,493	88,246	240,480	328,726	
REFUGEE HEALTH (118)	0.00	0	0	0	0	0	0	0	0	0	
VITAL RECORDS (180)	1.63	7,139	16,784	21,765	25,386	21,765	25,386	0	94,302	94,302	
COMMUNICABLE DISEASE SUBTOTAL	34.88	11,664	32,865	552,714	644,674	552,714	644,674	973,948	1,420,828	2,394,776	
<b>B. PRIMARY CARE:</b>											
CHRONIC DISEASE PREVENTION PRO (210)	1.33	3,096	156	21,819	25,449	21,819	25,448	94,535	0	94,535	
WIC (21W1)	17.12	7,869	52,464	233,320	272,139	233,320	272,138	1,010,917	0	1,010,917	
TOBACCO USE INTERVENTION (212)	3.17	0	97	43,882	51,182	43,882	51,182	190,128	0	190,128	
WIC BREASTFEEDING PEER COUNSELING (21W2)	1.52	0	1,634	12,220	14,253	12,220	14,252	52,945	0	52,945	
FAMILY PLANNING (223)	15.94	4,153	9,316	239,538	279,391	239,538	279,391	478,148	559,710	1,037,858	
IMPROVED PREGNANCY OUTCOME (225)	0.00	0	0	0	0	0	0	0	0	0	
HEALTHY START PRENATAL (227)	0.11	6	13	1,433	1,671	1,433	1,671	0	6,208	6,208	
COMPREHENSIVE CHILD HEALTH (229)	0.00	0	0	0	0	0	0	0	0	0	
HEALTHY START CHILD (231)	0.00	0	0	5	5	5	5	0	20	20	
SCHOOL HEALTH (234)	3.64	0	186,882	55,854	65,147	55,854	65,147	242,002	0	242,002	
COMPREHENSIVE ADULT HEALTH (237)	0.94	121	257	14,583	17,009	14,583	17,009	0	63,184	63,184	
COMMUNITY HEALTH DEVELOPMENT (238)	2.32	0	905	52,015	60,669	52,015	60,668	129,367	96,000	225,367	
DENTAL HEALTH (240)	11.45	2,999	6,575	213,373	248,874	213,373	248,873	143,021	781,472	924,493	
PRIMARY CARE SUBTOTAL	57.54	18,244	258,299	888,042	1,035,789	888,042	1,035,784	2,341,063	1,506,594	3,847,657	
<b>C. ENVIRONMENTAL HEALTH:</b>											
<b>Water and Onsite Sewage Programs</b>											
COSTAL BEACH MONITORING (347)	0.23	502	504	4,613	5,380	4,613	5,379	19,985	0	19,985	
LIMITED USE PUBLIC WATER SYSTEMS (357)	0.06	8	34	953	1,112	953	1,113	3,779	352	4,131	
PUBLIC WATER SYSTEM (358)	0.00	0	0	0	0	0	0	0	0	0	
PRIVATE WATER SYSTEM (359)	0.00	0	0	0	0	0	0	0	0	0	
ONSITE SEWAGE TREATMENT & DISPOSAL (361)	3.92	789	1,947	62,002	72,318	62,002	72,318	200,005	68,635	268,640	
Group Total	4.21	1,299	2,485	67,568	78,810	67,568	78,810	223,769	68,987	292,756	
<b>Facility Programs</b>											
TATTOO FACILITY SERVICES (344)	0.00	0	0	0	0	0	0	0	0	0	
FOOD HYGIENE (348)	1.58	152	541	24,743	28,860	24,743	28,861	96,184	11,023	107,207	

**ATTACHMENT II  
OKALOOSA COUNTY HEALTH DEPARTMENT**

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

	Quarterly Expenditure Plan							State	County	Grand Total
	FTE's	Clients	Services/	1st	2nd	3rd	4th			
	(0.00)	Units	Visits	(Whole dollars only)						
BODY PIERCING FACILITIES SERVICES (349)	0.00	0	0	0	0	0	0	0	0	0
GROUP CARE FACILITY (351)	0.18	80	162	2,650	3,091	2,650	3,092	0	11,483	11,483
MIGRANT LABOR CAMP (352)	0.00	0	0	18	20	18	20	76	0	76
HOUSING & PUB. BLDG. (353)	0.00	0	0	0	0	0	0	0	0	0
MOBILE HOME AND PARK (354)	0.74	181	534	10,810	12,609	10,810	12,610	34,920	11,919	46,839
POOLS/BATHING PLACES (360)	2.32	549	2,313	34,580	40,333	34,580	40,333	70,498	79,328	149,826
BIOMEDICAL WASTE SERVICES (364)	0.00	0	0	0	0	0	0	0	0	0
TANNING FACILITY SERVICES (369)	0.25	38	152	3,324	3,877	3,324	3,876	11,997	2,404	14,401
<b>Group Total</b>	<b>5.07</b>	<b>995</b>	<b>3,702</b>	<b>76,125</b>	<b>88,790</b>	<b>76,125</b>	<b>88,792</b>	<b>213,675</b>	<b>116,157</b>	<b>329,832</b>
<b>Groundwater Contamination</b>										
STORAGE TANK COMPLIANCE SERVICES (355)	0.00	0	0	0	0	0	0	0	0	0
SUPER ACT SERVICES (356)	0.03	12	17	453	529	453	529	1,964	0	1,964
<b>Group Total</b>	<b>0.03</b>	<b>12</b>	<b>17</b>	<b>453</b>	<b>529</b>	<b>453</b>	<b>529</b>	<b>1,964</b>	<b>0</b>	<b>1,964</b>
<b>Community Hygiene</b>										
COMMUNITY ENVIR. HEALTH (345)	0.05	0	0	796	929	796	929	0	3,450	3,450
INJURY PREVENTION (346)	0.00	0	0	0	0	0	0	0	0	0
LEAD MONITORING SERVICES (350)	0.00	0	0	0	0	0	0	0	0	0
PUBLIC SEWAGE (362)	0.00	0	0	0	0	0	0	0	0	0
SOLID WASTE DISPOSAL SERVICE (363)	0.00	0	0	0	0	0	0	0	0	0
SANITARY NUISANCE (365)	0.36	287	310	5,269	6,146	5,269	6,145	0	22,829	22,829
RABIES SURVEILLANCE (366)	1.81	94	1,454	23,677	27,616	23,677	27,615	0	102,585	102,585
ARBORVIRUS SURVEIL. (367)	0.00	0	0	0	0	0	0	0	0	0
RODENT/ARTHROPOD CONTROL (368)	0.00	0	0	0	0	0	0	0	0	0
WATER POLLUTION (370)	0.00	0	0	0	0	0	0	0	0	0
INDOOR AIR (371)	0.00	0	0	0	0	0	0	0	0	0
RADIOLOGICAL HEALTH (372)	0.00	0	0	0	0	0	0	0	0	0
TOXIC SUBSTANCES (373)	0.00	0	0	0	0	0	0	0	0	0
<b>Group Total</b>	<b>2.22</b>	<b>381</b>	<b>1,764</b>	<b>29,742</b>	<b>34,691</b>	<b>29,742</b>	<b>34,689</b>	<b>0</b>	<b>128,864</b>	<b>128,864</b>
<b>ENVIRONMENTAL HEALTH SUBTOTAL</b>	<b>11.53</b>	<b>2,687</b>	<b>7,968</b>	<b>173,888</b>	<b>202,820</b>	<b>173,888</b>	<b>202,820</b>	<b>439,408</b>	<b>314,008</b>	<b>753,416</b>
<b>D. NON-OPERATIONAL COSTS:</b>										
NON-OPERATIONAL COSTS (599)	0.00	0	0	3,462	4,038	3,462	4,038	15,000	0	15,000
ENVIRONMENTAL HEALTH SURCHARGE (399)	0.00	0	0	5,680	6,625	5,680	6,624	24,609	0	24,609
MEDICAID BUYBACK (611)	0.00	0	0	3,632	4,236	3,632	4,236	15,736	0	15,736
<b>NON-OPERATIONAL COSTS SUBTOTAL</b>	<b>0.00</b>	<b>0</b>	<b>0</b>	<b>12,774</b>	<b>14,899</b>	<b>12,774</b>	<b>14,898</b>	<b>55,345</b>	<b>0</b>	<b>55,345</b>
<b>TOTAL CONTRACT</b>	<b>103.95</b>	<b>32,595</b>	<b>299,132</b>	<b>1,627,418</b>	<b>1,898,182</b>	<b>1,627,418</b>	<b>1,898,176</b>	<b>3,809,764</b>	<b>3,241,430</b>	<b>7,051,194</b>

**ATTACHMENT III**  
**OKALOOSA COUNTY HEALTH DEPARTMENT**  
**CIVIL RIGHTS CERTIFICATE**

The applicant provides this assurance in consideration of and for the purpose of obtaining federal grants, loans, contracts (except contracts of insurance or guaranty), property, discounts, or other federal financial assistance to programs or activities receiving or benefiting from federal financial assistance. The provider agrees to complete the Civil Rights Compliance Questionnaire, DH Forms 946 A and B (or the subsequent replacement if adopted during the contract period), if so requested by the department.

The applicant assures that it will comply with:

1. Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C., 2000 Et seq., which prohibits discrimination on the basis of race, color or national origin in programs and activities receiving or benefiting from federal financial assistance.
2. Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. 794, which prohibits discrimination on the basis of handicap in programs and activities receiving or benefiting from federal financial assistance.
3. Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. 1681 et seq., which prohibits discrimination on the basis of sex in education programs and activities receiving or benefiting from federal financial assistance.
4. The Age Discrimination Act of 1975, as amended, 42 U.S.C. 6101 et seq., which prohibits discrimination on the basis of age in programs or activities receiving or benefiting from federal financial assistance.
5. The Omnibus Budget Reconciliation Act of 1981, P.L. 97-35, which prohibits discrimination on the basis of sex and religion in programs and activities receiving or benefiting from federal financial assistance.
6. All regulations, guidelines and standards lawfully adopted under the above statutes. The applicant agrees that compliance with this assurance constitutes a condition of continued receipt of or benefit from federal financial assistance, and that it is binding upon the applicant, its successors, transferees, and assignees for the period during which such assistance is provided. The applicant further assures that all contracts, subcontractors, subgrantees or others with whom it arranges to provide services or benefits to participants or employees in connection with any of its programs and activities are not discriminating against those participants or employees in violation of the above statutes, regulations, guidelines, and standards. In the event of failure to comply, the applicant understands that the grantor may, at its discretion, seek a court order requiring compliance with the terms of this assurance or seek other appropriate judicial or administrative relief, to include assistance being terminated and further assistance being denied.





**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**Celeste Phillip, MD, MPH**  
Interim State Surgeon General

**Vision:** To be the Healthiest State in the Nation

April 14, 2016

The Honorable Charles K. Windes, Jr., Chairman  
Okaloosa Board of County Commissioners  
302 N Wilson Street, Suite 203  
Crestview, FL 32536

RE: FY 2015-16 Contract between the Okaloosa Board of County Commissioners and the Department of Health for operation of the Okaloosa County Health Department

Dear Chairman Windes:

The above-referenced Core Contract and Section 154.02, Florida Statutes, require that the Department of Health submit quarterly reports to the County with the following information.

As specified in Section 4., Paragraph d., enclosed are updated Attachment II Part II and Part III Revenue and Expenditure Attachments. These attachments reflect any revenue or expenditure adjustments since the previous quarter.

As specified in Section 6., Paragraphs o.i and ii, also enclosed are the DE385L1 Contract Management Variance Report and the DE580L1 Analysis of Fund Equities Report. A written explanation is provided for any service level expenditure variance that deviates more than 25 percent from the planned service expenditure amount and exceeds three percent of the total planned expenditures for the corresponding level of service.

If you have any questions, please feel free to contact Susan Wagner at 833-9233 extension 2137.

Sincerely,

A handwritten signature in blue ink that reads "Karen A. Chapman, M.D., M.P.H." with a stylized flourish at the end.

Karen A. Chapman, M.D., M.P.H.  
Director  
Okaloosa County Health Department

**CONTRACT # C97-0025-HD**  
**FLORIDA DEPARTMENT OF HEALTH**  
**OKALOOSA CO. HEALTH OPERATION FUNDING**  
**EXPIRES: 09/30/2016**

Enclosures

Cc: Beth Benton, Office of Budget and Revenue Management

**Florida Department of Health**  
in OKALOOSA COUNTY  
221 Hospital Dr. NE, Ft Walton Beach, FL 32548  
PHONE: 850/833-9240 • FAX 850/833-9252  
[www.healthyoakaloosa.com](http://www.healthyoakaloosa.com)

**[www.FloridaHealth.gov](http://www.FloridaHealth.gov)**  
TWITTER: HealthyFLA  
FACEBOOK: FLDepartmentofHealth  
YOUTUBE: fldoh  
FLICKR: HealthyFla  
PINTEREST: HealthyFla



**ATTACHMENT II**

**OKALOOSA COUNTY HEALTH DEPARTMENT**

**Part II, Sources of Contributions to County Health Department  
October 1, 2016 to September 30, 2016**

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>1. GENERAL REVENUE - STATE</b>					
015040 AIDS PATIENT CARE	100,000	0	100,000	0	100,000
015040 AIDS PREVENTION & SURVEILLANCE - GENERAL REVENUE	20,920	0	20,920	0	20,920
015040 CHD - TB COMMUNITY PROGRAM	47,363	0	47,363	0	47,363
015040 DENTAL SPECIAL INITIATIVE PROJECTS	6,597	0	6,597	0	6,597
015040 FAMILY PLANNING GENERAL REVENUE	50,790	0	50,790	0	50,790
015040 PRIMARY CARE PROGRAM	245,068	0	245,068	0	245,068
015040 SCHOOL HEALTH SERVICES - GENERAL REVENUE	186,559	0	186,559	0	186,559
015050 CHD GENERAL REVENUE NON-CATEGORICAL	1,385,852	0	1,385,852	0	1,385,852
<b>GENERAL REVENUE TOTAL</b>	<b>2,043,139</b>	<b>0</b>	<b>2,043,139</b>	<b>0</b>	<b>2,043,139</b>
<b>2. NON GENERAL REVENUE - STATE</b>					
015010 STATE UNDERGROUND PETROLEUM RESPONSE ACT	4,921	0	4,921	0	4,921
015010 TOBACCO STATE AND COMMUNITY INTERVENTIONS	149,058	0	149,058	0	149,058
<b>NON GENERAL REVENUE TOTAL</b>	<b>153,979</b>	<b>0</b>	<b>153,979</b>	<b>0</b>	<b>153,979</b>
<b>3. FEDERAL FUNDS - STATE</b>					
007000 AIDS DRUG ASSISTANCE PROGRAM ADMIN	15,230	0	15,230	0	15,230
007000 AIDS DRUG ASSISTANCE PROGRAM ADMIN HQ	5,077	0	5,077	0	5,077
007000 BIOTERRORISM HOSPITAL PREPAREDNESS	25,221	0	25,221	0	25,221
007000 WIC BREASTFEEDING PEER COUNSELING PROG	49,048	0	49,048	0	49,048
007000 COASTAL BEACH WATER QUALITY MONITORING	10,445	0	10,445	0	10,445
007000 COMPREHENSIVE COMMUNITY CARDIO - PHBG	26,250	0	26,250	0	26,250
007000 CMS-MCH PURCHASED CLIENT SERVICES 2014-2015	20,000	0	20,000	0	20,000
007000 FAMILY PLANNING TITLE X - GRANT	104,408	0	104,408	0	104,408
007000 IMMUNIZATION ACTION PLAN	46,240	0	46,240	0	46,240
007000 INJURY SURVEILLANCE & PREVENTION GRANT	5,000	0	5,000	0	5,000
007000 MCH SPECIAL PRJCT UNPLANNED PREGNANCY	38,350	0	38,350	0	38,350
007000 MCH BLOCK GRANT SPECIAL PROJECTS	12,699	0	12,699	0	12,699
007000 HPP AND PHEP COOP AGRMT PHEP EBOLA SUPPLEMENT #2	17,861	0	17,861	0	17,861
007000 PHP PUBLIC HEALTH PREPAREDNESS BASE ALLOC	126,320	0	126,320	0	126,320
007000 TEENAGE PREGNANCY PREVENTION REPLICATION	0	0	0	0	0
007000 WIC PROGRAM ADMINISTRATION	830,793	0	830,793	0	830,793
015075 INSPECTIONS OF SUMMER FEEDING PROGRAM - DOE	926	0	926	0	926
<b>FEDERAL FUNDS TOTAL</b>	<b>1,333,868</b>	<b>0</b>	<b>1,333,868</b>	<b>0</b>	<b>1,333,868</b>
<b>4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE</b>					
001020 CHD STATEWIDE ENVIRONMENTAL FEES	125,568	0	125,568	0	125,568
001092 CHD STATEWIDE ENVIRONMENTAL FEES	123,401	0	123,401	0	123,401
001206 ON SITE SEWAGE DISPOSAL PERMIT FEES	8,107	0	8,107	0	8,107
001206 SANITATION CERTIFICATES (FOOD INSPECTION)	2,436	0	2,436	0	2,436
001206 SEPTIC TANK RESEARCH SURCHARGE	1,375	0	1,375	0	1,375
001206 PUBLIC SWIMMING POOL PERMIT FEES-10% HQ TRANSFER	6,842	0	6,842	0	6,842
001206 DRINKING WATER PROGRAM OPERATIONS	72	0	72	0	72
001206 TANNING FACILITIES	481	0	481	0	481

**ATTACHMENT II**

**OKALOOSA COUNTY HEALTH DEPARTMENT**

**Part II, Sources of Contributions to County Health Department  
October 1, 2015 to September 30, 2016**

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
001206 ONSITE SEWAGE TRAINING CENTER	1,135	0	1,135	0	1,135
001206 MOBILE HOME & RV PARK FEES	1,165	0	1,165	0	1,165
<b>FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL</b>	<b>270,582</b>	<b>0</b>	<b>270,582</b>	<b>0</b>	<b>270,582</b>
<b>5. OTHER CASH CONTRIBUTIONS - STATE:</b>					
	0	0	0	0	0
090001 DRAW DOWN FROM PUBLIC HEALTH UNIT	242,235	0	242,235	0	242,235
<b>OTHER CASH CONTRIBUTION TOTAL</b>	<b>242,235</b>	<b>0</b>	<b>242,235</b>	<b>0</b>	<b>242,235</b>
<b>6. MEDICAID - STATE/COUNTY:</b>					
001057 CHD CLINIC FEES	0	286,129	286,129	0	286,129
001148 CHD CLINIC FEES	0	894,768	894,768	0	894,768
<b>MEDICAID TOTAL</b>	<b>0</b>	<b>1,180,897</b>	<b>1,180,897</b>	<b>0</b>	<b>1,180,897</b>
<b>7. ALLOCABLE REVENUE - STATE:</b>					
018000 CHD CLINIC FEES	1,250	0	1,250	0	1,250
038000 CHD CLINIC FEES	58	0	58	0	58
<b>ALLOCABLE REVENUE TOTAL</b>	<b>1,308</b>	<b>0</b>	<b>1,308</b>	<b>0</b>	<b>1,308</b>
<b>8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE</b>					
ADAP	0	0	0	450,833	450,833
PHARMACY DRUG PROGRAM	0	0	0	94,343	94,343
WIC PROGRAM	0	0	0	3,627,149	3,627,149
BUREAU OF PUBLIC HEALTH LABORATORIES	0	0	0	28,878	28,878
IMMUNIZATIONS	0	0	0	569,097	569,097
<b>OTHER STATE CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4,770,300</b>	<b>4,770,300</b>
<b>9. DIRECT LOCAL CONTRIBUTIONS - BCC/TAX DISTRICT</b>					
008005 CHD LOCAL REVENUE & EXPENDITURES	0	601,661	601,661	0	601,661
<b>DIRECT COUNTY CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>601,661</b>	<b>601,661</b>	<b>0</b>	<b>601,661</b>
<b>10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY</b>					
001073 CHD CLINIC FEES	0	168,086	168,086	0	168,086
001077 CHD CLINIC FEES	0	60,508	60,508	0	60,508
001094 CHD LOCAL ENVIRONMENTAL FEES	0	168,175	168,175	0	168,175
001110 VITAL STATISTICS CERTIFIED RECORDS	0	268,555	268,555	0	268,555
<b>FEES AUTHORIZED BY COUNTY TOTAL</b>	<b>0</b>	<b>665,324</b>	<b>665,324</b>	<b>0</b>	<b>665,324</b>
<b>11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY</b>					
001009 CHD CLINIC FEES	0	1,200	1,200	0	1,200
001029 CHD CLINIC FEES	0	57,364	57,364	0	57,364
001090 CHD CLINIC FEES	0	3,478	3,478	0	3,478
006000 CHD LOCAL REVENUE & EXPENDITURES	0	7,000	7,000	0	7,000
007010 RYAN WHITE TITLE III - DIRECT TO CHD	0	265,012	265,012	0	265,012
007010 RYAN WHITE TITLE III - DIRECT TO CHD	0	80,572	80,572	0	80,572
011001 HEALTHY START DATA MANAGEMENT	0	2,205	2,205	0	2,205

**ATTACHMENT II**

**OKALOOSA COUNTY HEALTH DEPARTMENT**

**Part II, Sources of Contributions to County Health Department  
October 1, 2015 to September 30, 2016**

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
090002 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	4,552	4,552	0	4,552
<b>OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>421,383</b>	<b>421,383</b>	<b>0</b>	<b>421,383</b>
<b>12. ALLOCABLE REVENUE - COUNTY</b>					
018000 CHD CLINIC FEES	0	1,250	1,250	0	1,250
038000 CHD CLINIC FEES	0	58	58	0	58
<b>COUNTY ALLOCABLE REVENUE TOTAL</b>	<b>0</b>	<b>1,308</b>	<b>1,308</b>	<b>0</b>	<b>1,308</b>
<b>13. BUILDINGS - COUNTY</b>					
ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	440,412	440,412
OTHER (Specify)	0	0	0	74,000	74,000
UTILITIES	0	0	0	0	0
BUILDING MAINTENANCE	0	0	0	0	0
GROUNDS MAINTENANCE	0	0	0	0	0
INSURANCE	0	0	0	0	0
OTHER (Specify)	0	0	0	0	0
OTHER (Specify)	0	0	0	0	0
<b>BUILDINGS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>514,412</b>	<b>514,412</b>
<b>14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY</b>					
EQUIPMENT / VEHICLE PURCHASES	0	0	0	0	0
VEHICLE INSURANCE	0	0	0	0	0
VEHICLE MAINTENANCE	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
<b>OTHER COUNTY CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>GRAND TOTAL CHD PROGRAM</b>	<b>4,045,111</b>	<b>2,870,573</b>	<b>6,915,684</b>	<b>6,284,712</b>	<b>12,200,396</b>

ATTACHMENT II

OKALOOSA COUNTY HEALTH DEPARTMENT

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

October 1, 2015 to September 30, 2016

	FTE's (0.00)	Clients Units	Services/ Visits	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd (Whole dollars only)	3rd	4th			
<b>A. COMMUNICABLE DISEASE CONTROL:</b>										
IMMUNIZATION (101)	2.90	3,452	4,193	67,473	57,899	53,019	43,445	73,756	148,080	221,836
SEXUALLY TRANS. DIS. (102)	6.53	1,474	2,409	111,490	113,466	103,902	106,879	327,198	107,539	434,737
HIV/AIDS PREVENTION (03A1)	0.59	145	152	5,330	9,206	8,430	12,306	36,272	0	36,272
HIV/AIDS SURVEILLANCE (03A2)	0.00	0	0	0	0	0	0	0	0	0
HIV/AIDS PATIENT CARE (03A3)	8.67	295	4,034	143,090	181,804	174,720	231,434	206,392	524,666	731,048
ADAP (03A4)	0.66	111	931	7,667	10,138	9,283	11,764	38,842	0	38,842
TUBERCULOSIS (104)	0.77	40	630	29,429	15,750	14,729	20,550	75,341	5,117	80,458
COMM. DIS. SURV. (106)	1.91	0	839	31,313	38,199	34,979	41,864	10,366	135,999	146,355
HEPATITIS (109)	0.00	0	0	0	0	0	0	0	0	0
PREPAREDNESS AND RESPONSE (116)	6.04	0	20	77,375	107,819	98,731	129,174	196,137	217,962	413,099
REFUGEE HEALTH (119)	0.00	0	0	0	0	0	0	0	0	0
VITAL RECORDS (180)	1.51	6,283	13,067	20,151	25,076	22,961	27,885	0	96,072	96,072
<b>COMMUNICABLE DISEASE SUBTOTAL</b>	<b>29.58</b>	<b>10,800</b>	<b>23,175</b>	<b>493,308</b>	<b>559,366</b>	<b>520,754</b>	<b>624,301</b>	<b>962,294</b>	<b>1,235,425</b>	<b>2,197,719</b>
<b>B. PRIMARY CARE:</b>										
CHRONIC DISEASE PREVENTION PRO (210)	1.21	4,588	199	14,542	21,754	19,920	27,131	88,347	0	83,347
WIC (21W1)	17.39	14,868	66,162	231,430	281,439	257,716	307,724	1,078,309	0	1,078,309
TOBACCO USE INTERVENTION (212)	2.90	0	176	48,886	51,475	47,136	49,724	197,221	0	197,221
WIC BREASTFEEDING PEER COUNSELING (21W2)	1.15	0	2,318	12,840	16,008	14,659	17,827	61,334	0	61,334
FAMILY PLANNING (223)	12.17	3,383	7,268	205,455	225,393	208,394	226,332	444,693	418,881	863,574
IMPROVED PREGNANCY OUTCOME (225)	0.00	0	0	0	0	0	0	0	0	0
HEALTHY START PRENATAL (227)	0.11	1	1	1,352	1,675	1,533	1,856	0	6,416	6,416
COMPREHENSIVE CHILD HEALTH (229)	0.00	0	0	0	0	0	0	0	0	0
HEALTHY START CHILD (231)	0.00	0	0	0	0	0	0	0	0	0
SCHOOL HEALTH (234)	4.50	0	209,316	60,888	79,513	72,811	101,436	298,630	6,018	304,648
COMPREHENSIVE ADULT HEALTH (237)	2.04	298	1,082	34,921	43,110	39,477	47,666	98,398	66,776	166,174
COMMUNITY HEALTH DEVELOPMENT (238)	2.74	0	966	54,688	67,414	61,732	74,459	134,634	123,657	258,291
DENTAL HEALTH (240)	11.48	2,913	8,830	210,389	249,180	228,177	296,968	157,904	796,810	954,714
<b>PRIMARY CARE SUBTOTAL</b>	<b>65.69</b>	<b>26,051</b>	<b>293,318</b>	<b>865,389</b>	<b>1,036,961</b>	<b>949,555</b>	<b>1,121,123</b>	<b>2,554,470</b>	<b>1,418,558</b>	<b>3,973,028</b>
<b>C. ENVIRONMENTAL HEALTH:</b>										
<b>Water and Onsite Sewage Programs</b>										
COSTAL BEACH MONITORING (347)	0.11	242	260	6,279	3,891	3,563	1,176	14,909	0	14,909
LIMITED USE PUBLIC WATER SYSTEMS (357)	0.01	1	4	783	231	206	0	888	332	1,220
PUBLIC WATER SYSTEM (358)	0.00	0	0	0	0	0	0	0	0	0
PRIVATE WATER SYSTEM (359)	0.00	0	0	0	0	0	0	0	0	0
ONSITE SEWAGE TREATMENT & DISPOSAL (361)	3.33	684	1,743	44,980	50,705	57,058	69,258	160,882	61,119	222,001
<b>Group Total</b>	<b>3.45</b>	<b>927</b>	<b>1,997</b>	<b>52,042</b>	<b>54,827</b>	<b>60,827</b>	<b>70,434</b>	<b>176,679</b>	<b>61,451</b>	<b>238,130</b>
<b>Facility Programs</b>										
TATTOO FACILITY SERVICES (344)	0.00	0	0	0	0	0	0	0	0	0
FOOD HYGIENE (348)	2.27	187	879	21,436	35,630	40,206	58,400	142,920	12,762	166,672

ATTACHMENT II

OKALOOSA COUNTY HEALTH DEPARTMENT

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

October 1, 2015 to September 30, 2016

	FTE's (0.00)	Clients Units	Services/ Visits	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd (Whole dollars only)	3rd	4th			
BODY PIERCING FACILITIES SERVICES (349)	0.00	0	0	0	0	0	0	0	0	0
GROUP CARE FACILITY (351)	0.17	79	133	3,375	3,011	2,757	2,392	0	11,635	11,595
MIGRANT LABOR CAMP (352)	0.00	0	0	0	0	0	0	0	0	0
HOUSING & PUB. BLDG. (353)	0.00	0	0	0	0	0	0	0	0	0
MOBILE HOME AND PARK (354)	0.67	234	611	5,936	11,639	10,658	16,361	16,641	27,953	44,594
POOLS/BATHING PLACES (360)	1.54	418	1,442	27,382	27,335	25,031	24,985	52,742	51,991	104,733
BIOMEDICAL WASTE SERVICES (364)	0.00	0	0	0	0	0	0	0	0	0
TANNING FACILITY SERVICES (369)	0.19	81	176	480	3,137	2,872	5,529	9,525	2,493	12,018
<b>Group Total</b>	<b>4.84</b>	<b>999</b>	<b>3,241</b>	<b>58,609</b>	<b>80,752</b>	<b>81,524</b>	<b>107,667</b>	<b>221,828</b>	<b>106,724</b>	<b>328,552</b>
<b>Groundwater Contamination</b>										
STORAGE TANK COMPLIANCE SERVICES (355)	0.00	0	0	0	0	0	0	0	0	0
SUPER ACT SERVICES (356)	0.01	3	5	90	222	203	336	851	0	851
<b>Group Total</b>	<b>0.01</b>	<b>3</b>	<b>5</b>	<b>90</b>	<b>222</b>	<b>203</b>	<b>336</b>	<b>851</b>	<b>0</b>	<b>851</b>
<b>Community Hygiene</b>										
COMMUNITY ENVIR. HEALTH (345)	0.00	0	0	0	0	0	0	0	0	0
INJURY PREVENTION (346)	0.00	0	0	0	0	0	5,000	5,000	0	5,000
LEAD MONITORING SERVICES (350)	0.00	0	0	0	0	0	0	0	0	0
PUBLIC SEWAGE (362)	0.00	0	0	0	0	0	0	0	0	0
SOLID WASTE DISPOSAL SERVICE (363)	0.00	0	0	0	0	0	0	0	0	0
SANITARY NUISANCE (365)	0.28	77	196	2,217	4,720	4,390	5,842	18,118	0	18,118
RABIES SURVEILLANCE (366)	1.80	495	1,244	25,052	25,934	29,124	33,890	65,075	48,415	113,490
ARBORVIRUS SURVEIL. (367)	0.00	0	0	0	0	0	0	0	0	0
RODENT/ARTHROPOD CONTROL (368)	0.00	0	0	0	0	0	0	0	0	0
WATER POLLUTION (370)	0.00	0	0	0	0	0	0	0	0	0
INDOOR AIR (371)	0.00	0	0	0	0	0	0	0	0	0
RADIOLOGICAL HEALTH (372)	0.00	0	0	0	0	0	0	0	0	0
TOXIC SUBSTANCES (373)	0.00	0	0	0	0	0	0	0	0	0
<b>Group Total</b>	<b>2.08</b>	<b>572</b>	<b>1,440</b>	<b>27,269</b>	<b>30,663</b>	<b>33,454</b>	<b>45,222</b>	<b>88,193</b>	<b>48,415</b>	<b>136,608</b>
<b>ENVIRONMENTAL HEALTH SUBTOTAL</b>	<b>10.38</b>	<b>2,501</b>	<b>6,683</b>	<b>138,010</b>	<b>166,464</b>	<b>176,008</b>	<b>223,659</b>	<b>487,551</b>	<b>218,590</b>	<b>704,141</b>
<b>D. NON-OPERATIONAL COSTS:</b>										
NON-OPERATIONAL COSTS (599)	0.00	0	0	0	0	0	0	0	0	0
ENVIRONMENTAL HEALTH SURCHARGE (599)	0.00	0	0	3,815	5,641	5,166	6,991	21,613	0	21,613
MEDICAID BUYBACK (611)	0.00	0	0	4,346	5,007	4,585	5,245	19,133	0	19,163
<b>NON-OPERATIONAL COSTS SUBTOTAL</b>	<b>0.00</b>	<b>0</b>	<b>0</b>	<b>8,161</b>	<b>10,648</b>	<b>9,751</b>	<b>12,236</b>	<b>40,796</b>	<b>0</b>	<b>40,796</b>
<b>TOTAL CONTRACT</b>	<b>95.65</b>	<b>39,352</b>	<b>326,176</b>	<b>1,504,868</b>	<b>1,773,429</b>	<b>1,956,068</b>	<b>1,981,319</b>	<b>4,045,111</b>	<b>2,870,573</b>	<b>6,915,694</b>

Okaloosa  
Contract Management Variance Report  
for Period 10/01/2015 to 03/31/2016

Program	Reported FTEs	Planned FTEs	% Variance FTE	Reported Clients/Units	Planned Clients/Units	% Variance Clients/Units	Reported Visits/Services	Planned Visits/Services	% Variance Visits/Services	Reported Expenditures	Planned Expenditures	% Variance Expenditures
<b>Communicable Disease Section</b>												
01:Immunization	4.39	2.90	51.38	1,481	1,726	-14.19	1,890	2,097	-9.85	\$121,720.96	\$125,372.00	-2.91
02:Sexually Trans. Dis.	7.13	8.53	9.19	701	737	-4.88	1,151	1,205	-4.44	\$217,537.67	\$224,956.00	-3.30
03:AIDS	8.49	9.92	-14.42	122	276	-55.72	3,083	2,559	20.50	\$355,276.58	\$357,225.00	2.26
04:Tuberculosis	1.25	0.77	63.64	13	20	-35.00	193	265	-27.17	\$39,179.45	\$45,179.00	-13.28
06:Comm. Dis. Surv.	2.98	1.91	56.02	0	0		556	420	33.02	\$74,027.07	\$69,512.00	6.50
09:Hepatitis	0.00	0.00		13	0		23	0		\$17.97	\$0.00	
16:Preparedness and Response	5.52	6.04	-8.61	0	0		74	10	640.00	\$187,586.28	\$185,194.00	1.29
18:Refugee Health	0.00	0.00		0	0		0	0		\$0.00	\$0.00	
90:Vital Records	2.53	1.51	67.55	3,884	2,642	47.04	9,287	6,534	42.14	\$44,245.92	\$45,226.00	-2.17
<b>Communicable Disease Totals</b>	<b>32.30</b>	<b>29.58</b>	<b>9.20</b>	<b>6,214</b>	<b>5,400</b>	<b>15.37</b>	<b>16,259</b>	<b>13,088</b>	<b>24.23</b>	<b>\$1,049,591.92</b>	<b>\$1,052,644.00</b>	<b>-0.29</b>
<b>Primary Care Section</b>												
10:Chronic Disease Prevention Pro	1.23	1.21	1.65	1,382	2,284	-39.76	81	100	-18.59	\$39,561.14	\$36,256.00	9.00
12:Tobacco Use Intervention	3.43	2.50	18.28	0	0		49	88	-44.32	\$98,295.88	\$100,361.00	-2.06
21:WIC	19.85	18.54	7.07	0	7,434	-100.00	24,677	33,740	-29.86	\$529,908.32	\$541,717.00	-2.17
23:Family Planning	13.11	12.17	7.72	1,345	1,692	-20.48	3,496	3,634	-3.80	\$425,195.50	\$430,848.00	-1.32
25:Improved Pregnancy Outcome	0.00	0.00		0	0		0	0		\$0.00	\$0.00	
27:Healthy Start Prenatal	0.11	0.11	0.00	1	1	100.00	2	1	300.00	\$2,934.48	\$3,027.00	-3.05
29:Comprehensive Child Health	0.09	0.00		0	0		0	0		(\$161.55)	\$0.00	
31:Healthy Start Child	0.01	0.00		3	0		5	0		\$270.27	\$0.00	
34:School Health	4.37	4.50	-2.89	0	0		142,023	104,658	35.70	\$143,861.86	\$130,401.00	10.32
37:Comprehensive Adult Health	4.80	2.04	135.29	82	149	-44.97	242	541	-55.27	\$63,454.10	\$78,031.00	-18.66
38:Community Health Development	2.34	2.74	-14.60	0	0		539	483	11.59	\$119,857.54	\$122,100.00	-1.84
40:Dental Health	11.18	11.48	-2.61	1,502	1,457	3.12	3,196	3,415	-6.35	\$467,420.80	\$459,569.00	1.71
<b>Primary Care Totals</b>	<b>60.52</b>	<b>55.69</b>	<b>8.67</b>	<b>4,315</b>	<b>13,026</b>	<b>-66.87</b>	<b>174,313</b>	<b>146,659</b>	<b>18.86</b>	<b>\$1,890,618.33</b>	<b>\$1,902,350.00</b>	<b>-0.62</b>
<b>Environmental Health Section</b>												
1:Water & Onsite Sewage	3.97	3.45	15.07	511	464	10.25	1,029	999	3.05	\$112,295.41	\$106,869.00	5.05
2:Facility Programs	5.36	4.84	10.74	278	500	-44.34	999	1,621	-38.35	\$150,634.67	\$139,361.00	8.09
3:Groundwater Contamination Program	0.04	0.01	300.00	3	2	100.00	3	3	20.00	\$134.86	\$312.00	-56.77
4:Community Hygiene	1.93	2.06	-7.21	493	296	72.38	730	720	1.39	\$55,286.56	\$57,932.00	-2.84
<b>Environmental Health Totals</b>	<b>11.30</b>	<b>10.38</b>	<b>8.86</b>	<b>1,285</b>	<b>1,251</b>	<b>2.76</b>	<b>2,761</b>	<b>3,342</b>	<b>-17.37</b>	<b>\$319,331.50</b>	<b>\$304,474.00</b>	<b>4.88</b>
<b>CHD Totals</b>	<b>104.12</b>	<b>95.65</b>	<b>8.86</b>	<b>11,814</b>	<b>19,676</b>	<b>-39.96</b>	<b>193,333</b>	<b>163,088</b>	<b>18.55</b>	<b>\$3,259,531.75</b>	<b>\$3,259,488.00</b>	<b>0.00</b>



## Okaloosa DE580 Analysis of Fund Equities Report

Note: This report is based upon Schedule C, FIRS  
and year-to-date FLAIR transactions as of 03/31/2016

*Okaloosa CHD (643646) DE580 Analysis of Fund Equities Report for fiscal year 2015-2016 as of 03/31/2016*  
Actual Year-to-Date (through Mar)

OCA	OCA Title	Beginning Cash	Revenues YTD	Expenditures YTD	Certified Forward Expenditures YTD	Actual Cash YTD
<b>State</b>						
1E000	ON SITE SEWAGE DISPOSAL PERMIT FEES	229.20	6,906.40	7,092.10	0.00	43.50
1O000	SANITATION CERTIFICATES (FOOD INSPECTION)	7.60	2,444.60	2,462.20	0.00	0.00
3S000	INSPECTIONS OF SUMMER FEEDING PROGRAM - DOE	0.00	926.00	926.00	0.00	0.00
4B000	AIDS PATIENT CARE	3,088.64	75,000.00	73,270.16	3,088.64	1,729.84
4BAPS	AIDS PREVENTION & SURVEILLANCE - GENERAL REVENUE	0.00	15,690.00	15,489.53	0.00	200.47
7F000	CHD - TB COMMUNITY PROGRAM	0.00	36,614.00	27,071.23	0.00	8,442.77
9V000	STATE UNDERGROUND PETROLEUM RESPONSE ACT	0.00	4,123.00	847.54	0.00	3,275.46
ADA17	AIDS DRUG ASSISTANCE PROGRAM ADMIN HQ	0.00	0.00	0.00	0.00	0.00
ADAP6	AIDS DRUG ASSISTANCE PROGRAM ADMIN	(2,269.52)	17,499.52	15,230.00	0.00	0.00
B9000	SEPTIC TANK RESEARCH SURCHARGE	50.00	1,135.00	1,180.00	0.00	5.00
BHP15	BIOTERRORISM HOSPITAL PREPAREDNESS	0.00	855.18	0.00	855.18	0.00
BHP16	BIOTERRORISM HOSPITAL PREPAREDNESS	0.00	20,560.56	21,481.59	0.00	(921.03)
BPC14	WIC BREASTFEEDING PEER COUNSELING PROG	(2,007.39)	22,956.73	20,977.41	1,901.70	(1,929.77)
BPC15	WIC BREASTFEEDING PEER COUNSELING PROG	0.00	8,780.52	10,528.85	0.00	(1,748.33)
BY000	SEPTIC TANK VARIANCE FEES 50%	0.00	32.70	32.70	0.00	0.00
CBM15	COASTAL BEACH WATER QUALITY MONITORING	(937.74)	2,832.74	1,895.00	0.00	0.00
CBM16	COASTAL BEACH WATER QUALITY MONITORING	0.00	5,781.14	5,781.14	0.00	0.00
CIP14	COMPREHENSIVE COMMUNITY CARDIO - PHBG	(39.71)	39.71	0.00	0.00	0.00
CIP15	COMPREHENSIVE COMMUNITY CARDIO - PHBG	0.00	21,570.56	23,757.28	0.00	(2,186.72)
DE015	CMS-MCH PURCHASED CLIENT SERVICES 2014-2015	0.00	0.00	1,103.92	0.00	(1,103.92)
DNSPJ	DENTAL SPECIAL INITIATIVE PROJECTS	0.00	4,947.00	4,180.00	0.00	767.00
ENVFE	CHD STATEWIDE ENVIRONMENTAL FEES	209,155.70	175,563.61	275,650.87	891.04	108,277.40
FMP15	FAMILY PLANNING TITLE X - GRANT	(769.75)	769.75	0.00	0.00	0.00
FMP16	FAMILY PLANNING TITLE X - GRANT	0.00	98,197.21	98,342.17	0.00	(144.96)
FMPGR	FAMILY PLANNING GENERAL REVENUE	0.00	38,094.00	27,651.43	0.00	10,442.57
IMM15	IMMUNIZATION ACTION PLAN	0.00	32,290.00	32,290.00	0.00	0.00

IMM16	IMMUNIZATION ACTION PLAN	0.00	6,969.86	8,712.31	0.00	(1,742.45)
IPG15	INJURY SURVEILLANCE & PREVENTION GRANT	(0.07)	0.07	0.00	0.00	0.00
IPG16	INJURY SURVEILLANCE & PREVENTION GRANT	0.00	5,000.00	5,000.00	0.00	0.00
K3000	PUBLIC SWIMMING POOL PERMIT FEES-10% HQ TRANSFER	1,730.00	930.00	2,680.00	0.00	0.00
M5000	DRINKING WATER PROGRAM OPERATIONS	0.00	72.00	72.00	0.00	0.00
MC234	MCH SPECIAL PRJCT UNPLANNED PREGNANCY	(457.76)	457.76	0.00	0.00	0.00
MC235	MCH SPECIAL PRJCT UNPLANNED PREGNANCY	0.00	38,350.00	38,350.00	0.00	0.00
MCHS4	MCH BLOCK GRANT SPECIAL PROJECTS	(5,341.94)	18,040.64	12,698.70	0.00	0.00
MIEHR	MEDICAID INCENTIVE FOR ELECTRONIC HLTH RECORD	0.20	0.00	0.20	0.00	0.00
NCGRV	CHD GENERAL REVENUE NON-CATEGORICAL	28,634.71	1,039,389.00	1,042,954.89	28,634.71	(3,565.89)
PCG00	PRIMARY CARE PROGRAM	0.00	183,801.00	184,551.04	0.00	(750.04)
PHE16	HPP AND PHEP COOP AGRMT PHEP EBOLA SUPPLEMENT #2	0.00	0.00	2,273.05	0.00	(2,273.05)
PHPB5	PHP PUBLIC HEALTH PREPAREDNESS BASE ALLOC	(8,032.18)	11,454.40	11.50	3,410.72	0.00
PHPB6	PHP PUBLIC HEALTH PREPAREDNESS BASE ALLOC	0.00	78,806.13	82,929.47	0.00	(4,123.34)
R9000	TANNING FACILITIES	0.00	412.87	412.87	0.00	0.00
SCHGR	SCHOOL HEALTH SERVICES - GENERAL REVENUE	8,821.68	137,590.00	134,501.87	6,147.46	3,762.35
SEWTN	ONSITE SEWAGE TRAINING CENTER	25.00	935.00	960.00	0.00	0.00
TCI15	TOBACCO STATE AND COMMUNITY INTERVENTIONS	2,977.00	0.00	0.00	2,977.00	0.00
TCI16	TOBACCO STATE AND COMMUNITY INTERVENTIONS	1,629.92	112,784.00	108,329.22	0.00	6,084.70
TPR15	TEENAGE PREGNANCY PREVENTION REPLICATION	(2,565.40)	21,039.44	16,946.22	1,527.82	0.00
UQ000	MOBILE HOME & RV PARK FEES	0.00	1,164.72	1,164.72	0.00	0.00
WIC15	WIC PROGRAM ADMINISTRATION	(39,258.96)	294,728.79	231,167.43	24,302.40	0.00
WIC16	WIC PROGRAM ADMINISTRATION	0.00	356,578.49	387,496.27	0.00	(30,916.78)
<b>State Total</b>		<b>192,669.23</b>	<b>2,901,014.10</b>	<b>2,928,321.88</b>	<b>73,736.67</b>	<b>91,624.78</b>
<b>Local</b>						
CLFEE	CHD CLINIC FEES	1,062,208.40	1,099,575.57	1,332,851.83	111,050.93	717,881.21
ENVLF	CHD LOCAL ENVIRONMENTAL FEES	0.00	97,569.10	6,550.91	0.00	91,018.19
HSDMT	HEALTHY START DATA MANAGEMENT	0.00	1,563.00	1,646.57	0.00	(83.57)
JV000	VITAL STATISTICS CERTIFIED RECORDS	41,034.59	193,259.50	114,063.04	2,870.68	117,360.37
LIPH5	LOW INCOME POOL ALLOCATION MNGD BY DOH	30,235.77	0.00	0.00	30,235.77	0.00
LIPP5	LOW INCOME POOL AHCA PRIMARY CARE	24.00	0.00	0.00	24.00	0.00
LOGOV	CHD LOCAL REVENUE & EXPENDITURES	(19,247.12)	458,591.67	385,814.02	30,891.29	22,639.24
NACMR	NACCHO - MEDICAL RESERVE CORPS	3,557.03	0.00	608.05	0.00	3,048.98
RWT16	RYAN WHITE TITLE III - DIRECT TO CHD	(18,070.69)	219,936.17	234,800.56	5,998.97	(38,934.05)
RWT17	RYAN WHITE TITLE III - DIRECT TO CHD	0.00	0.00	0.00	0.00	0.00
SALGS	CHD SALE OF SERVICES IN OR OUTSIDE OF STATE GOVT	0.00	25.50	(255.46)	0.00	280.96



<b>Local Total</b>	<b>1,099,741.98</b>	<b>2,070,520.51</b>	<b>2,075,979.52</b>	<b>181,071.64</b>	<b>913,211.33</b>
<b>Grand Total</b>	<b>1,292,411.21</b>	<b>4,971,534.61</b>	<b>5,004,301.40</b>	<b>254,808.31</b>	<b>1,004,836.11</b>

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

February 22, 2016

The Honorable Charles K. Windes, Jr., Chairman  
Okaloosa Board of County Commissioners  
302 N Wilson Street, Suite 203  
Crestview, FL 32536

**CONTRACT # C97-0025-HD**  
**FLORIDA DEPARTMENT OF HEALTH**  
**OKALOOSA CO. HEALTH OPERATION FUNDING**  
**EXPIRES: 09/30/2016**

Dear Chairman Windes:

Enclosed is the report of activities and expenditures of the Okaloosa County Health Department for the period October 1, 2015 through December 31, 2015. Chapter 154, F.S., and the contract between the Department of Health and Okaloosa County require this report be submitted on a quarterly basis.

The reports are comprised of the following sub-reports produced by the Department's Contract Management System.

1. DE 385 – "Contract Management Variance Report" which compares the planned services, clients/units, FTEs, and expenditures with actual figures.
2. DE 580 – "Analysis of Fund Equities" shows total CHD year-to-date revenues, expenditures, beginning cash balance, and year-to-date equity. In accordance with Chapter 154, this report also splits cash balances/equity into state and county components.

If you have any questions, please feel free to contact Susan Wagner at 833-9233 extension 2137.

Sincerely,

A handwritten signature in blue ink, appearing to read "Karen A. Chapman", is written over a faint, larger version of the same signature.

Karen A. Chapman, M.D., M.P.H.  
Director  
Okaloosa County Health Department

Enclosure(s)

Cc: Beth Benton, Office of Budget and Revenue Management

**Florida Department of Health**  
in OKALOOSA COUNTY  
221 Hospital Dr. NE, Ft Walton Beach, FL 32548  
PHONE: 850/833-9240 • FAX 850/833-9252  
[www.healthyokaloosa.com](http://www.healthyokaloosa.com)

**www.FloridaHealth.gov**  
TWITTER: HealthyFLA  
FACEBOOK: FLDepartmentofHealth  
YOUTUBE: fldoh  
FLICKR: HealthyFla  
PINTEREST: HealthyFla

Okaloosa Contract Management Variance Report for Period 10/01/2015 to 12/31/2015												
Program	Reported FTEs	Planned FTEs	% Variance FTE	Reported Client/Units	Planned Client/Units	% Variance Client/Units	Reported Visits/Services	Planned Visits/Services	% Variance Visits/Services	Reported Expenditures	Planned Expenditures	% Variance Expenditures
<b>Communicable Disease Section</b>												
01:Immunization	4.39	3.28	33.84	891	976	-8.71	1,066	1,186	-10.08	\$64,492.32	\$67,473.00	-4.42
02:Sexually Trans. Dis.	7.13	8.34	-14.51	375	471	-20.34	574	789	-25.38	\$101,829.28	\$111,490.00	-8.67
03:AIDS	8.13	8.66	-5.12	51	119	-57.05	1,556	1,141	36.37	\$160,167.76	\$156,077.00	2.62
04:Tuberculosis	1.26	0.94	34.04	10	12	-16.67	81	162	-49.92	\$24,332.37	\$29,429.00	-17.32
06:Comm. Dis. Surv.	2.98	3.00	-0.67	0	0		411	330	24.73	\$32,325.12	\$31,313.00	3.23
09:Hepatitis	0.00	0.00		4	0		10	0		\$17.79	\$0.00	
16:Preparedness and Response	5.25	4.90	9.38	0	0		13	4	225.00	\$88,030.03	\$77,375.00	13.77
18:Refugee Health	0.00	0.00		0	0		0	0		\$0.00	\$0.00	
80:Vital Records	2.53	1.62	56.17	1,695	1,417	19.62	4,401	3,505	25.57	\$20,688.12	\$20,151.00	2.67
<b>Communicable Disease Totals</b>	<b>31.67</b>	<b>30.64</b>	<b>3.36</b>	<b>3,026</b>	<b>2,995</b>	<b>1.05</b>	<b>8,112</b>	<b>7,096</b>	<b>14.32</b>	<b>\$491,882.78</b>	<b>\$493,308.00</b>	<b>-0.29</b>
<b>Primary Care Section</b>												
10:Chronic Disease Prevention Pro	1.16	0.70	65.71	832	864	25.40	25	29	-13.04	\$15,986.92	\$14,542.00	9.95
12:Tobacco Use Intervention	3.43	4.11	-16.55	0	0		10	62	-83.94	\$48,017.15	\$48,886.00	-1.78
21:WIC	19.85	19.77	0.40	0	3,982	-100.00	12,511	18,027	-30.60	\$248,663.94	\$244,270.00	1.81
23:Family Planning	13.11	14.45	-9.27	725	1,004	-27.79	1,665	2,158	-22.83	\$211,551.16	\$205,455.00	2.97
25:Improved Pregnancy Outcome	0.00	0.00		0	0		0	0		\$0.00	\$0.00	
27:Healthy Start Prenatal	0.11	0.11	0.00	1	0	300.00	1	0	300.00	\$1,313.25	\$1,352.00	-2.87
29:Comprehensive Child Health	0.09	0.00		0	0		0	0		(\$199.88)	\$0.00	
31:Healthy Start Child	0.01	0.00		2	0		3	0		\$262.38	\$0.00	
34:School Health	4.37	3.74	16.84	0	0		48,339	43,491	11.15	\$56,033.25	\$50,888.00	11.29
37:Comprehensive Adult Health	4.80	2.09	129.67	48	77	-37.25	141	277	-49.14	\$19,977.54	\$34,921.00	-42.79
38:Community Health Development	2.29	3.14	-27.07	0	0		302	277	9.03	\$56,891.70	\$54,686.00	4.03
40:Dental Health	11.08	11.82	-8.26	746	750	-0.50	1,453	1,758	-17.36	\$207,840.59	\$210,389.00	-1.31

Primary Care Totals	60.30	59.93	0.62	2,354	6,475	-63.85	64,450	66,079	-2.46	\$666,770.00	\$665,369.00	0.16
<b>Environmental Health Section</b>												
1. Water & Onsite Sewage	3.92	3.74	4.81	216	241	-36.56	429	619	-30.69	\$56,267.23	\$52,042.00	8.12
2. Facility Programs	4.88	4.56	7.02	209	242	-13.73	493	806	-38.80	\$61,190.85	\$58,609.00	4.41
3. Groundwater Contamination Program	0.04	0.07	-42.86	0	6	-100.00	0	10	-100.00	(\$23.88)	\$90.00	-126.54
4. Community Hygiene	1.90	2.23	-14.80	232	154	51.14	346	386	-10.36	\$25,597.42	\$27,269.00	-6.17
<b>Environmental Health Totals</b>	10.74	10.60	1.32	657	742	-11.43	1,268	1,820	-30.33	\$143,021.62	\$138,010.00	3.63
<b>CHD Totals</b>	102.71	101.17	1.52	6,037	10,212	-40.88	73,830	74,995	-1.55	\$1,501,674.39	\$1,496,707.00	0.33



## Okaloosa DE580 Analysis of Fund Equities Report

Note: This report is based upon Schedule C, FIRS  
and year-to-date FLAIR transactions as of 12/31/2015

Okaloosa CHD (643646) DE580 Analysis of Fund Equities Report for fiscal year 2015-2016 as of 12/31/2015  
Actual Year-to-Date (through Dec)

OCA	OCA Title	Beginning Cash	Revenues YTD	Expenditures YTD	Certified Forward Expenditures YTD	Actual Cash YTD
<b>State</b>						
1E000	ON SITE SEWAGE DISPOSAL PERMIT FEES	229.20	4,214.50	4,352.20	0.00	91.50
1O000	SANITATION CERTIFICATES (FOOD INSPECTION)	7.60	2,399.00	2,406.60	0.00	0.00
3S000	INSPECTIONS OF SUMMER FEEDING PROGRAM - DOE	0.00	926.00	926.00	0.00	0.00
4B000	AIDS PATIENT CARE	3,088.64	50,000.00	42,186.10	3,088.64	7,813.90
4BAPS	AIDS PREVENTION & SURVEILLANCE - GENERAL REVENUE	0.00	10,460.00	8,772.19	0.00	1,687.81
7F000	CHD - TB COMMUNITY PROGRAM	0.00	23,676.00	18,354.94	0.00	5,321.06
9V000	STATE UNDERGROUND PETROLEUM RESPONSE ACT	0.00	2,852.00	438.76	0.00	2,413.24
ADA17	AIDS DRUG ASSISTANCE PROGRAM ADMIN HQ	0.00	0.00	0.00	0.00	0.00
ADAP6	AIDS DRUG ASSISTANCE PROGRAM ADMIN	(2,269.52)	11,864.38	10,631.62	0.00	(1,036.76)
B9000	SEPTIC TANK RESEARCH SURCHARGE	50.00	780.00	825.00	0.00	5.00
BHP15	BIOTERRORISM HOSPITAL PREPAREDNESS	0.00	855.18	0.00	855.18	0.00
BHP16	BIOTERRORISM HOSPITAL PREPAREDNESS	0.00	12,995.47	13,953.46	0.00	(957.99)
BPC14	WIC BREASTFEEDING PEER COUNSELING PROG	(2,007.39)	22,342.65	16,957.00	1,901.70	1,476.56
BPC15	WIC BREASTFEEDING PEER COUNSELING PROG	0.00	1,303.87	4,215.22	0.00	(2,911.35)
BY000	SEPTIC TANK VARIANCE FEES 50%	0.00	32.70	32.70	0.00	0.00
CBM15	COASTAL BEACH WATER QUALITY MONITORING	(937.74)	2,832.74	1,895.00	0.00	0.00
CBM16	COASTAL BEACH WATER QUALITY MONITORING	0.00	5,781.14	5,781.14	0.00	0.00
CIP14	COMPREHENSIVE COMMUNITY CARDIO - PHBG	(39.71)	39.71	0.00	0.00	0.00
CIP15	COMPREHENSIVE COMMUNITY CARDIO - PHBG	0.00	6,263.54	8,450.26	0.00	(2,186.72)
DNSPJ	DENTAL SPECIAL INITIATIVE PROJECTS	0.00	3,298.00	532.00	0.00	2,766.00
ENVFE	CHD STATEWIDE ENVIRONMENTAL FEES	209,155.70	131,846.73	166,717.23	891.04	173,394.16
FMP15	FAMILY PLANNING TITLE X - GRANT	(769.75)	769.75	0.00	0.00	0.00
FMP16	FAMILY PLANNING TITLE X - GRANT	0.00	92,643.44	92,797.42	0.00	(153.98)
FMPGR	FAMILY PLANNING GENERAL REVENUE	0.00	25,396.00	27,651.43	0.00	(2,255.43)
IMM15	IMMUNIZATION ACTION PLAN	0.00	16,387.93	24,233.99	0.00	(7,846.06)
IMM16	IMMUNIZATION ACTION PLAN	0.00	0.00	0.00	0.00	0.00

IPG15	INJURY SURVEILLANCE & PREVENTION GRANT	(0.07)	0.07	0.00	0.00	0.00
IPG16	INJURY SURVEILLANCE & PREVENTION GRANT	0.00	5,000.00	5,000.00	0.00	0.00
K3000	PUBLIC SWIMMING POOL PERMIT FEES-10% HQ TRANSFER	1,730.00	910.00	2,640.00	0.00	0.00
M5000	DRINKING WATER PROGRAM OPERATIONS	0.00	63.00	63.00	0.00	0.00
MC234	MCH SPECIAL PRJCT UNPLANNED PREGNANCY	(457.76)	457.76	0.00	0.00	0.00
MC255	MCH SPECIAL PROJECT PRAMS	0.00	38,350.00	38,350.00	0.00	0.00
MCHS4	MCH BLOCK GRANT SPECIAL PROJECTS	(5,341.94)	18,040.64	12,698.70	0.00	0.00
MIEHR	MEDICAID INCENTIVE FOR ELECTRONIC HLTH RECORD	0.20	0.00	0.20	0.00	0.00
NCGRV	CHD GENERAL REVENUE NON-CATEGORICAL	28,634.71	692,926.00	606,765.07	28,634.71	86,160.93
PCG00	PRIMARY CARE PROGRAM	0.00	122,534.00	77,802.16	0.00	44,731.84
PHE16	HPP AND PHEP COOP AGRMT PHEP EBOLA SUPPLEMENT #2	0.00	0.00	0.00	0.00	0.00
PHPB5	PHP PUBLIC HEALTH PREPAREDNESS BASE ALLOC	(8,032.18)	11,454.40	11.50	3,410.72	0.00
PHPB6	PHP PUBLIC HEALTH PREPAREDNESS BASE ALLOC	0.00	49,628.91	54,253.09	0.00	(4,624.18)
R9000	TANNING FACILITIES	0.00	397.50	397.50	0.00	0.00
SCHGR	SCHOOL HEALTH SERVICES - GENERAL REVENUE	6,821.68	88,620.00	81,599.85	6,147.46	7,694.37
SEWTN	ONSITE SEWAGE TRAINING CENTER	25.00	485.00	485.00	0.00	25.00
TCI15	TOBACCO STATE AND COMMUNITY INTERVENTIONS	2,977.00	0.00	0.00	2,977.00	0.00
TCI16	TOBACCO STATE AND COMMUNITY INTERVENTIONS	1,629.92	76,509.00	63,959.31	0.00	14,179.61
TPR15	TEENAGE PREGNANCY PREVENTION REPLICATION	(2,565.40)	21,039.44	16,946.22	1,527.82	0.00
UQ000	MOBILE HOME & RV PARK FEES	0.00	1,164.72	1,164.72	0.00	0.00
WIC15	WIC PROGRAM ADMINISTRATION	(39,258.96)	294,728.79	231,167.43	24,302.40	0.00
WIC16	WIC PROGRAM ADMINISTRATION	0.00	137,922.43	173,228.48	0.00	(35,306.05)
<b>State Total</b>		<b>192,669.23</b>	<b>1,990,192.39</b>	<b>1,818,642.49</b>	<b>73,736.67</b>	<b>290,482.46</b>
<b>Local</b>						
CLFEE	CHD CLINIC FEES	1,062,208.40	751,411.20	945,934.55	111,050.93	756,634.12
ENVLF	CHD LOCAL ENVIRONMENTAL FEES	0.00	72,920.85	6,550.91	0.00	66,369.94
HSDMT	HEALTHY START DATA MANAGEMENT	0.00	1,139.25	1,611.85	0.00	(472.60)
JV000	VITAL STATISTICS CERTIFIED RECORDS	41,034.59	127,090.00	77,810.66	2,870.68	87,443.25
LIPH5	LOW INCOME POOL ALLOCATION MNGD BY DOH	30,235.77	0.00	0.00	30,235.77	0.00
LIPP5	LOW INCOME POOL AHCA PRIMARY CARE	24.00	0.00	0.00	24.00	0.00
LOGOV	CHD LOCAL REVENUE & EXPENDITURES	(19,247.12)	305,946.09	241,496.17	30,891.29	14,311.51
NACMR	NACCHO - MEDICAL RESERVE CORPS	3,557.03	0.00	225.80	0.00	3,331.23
RWT16	RYAN WHITE TITLE III - DIRECT TO CHD	(18,070.69)	132,705.85	138,227.24	5,998.97	(29,591.05)
RWT17	RYAN WHITE TITLE III - DIRECT TO CHD	0.00	0.00	0.00	0.00	0.00
SALGS	CHD SALE OF SERVICES IN OR OUTSIDE OF STATE GOVT	0.00	25.50	(338.70)	0.00	364.20
<b>Local Total</b>		<b>1,099,741.98</b>	<b>1,391,238.74</b>	<b>1,411,518.48</b>	<b>181,071.64</b>	<b>898,390.60</b>

**Grand Total**

1,292,411.21 3,381,431.13 3,230,160.97 254,808.31 1,188,873.06

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary


**Vision:** To be the Healthiest State in the Nation

---

**MEMORANDUM**

**Date:** February 9, 2016

**To:** County Health Department Directors/Administrators  
County Health Department Business Managers

**From:** Phil Street   
Division of Public Health Statistics and Performance Management

**Subject:** New DE580 Analysis of Fund Equities Report

---

The Florida Department of Health has developed a new DE580 Analysis of Fund Equities Report. This report meets the requirements of Chapter 154.02(5) to provide county health department revenue and cash balances year-to-date and identify the portions of the cash balance credited to the state and county. This report will become effective with the October through December 2015 reporting period.

The format of the revised DE580 Analysis of Funds Equities Report differs from the previous version. This new format is due in part to changes in state and Department of Health accounting systems that made possible a more detailed and more auditable method of tracking and reporting state and county revenues, expenditures, and cash. These changes include a statewide initiative to reduce the number of revenue object codes used by state agencies and a Department of Health initiative to use the Other Cost Accumulator (OCA) code as the primary variable to calculate state and county cash balances.

Initial feedback regarding the new DE580 Analysis of Fund Equities Report has been positive. Most cited is the additional clarity provided in presenting the specific components of the state and county cash balances. The previous methodology included system-driven allocations, some based on planned data, which generated data but did not provide the detail necessary to validate the results. This report provides this detail.

This memorandum may be included in your quarterly submission of the DE385 Variance Report and DE580 Analysis of Fund Equities Report to your Board of County Commissioners.

Contact Phil Street at 850-245-4036 if you have questions regarding the new DE580.



**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

**CONTRACT # C97-0025-HD**  
**FLORIDA DEPARTMENT OF HEALTH**  
**OKALOOSA CO. HEALTH OPERATION FUNDING**  
**EXPIRES: 09/30/2016**

February 24, 2016

To Whom It May Concern:

This letter is to notify you of price changes effective March 1, 2016. Any vaccinations done on March 1, 2016 or after will be at the below prices.

**Revised prices as of March 1, 2016**

- Hepatitis B & Hepatitis A Combination - \$59.22 (each injection)
- Hepatitis A - \$30.91 (each injection)
- Hepatitis B - \$35.91 (each injection)
- TD - \$28.05
- TDAP - \$32.42

Please note that there will be a charge of \$20.23 for the administration of the immunizations. This fee is only charged once per visit. If you receive 2 or more immunizations on the same day you will only be charged \$20.23 once plus the cost of the vaccine.

If you need further clarification please do not hesitate to give me a call at (850) 833-9240, ext 2151.

Sincerely

A handwritten signature in black ink that reads "Lin Schwader".

Lin Schwader  
AR Branch Director  
Lin.schwader@flhealth.gov

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

November 23, 2015

The Honorable Nathan Boyles, Chairman  
Okaloosa Board of County Commissioners  
302 N Wilson Street, Suite 203  
Crestview, FL 32536

Dear Chairman Boyles:

Enclosed is the report of activities and expenditures of the Florida Department of Health in Okaloosa County for the periods October 1, 2014 through September 30, 2015. Chapter 154, F.S., and the contract between the Department of Health and Okaloosa County require these reports be submitted on a quarterly basis.

These reports are made up of the following sub-reports produced by the Department's Contract Management System.

1. DE 385 – "Contract Management Variance Report" which compares the planned services, clients/units, FTEs and expenditures with actual figures.
2. DE 580 – "Analysis of Fund Equities" shows total CHD year-to-date revenues, expenditures, beginning cash balance and year-to-date equity. In accordance with Chapter 154, this report also splits cash balances/equity into state and county components.

If you have any questions, please feel free to contact Susan Wagner at 833-9233 extension 2137.

Sincerely,

A handwritten signature in blue ink, appearing to read "Karen A. Chapman, M.D., M.P.H."

Karen A. Chapman, M.D., M.P.H.  
Director

Enclosure(s)

Cc: Beth Benton, Bureau of Budget Management

**CONTRACT # C97-0025-HD**  
**FLORIDA DEPARTMENT OF HEALTH**  
**OKALOOSA CO. HEALTH OPERATION FUNDING**  
**EXPIRES: 09/30/2016**

Okaloosa Contract Management Variance Report for Period 10/01/2014 to 09/30/2015												
Program	Reported FTEs	Planned FTEs	% Variance FTE	Reported Clients/Units	Planned Clients/Units	% Variance Clients/Units	Reported Visits/Services	Planned Visits/Services	% Variance Visits/Services	Reported Expenditures	Planned Expenditures	% Variance Expenditures
<b>Communicable Disease Section</b>												
01.Immunization	4.17	3.22	29.50	3,809	4,200	-9.31	4,659	5,034	-7.45	\$232,532.35	\$204,741.00	13.57
02.Sexually Trans. Dis.	7.46	8.50	-12.24	1,607	1,854	-13.32	2,649	3,011	-12.02	\$434,354.80	\$406,828.00	6.91
03.AIDS	8.11	7.36	10.19	467	462	1.08	4,571	3,623	16.52	\$616,690.22	\$619,136.00	-0.40
04.Tuberculosis	1.28	0.55	132.73	92	18	411.11	965	140	589.29	\$122,432.77	\$120,721.00	1.42
06.Comm. Dis. Surv.	5.01	3.26	53.68	0	0		2,127	798	166.54	\$206,037.08	\$219,609.00	-6.18
09.Hepatitis	0.02	0.00		72	0		143	0		\$525.88	\$982.00	-46.45
16.Preparedness and Response	5.24	4.79	9.39	0	0		13	101	-87.13	\$371,413.80	\$381,280.00	-2.59
18.Refugee Health	0.00	0.00		0	0		0	0		\$0.00	\$0.00	
80.Vital Records	2.73	2.64	3.41	8,275	8,463	-2.45	20,566	18,334	12.12	\$143,719.41	\$133,428.00	7.71
<b>Communicable Disease Totals</b>	<b>34.02</b>	<b>30.32</b>	<b>12.20</b>	<b>14,322</b>	<b>13,617</b>	<b>-4.93</b>	<b>26,663</b>	<b>31,341</b>	<b>13.46</b>	<b>\$2,728,276.31</b>	<b>\$2,689,726.00</b>	<b>1.46</b>
<b>Primary Care Section</b>												
10.Chronic Disease Prevention Pro.	1.16	0.49	136.73	4,490	195	2,202.56	176	34	417.65	\$72,396.70	\$67,775.00	6.77
12.Tobacco Use Intervention	3.30	2.49	32.53	0	0		127	366	-65.30	\$207,766.07	\$203,110.00	2.29
21.WC	20.06	21.55	-2.74	11,733	6,571	78.56	65,336	56,172	16.31	\$1,156,971.88	\$1,101,863.00	4.99
23.Family Planning	13.24	13.09	1.15	3,179	3,704	-16.21	7,281	7,478	-2.63	\$639,029.54	\$666,216.00	9.50
25.Improved Pregnancy Outcome	0.00	0.00		0	0		0	0		\$0.00	\$0.00	
27.Healthy Start Prenatal	0.25	0.30	-18.67	3	40	-92.50	3	108	-97.22	\$6,393.19	\$6,583.00	-2.86
29.Comprehensive Child Health	0.74	0.41	80.49	171	352	-51.42	248	438	-43.38	\$28,352.56	\$38,668.00	-26.49
31.Healthy Start Child	0.01	0.00		2	0		3	0		(\$199.55)	\$0.00	
34.School Health	5.36	5.04	6.35	0	0		213,960	216,941	-1.37	\$349,453.91	\$322,937.00	8.21
37.Comprehensive Adult Health	13.46	17.04	-21.01	1,434	1,970	-27.21	5,840	5,884	-0.75	\$957,891.53	\$1,168,954.00	-18.06
38.Community Health Development	2.15	3.15	-31.75	0	0		683	1,147	-40.45	\$242,527.88	\$225,163.00	7.24
40.Dental Health	11.06	9.37	18.04	2,650	2,400	10.42	6,081	5,704	6.61	\$917,601.66	\$949,622.00	-3.37
<b>Primary Care Totals</b>	<b>71.69</b>	<b>72.30</b>	<b>-1.70</b>	<b>22,662</b>	<b>15,322</b>	<b>54.43</b>	<b>296,736</b>	<b>294,272</b>	<b>1.36</b>	<b>\$4,778,155.18</b>	<b>\$4,651,914.00</b>	<b>1.52</b>
<b>Environmental Health Section</b>												
1.Water & Onsite Sewage	4.24	3.98	6.53	1,213	1,205	0.66	2,369	2,257	4.50	\$286,152.58	\$258,582.00	2.93
2.Facility Programs	5.76	4.69	22.81	1,387	753	84.20	3,215	2,344	37.16	\$302,712.69	\$278,768.00	8.59
3.Groundwater Contamination Program	0.08	0.13	-38.46	27	29	-6.50	43	39	10.26	\$5,941.10	\$5,547.00	7.10
4.Community Hygiene	2.35	2.30	2.17	815	589	38.37	1,557	1,484	4.92	\$147,560.93	\$142,159.00	3.80
<b>Environmental Health Totals</b>	<b>12.43</b>	<b>11.10</b>	<b>11.96</b>	<b>3,442</b>	<b>2,576</b>	<b>33.62</b>	<b>7,184</b>	<b>6,134</b>	<b>17.12</b>	<b>\$722,367.30</b>	<b>\$685,056.00</b>	<b>5.40</b>
<b>CHD Totals</b>	<b>118.14</b>	<b>114.35</b>	<b>3.31</b>	<b>41,426</b>	<b>32,915</b>	<b>25.86</b>	<b>342,605</b>	<b>331,747</b>	<b>3.27</b>	<b>\$7,628,798.99</b>	<b>\$7,623,695.00</b>	<b>0.07</b>

Okaloosa Contract Management Analysis of Fund Equities for Period July 2015 to September 2015			
Object Codes	State Year to Date	CHD Year to Date	Total Year to Date
<b>Fund Balance Section</b>			
Fund Balance 07/2015	\$0.14	(\$1,292,411.14)	(\$1,292,410.99)
<b>Revenue Section</b>			
<b>Communicable Disease Section</b>			
001029 PRIVATE INSURANCE	\$0.00	(\$2,413.19)	(\$2,413.19)
001057 MEDICAID DIRECT BILLING	(\$6,900.73)	\$0.00	(\$6,900.73)
001073 CO-PAY FOR THE AIDS CARE PROGRAM	\$0.00	(\$39,457.69)	(\$39,457.69)
001077 CLINIC FEE	\$0.00	(\$8,039.11)	(\$8,039.11)
001110 VITAL STATISTICS FEES	\$0.00	(\$63,887.50)	(\$63,887.50)
001148 MEDICAID HMO NON-CAPITATION	\$0.00	(\$11,498.98)	(\$11,498.98)
004010 CASH OVERAGE SHORTAGE	\$0.00	\$1.55	\$1.55
005000 INTEREST	\$0.00	(\$734.54)	(\$734.54)
007000 FEDERAL GRANTS	(\$55,161.81)	\$0.00	(\$55,161.81)
007010 U.S. GRANTS - DIRECT TO CHD	\$0.00	(\$53,423.69)	(\$53,423.69)
008005 DIRECT LOCAL CONTRIBUTION	\$0.00	(\$45,148.44)	(\$45,148.44)
015040 CATEGORICAL GENERAL REVENUE	(\$42,068.00)	\$0.00	(\$42,068.00)
015050 NON CATEGORICAL GENERAL REVENUE	(\$136,767.14)	\$0.00	(\$136,767.14)
018000 REFUNDS	(\$724.54)	(\$789.36)	(\$1,513.90)
<b>Communicable Disease Totals</b>	<b>(\$241,622.22)</b>	<b>(\$225,390.94)</b>	<b>(\$467,013.16)</b>
<b>Primary Care Section</b>			
001029 PRIVATE INSURANCE	\$0.00	(\$11,218.43)	(\$11,218.43)
001057 MEDICAID DIRECT BILLING	(\$66,911.38)	\$0.00	(\$66,911.38)
001077 CLINIC FEE	\$0.00	(\$12,507.64)	(\$12,507.64)
001090 MEDICARE - PART B	\$0.00	(\$987.15)	(\$987.15)
001148 MEDICAID HMO NON-CAPITATION	\$0.00	(\$213,135.22)	(\$213,135.22)

Okaloosa Contract Management Analysis of Fund Equities for Period July 2015 to September 2015			
Object Codes	State Year to Date	CHD Year to Date	Total Year to Date
004010 CASH OVERAGE SHORTAGE	\$0.00	\$3.11	\$3.11
005000 INTEREST	\$0.00	(\$1,470.41)	(\$1,470.41)
007000 FEDERAL GRANTS	(\$344,054.30)	\$0.00	(\$344,054.30)
008005 DIRECT LOCAL CONTRIBUTION	\$0.00	(\$90,379.37)	(\$90,379.37)
011001 HEALTHY START COALITION	\$0.00	(\$708.75)	(\$708.75)
015010 TRANSFERS WITHIN AGENCY	(\$38,837.00)	\$0.00	(\$38,837.00)
015040 CATEGORICAL GENERAL REVENUE	(\$119,924.00)	\$0.00	(\$119,924.00)
015050 NON CATEGORICAL GENERAL REVENUE	(\$184,359.53)	\$0.00	(\$184,359.53)
018000 REFUNDS	(\$729.19)	(\$1,331.06)	(\$2,060.25)
038000 TWELVE MTH WARRANT CANCELLATION	(\$50.00)	\$0.00	(\$50.00)
<b>Primary Care Totals</b>	<b>(\$754,865.40)</b>	<b>(\$331,734.93)</b>	<b>(\$1,086,600.33)</b>
<b>Environmental Health Section</b>			
001004 TRANSACTION FEE	\$0.00	(\$102.75)	(\$102.75)
001020 PERMIT	(\$45,539.08)	\$0.00	(\$45,539.08)
001092 ENVIRONMENTAL HEALTH FEE - STATE	(\$38,059.10)	\$0.00	(\$38,059.10)
001094 ENVIRONMENTAL HEALTH FEE - COUNTY	\$0.00	(\$50,897.25)	(\$50,897.25)
004010 CASH OVERAGE SHORTAGE	\$0.00	\$0.51	\$0.51
005000 INTEREST	\$0.00	(\$242.21)	(\$242.21)
007000 FEDERAL GRANTS	(\$8,890.27)	\$0.00	(\$8,890.27)
008005 DIRECT LOCAL CONTRIBUTION	\$0.00	(\$14,887.42)	(\$14,887.42)
015010 TRANSFERS WITHIN AGENCY	(\$2,852.00)	\$0.00	(\$2,852.00)
015050 NON CATEGORICAL GENERAL REVENUE	(\$25,588.32)	\$0.00	(\$25,588.32)
018000 REFUNDS	(\$90.23)	(\$149.27)	(\$239.50)
<b>Environmental Health Totals</b>	<b>(\$121,019.00)</b>	<b>(\$66,078.39)</b>	<b>(\$187,097.39)</b>
<b>Unallocated Section</b>			
008005 DIRECT LOCAL CONTRIBUTION	\$0.00	\$0.00	\$0.00
015050 NON CATEGORICAL GENERAL REVENUE	\$0.00	\$0.00	\$0.00
<b>Unallocated Totals</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Non-Operating Section</b>			
001206 CENTRAL OFFICE SURCHARGE	(\$6,923.82)	\$0.00	(\$6,923.82)
<b>Non-Operating Total</b>	<b>(\$6,923.82)</b>	<b>\$0.00</b>	<b>(\$6,923.82)</b>
<b>Total Revenue</b>	<b>(\$1,124,430.44)</b>	<b>(\$623,204.26)</b>	<b>(\$1,747,634.70)</b>

Okaloosa Contract Management Analysis of Fund Equities for Period July 2015 to September 2015			
Object Codes	State Year to Date	CHD Year to Date	Total Year to Date
<b>Expenditures - YTD Section</b>			
01 Communicable Disease	\$248,998.01	\$320,030.61	\$569,028.61
02 Primary Care	\$618,153.71	\$572,223.15	\$1,190,376.85
03 Environmental Health	\$113,437.90	\$93,915.96	\$207,353.86
04 Non-Operating	\$8,546.56	\$0.00	\$8,546.56
<b>Total Expenditures</b>	<b>\$989,136.17</b>	<b>\$986,169.71</b>	<b>\$1,975,305.88</b>
<b>Change in Fund Balance</b>	<b>(\$135,294.27)</b>	<b>\$362,965.45</b>	<b>\$227,671.18</b>
<b>Ending Equity Balance</b>	<b>(\$135,294.13)</b>	<b>(\$929,445.68)</b>	<b>(\$1,064,739.81)</b>

**CONTRACT BETWEEN  
OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS  
AND  
STATE OF FLORIDA DEPARTMENT OF HEALTH  
FOR OPERATION OF THE  
OKALOOSA COUNTY HEALTH DEPARTMENT  
CONTRACT YEAR 2015-2016**

This contract is made and entered into between the State of Florida, Department of Health ("State") and the Okaloosa County Board of County Commissioners ("County"), through their undersigned authorities, effective October 1, 2015.

**RECITALS**

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

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

C. Okaloosa County Health Department ("CHD") is one of the created County Health Departments.

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

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

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

2. TERM. The parties mutually agree that this contract shall be effective from October 1, 2015, through September 30, 2016, or until a written contract replacing this contract is entered into between the parties, whichever is later, unless this contract is otherwise terminated pursuant to the termination provisions set forth in paragraph 8, below.

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

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

**CONTRACT #C97-0025-HD  
FLORIDA DEPT OF HEALTH  
OPERATING AGREEMENT (FUNDING)  
EXPIRES: 09/30/2016**

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

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

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

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

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

- i. The State's appropriated responsibility (*direct contribution excluding any state fees, Medicaid contributions or any other funds not listed on the Schedule C*) as provided in Attachment II, Part II is an amount not to exceed \$ 3,416,598 (*State General Revenue, State Funds, Other State Funds and Federal Funds listed on the Schedule C*). The State's obligation to pay under this contract is contingent upon an annual appropriation by the Legislature.
- ii. The County's appropriated responsibility (*direct contribution excluding any fees, other cash or local contributions*) as provided in Attachment II, Part II is an amount not to exceed \$ 601,661 (*amount listed under the "Board of County Commissioners Annual Appropriations section of the revenue attachment*).

b. Overall expenditures will not exceed available funding or budget authority, whichever is less, (either current year or from surplus trust funds) in any service category. Unless requested otherwise, any surplus at the end of the term of this contract in the County Health



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

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

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

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

County Health Department Trust Fund  
Okaloosa County  
221 Hospital Dr. NE  
Fort Walton Beach, FL 32548

5. CHD DIRECTOR/ADMINISTRATOR. Both parties agree the director/administrator of the CHD shall be a State employee or under contract with the State and will be under the day-to-day direction of the Deputy Secretary for County Health Systems. The director/administrator shall be selected by the State with the concurrence of the County. The director/administrator of the CHD shall ensure that non-categorical sources of funding are used to fulfill public health priorities in the community and the Long Range Program Plan. A report detailing the status of public health as measured by outcome measures and similar indicators will be sent by the CHD director/administrator to the parties no later than October 1 of each year (*This is the standard quality assurance "County Health Profile" report located on the Division of Public Health Statistics and Performance Management Intranet site*).

6. ADMINISTRATIVE POLICIES AND PROCEDURES. The parties hereto agree that the following standards should apply in the operation of the CHD:

a. The CHD and its personnel shall follow all State policies and procedures, except to the extent permitted for the use of County purchasing procedures as set forth in subparagraph b., below. All CHD employees shall be State or State-contract personnel subject to State personnel rules and procedures. Employees will report time in the Health Management System compatible format by program component as specified by the State.

b. The CHD shall comply with all applicable provisions of federal and state laws and regulations relating to its operation with the exception that the use of County purchasing procedures shall be allowed when it will result in a better price or service and no statewide Department of Health purchasing contract has been implemented for those goods or services. In such cases, the CHD director/administrator must sign a justification therefore, and all County purchasing procedures must be followed in their entirety, and such

compliance shall be documented. Such justification and compliance documentation shall be maintained by the CHD in accordance with the terms of this contract. State procedures must be followed for all leases on facilities not enumerated in Attachment IV.

c. The CHD shall maintain books, records and documents in accordance with the Generally Accepted Accounting Principles (GAAP), as promulgated by the Governmental Accounting Standards Board (GASB), and the requirements of federal or state law. These records shall be maintained as required by the Department of Health Policies and Procedures for Records Management and shall be open for inspection at any time by the parties and the public, except for those records that are not otherwise subject to disclosure as provided by law which are subject to the confidentiality provisions of paragraph 6.i., below. Books, records and documents must be adequate to allow the CHD to comply with the following reporting requirements:

- i.* The revenue and expenditure requirements in the Florida Accounting Information Resource (FLAIR) System;
- ii.* The client registration and services reporting requirements of the minimum data set as specified in the most current version of the Client Information System/Health Management Component Pamphlet;
- iii.* Financial procedures specified in the Department of Health's Accounting Procedures Manuals, Accounting memoranda, and Comptroller's memoranda;
- iv.* The CHD is responsible for assuring that all contracts with service providers include provisions that all subcontracted services be reported to the CHD in a manner consistent with the client registration and service reporting requirements of the minimum data set as specified in the Client Information System/Health Management Component Pamphlet.

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

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

credited to each participating governmental entity. The planned use of surplus funds shall be reflected in Attachment II, Part I of this contract, with special capital projects explained in Attachment V.

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

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

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

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

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

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

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

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

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

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

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

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

- i.* March 1, 2016 for the report period October 1, 2015 through December 31, 2015;
- ii.* June 1, 2016 for the report period October 1, 2015 through March 31, 2016;
- iii.* September 1, 2016 for the report period October 1, 2015 through June 30, 2016; and
- iv.* December 1, 2016 for the report period October 1, 2015 through September 30, 2016.

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

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

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

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

8. TERMINATION.

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

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

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

9. MISCELLANEOUS. The parties further agree:

a. Availability of Funds. If this Agreement, any renewal hereof, or any term, performance or payment hereunder, extends beyond the fiscal year beginning July 1, 2015, it is agreed that the performance and payment under this Agreement are contingent upon an annual appropriation by the Legislature, in accordance with section 287.0582, Florida Statutes.

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

For the State:

Laura T. Green  
Name  
Business Manager  
Title

For the County:

Gary Stanford  
Name  
Finance Director  
Title

221 Hospital Dr NE

101 E James Lee Blvd

Fort Walton Beach, FL 32548

Crestview, FL 32536

Address

Address

(850) 833-9233

(850) 689-5639

Telephone

Telephone

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

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

In WITNESS THEREOF, the parties hereto have caused this eight page contract, with its attachments as referenced, including Attachment I (two pages), Attachment II (six pages), Attachment III (one pages), Attachment IV (one pages), and Attachment V (zero pages), to be executed by their undersigned officials as duly authorized effective the 1<sup>st</sup> day of October, 2015.

**BOARD OF COUNTY COMMISSIONERS  
FOR OKALOOSA COUNTY**

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

SIGNED BY: 

SIGNED BY: 

NAME: Nathan D. Boyles

NAME: John H. Armstrong, MD

TITLE: Chairman

TITLE: Surgeon General/Secretary of Health

DATE: 9-18-15

DATE: 10/16/15

ATTESTED TO:

SIGNED BY: 

SIGNED BY: 

NAME: Gary Stanford

NAME: Karen A. Chapman, MD, MPH

TITLE: Finance Director

TITLE: CHD Director

DATE: 9-21-15

DATE: 9/13/15

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

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

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

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

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



**ATTACHMENT II**  
**OKALOOSA COUNTY HEALTH DEPARTMENT**  
**PART I. PLANNED USE OF COUNTY HEALTH DEPARTMENT TRUST FUND BALANCES**

	Estimated State Share of CHD Trust Fund Balance	Estimated County Share of CHD Trust Fund Balance	Total
1. CHD Trust Fund Ending Balance 09/30/15	87,514	676,150	763,664
2. Drawdown for Contract Year October 1, 2015 to September 30, 2016	-	466,413	466,413
3. Special Capital Project use for Contract Year October 1, 2015 to September 30, 2016	-	-	-
4. Balance Reserved for Contingency Fund October 1, 2015 to September 30, 2016	87,514	209,737	297,251

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

**ATTACHMENT II**

**OKALOOSA COUNTY HEALTH DEPARTMENT**

**Part II, Sources of Contributions to County Health Department**

October 1, 2015 to September 30, 2016

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>1. GENERAL REVENUE - STATE</b>					
015040 AIDS PATIENT CARE	100,000	0	100,000	0	100,000
015040 AIDS PREVENTION & SURVEILLANCE - GENERAL REVENUE	20,920	0	20,920	0	20,920
015040 CHD - TB COMMUNITY PROGRAM	47,353	0	47,353	0	47,353
015040 DENTAL SPECIAL INITIATIVE PROJECTS	6,597	0	6,597	0	6,597
015040 FAMILY PLANNING GENERAL REVENUE	50,790	0	50,790	0	50,790
015040 PRIMARY CARE PROGRAM	245,068	0	245,068	0	245,068
015040 SCHOOL HEALTH SERVICES - GENERAL REVENUE	177,240	0	177,240	0	177,240
015050 CHD GENERAL REVENUE NON-CATEGORICAL	1,386,859	0	1,386,859	0	1,386,859
<b>GENERAL REVENUE TOTAL</b>	<b>2,034,827</b>	<b>0</b>	<b>2,034,827</b>	<b>0</b>	<b>2,034,827</b>
<b>2. NON GENERAL REVENUE - STATE</b>					
015010 STATE UNDERGROUND PETROLEUM RESPONSE ACT	3,050	0	3,050	0	3,050
015010 TOBACCO STATE AND COMMUNITY INTERVENTIONS	150,688	0	150,688	0	150,688
<b>NON GENERAL REVENUE TOTAL</b>	<b>153,738</b>	<b>0</b>	<b>153,738</b>	<b>0</b>	<b>153,738</b>
<b>3. FEDERAL FUNDS - STATE</b>					
007000 AIDS DRUG ASSISTANCE PROGRAM ADMIN	15,230	0	15,230	0	15,230
007000 AIDS DRUG ASSISTANCE PROGRAM ADMIN HQ	5,077	0	5,077	0	5,077
007000 BIOTERRORISM HOSPITAL PREPAREDNESS	25,221	0	25,221	0	25,221
007000 WIC BREASTFEEDING PEER COUNSELING PROG	49,048	0	49,048	0	49,048
007000 COASTAL BEACH WATER QUALITY MONITORING	11,149	0	11,149	0	11,149
007000 COMPREHENSIVE COMMUNITY CARDIO - PHBG	15,000	0	15,000	0	15,000
007000 FAMILY PLANNING TITLE X - GRANT	104,408	0	104,408	0	104,408
007000 IMMUNIZATION ACTION PLAN	27,900	0	27,900	0	27,900
007000 INJURY SURVEILLANCE & PREVENTION GRANT	5,000	0	5,000	0	5,000
007000 MCH SPECIAL PROJECT PRAMS	38,350	0	38,350	0	38,350
007000 MCH BLOCK GRANT SPECIAL PROJECTS	12,699	0	12,699	0	12,699
007000 PHP PUBLIC HEALTH PREPAREDNESS BASE ALLOC	126,308	0	126,308	0	126,308
007000 TEENAGE PREGNANCY PREVENTION REPLICATION	16,501	0	16,501	0	16,501
007000 WIC PROGRAM ADMINISTRATION	830,793	0	830,793	0	830,793
015075 INSPECTIONS OF SUMMER FEEDING PROGRAM - DOE	1,102	0	1,102	0	1,102
<b>FEDERAL FUNDS TOTAL</b>	<b>1,283,786</b>	<b>0</b>	<b>1,283,786</b>	<b>0</b>	<b>1,283,786</b>
<b>4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE</b>					
001020 CHD STATEWIDE ENVIRONMENTAL FEES	124,808	0	124,808	0	124,808
001092 CHD STATEWIDE ENVIRONMENTAL FEES	123,401	0	123,401	0	123,401
001206 ON SITE SEWAGE DISPOSAL PERMIT FEES	8,107	0	8,107	0	8,107
001206 SANITATION CERTIFICATES (FOOD INSPECTION)	2,436	0	2,436	0	2,436
001206 SEPTIC TANK RESEARCH SURCHARGE	1,375	0	1,375	0	1,375
001206 PUBLIC SWIMMING POOL PERMIT FEES-10% HQ TRANSFER	6,842	0	6,842	0	6,842
001206 DRINKING WATER PROGRAM OPERATIONS	72	0	72	0	72
001206 TANNING FACILITIES	481	0	481	0	481
001206 ONSITE SEWAGE TRAINING CENTER	1,135	0	1,135	0	1,135
001206 MOBILE HOME & RV PARK FEES	1,150	0	1,150	0	1,150

**ATTACHMENT II**

**OKALOOSA COUNTY HEALTH DEPARTMENT**

**Part II, Sources of Contributions to County Health Department**

**October 1, 2015 to September 30, 2016**

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL</b>	269,807	0	269,807	0	269,807
<b>5. OTHER CASH CONTRIBUTIONS - STATE:</b>					
	0	0	0	0	0
090001 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	0	0	0	0
<b>OTHER CASH CONTRIBUTION TOTAL</b>	0	0	0	0	0
<b>6. MEDICAID - STATE/COUNTY:</b>					
001067 CHD CLINIC FEES	0	245,109	245,109	0	245,109
001148 CHD CLINIC FEES	0	583,378	583,378	0	583,378
<b>MEDICAID TOTAL</b>	0	828,487	828,487	0	828,487
<b>7. ALLOCABLE REVENUE - STATE:</b>					
018000 CHDTF UNRESTRICTED CASH RESERVE	1,250	0	1,250	0	1,250
038000 CHDTF UNRESTRICTED CASH RESERVE	57	0	57	0	57
<b>ALLOCABLE REVENUE TOTAL</b>	1,307	0	1,307	0	1,307
<b>8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE</b>					
ADAP	0	0	0	450,833	450,833
PHARMACY DRUG PROGRAM	0	0	0	94,343	94,343
WIC PROGRAM	0	0	0	3,627,149	3,627,149
BUREAU OF PUBLIC HEALTH LABORATORIES	0	0	0	28,878	28,878
IMMUNIZATIONS	0	0	0	569,097	569,097
<b>OTHER STATE CONTRIBUTIONS TOTAL</b>	0	0	0	4,770,300	4,770,300
<b>9. DIRECT LOCAL CONTRIBUTIONS - BCC/TAX DISTRICT</b>					
008005 CHD LOCAL REVENUE & EXPENDITURES	0	601,661	601,661	0	601,661
<b>DIRECT COUNTY CONTRIBUTIONS TOTAL</b>	0	601,661	601,661	0	601,661
<b>10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY</b>					
001073 CHD CLINIC FEES	0	132,901	132,901	0	132,901
001077 CHD CLINIC FEES	0	81,043	81,043	0	81,043
001094 CHD LOCAL ENVIRONMENTAL FEES	0	168,950	168,950	0	168,950
001110 VITAL STATISTICS CERTIFIED RECORDS	0	268,555	268,555	0	268,555
<b>FEES AUTHORIZED BY COUNTY TOTAL</b>	0	651,449	651,449	0	651,449
<b>11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY</b>					
001009 CHD CLINIC FEES	0	1,200	1,200	0	1,200
001029 CHD CLINIC FEES	0	75,566	75,566	0	75,566
001090 CHD CLINIC FEES	0	4,391	4,391	0	4,391
005000 CHD LOCAL REVENUE & EXPENDITURES	0	7,000	7,000	0	7,000
007010 RYAN WHITE TITLE III - DIRECT TO CHD	0	216,091	216,091	0	216,091
007010 RYAN WHITE TITLE III - DIRECT TO CHD	0	70,687	70,687	0	70,687
011001 HEALTHY START DATA MANAGEMENT	0	2,205	2,205	0	2,205
090002 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	466,413	466,413	0	466,413
<b>OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL</b>	0	843,553	843,553	0	843,553

**ATTACHMENT II**

**OKALOOSA COUNTY HEALTH DEPARTMENT**

**Part II, Sources of Contributions to County Health Department**

October 1, 2015 to September 30, 2016

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>12. ALLOCABLE REVENUE - COUNTY</b>					
018000 CHDTF UNRESTRICTED CASH RESERVE	0	1,250	1,250	0	1,250
038000 CHDTF UNRESTRICTED CASH RESERVE	0	58	58	0	58
<b>COUNTY ALLOCABLE REVENUE TOTAL</b>	<b>0</b>	<b>1,308</b>	<b>1,808</b>	<b>0</b>	<b>1,308</b>
<b>13. BUILDINGS - COUNTY</b>					
ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	440,412	440,412
JANITORIAL SERVICES	0	0	0	74,000	74,000
UTILITIES	0	0	0	0	0
BUILDING MAINTENANCE	0	0	0	0	0
GROUNDS MAINTENANCE	0	0	0	0	0
INSURANCE	0	0	0	0	0
OTHER (Specify)	0	0	0	0	0
OTHER (Specify)	0	0	0	0	0
<b>BUILDINGS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>514,412</b>	<b>514,412</b>
<b>14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY</b>					
EQUIPMENT / VEHICLE PURCHASES	0	0	0	0	0
VEHICLE INSURANCE	0	0	0	0	0
VEHICLE MAINTENANCE	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
<b>OTHER COUNTY CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>GRAND TOTAL CHD PROGRAM</b>	<b>3,743,465</b>	<b>2,926,468</b>	<b>6,669,923</b>	<b>5,284,712</b>	<b>11,954,635</b>

**ATTACHMENT II**

**OKALOOSA COUNTY HEALTH DEPARTMENT**

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

October 1, 2015 to September 30, 2016

	FTE's (0.00)	Clients Units	Services/ Visits	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd (Whole dollars only)	3rd	4th			
<b>A. COMMUNICABLE DISEASE CONTROL:</b>										
IMMUNIZATION (101)	2.50	2,976	3,614	41,547	48,459	41,547	48,458	45,003	135,008	180,011
SEXUALLY TRANS. DIS. (102)	6.91	1,560	2,549	104,516	121,905	104,516	121,905	170,292	282,550	452,842
HIV/AIDS PREVENTION (03A1)	0.42	103	108	5,617	6,562	5,617	6,553	24,339	0	24,339
HIV/AIDS SURVEILLANCE (03A2)	0.00	0	0	0	0	0	0	0	0	0
HIV/AIDS PATIENT CARE (03A3)	6.47	220	3,010	134,181	166,506	134,181	156,506	126,362	455,012	581,374
ADAP (03A4)	0.53	89	747	6,476	7,553	6,476	7,553	28,058	0	28,058
TUBERCULOSIS (104)	0.83	43	571	18,596	21,690	18,596	21,689	78,546	2,025	80,571
COMM. DIS. SURV. (106)	3.03	0	1,331	49,152	57,330	49,152	57,330	28,283	184,681	212,964
HEPATITIS (109)	0.00	0	0	0	0	0	0	0	0	0
PREPAREDNESS AND RESPONSE (116)	4.84	0	16	81,049	94,534	81,049	94,533	197,294	153,871	351,165
REFUGEE HEALTH (118)	0.00	0	0	0	0	0	0	0	0	0
VITAL RECORDS (180)	2.74	9,587	23,711	34,834	40,629	34,834	40,629	0	150,926	150,926
<b>COMMUNICABLE DISEASE SUBTOTAL</b>	<b>28.27</b>	<b>14,578</b>	<b>35,657</b>	<b>475,968</b>	<b>555,153</b>	<b>475,968</b>	<b>555,156</b>	<b>698,177</b>	<b>1,364,073</b>	<b>2,062,250</b>
<b>B. PRIMARY CARE:</b>										
CHRONIC DISEASE PREVENTION PRO (210)	0.30	1,138	49	4,140	4,829	4,140	4,828	17,937	0	17,937
WIC (21W1)	18.79	16,065	70,408	255,066	297,503	255,066	297,502	1,106,137	0	1,105,137
TOBACCO USE INTERVENTION (212)	2.55	0	155	44,419	51,809	44,419	51,809	192,456	0	192,456
WIC BREASTFEEDING PEER COUNSELING (21W2)	1.73	0	3,487	15,736	18,354	15,736	18,355	68,181	0	68,181
FAMILY PLANNING (223)	13.01	3,616	7,770	205,281	239,436	205,281	239,436	438,220	451,218	889,433
IMPROVED PREGNANCY OUTCOME (225)	0.00	0	0	0	0	0	0	0	0	0
HEALTHY START PRENATAL (227)	0.11	1	1	1,452	1,694	1,452	1,694	0	6,292	6,292
COMPREHENSIVE CHILD HEALTH (229)	0.00	0	0	0	0	0	0	0	0	0
HEALTHY START CHILD (231)	0.00	0	0	0	0	0	0	0	0	0
SCHOOL HEALTH (234)	4.00	0	186,058	61,305	71,505	61,305	71,504	234,889	30,730	265,619
COMPREHENSIVE ADULT HEALTH (237)	3.71	543	1,968	61,902	72,202	61,902	72,202	189,904	78,304	268,208
COMMUNITY HEALTH DEVELOPMENT (238)	3.69	0	1,301	77,160	89,997	77,160	89,997	298,884	35,430	334,314
DENTAL HEALTH (240)	7.66	1,943	4,558	155,045	180,840	155,045	180,840	77,488	594,282	671,770
<b>PRIMARY CARE SUBTOTAL</b>	<b>55.55</b>	<b>23,306</b>	<b>275,755</b>	<b>881,506</b>	<b>1,028,168</b>	<b>881,506</b>	<b>1,028,167</b>	<b>2,623,096</b>	<b>1,196,251</b>	<b>3,819,347</b>
<b>C. ENVIRONMENTAL HEALTH:</b>										
<b>Water and Onsite Sewage Programs</b>										
COSTAL BEACH MONITORING (347)	0.30	661	681	6,683	7,795	6,683	7,794	28,955	0	28,955
LIMITED USE PUBLIC WATER SYSTEMS (357)	0.06	7	26	865	1,009	865	1,008	1,394	2,353	3,747
PUBLIC WATER SYSTEM (358)	0.00	0	0	0	0	0	0	0	0	0
PRIVATE WATER SYSTEM (359)	0.00	0	0	0	0	0	0	0	0	0
ONSITE SEWAGE TREATMENT & DISPOSAL (361)	3.32	682	1,738	51,600	60,186	51,600	60,186	158,322	65,250	223,572
<b>Group Total</b>	<b>3.68</b>	<b>1,350</b>	<b>2,445</b>	<b>59,148</b>	<b>68,990</b>	<b>59,148</b>	<b>68,988</b>	<b>188,671</b>	<b>67,603</b>	<b>256,274</b>
<b>Facility Programs</b>										
TATTOO FACILITY SERVICES (344)	0.00	0	0	0	0	0	0	0	0	0
FOOD HYGIENE (348)	1.84	151	713	28,190	32,880	28,190	32,879	71,045	51,094	122,139

## ATTACHMENT II

## OKALOOSA COUNTY HEALTH DEPARTMENT

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

October 1, 2015 to September 30, 2016

	FTE's (0.00)	Clients Units	Services/ Visits	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd (Whole dollars only)	3rd	4th			
BODY PIERCING FACILITIES SERVICES (349)	0.00	0	0	0	0	0	0	0	0	0
GROUP CARE FACILITY (351)	0.22	102	172	3,615	4,217	3,615	4,217	0	15,664	15,664
MIGRANT LABOR CAMP (352)	0.01	0	0	188	219	188	219	814	0	814
HOUSING & PUB. BLDG. (353)	0.00	0	0	0	0	0	0	0	0	0
MOBILE HOME AND PARK (354)	0.41	143	374	6,377	7,437	6,377	7,437	17,952	9,676	27,628
POOLS/BATHING PLACES (360)	2.09	567	1,957	32,923	38,401	32,923	38,400	71,834	70,813	142,647
BIOMEDICAL WASTE SERVICES (364)	0.00	0	0	0	0	0	0	0	0	0
TANNING FACILITY SERVICES (369)	0.08	13	28	513	598	513	598	1,412	810	2,222
<b>Group Total</b>	<b>4.60</b>	<b>976</b>	<b>3,244</b>	<b>71,808</b>	<b>83,752</b>	<b>71,806</b>	<b>83,750</b>	<b>163,057</b>	<b>148,057</b>	<b>911,114</b>
<b>Groundwater Contamination</b>										
STORAGE TANK COMPLIANCE SERVICES (355)	0.00	0	0	0	0	0	0	0	0	0
SUPER ACT SERVICES (356)	0.07	22	38	1,038	1,210	1,038	1,210	3,345	1,151	4,496
<b>Group Total</b>	<b>0.07</b>	<b>22</b>	<b>38</b>	<b>1,038</b>	<b>1,210</b>	<b>1,038</b>	<b>1,210</b>	<b>3,345</b>	<b>1,151</b>	<b>4,496</b>
<b>Community Hygiene</b>										
COMMUNITY ENVIR. HEALTH (345)	0.00	0	0	0	0	0	0	0	0	0
INJURY PREVENTION (346)	0.00	0	0	1,154	1,346	1,154	1,346	5,000	0	5,000
LEAD MONITORING SERVICES (350)	0.00	0	0	0	0	0	0	0	0	0
PUBLIC SEWAGE (362)	0.00	0	0	0	0	0	0	0	0	0
SOLID WASTE DISPOSAL SERVICE (363)	0.00	0	0	0	0	0	0	0	0	0
SANITARY NUISANCE (365)	0.31	86	217	4,577	5,339	4,577	5,340	0	19,833	19,833
RABIES SURVEILLANCE (366)	2.02	556	1,396	29,886	34,859	29,886	34,859	0	129,490	129,490
ARBORVIRUS SURVEIL. (367)	0.00	0	0	0	0	0	0	0	0	0
RODENT/ARTHROPOD CONTROL (368)	0.00	0	0	0	0	0	0	0	0	0
WATER POLLUTION (370)	0.00	0	0	0	0	0	0	0	0	0
INDOOR AIR (371)	0.00	0	0	0	0	0	0	0	0	0
RADIOLOGICAL HEALTH (372)	0.00	0	0	0	0	0	0	0	0	0
TOXIC SUBSTANCES (373)	0.00	0	0	0	0	0	0	0	0	0
<b>Group Total</b>	<b>2.33</b>	<b>642</b>	<b>1,613</b>	<b>35,617</b>	<b>41,544</b>	<b>35,617</b>	<b>41,545</b>	<b>5,000</b>	<b>149,323</b>	<b>154,323</b>
<b>ENVIRONMENTAL HEALTH SUBTOTAL</b>	<b>10.68</b>	<b>2,990</b>	<b>7,340</b>	<b>167,609</b>	<b>195,496</b>	<b>167,609</b>	<b>195,493</b>	<b>360,073</b>	<b>386,134</b>	<b>726,207</b>
<b>D. NON-OPERATIONAL COSTS:</b>										
NON-OPERATIONAL COSTS (599)	0.00	0	0	0	0	0	0	0	0	0
ENVIRONMENTAL HEALTH SURCHARGE (399)	0.00	0	0	4,985	5,814	4,985	5,814	21,598	0	21,598
MEDICAID BUYBACK (611)	0.00	0	0	9,352	10,908	9,352	10,909	40,521	0	40,521
<b>NON-OPERATIONAL COSTS SUBTOTAL</b>	<b>0.00</b>	<b>0</b>	<b>0</b>	<b>14,337</b>	<b>16,722</b>	<b>14,337</b>	<b>16,723</b>	<b>62,119</b>	<b>0</b>	<b>62,119</b>
<b>TOTAL CONTRACT</b>	<b>94.50</b>	<b>40,874</b>	<b>318,752</b>	<b>1,539,420</b>	<b>1,798,544</b>	<b>1,539,420</b>	<b>1,795,539</b>	<b>3,743,465</b>	<b>2,926,458</b>	<b>6,669,923</b>

**ATTACHMENT III**  
**OKALOOSA COUNTY HEALTH DEPARTMENT**  
**CIVIL RIGHTS CERTIFICATE**

The applicant provides this assurance in consideration of and for the purpose of obtaining federal grants, loans, contracts (except contracts of insurance or guaranty), property, discounts, or other federal financial assistance to programs or activities receiving or benefiting from federal financial assistance. The provider agrees to complete the Civil Rights Compliance Questionnaire, DH Forms 946 A and B (or the subsequent replacement if adopted during the contract period), if so requested by the department.

The applicant assures that it will comply with:

1. Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C., 2000 Et seq., which prohibits discrimination on the basis of race, color or national origin in programs and activities receiving or benefiting from federal financial assistance.
2. Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. 794, which prohibits discrimination on the basis of handicap in programs and activities receiving or benefiting from federal financial assistance.
3. Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. 1681 et seq., which prohibits discrimination on the basis of sex in education programs and activities receiving or benefiting from federal financial assistance.
4. The Age Discrimination Act of 1975, as amended, 42 U.S.C. 6101 et seq., which prohibits discrimination on the basis of age in programs or activities receiving or benefiting from federal financial assistance.
5. The Omnibus Budget Reconciliation Act of 1981, P.L. 97-35, which prohibits discrimination on the basis of sex and religion in programs and activities receiving or benefiting from federal financial assistance.
6. All regulations, guidelines and standards lawfully adopted under the above statutes. The applicant agrees that compliance with this assurance constitutes a condition of continued receipt of or benefit from federal financial assistance, and that it is binding upon the applicant, its successors, transferees, and assignees for the period during which such assistance is provided. The applicant further assures that all contracts, subcontractors, subgrantees or others with whom it arranges to provide services or benefits to participants or employees in connection with any of its programs and activities are not discriminating against those participants or employees in violation of the above statutes, regulations, guidelines, and standards. In the event of failure to comply, the applicant understands that the grantor may, at its discretion, seek a court order requiring compliance with the terms of this assurance or seek other appropriate judicial or administrative relief, to include assistance being terminated and further assistance being denied.

**ATTACHMENT IV**  
**OKALOOSA COUNTY HEALTH DEPARTMENT**  
**FACILITIES UTILIZED BY THE COUNTY HEALTH DEPARTMENT**

<u>Facility</u> <u>Description</u>	<u>Location</u>	<u>Owned By</u>
Okaloosa County Health Department	221 Hospital Drive Northeast Fort Walton Beach, Florida 32548	Okaloosa County
	810 East James Lee Boulevard Crestview, Florida 32539	Okaloosa County



## EXHIBIT B

### CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date:

9/25/14

CONTRACT # C97-0025-HD  
FL DEPT. OF HEALTH  
OKALOOSA CO. HEALTH DEPT.  
FUNDING

Contract/Lease Control #: C97-0025-HD

Bid #: N/A

Contract/Lease Type: CONTRACT

Award To/Lessee: FL DEPT OF HEALTH/OKALOOSA COUNTY HEALTH DEPT

Lessor:

Effective Date: 10/1/2004

Term: EXPIRES 9/30/2015

Description of Contract/Lease: HEALTH DEPT FUNDING

Department Manager: HEALTH DEPARTMENT

Department Monitor: K. CHAPMAN

Monitor's Telephone #: 833-9240

Monitor's FAX #: 833-9252

Date Closed:

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

August 10, 2015

The Honorable Nathan Boyles, Chairman  
Okaloosa Board of County Commissioners  
302 N Wilson Street, Suite 203  
Crestview, FL 32536

Dear Chairman Boyles:

Enclosed is the report of activities and expenditures of the Florida Department of Health in Okaloosa County for the periods October 1, 2014 through June 30, 2015. Chapter 154, F.S., and the contract between the Department of Health and Okaloosa County require these reports be submitted on a quarterly basis.

These reports are made up of the following sub-reports produced by the Department's Contract Management System.

1. DE 385 – "Contract Management Variance Report" which compares the planned services, clients/units, FTEs and expenditures with actual figures.
2. DE 580 – "Analysis of Fund Equities" shows total CHD year-to-date revenues, expenditures, beginning cash balance and year-to-date equity. In accordance with Chapter 154, this report also splits cash balances/equity into state and county components.

If you have any questions, please feel free to contact Susan Wagner at 833-9233 extension 2137.

Sincerely,

A handwritten signature in blue ink, appearing to read "Karen A. Chapman".

Karen A. Chapman, M.D., M.P.H.  
Director

Enclosure(s)

Cc: Beth Benton, Bureau of Budget Management

**CONTRACT # C97-0025-HD**  
**FLORIDA DEPARTMENT OF HEALTH**  
**OKALOOSA CO. HEALTH OPERATION FUNDING**  
**EXPIRES: 09/30/2015**

Program	Reported FTEs	Planned FTEs	% Variance FTE	Reported Clients/Units	Planned Clients/Units	% Variance Clients/Units	Reported Visits/Services	Planned Visits/Services	% Variance Visits/Services	Reported Expenditures	Planned Expenditures	% Variance Expenditures
<b>Communicable Disease Section</b>												
01 Immunization	3.52	3.22	9.02	2,216	2,156	-2.73	3,977	3,736	-6.35	\$151,279.12	\$152,646.70	-0.91
02 Sexually Transm. Dis.	7.46	8.50	-12.24	1,852	1,361	-29.13	1,029	2,256	-54.70	\$209,320.72	\$111,807.00	48.76
03 AIDS	3.27	7.36	-55.66	191	347	-42.57	1,073	2,942	-63.34	\$44,866.17	\$471,201.00	-90.44
04 Tuberculosis	1.29	0.56	129.75	45	14	-23.04	194	179	8.38	\$10,591.11	\$9,643.00	9.54
05 Comm. Disease	5.81	3.26	53.98	0	0	0	1,569	294	81.45	\$14,239.33	\$157,301.00	-91.30
09 Hepatitis	0.62	0.00	0	147	0	0	193	0	0	\$25.86	\$822.00	-97.45
15 Preparedness and Response	1.74	4.78	-63.81	0	0	0	10	76	-87.00	\$287,125.00	\$296,323.00	-3.75
16 Refugee Health	0.00	0.00	0	0	0	0	0	0	0	\$0.00	\$0.00	0
80 Vital Records	2.46	2.64	-6.82	5,836	6,359	-8.27	15,026	13,751	8.54	\$180,511.00	\$180,596.00	-0.05
<b>Communicable Disease Totals</b>	<b>21.38</b>	<b>32.04</b>	<b>-33.28</b>	<b>12,417</b>	<b>10,027</b>	<b>23.83</b>	<b>27,627</b>	<b>27,134</b>	<b>1.81</b>	<b>\$1,150,710.00</b>	<b>\$1,147,962.00</b>	<b>0.24</b>
<b>Primary Care Section</b>												
10 Chronic Disease Prevention/Dis.	1.12	0.49	126.92	2,907	140	-1,949.12	136	30	353.33	\$51,442.16	\$51,149.00	0.57
12 Tobacco Use Intervention	3.10	2.49	26.75	0	0	0	114	275	-58.47	\$194,290.64	\$150,417.00	29.17
21 WOC	16.40	21.54	-24.34	15,333	14,926	2.71	38,729	42,125	-8.28	\$9,30,302.15	\$820,707.00	13.17
23 Family Planning	11.40	10.89	4.68	1,469	2,449	-40.20	3,260	3,609	-9.42	\$64,648.44	\$60,314.00	7.20
25 Improved Pregnancy Outcome	0.00	0.00	0	0	0	0	0	0	0	\$0.00	\$0.00	0
27 Healthy Start Prenatal	0.15	0.30	-49.67	1	30	-96.67	1	67	-98.77	\$4,544.00	\$5,027.00	-9.85
26 Comprehensive Child Health	0.74	0.41	40.24	171	294	-41.84	248	326	-24.51	\$2,362.52	\$29,870.00	-92.07
31 Healthy Start Child	0.51	0.00	0	0	0	0	0	0	0	\$19,655.00	\$0.00	100
34 School Health	4.67	5.64	-17.71	0	0	0	21,622	19,706	9.19	\$20,626.11	\$20,530.00	0.46
37 Comprehensive Adult Health	13.40	17.04	-21.91	13,716	13,639	0.56	34,113	44,113	-22.69	\$609,659.50	\$671,966.00	-9.47
38 Community Health Development	2.15	1.15	47.78	0	0	0	484	802	-40.74	\$172,027.24	\$190,517.00	-9.19
40 Dental Health	10.26	9.27	10.91	1,716	1,614	6.32	4,455	4,276	4.14	\$663,526.64	\$703,504.00	-5.55
<b>Primary Care Totals</b>	<b>61.41</b>	<b>65.80</b>	<b>-7.14</b>	<b>30,111</b>	<b>29,142</b>	<b>3.33</b>	<b>66,624</b>	<b>67,124</b>	<b>-0.74</b>	<b>\$2,140,193.00</b>	<b>\$2,129,170.00</b>	<b>0.52</b>
<b>Environmental Health Section</b>												
1 Water & Sewer Service	3.87	3.95	-2.78	398	304	30.92	1,794	1,792	0.11	\$167,779.22	\$169,963.00	-1.28
2 Facility Programs	5.14	1.60	10.45	50	36	38.89	1,942	1,938	0.21	\$203,806.96	\$210,207.00	-3.01
3 Groundwater Contamination Program	0.04	0.15	-36.46	20	20	0	36	26	38.46	\$4,601.73	\$4,950.00	-7.03
4 Community Hygiene	2.25	2.37	-5.91	672	632	6.33	1,140	1,193	-4.87	\$109,439.12	\$106,415.00	2.81
<b>Environmental Health Totals</b>	<b>11.30</b>	<b>8.07</b>	<b>39.28</b>	<b>1,140</b>	<b>1,032</b>	<b>10.46</b>	<b>4,912</b>	<b>4,959</b>	<b>-0.97</b>	<b>\$495,627.03</b>	<b>\$491,535.00</b>	<b>0.81</b>

Object Codes	State Year to Date	CHD Year to Date	Total Year to Date
<b>Fund Balance Section</b>			
Fund Balance 07/2014:	\$50,966.81	(\$1,069,646.52)	(\$1,048,659.71)
<b>Revenue Section</b>			
<b>Communicable Disease Section</b>			
001009 Debt Memo - Bad Checks	\$0.00	\$291.51	\$291.51
001010 Recovery of Bad Checks	\$0.00	(\$736.69)	(\$736.69)
001029 3rd Party Reimbursements	\$0.00	(\$54,275.71)	(\$54,275.71)
001073 Co-Pay for the AIDS Care Program	\$0.00	(\$95,916.68)	(\$95,916.68)
001076 MEDICAID TB	\$0.00	(\$810.00)	(\$810.00)
001077 Clinic Fee - County	\$0.00	(\$24,038.43)	(\$24,038.43)
001078 MEDICAID ADMINISTRATION OF VACCINE	\$0.00	(\$6,979.02)	(\$6,979.02)
001097 MEDICAID STD	\$0.00	(\$26,185.32)	(\$26,185.32)
001089 MEDICAID AIDS	\$0.00	\$0.00	\$0.00
001114 Vital Statistics - Birth Certificate	\$0.00	(\$46,260.00)	(\$46,260.00)
001115 Vital Statistics - Death Certificate	\$0.00	(\$135,200.00)	(\$135,200.00)
001117 Vital Statistics - Administrative Fee	\$0.00	(\$3,855.00)	(\$3,855.00)
004010 Cash Coverage Shortage	\$0.00	(\$5.81)	(\$5.81)
006041 Interest Earned - State Investment Account	\$0.00	(\$4,501.70)	(\$4,501.70)
007000 Federal Grants	(\$206,187.90)	\$0.00	(\$206,187.90)
007010 U.S. Grants - Direct to CHD	\$0.00	(\$296,470.50)	(\$296,470.50)
008034 BCC Contribution from General Fund	\$0.00	(\$294,255.62)	(\$294,255.62)
011000 Grants and Donations	\$0.00	(\$3,500.00)	(\$3,500.00)
012021 Service Charge on Returned Check	\$0.00	(\$80.94)	(\$80.94)
015010 Transfers Within Agency	(\$252.00)	\$0.00	(\$252.00)
015040 CATEGORICAL GENERAL REVENUE	(\$160,953.00)	\$0.00	(\$160,953.00)
015050 NON CATEGORICAL GENERAL REVENUE	(\$565,299.10)	\$0.00	(\$565,299.10)
015075 Transfer of Federal Grant from Another Agency	(\$1,372.88)	\$0.00	(\$1,372.88)

Object Codes	State Year to Date	CHD Year to Date	Total Year to Date
018000 Refunds	(\$597.90)	(\$966.87)	(\$1,604.76)
038000 Twelve Mth Warrant Cancellation	(\$26.20)	(\$38.49)	(\$64.69)
<b>Communicable Disease Totals</b>	<b>(\$934,788.98)</b>	<b>(\$993,785.26)</b>	<b>(\$1,928,574.25)</b>
<b>Primary Care Section</b>			
001009 Debt Memo - Bad Checks	\$0.00	\$205.56	\$205.56
001010 Recovery of Bad Checks	\$0.00	(\$518.97)	(\$518.97)
001029 3rd Party Reimbursements	\$0.00	(\$876,722.15)	(\$876,722.15)
001059 Medicaid Low Income Pool	\$0.00	(\$1,751,415.00)	(\$1,751,415.00)
001077 Clinic Fee - County	\$0.00	(\$61,247.59)	(\$61,247.59)
001082 MEDICAID DENTAL	\$0.00	(\$56,325.22)	(\$56,325.22)
001083 Medicaid-Family Planning	\$0.00	(\$233,514.16)	(\$233,514.16)
001090 Medicare - Part B	\$0.00	(\$3,782.56)	(\$3,782.56)
001192 MEDICAID COMPREHENSIVE CHILD	\$0.00	(\$5,152.11)	(\$5,152.11)
001193 MEDICAID COMPREHENSIVE ADULT	\$0.00	(\$32,603.85)	(\$32,603.85)
004010 Cash Overage Shortage	\$0.00	(\$4.09)	(\$4.09)
005041 Interest Earned - State Investment Account	\$0.00	(\$3,171.27)	(\$3,171.27)
007000 Federal Grants	(\$1,116,834.58)	\$0.00	(\$1,116,834.58)
008034 BCC Contribution from General Fund	\$0.00	(\$207,291.81)	(\$207,291.81)
011001 Healthy Start Coalition	\$0.00	(\$2,264.85)	(\$2,264.85)
012021 Service Charge on Returned Check	\$0.00	(\$57.02)	(\$57.02)
015010 Transfers Within Agency	(\$154,172.00)	\$0.00	(\$154,172.00)
015040 CATEGORICAL GENERAL REVENUE	(\$232,195.00)	\$0.00	(\$232,195.00)
015050 NON CATEGORICAL GENERAL REVENUE	(\$581,091.21)	\$0.00	(\$581,091.21)
018000 Refunds	(\$557.97)	(\$803.31)	(\$1,451.28)
038000 Twelve Mth Warrant Cancellation	(\$5.93)	(\$55.07)	(\$61.00)
<b>Primary Care Totals</b>	<b>(\$2,084,856.69)</b>	<b>(\$3,234,813.68)</b>	<b>(\$5,319,670.37)</b>
<b>Environmental Health Section</b>			
001009 Debt Memo - Bad Checks	\$0.00	\$59.18	\$59.18
001010 Recovery of Bad Checks	\$0.00	(\$250.64)	(\$250.64)
001020 Environmental Health Permits	(\$128,877.03)	\$0.00	(\$128,877.03)
001082 Environmental Health Fee - State	(\$141,029.60)	\$0.00	(\$141,029.60)
001094 Environmental Health Fee - County	\$0.00	(\$151,954.20)	(\$151,954.20)
001170 Chemical Analysis Lab Fee	(\$228.00)	\$0.00	(\$228.00)
004010 Cash Overage Shortage	\$0.00	(\$1.98)	(\$1.98)
005041 Interest Earned - State Investment Account	\$0.00	(\$1,531.60)	(\$1,531.60)

Object Codes	State Year to Date	CHD Year to Date	Total Year to Date
008034 BCC Contribution from General Fund	\$0.00	(\$100,113.48)	(\$100,113.48)
012020 Fines and Forfeitures	\$0.00	(\$500.00)	(\$500.00)
012021 Service Charge on Returned Check	\$0.00	(\$27.54)	(\$27.54)
015010 Transfers Within Agency	(\$2,507.00)	\$0.00	(\$2,507.00)
015050 NON CATEGORICAL GENERAL REVENUE	(\$90,210.15)	\$0.00	(\$90,210.15)
015075 Transfer of Federal Grant from Another Agency	(\$1,089.00)	\$0.00	(\$1,089.00)
018000 Refunds	(\$79.63)	(\$229.57)	(\$309.20)
<b>Environmental Health Totals</b>	<b>(\$382,050.80)</b>	<b>(\$254,509.82)</b>	<b>(\$636,560.63)</b>
<b>Non-Operating Section</b>			
001200 Central Office Surcharge	(\$10,970.91)	(\$6,443.22)	(\$17,414.13)
	(\$22,708.67)	\$0.00	(\$22,708.67)
<b>Non-Operating Total</b>	<b>(\$33,679.58)</b>	<b>(\$6,443.22)</b>	<b>(\$40,122.80)</b>
<b>Total Revenue</b>	<b>(\$3,435,376.05)</b>	<b>(\$4,489,551.99)</b>	<b>(\$7,924,928.04)</b>
<b>Expenditures - YTD Section</b>			
01 Communicable Disease	\$947,316.73	\$1,154,236.90	\$2,101,553.64
02 Primary Care	\$2,105,368.64	\$2,732,676.04	\$4,838,044.68
03 Environmental Health	\$361,055.89	\$319,381.81	\$680,437.70
04 Non-Operating	\$61,166.37	\$0.00	\$61,166.37
<b>Total Expenditures</b>	<b>\$3,474,907.63</b>	<b>\$4,206,294.76</b>	<b>\$7,681,202.39</b>
<b>Change in Fund Balance</b>	<b>\$39,531.58</b>	<b>(\$283,257.23)</b>	<b>(\$243,725.65)</b>
<b>Ending Equity Balance</b>	<b>\$90,518.39</b>	<b>(\$1,382,903.75)</b>	<b>(\$1,292,385.36)</b>

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

May 21, 2015

The Honorable Nathan Boyles, Chairman  
Okaloosa Board of County Commissioners  
302 N Wilson Street, Suite 203  
Crestview, FL 32536

**CONTRACT #C97-0025-HD  
FLORIDA DEPT OF HEALTH  
OPERATING AGREEMENT (FUNDING)  
EXPIRES: 09/30/2015**

Dear Chairman Boyles:

Enclosed is the report of activities and expenditures of the Florida Department of Health in Okaloosa County for the periods October 1, 2014 through March 31, 2015. Chapter 154, F.S., and the contract between the Department of Health and Okaloosa County require these reports be submitted on a quarterly basis.

These reports are made up of the following sub-reports produced by the Department's Contract Management System.

1. DE 385 – "Contract Management Variance Report" which compares the planned services, clients/units, FTEs and expenditures with actual figures.
2. DE 580 – "Analysis of Fund Equities" shows total CHD year-to-date revenues, expenditures, beginning cash balance and year-to-date equity. In accordance with Chapter 154, this report also splits cash balances/equity into state and county components.

If you have any questions, please feel free to contact Susan Wagner at 833-9233 extension 2137.

Sincerely,

A handwritten signature in blue ink that reads "Karen A. Chapman, M.D., M.P.H.".

Karen A. Chapman, M.D., M.P.H.  
Director

Enclosure(s)

Cc: Beth Benton, Bureau of Budget Management

Program	Reported FTEs	Planned FTEs	% Variance FTE	Reported Client/Units	Planned Client/Units	% Variance Client/Units	Reported Visits/Services	Planned Visits/Services	% Variance Visits/Services	Reported Expenditures	Planned Expenditures	% Variance Expenditures
<b>Communicable Disease Section</b>												
01 Immunization	3.02	3.22	9.30	1,780	2,100	-15.24	2,305	2,917	-20.64	\$97,379.98	\$86,311.00	12.17
02 Sexually Transm. Dis.	7.48	6.50	12.24	711	607	16.30	1,208	1,056	13.76	\$192,575.77	\$205,153.00	-6.60
03 AIDS	8.36	7.38	13.28	111	201	-44.44	1,547	1,802	-14.71	\$205,678.46	\$204,477.00	1.02
04 Tuberculosis	1.16	0.85	35.81	25	0	177.78	508	71	654.28	\$54,286.86	\$41,165.00	29.34
06 Conom. Dis. Surv.	4.96	3.26	52.15	0	0	0	1,132	396	183.71	\$102,300.40	\$67,300.00	32.71
09 Hepatitis	0.02	0.00	0	0	0	0	62	0	0	\$518.52	\$200.00	159.21
16 Preparedness and Response	5.24	4.75	9.25	0	0	0	10	51	-80.20	\$189,264.23	\$207,240.00	-8.69
18 Refugee Health	1.00	0.00	0	0	0	0	0	0	0	\$0.00	\$0.00	0
40 Visit Receipts	2.48	2.94	-18.71	4,110	4,242	-3.10	10,846	9,167	18.42	\$62,078.27	\$63,367.00	-2.05
<b>Communicable Disease Totals</b>	<b>32.68</b>	<b>30.11</b>	<b>9.19</b>	<b>6,717</b>	<b>7,257</b>	<b>-7.17</b>	<b>14,772</b>	<b>15,271</b>	<b>-7.19</b>	<b>\$1,094,902.33</b>	<b>\$1,071,136.00</b>	<b>2.21</b>
<b>Primary Care Section</b>												
10 Chronic Disease Prevention Pro.	1.12	0.43	128.57	2,454	34	2,416.00	34	17	-52.94	\$32,090.40	\$32,440.00	-0.77
12 Tobacco Use Intervention	3.07	2.49	23.29	0	0	0	94	83	12.17	\$100,109.75	\$104,470.00	-3.77
21 WIC	19.26	21.65	-11.93	10,059	9,286	8.26	47,272	29,086	62.55	\$67,526.40	\$68,569.00	-0.40
23 Family Planning	11.75	13.05	-9.10	1,302	1,607	-18.64	3,219	3,759	-14.36	\$371,286.75	\$378,569.00	-1.76
25 Improved Pregnancy Outcome	0.00	0.00	0	0	0	0	0	0	0	\$0.00	\$0.00	0
27 Healthy Start Prenatal	0.25	0.30	-16.67	1	20	-95.00	1	54	-98.15	\$1,128.53	\$1,275.00	-4.47
22 Comprehensive Child Health	0.74	0.41	80.49	145	175	-17.61	267	215	24.19	\$20,229.43	\$19,568.00	3.33
31 Healthy Start Child	0.01	0.00	0	0	0	0	0	0	0	\$178.09	\$0.00	0
34 School Health	4.36	5.04	-13.69	0	0	0	134,174	108,671	21.36	\$148,826.81	\$147,281.00	1.04
37 Comprehensive Adult Health	13.46	17.04	-21.01	775	565	35.91	4,750	2,942	61.35	\$538,696.18	\$546,100.00	-1.46
36 Community Health Development	2.15	3.15	-31.75	0	0	0	327	574	-43.24	\$106,711.52	\$101,750.00	4.85
49 Dental Health	10.32	9.37	10.25	1,278	1,200	6.50	2,564	2,852	-10.41	\$422,272.51	\$424,210.00	-0.47
<b>Primary Care Totals</b>	<b>66.91</b>	<b>65.41</b>	<b>2.29</b>	<b>22,130</b>	<b>20,131</b>	<b>9.93</b>	<b>67,614</b>	<b>67,261</b>	<b>0.51</b>	<b>\$1,614,287.74</b>	<b>\$1,612,529.00</b>	<b>0.11</b>
<b>Environmental Health Section</b>												
1 Water & Waste Sewage	1.87	3.48	-46.26	247	600	-57.51	1,063	1,134	-6.22	\$119,254.75	\$118,100.00	0.96
2 Facility Programs	5.17	4.40	16.23	215	377	-21.65	1,025	1,172	-12.71	\$131,468.04	\$135,247.00	-2.84
3 Outbreaks/Control/Investig. Program	0.07	0.13	-46.15	10	15	-33.33	15	25	-39.59	\$2,750.42	\$2,177.00	25.34
4 Community Hygiene	2.33	2.30	1.30	301	255	17.21	756	742	1.88	\$65,923.09	\$65,770.00	0.22
<b>Environmental Health Totals</b>	<b>9.44</b>	<b>10.34</b>	<b>-9.67</b>	<b>573</b>	<b>1,247</b>	<b>-53.65</b>	<b>2,869</b>	<b>3,073</b>	<b>-6.34</b>	<b>\$219,396.30</b>	<b>\$221,294.00</b>	<b>-1.44</b>



Okaloosa  
Contract Management Analysis of Fund Equities  
for Period July 2014 to March 2015

Object Codes	State Year to Date	CHD Year to Date	Total Year to Date
<b>Fund Balance Section</b>			
Fund Balance 07/2014	(\$26,227.19)	(\$1,022,432.52)	(\$1,048,659.71)
<b>Revenue Section</b>			
<b>Communicable Disease Section</b>			
001009 Debt Memo - Bad Checks	\$0.00	\$286.13	\$286.13
001010 Recovery of Bad Checks	\$0.00	(\$723.10)	(\$723.10)
001029 3rd Party Reimbursements	\$0.00	(\$40,076.48)	(\$40,076.48)
001073 Co-Pay for the AIDS Care Program	\$0.00	(\$50,111.04)	(\$50,111.04)
001076 MEDICAID TB	\$0.00	(\$540.00)	(\$540.00)
001077 Clinic Fee - County	\$0.00	(\$18,827.13)	(\$18,827.13)
001079 MEDICAID ADMINISTRATION OF VACCINE	\$0.00	(\$5,135.00)	(\$5,135.00)
001087 MEDICAID STD	\$0.00	(\$20,573.91)	(\$20,573.91)
001114 Vital Statistics - Birth Certificate	\$0.00	(\$35,172.00)	(\$35,172.00)
001115 Vital Statistics - Death Certificate	\$0.00	(\$104,250.00)	(\$104,250.00)
001117 Vital Statistics - Administrative Fee	\$0.00	(\$2,931.00)	(\$2,931.00)
004010 Cash Overage Shortage	\$0.00	(\$4.53)	(\$4.53)
005041 Interest Earned - State Investment Account	\$0.00	(\$3,246.35)	(\$3,246.35)
007000 Federal Grants	(\$140,234.89)	\$0.00	(\$140,234.89)
007010 U.S. Grants - Direct to CHD	\$0.00	(\$210,273.09)	(\$210,273.09)
008034 BCC Contribution from General Fund	\$0.00	(\$216,520.27)	(\$216,520.27)
011000 Grants and Donations	\$0.00	(\$3,500.00)	(\$3,500.00)
012021 Service Charge on Returned Check	\$0.00	(\$79.45)	(\$79.45)
015010 Transfers Within Agency	(\$252.00)	\$0.00	(\$252.00)
015040 CATEGORICAL GENERAL REVENUE	(\$120,717.00)	\$0.00	(\$120,717.00)
015050 NON CATEGORICAL GENERAL REVENUE	(\$398,722.65)	\$0.00	(\$398,722.65)
018000 Refunds	(\$644.81)	(\$937.54)	(\$1,582.35)
038000 Twelve Mth Warrant Cancellation	(\$5.17)	(\$9.15)	(\$14.32)

Okaloosa  
Contract Management Analysis of Fund Equities  
for Period July 2014 to March 2015

Object Codes	State Year to Date	CHD Year to Date	Total Year to Date
<b>Communicable Disease Totals</b>	(\$680,576.52)	(\$712,783.91)	(\$1,373,360.43)
<b>Primary Care Section</b>			
001009 Debt Memo - Bad Checks	\$0.00	\$208.75	\$208.75
001010 Recovery of Bad Checks	\$0.00	(\$527.50)	(\$527.50)
001029 3rd Party Reimbursements	\$0.00	(\$600,713.14)	(\$600,713.14)
001059 Medicaid Low Income Pool	\$0.00	(\$875,708.00)	(\$875,708.00)
001077 Clinic Fee - County	\$0.00	(\$49,602.10)	(\$49,602.10)
001082 MEDICAID DENTAL	\$0.00	(\$47,280.22)	(\$47,280.22)
001083 Medicaid-Family Planning	\$0.00	(\$179,792.32)	(\$179,792.32)
001090 Medicare - Part B	\$0.00	(\$3,293.62)	(\$3,293.62)
001192 MEDICAID COMPREHENSIVE CHILD	\$0.00	(\$3,802.11)	(\$3,802.11)
001193 MEDICAID COMPREHENSIVE ADULT	\$0.00	(\$23,848.82)	(\$23,848.82)
004010 Cash Coverage Shortage	\$0.00	(\$3.31)	(\$3.31)
005041 Interest Earned - State Investment Account	\$0.00	(\$2,368.41)	(\$2,368.41)
007000 Federal Grants	(\$802,469.17)	\$0.00	(\$802,469.17)
008004 BCC Contribution from General Fund	\$0.00	(\$158,038.03)	(\$158,038.03)
011001 Healthy Start Coalition	\$0.00	(\$1,916.10)	(\$1,916.10)
012021 Service Charge on Returned Check	\$0.00	(\$57.95)	(\$57.95)
015010 Transfers Within Agency	(\$115,929.00)	\$0.00	(\$115,929.00)
015040 CATEGORICAL GENERAL REVENUE	(\$174,147.00)	\$0.00	(\$174,147.00)
015050 NON CATEGORICAL GENERAL REVENUE	(\$382,806.59)	\$0.00	(\$382,806.59)
018000 Refunds	(\$494.43)	(\$897.00)	(\$1,391.43)
028000 Twelve Mon Warrant Cancellation	(\$1.16)	(\$11.46)	(\$12.62)
<b>Primary Care Totals</b>	(\$1,475,537.34)	(\$1,947,651.39)	(\$3,423,188.74)
<b>Environmental Health Section</b>			
001009 Debt Memo - Bad Checks	\$0.00	\$101.16	\$101.16
001010 Recovery of Bad Checks	\$0.00	(\$25.66)	(\$25.66)
001020 Environmental Health Permits	(\$59,345.38)	\$0.00	(\$59,345.38)
001092 Environmental Health Fee - State	(\$102,779.10)	\$0.00	(\$102,779.10)
001094 Environmental Health Fee - County	\$0.00	(\$75,869.20)	(\$75,869.20)
001170 Chemical Analysis Lab Fee	(\$174.00)	\$0.00	(\$174.00)
004010 Cash Coverage Shortage	\$0.00	(\$1.60)	(\$1.60)
005041 Interest Earned - State Investment Account	\$0.00	(\$1,147.77)	(\$1,147.77)
<b>DE560</b>			
012020 Fines and Forfeitures	\$0.00	(\$500.00)	(\$500.00)

Okaloosa  
Contract Management Analysis of Fund Equities  
for Period July 2014 to March 2015


Object Codes	State Year to Date	CHD Year to Date	Total Year to Date
011021 Service Charge on Returned Check	\$0.00	(\$28.09)	(\$28.09)
015010 Transfers Within Agency	(\$1,453.00)	\$0.00	(\$1,453.00)
015050 NON CATEGORICAL GENERAL REVENUE	(\$92,737.48)	\$0.00	(\$92,737.48)
015075 Transfer of Federal Grant from Another Agency	(\$1,089.00)	\$0.00	(\$1,089.00)
018000 Refunds	(\$107.40)	(\$268.09)	(\$345.49)
<b>Environmental Health Totals</b>	<b>(\$271,243.19)</b>	<b>(\$154,528.83)</b>	<b>(\$425,769.92)</b>
<b>Unallocated Section</b>			
015050 NON CATEGORICAL GENERAL REVENUE	(\$48,332.28)	\$0.00	(\$48,332.28)
018000 Refunds	(\$58.97)	\$0.00	(\$58.97)
<b>Unallocated Totals</b>	<b>(\$48,388.25)</b>	<b>\$0.00</b>	<b>(\$48,388.25)</b>
<b>Non-Operating Section</b>			
	(\$10,970.91)	(\$6,443.22)	(\$17,414.13)
001206 Central Office Surcharge	(\$13,560.82)	\$0.00	(\$13,560.82)
<b>Non-Operating Total</b>	<b>(\$24,561.73)</b>	<b>(\$6,443.22)</b>	<b>(\$31,004.65)</b>
<b>Total Revenue</b>	<b>(\$2,480,307.04)</b>	<b>(\$2,821,405.15)</b>	<b>(\$5,301,712.19)</b>
<b>Expenditures - YTD Section</b>			
01 Communicable Disease	\$660,576.91	\$885,732.72	\$1,546,309.23
02 Primary Care	\$1,475,597.55	\$2,026,500.04	\$3,502,073.39
03 Environmental Health	\$235,774.98	\$219,025.53	\$484,600.41
04 Non-Operating	\$27,491.24	\$0.00	\$27,491.24
<b>Total Expenditures</b>	<b>\$2,429,319.98</b>	<b>\$3,131,294.29</b>	<b>\$5,560,614.27</b>
<b>Change in Fund Balance</b>	<b>(\$50,987.06)</b>	<b>\$309,889.14</b>	<b>\$258,902.08</b>
<b>Ending Equity Balance</b>	<b>(\$77,214.25)</b>	<b>(\$712,543.37)</b>	<b>(\$789,757.62)</b>

# CONTRACT & LEASE INTERNAL COORDINATION SHEET

Contract/Lease Number: <u>C97-0025-HD</u>	Tracking Number: <u>1301-15</u>
Contractor/Lessee Name: <u>Florida Dept of Health</u>	Grant Funded: YES ___ NO ___
Purpose: <u>Amendment to Contract (#1)</u>	
Date/Term: <u>9/30/15</u>	1. <input checked="" type="checkbox"/> GREATER THAN \$50,000
Amount: _____	2. <input type="checkbox"/> GREATER THAN \$25,000
Department: <u>HD</u>	3. <input type="checkbox"/> \$25,000 OR LESS
Dept. Monitor Name: <u>Chapman</u>	
Document has been reviewed and includes any attachments or exhibits.	

**Purchasing Review**

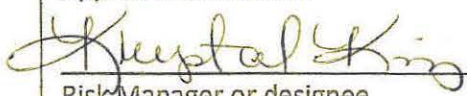
Procurement requirements are met:

 \_\_\_\_\_ Date: 2-25-15

Purchasing Director or Designee      Joanne Kublik

**Risk Management Review**

Approved as written:

 \_\_\_\_\_ Date: 2-25-15

Risk Manager or designee      Kay Godwin or Krystal King

**County Attorney Review**

Approved as written: \_\_\_\_\_ Date: \_\_\_\_\_

County Attorney      Gregory T. Stewart or Lynn Hoshihara

*see attached*

Following Okaloosa County approval:

**Contracts & Grants**

Document has been received: \_\_\_\_\_ Date: \_\_\_\_\_

Contracts & Grants Manager

# CONTRACT & LEASE INTERNAL COORDINATION SHEET

Contract/Lease Number: C97-0025-HD Tracking Number: 1301-15  
Grant Funded: YES \_\_\_ NO \_\_\_  
Contractor/Lessee Name: Florida Dept of Health  
Purpose: Amendment to Contract (#1)  
Date/Term: 9/30/15  
Amount: \_\_\_\_\_  
Department: HD  
Dept. Monitor Name: Chapman  
1.  GREATER THAN \$50,000  
2.  GREATER THAN \$25,000  
3.  \$25,000 OR LESS  
Document has been reviewed and includes any attachments or exhibits.

*Purchasing Review*  
Procurement requirements are met:  
  
Purchasing Director or Designee: Joanne Kublik Date: 2-25-15

*Risk Management Review*  
Approved as written: \_\_\_\_\_  
Date: \_\_\_\_\_  
Risk Manager or designee: Kay Godwin or Krystal King  
*see attached*

*County Attorney Review*  
Approved as written: \_\_\_\_\_  
Date: 2/25/15  
County Attorney: Gregory T. Stewart or Lynn Hoshihara

Following Okaloosa County approval:

*Contracts & Grants*  
Document has been received: \_\_\_\_\_  
Date: \_\_\_\_\_  
Contracts & Grants Manager

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

February 18, 2015

The Honorable Nathan Boyles, Chairman  
Okaloosa Board of County Commissioners  
302 N Wilson Street, Suite 203  
Crestview, FL 32536

RE: FY 2014-15 Contract between the Okaloosa Board of County Commissioners and the Florida Department of Health for operation of the Okaloosa County Health Department

Dear Chairman Boyles:

As specified in paragraph 4, section d., of the above referenced contract, either party may increase or decrease funds to the contract upon written notification to the other party. Please find enclosed the following:

- Page 2 of the contract reflecting updated funding adjustments
- An updated summary of funding revisions
- A revised Attachment II, Part I
- Revised Attachment II, Parts II and III, incorporating the changes indicated in the summary and covering the period subsequent to the contract amendment.

If you have any questions, please feel free to contact Susan Wagner at 833-9233 extension 2137.

Sincerely,

A handwritten signature in black ink that reads "Karen A. Chapman".

Karen A. Chapman, M.D., M.P.H.  
Director  
Okaloosa County Health Department

Enclosures

cc: Beth Benton, Office of Budget and Revenue Management

**CONTRACT # C97-0025-HD**  
**FLORIDA DEPARTMENT OF HEALTH**  
**OKALOOSA CO. HEALTH OPERATION FUNDING**  
**EXPIRES: 09/30/2015**

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

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

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

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

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

*i. The State's appropriated responsibility (direct contribution excluding any state fees, Medicaid contributions or any other funds not listed on the Schedule C) as provided in Attachment II, Part II is an amount not to exceed \$ 3,584,049 (State General Revenue, State Funds, Other State Funds and Federal Funds listed on the Schedule C). The State's obligation to pay under this contract is contingent upon an annual appropriation by the Legislature.*

*ii. The County's appropriated responsibility (direct contribution excluding any fees, other cash or local contributions) as provided in Attachment II, Part II is an amount not to exceed \$601,661 (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

**Summary of Funding Revisions**  
**Okaloosa County Health Department**  
**Funding Revisions for Contract Year 2014-15**

As of 2/12/15

Program	Previous As of 10/1/14	Updated As of 2/12/15	Increase/ Decrease
015050 - Non-Categorical General Revenue	1,228,822	1,230,408	1,586
015010 - SuperAct	4,500	3,050	(1,450)
015010 - Tropical Storm Isaac 2012	-	252	252
007000 - Bioterrorism Hospital Preparedness	26,899	25,271	(1,628)
007000 - PH Preparedness Base	132,443	115,920	(16,523)
007000 - PH - Preparedness Carry Forward	-	14,000	14,000
007000 - Unintended/Unwanted Preg-Teen Pregnancy Prev	22,556	32,126	9,570
007000 - WIC Breastfeeding Peer Counseling	9,117	40,392	31,275
007000 - Chronic Disease Prevention & Health Promotion	20,724	43,056	22,332
007000 - Teenage Pregnancy Prevention Replication	67,517	57,931	(9,586)
007000 - WIC Administration	841,548	821,816	(19,732)
007000 - Population Based Birth Defects Surv Program	-	1,373	1,373
007000 - Dental Special Projects MCHBG	-	21,850	21,850
015075 - Inspections of Summer Feeding Program - DOE	1,103	1,089	(14)
001020 - CHD Statewide Environmental Fees	124,331	125,138	807
001078 - Medicaid Administration of Vaccine	-	5,550	5,550
001082 - Medicaid Dental	5,784	47,760	41,976
001083 - Medicaid Family Planning	112,134	240,248	128,114
001087 - Medicaid STD	-	14,951	14,951
001089 - Medicaid AIDS	3,810	-	(3,810)
001192 - Medicaid Comprehensive Child	-	1,906	1,906
001193 - Medicaid Comprehensive Adult	-	11,514	11,514
001077 - Personal Health Fees	111,446	97,518	(13,928)
001094 - Local Ordinance Fees	150,538	149,782	(756)
001073 - AIDS Patient Care Program Income	-	56,529	56,529
001009 - Returned Check Item	65	2,675	2,610
001029 - Third Party Reimbursement	758,776	765,271	6,495
001090 - Medicare Part B	15,216	5,644	(9,572)
007010 - US Grants Direct - Ryan White Part C	276,150	353,618	77,468
012020 - Fines & Forfeitures	-	500	500
090002 - Draw Down From Public Health Unit	172,471	160,886	(11,585)
011000 - Grant - RW Pt C Client Payments	5,726	-	(5,726)
<b>Total</b>			<u><u>356,348</u></u>



ATTACHMENT II

OKALOOSA COUNTY HEALTH DEPARTMENT

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

	Estimated State Share of CHD Trust Fund Balance	Estimated County Share of CHD Trust Fund Balance	Total
1. CHD Trust Fund Ending Balance 09/30/14	204,512	373,194	577,706
2. Drawdown for Contract Year October 1, 2014 to September 30, 2015	35,824	160,886	196,710
3. Special Capital Project use for Contract Year October 1, 2014 to September 30, 2014	-	-	-
4. Balance Reserved for Contingency Fund October 1, 2014 to September 30, 2015	168,688	212,308	380,996

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

**ATTACHMENT II  
OKALOOSA COUNTY HEALTH DEPARTMENT**

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

**October 1, 2014 to September 30, 2015**

	FTE's (0.00)	Clients Units	Services/ Visits	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd (Whole dollars only)	3rd	4th			
<b>A. COMMUNICABLE DISEASE CONTROL:</b>										
IMMUNIZATION (101)	3.22	4,200	5,034	49,085	46,226	56,646	51,216	54,397	148,776	203,173
STD (102)	8.50	1,854	3,011	110,518	94,635	116,452	104,365	243,547	182,423	425,970
HIV/AIDS PREVENTION (03A1)	0.55	123	136	7,384	6,236	7,692	6,859	28,171	0	28,171
HIV/AIDS SURVEILLANCE (03A2)	0.00	0	0	0	0	0	0	0	0	0
HIV/AIDS PATIENT CARE (03A3)	6.38	242	3,240	134,176	164,256	198,443	184,823	235,559	446,139	681,698
ADAP (03A4)	0.43	97	547	5,434	6,931	8,548	7,622	28,535	0	28,535
TB CONTROL SERVICES (104)	0.55	18	140	20,552	17,613	21,707	19,392	40,033	39,231	79,264
COMM. DISEASE SURV. (106)	3.26	0	798	43,546	43,762	53,814	48,297	94,792	94,627	189,419
HEPATITIS PREVENTION (109)	0.00	0	0	0	349	431	384	0	1,164	1,164
PUBLIC HEALTH PREP AND RESP (116)	4.79	0	101	113,396	93,884	114,983	104,079	195,060	231,282	426,342
REFUGEE HEALTH (118)	0.00	0	0	0	0	0	0	0	0	0
VITAL STATISTICS (180)	2.64	8,483	18,334	33,080	30,887	37,863	34,206	0	136,036	136,036
<b>COMMUNICABLE DISEASE SUBTOTAL</b>	<b>30.32</b>	<b>15,017</b>	<b>31,341</b>	<b>517,171</b>	<b>504,779</b>	<b>616,579</b>	<b>561,243</b>	<b>920,094</b>	<b>1,279,678</b>	<b>2,199,772</b>
<b>B. PRIMARY CARE:</b>										
CHRONIC DISEASE SERVICES (210)	0.49	195	34	16,594	15,851	19,551	17,434	69,430	0	69,430
TOBACCO PREVENTION (212)	2.49	0	366	49,245	47,225	57,767	52,423	206,660	0	206,660
WIC (21W1)	18.74	6,571	51,456	269,987	235,648	288,830	261,004	1,055,469	0	1,055,469
WIC BREASTFEEDING PEER COUNSELING (21W2)	2.81	0	4,716	10,768	11,156	13,692	12,341	47,957	0	47,957
FAMILY PLANNING (223)	13.09	3,794	7,478	203,336	175,230	215,250	193,620	186,142	601,294	787,436
IMPROVED PREGNANCY OUTCOME (225)	0.00	0	0	0	0	0	0	0	0	0
HEALTHY START PRENATAL (227)	0.30	40	108	1,749	1,526	1,884	1,680	0	6,839	6,839
COMPREHENSIVE CHILD HEALTH (229)	0.41	352	438	9,905	9,663	11,887	10,660	0	42,115	42,115
HEALTHY START INFANT (231)	0.00	0	0	0	0	0	0	0	0	0
SCHOOL HEALTH (234)	5.04	0	216,941	68,251	79,140	96,841	87,822	332,054	0	332,054
COMPREHENSIVE ADULT HEALTH (237)	17.04	1,970	5,884	307,073	289,727	351,780	324,253	0	1,272,833	1,272,833
COMMUNITY HEALTH DEVELOPMENT (238)	3.15	0	1,147	51,936	49,830	60,604	55,669	68,797	149,242	218,039
DENTAL HEALTH (240)	9.37	2,400	5,704	217,006	217,213	265,568	241,263	157,034	784,016	941,050
<b>PRIMARY CARE SUBTOTAL</b>	<b>72.93</b>	<b>15,322</b>	<b>294,272</b>	<b>1,205,850</b>	<b>1,132,209</b>	<b>1,383,654</b>	<b>1,258,169</b>	<b>2,123,543</b>	<b>2,856,339</b>	<b>4,979,882</b>
<b>C. ENVIRONMENTAL HEALTH:</b>										
<b>Water and Onsite Sewage Programs</b>										
COASTAL BEACH MONITORING (347)	0.28	531	565	4,273	4,334	5,198	4,915	18,720	0	18,720
LIMITED USE PUBLIC WATER SYSTEMS (357)	0.11	2	18	1,762	1,462	1,803	1,608	567	6,068	6,635
PUBLIC WATER SYSTEM (358)	0.00	0	0	0	0	0	0	0	0	0
PRIVATE WATER SYSTEM (359)	0.00	0	0	0	0	0	0	0	0	0
INDIVIDUAL SEWAGE DISP. (361)	3.59	672	1,684	55,616	50,686	62,169	56,099	184,378	40,192	224,570
<b>Group Total</b>	<b>3.98</b>	<b>1,205</b>	<b>2,267</b>	<b>61,651</b>	<b>56,482</b>	<b>69,170</b>	<b>62,622</b>	<b>203,665</b>	<b>46,260</b>	<b>249,925</b>
<b>Facility Programs</b>										
FOOD HYGIENE (348)	1.45	122	526	24,153	27,838	34,175	30,782	73,847	43,101	116,948
BODY PIERCING FACILITIES SERVICES (349)	0.00	0	0	0	0	0	0	0	0	0
GROUP CARE FACILITY (351)	0.29	105	171	4,600	3,164	3,903	3,480	0	15,147	15,147
MIGRANT LABOR CAMP (352)	0.00	0	0	0	0	0	0	0	0	0

**ATTACHMENT II,  
OKALOOSA COUNTY HEALTH DEPARTMENT**

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

**October 1, 2014 to September 30, 2015**

	FTE's (0.00)	Clients Units	Services/ Visits	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd (Whole dollars only)	3rd	4th			
<b>C. ENVIRONMENTAL HEALTH:</b>										
<b>Facility Programs</b>										
HOUSING,PUBLIC BLDG SAFETY,SANITATION (353)	0.00	0	0	0	0	0	0	0	0	0
MOBILE HOME AND PARKS SERVICES (354)	0.39	108	298	6,347	4,581	5,651	5,039	12,543	9,075	21,618
SWIMMING POOLS/BATHING (360)	2.50	404	1,316	28,191	34,589	42,465	38,243	76,068	67,420	143,488
BIOMEDICAL WASTE SERVICES (364)	0.00	0	0	0	0	0	0	0	0	0
TANNING FACILITY SERVICES (369)	0.06	14	33	1,049	735	906	808	2,609	889	3,498
<b>Group Total</b>	<b>4.69</b>	<b>753</b>	<b>2,344</b>	<b>64,340</b>	<b>70,907</b>	<b>87,100</b>	<b>78,352</b>	<b>165,067</b>	<b>135,632</b>	<b>300,699</b>
<b>Groundwater Contamination</b>										
STORAGE TANK COMPLIANCE (355)	0.00	0	0	0	0	0	0	0	0	0
SUPER ACT SERVICE (356)	0.13	29	39	677	800	982	883	3,050	292	3,342
<b>Group Total</b>	<b>0.13</b>	<b>29</b>	<b>39</b>	<b>677</b>	<b>800</b>	<b>982</b>	<b>883</b>	<b>3,050</b>	<b>292</b>	<b>3,342</b>
<b>Community Hygiene</b>										
TATTOO FACILITIES SERVICES	0.00	0	0	0	0	0	0	0	0	0
COMMUNITY ENVIR. HEALTH (345)	0.00	0	0	162	83	103	92	0	440	440
INJURY PREVENTION (346)	0.00	0	0	1,297	1,285	1,516	1,485	5,000	583	5,583
LEAD MONITORING SERVICES (350)	0.00	0	0	0	0	0	0	0	0	0
PUBLIC SEWAGE (362)	0.00	0	0	0	0	0	0	0	0	0
SOLID WASTE DISPOSAL (363)	0.00	0	0	0	0	0	0	0	0	0
SANITARY NUISANCE (365)	0.33	69	178	5,531	2,381	2,937	2,619	0	13,468	13,468
RABIES SURVEILLANCE/CONTROL SERVICES (366)	1.97	520	1,306	26,227	28,812	35,326	31,903	0	122,268	122,268
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
INDOOR AIR (371)	0.00	0	0	0	0	0	0	0	0	0
RADIOLOGICAL HEALTH (372)	0.00	0	0	0	0	0	0	0	0	0
TOXIC SUBSTANCES (373)	0.00	0	0	0	0	0	0	0	0	0
<b>Group Total</b>	<b>2.30</b>	<b>589</b>	<b>1,484</b>	<b>33,217</b>	<b>32,561</b>	<b>39,882</b>	<b>36,099</b>	<b>5,000</b>	<b>136,759</b>	<b>141,759</b>
<b>ENVIRONMENTAL HEALTH SUBTOTAL</b>	<b>11.10</b>	<b>2,576</b>	<b>6,134</b>	<b>159,885</b>	<b>160,750</b>	<b>197,134</b>	<b>177,956</b>	<b>376,782</b>	<b>318,943</b>	<b>695,725</b>
<b>D. NON-OPERATIONAL COSTS:</b>										
NON-OPERATIONAL COSTS (599)	0.00	0	0	0	0	0	0	0	0	0
ENVIRONMENTAL HEALTH SURCHARGE (399)	0.00	0	0	4,274	5,399	6,298	6,298	22,269	0	22,269
MEDICAID BUYBACK (611)	0.00	0	0	0	5,412	6,314	6,314	18,040	0	18,040
<b>NON-OPERATIONAL COSTS SUBTOTAL</b>	<b>0.00</b>	<b>0</b>	<b>0</b>	<b>4,274</b>	<b>10,811</b>	<b>12,612</b>	<b>12,612</b>	<b>40,309</b>	<b>0</b>	<b>40,309</b>
<b>TOTAL CONTRACT</b>	<b>114.35</b>	<b>32,915</b>	<b>331,747</b>	<b>1,887,180</b>	<b>1,808,549</b>	<b>2,209,979</b>	<b>2,009,980</b>	<b>3,460,728</b>	<b>4,454,960</b>	<b>7,915,688</b>

**ATTACHMENT II.**

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

**October 1, 2014 to September 30, 2015**

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>1. GENERAL REVENUE - STATE</b>					
015040 AIDS PATIENT CARE	100,000	0	100,000	0	100,000
015040 AIDS PREVENTION & SURVEILLANCE - GENERAL REVENUE	20,920	0	20,920	0	20,920
015040 CHD - TB COMMUNITY PROGRAM	40,033	0	40,033	0	40,033
015040 DENTAL SPECIAL INITIATIVE PROJECTS	7,075	0	7,075	0	7,075
015040 FAMILY PLANNING GENERAL REVENUE	47,880	0	47,880	0	47,880
015040 SCHOOL HEALTH SERVICES - GENERAL REVENUE	177,240	0	177,240	0	177,240
015050 CHD GENERAL REVENUE NON-CATEGORICAL	1,230,408	0	1,230,408	0	1,230,408
<b>GENERAL REVENUE TOTAL</b>	<b>1,623,556</b>	<b>0</b>	<b>1,623,556</b>	<b>0</b>	<b>1,623,556</b>
<b>2. NON GENERAL REVENUE - STATE</b>					
015010 STATE UNDERGROUND PETROLEUM RESPONSE ACT	3,050	0	3,050	0	3,050
015010 TOBACCO STATE AND COMMUNITY INTERVENTIONS	154,172	0	154,172	0	154,172
015010 TROPICAL STORM ISAAC 2012	252	0	252	0	252
<b>NON GENERAL REVENUE TOTAL</b>	<b>157,474</b>	<b>0</b>	<b>157,474</b>	<b>0</b>	<b>157,474</b>
<b>3. FEDERAL FUNDS - State</b>					
007000 AIDS DRUG ASSISTANCE PROGRAM ADMIN	16,477	0	16,477	0	16,477
007000 BIOTERRORISM HOSPITAL PREPAREDNESS	25,271	0	25,271	0	25,271
007000 COASTAL BEACH WATER QUALITY MONITORING	13,267	0	13,267	0	13,267
007000 COMPREHENSIVE COMMUNITY CARDIO - PHBG	43,056	0	43,056	0	43,056
007000 POPULATION BASED BIRTH DEFECTS SURV PROGRAM	1,373	0	1,373	0	1,373
007000 FAMILY PLANNING TITLE X - GRANT	84,286	0	84,286	0	84,286
007000 DENTAL SPECIAL PROJECTS MCHBG	21,850	0	21,850	0	21,850
007000 IMMUNIZATION ACTION PLAN	27,900	0	27,900	0	27,900
007000 INJURY SURVEILLANCE & PREVENTION GRANT	5,000	0	5,000	0	5,000
007000 MCH SPECIAL PRJCT UNPLANNED PREGNANCY	32,126	0	32,126	0	32,126
007000 MCH SPECIAL PROJECTS DENTAL	38,200	0	38,200	0	38,200
007000 PHP PUBLIC HEALTH PREPAREDNESS BASE ALLOC	115,920	0	115,920	0	115,920
007000 PHP-PREPAREDNESS CARRY FORWARD	14,000	0	14,000	0	14,000
007000 TEENAGE PREGNANCY PREVENTION REPLICATION	57,931	0	57,931	0	57,931
007000 WIC BREASTFEEDING PEER COUNSELING PROG	40,392	0	40,392	0	40,392
007000 WIC PROGRAM ADMINISTRATION	821,816	0	821,816	0	821,816
015075 INSPECTIONS OF SUMMER FEEDING PROGRAM - DOE	1,089	0	1,089	0	1,089
<b>FEDERAL FUNDS TOTAL</b>	<b>1,359,954</b>	<b>0</b>	<b>1,359,954</b>	<b>0</b>	<b>1,359,954</b>
<b>4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE</b>					
001020 CHD STATEWIDE ENVIRONMENTAL FEES	125,138	0	125,138	0	125,138
001092 CHD STATEWIDE ENVIRONMENTAL FEES	134,688	0	134,688	0	134,688
001206 DRINKING WATER PROGRAM OPERATIONS	63	0	63	0	63
001206 MOBILE HOME & RV PARK FEES	1,141	0	1,141	0	1,141
001206 ON SITE SEWAGE DISPOSAL PERMIT FEES	8,820	0	8,820	0	8,820
001206 ONSITE SEWAGE TRAINING CENTER	1,420	0	1,420	0	1,420
001206 PUBLIC SWIMMING POOL PERMIT FEES-10% HQ TRANSFER	6,752	0	6,752	0	6,752
001206 SANITATION CERTIFICATES (FOOD INSPECTION)	2,443	0	2,443	0	2,443
001206 SEPTIC TANK RESEARCH SURCHARGE	1,155	0	1,155	0	1,155
001206 TANNING FACILITIES	475	0	475	0	475

**ATTACHMENT II.**

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

October 1, 2014 to September 30, 2015

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL</b>	282,095	0	282,095	0	282,095
<b>5. OTHER CASH CONTRIBUTIONS - STATE</b>					
090001 DRAW DOWN FROM PUBLIC HEALTH UNIT	35,824	0	35,824	0	35,824
<b>OTHER CASH CONTRIBUTIONS TOTAL</b>	35,824	0	35,824	0	35,824
<b>6. MEDICAID - STATE/COUNTY</b>					
001059 LOW INCOME POOL AHCA PRIMARY CARE	0	1,051,415	1,051,415	0	1,051,415
001059 LOW INCOME POOL ALLOCATION MNGD BY DOH	0	700,000	700,000	0	700,000
001078 CHD CLINIC FEES	0	5,550	5,550	0	5,550
001087 CHD CLINIC FEES	0	14,951	14,951	0	14,951
001082 CHD CLINIC FEES	0	47,760	47,760	0	47,760
001083 CHD CLINIC FEES	0	240,248	240,248	0	240,248
001193 CHD CLINIC FEES	0	11,514	11,514	0	11,514
001192 CHD CLINIC FEES	0	1,906	1,906	0	1,906
<b>MEDICAID TOTAL</b>	0	2,073,344	2,073,344	0	2,073,344
<b>7. ALLOCABLE REVENUE - STATE</b>					
018000 CHDTF UNRESTRICTED CASH RESERVE	1,800	0	1,800	0	1,800
038000 CHDTF UNRESTRICTED CASH RESERVE	25	0	25	0	25
<b>ALLOCABLE REVENUE TOTAL</b>	1,825	0	1,825	0	1,825
<b>8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE</b>					
ADAP	0	0	0	542,207	542,207
PHARMACY DRUG PROGRAM	0	0	0	81,814	81,814
WIC PROGRAM	0	0	0	3,349,198	3,349,198
BUREAU OF PUBLIC HEALTH LABORATORIES	0	0	0	48,887	48,887
IMMUNIZATIONS	0	0	0	616,542	616,542
<b>OTHER STATE CONTRIBUTIONS TOTAL</b>	0	0	0	4,638,648	4,638,648
<b>9. DIRECT LOCAL CONTRIBUTIONS - BCC/TAX DISTRICT</b>					
008034 CHD LOCAL REVENUE & EXPENDITURES	0	601,661	601,661	0	601,661
<b>DIRECT COUNTY CONTRIBUTION TOTAL</b>	0	601,661	601,661	0	601,661
<b>10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY</b>					
001077 CHD CLINIC FEES	0	97,518	97,518	0	97,518
001114 VITAL STATISTICS CERTIFIED RECORDS	0	46,656	46,656	0	46,656
001094 CHD STATEWIDE ENVIRONMENTAL FEES	0	149,782	149,782	0	149,782
001117 VITAL STATISTICS CERTIFIED RECORDS	0	3,888	3,888	0	3,888
001115 VITAL STATISTICS CERTIFIED RECORDS	0	126,288	126,288	0	126,288
001073 CO-PAY FOR THE AIDS CARE PROGRAM	0	56,529	56,529	0	56,529
<b>FEES AUTHORIZED BY COUNTY TOTAL</b>	0	480,661	480,661	0	480,661
<b>11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY</b>					
001009 CHD CLINIC FEES	0	2,675	2,675	0	2,675
001029 CHD CLINIC FEES	0	765,271	765,271	0	765,271
001090 CHD CLINIC FEES	0	5,644	5,644	0	5,644

**ATTACHMENT II.**

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

October 1, 2014 to September 30, 2015

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY</b>					
004010 CHD CLINIC FEES	0	35	35	0	35
005041 CHD LOCAL REVENUE & EXPENDITURES	0	4,900	4,900	0	4,900
007010 RYAN WHITE PART C - DIRECT TO CHD	0	353,618	353,618	0	353,618
011001 HEALTHY START DATA MANAGEMENT	0	3,940	3,940	0	3,940
012020 CHD STATEWIDE ENVIRONMENTAL FEES	0	500	500	0	500
090002 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	160,886	160,886	0	160,886
<b>OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>1,297,469</b>	<b>1,297,469</b>	<b>0</b>	<b>1,297,469</b>
<b>12. ALLOCABLE REVENUE - COUNTY</b>					
018000 COUNTY FOR REFUNDS	0	1,825	1,825	0	1,825
<b>COUNTY ALLOCABLE REVENUE TOTAL</b>	<b>0</b>	<b>1,825</b>	<b>1,825</b>	<b>0</b>	<b>1,825</b>
<b>13. BUILDINGS - COUNTY</b>					
ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	440,412	440,412
JANITORIAL SERVICES	0	0	0	74,000	74,000
<b>BUILDINGS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>514,412</b>	<b>514,412</b>
<b>14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY</b>					
<b>OTHER COUNTY CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>GRAND TOTAL CHD PROGRAM</b>	<b>3,460,728</b>	<b>4,454,960</b>	<b>7,915,688</b>	<b>5,153,060</b>	<b>13,068,748</b>

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

February 16, 2015

The Honorable Nathan Boyles, Chairman  
Okaloosa Board of County Commissioners  
302 N Wilson Street, Suite 203  
Crestview, FL 32536

**CONTRACT #C97-0025-HD**  
**FLORIDA DEPT OF HEALTH**  
**OPERATING AGREEMENT (FUNDING)**  
**EXPIRES: 09/30/2015**

Dear Chairman Boyles:

Enclosed is the report of activities and expenditures of the Florida Department of Health in Okaloosa County for the periods October 1, 2014 through December 31, 2014. Chapter 154, F.S., and the contract between the Department of Health and Okaloosa County require these reports be submitted on a quarterly basis.

These reports are made up of the following sub-reports produced by the Department's Contract Management System.

1. DE 385 – "Contract Management Variance Report" which compares the planned services, clients/units, FTEs and expenditures with actual figures.
2. DE 580 – "Analysis of Fund Equities" shows total CHD year-to-date revenues, expenditures, beginning cash balance and year-to-date equity. In accordance with Chapter 154, this report also splits cash balances/equity into state and county components.

If you have any questions, please feel free to contact Susan Wagner at 833-9233 extension 2137.

Sincerely,

A handwritten signature in blue ink that reads "Karen A. Chapman, M.D., M.P.H.".

Karen A. Chapman, M.D., M.P.H.  
Director

Enclosure(s)

Cc: Beth Benton, Bureau of Budget Management

**Florida Department of Health County Health Department**  
**Contract Management System**  
**Variance Report**  
**Okaloosa CHD for Report Period 10/2014 to 12/2014**

Run date: 01/16/2015

Program Component / Title	F T E S			Clients or Units			Visits or Services			Expenditures		
	Reported	Planned	Percent Variance	Reported	Planned	Percent Variance	Reported	Planned	Percent Variance	Reported	Planned	Percent Variance
1 Immunization	3.52	3.22	9.32	1,115	1,050	6.19	1,345	1,258	6.92	\$51,313	\$49,085	4.54
2 Sexually Trans. Dis.	7.46	8.50	-12.24	382	464	-21.98	591	753	-21.51	\$106,959	\$110,518	-3.22
3 AIDS	7.99	7.36	8.56	58	115	-40.87	919	981	-6.32	\$158,843	\$146,994	8.74
4 Tuberculosis	0.83	0.55	50.91	11	4	175.00	253	35	622.86	\$21,563	\$20,552	4.92
6 Comm. Dis. Surv.	4.55	3.26	39.57	0	0		609	200	204.50	\$43,809	\$43,546	0.14
9 Hepatitis	0.02	0.00		11	0		22	0		\$271	\$0	
16 Preparedness and Response	5.24	4.79	9.39	0	0		0	25	-100.00	\$113,830	\$113,396	0.38
18 Refugee Health	0.00	0.00		0	0		0	0		\$0	\$0	
80 Vital Records	2.48	2.64	-6.06	1,898	2,121	-10.51	5,036	4,584	9.86	\$32,242	\$33,080	-2.53
<b>Communicable Disease Total</b>	<b>32.09</b>	<b>30.32</b>	<b>5.84</b>	<b>3,465</b>	<b>3,754</b>	<b>-7.70</b>	<b>8,775</b>	<b>7,836</b>	<b>11.98</b>	<b>\$529,631</b>	<b>\$517,171</b>	<b>2.41</b>
10 Chronic Disease Prevention Pro	1.12	0.49	128.57	2,151	49	4289.80	48	8	500.00	\$17,398	\$16,594	4.84
12 Tobacco Use Intervention	2.99	2.49	20.08	0	0		35	92	-61.96	\$50,817	\$49,245	2.79
21 WIC	18.85	21.55	-12.53	5,158	1,643	213.82	18,344	14,043	30.63	\$254,938	\$280,755	-9.20
23 Family Planning	11.74	13.09	-10.31	742	948	-21.73	1,887	1,870	-8.79	\$188,929	\$203,336	-7.09
25 Improved Pregnancy Outcome	0.00	0.00		0	0		0	0		\$0	\$0	
27 Healthy Start Prenatal	0.25	0.30	-16.87	1	10	-90.00	1	27	-96.30	\$1,759	\$1,749	0.56
29 Comprehensive Child Health	0.74	0.41	80.49	86	88	-2.27	120	110	9.09	\$10,120	\$9,905	2.17
31 Healthy Start Child	0.01	0.00		0	0		0	0		(\$30)	\$0	
34 School Health	4.36	5.04	-13.49	0	0		44,025	54,235	-18.83	\$65,395	\$68,251	-4.19
37 Comprehensive Adult Health	13.46	17.04	-21.01	414	492	-15.85	1,785	1,471	21.35	\$285,692	\$307,073	-6.96
38 Community Health Development	2.05	3.15	-34.92	0	0		173	287	-39.72	\$48,392	\$61,936	-8.82
40 Dental Health	10.27	9.37	9.81	632	600	5.33	1,405	1,426	-1.47	\$224,199	\$217,006	3.31
<b>Primary Care Total</b>	<b>65.84</b>	<b>72.93</b>	<b>-9.72</b>	<b>9,182</b>	<b>3,830</b>	<b>139.74</b>	<b>67,623</b>	<b>73,569</b>	<b>-8.08</b>	<b>\$1,147,406</b>	<b>\$1,205,850</b>	<b>-4.85</b>
Water & Onsite Sewage	3.67	3.98	-7.79	220	301	-26.91	466	566	-17.87	\$60,906	\$61,651	-1.21
Facility Programs	4.67	4.69	-0.43	162	188	-13.83	577	586	-1.54	\$59,711	\$64,340	-7.19
Groundwater Contamination Program	0.04	0.13	-69.23	9	7	28.57	11	10	10.00	\$794	\$677	17.27
Community Hygiene	2.33	2.30	1.30	157	147	6.80	392	370	5.95	\$32,056	\$33,217	-3.49
<b>Environmental Health Total</b>	<b>10.71</b>	<b>11.10</b>	<b>-3.51</b>	<b>548</b>	<b>643</b>	<b>-14.77</b>	<b>1,446</b>	<b>1,532</b>	<b>-6.61</b>	<b>\$153,468</b>	<b>\$169,885</b>	<b>-4.01</b>
<b>Grand Total</b>	<b>108.64</b>	<b>114.35</b>	<b>-4.99</b>	<b>13,195</b>	<b>8,227</b>	<b>60.39</b>	<b>77,844</b>	<b>82,937</b>	<b>-6.14</b>	<b>\$1,830,506</b>	<b>\$1,882,906</b>	<b>-2.78</b>



**Florida Department of Health County Health Department**  
**Contract Management System**  
**Analysis of Fund Equities**  
**Okaloosa County for Report Period 7/2014 to 12/2014**  
Run date: 01/05/2015

	State	County	Total
Fund Balance 07/14	\$62,851.81	(\$1,111,511.52)	(\$1,048,659.71)
Revenue Contract - YTD			
<b>Communicable Disease</b>			
001009 Debit Memo - Bad Checks	\$0.00	\$269.01	\$269.01
001010 Recovery of Bad Checks	\$0.00	(\$679.82)	(\$679.82)
001029 3rd Party Reimbursements	\$0.00	(\$26,073.37)	(\$26,073.37)
001073 Co-Pay for the AIDS Care Program	\$0.00	(\$34,921.73)	(\$34,921.73)
001077 Clinic Fee - County	\$0.00	(\$13,562.31)	(\$13,562.31)
001078 MEDICAID ADMINISTRATION OF VACCINE	\$0.00	(\$4,050.00)	(\$4,050.00)
001087 MEDICAID STD	\$0.00	(\$15,378.58)	(\$15,378.58)
001089 MEDICAID AIDS	\$0.00	\$0.00	\$0.00
001114 Vital Statistics - Birth Certificate	\$0.00	(\$23,724.00)	(\$23,724.00)
001115 Vital Statistics - Death Certificate	\$0.00	(\$63,350.00)	(\$63,350.00)
001117 Vital Statistics - Administrative Fee	\$0.00	(\$1,977.00)	(\$1,977.00)
004010 Cash Overage Shortage	\$0.00	(\$4.49)	(\$4.49)
005041 Interest Earned - State Investment Account	\$0.00	(\$1,653.43)	(\$1,653.43)
007000 Federal Grants	(\$93,229.87)	\$0.00	(\$93,229.87)
007010 U.S. Grants - Direct to CHD	\$0.00	(\$147,187.30)	(\$147,187.30)
008034 BCC Contribution from General Fund	\$0.00	(\$135,770.80)	(\$135,770.80)
011000 Grants and Donations	\$0.00	\$0.00	\$0.00
012021 Service Charge on Returned Check	\$0.00	(\$74.69)	(\$74.69)
015010 Transfers Within Agency	(\$252.00)	\$0.00	(\$252.00)
015040 CATEGORICAL GENERAL REVENUE	(\$80,478.00)	\$0.00	(\$80,478.00)
015050 NON CATEGORICAL GENERAL REVENUE	(\$311,802.88)	\$0.00	(\$311,802.88)
018000 Refunds	(\$738.57)	(\$914.67)	(\$1,653.24)
<b>Communicable Disease Subtotal</b>	<b>(\$486,501.32)</b>	<b>(\$469,053.18)</b>	<b>(\$955,554.51)</b>
<b>Primary Care</b>			
001009 Debit Memo - Bad Checks	\$0.00	\$227.29	\$227.29
001010 Recovery of Bad Checks	\$0.00	(\$574.40)	(\$574.40)
001029 3rd Party Reimbursements	\$0.00	(\$397,257.59)	(\$397,257.59)
001059 Medicaid Low Income Pool	\$0.00	(\$736,855.00)	(\$736,855.00)
001077 Clinic Fee - County	\$0.00	(\$34,755.75)	(\$34,755.75)
001082 MEDICAID DENTAL	\$0.00	(\$41,219.22)	(\$41,219.22)
001083 Medicaid-Family Planning	\$0.00	(\$124,827.92)	(\$124,827.92)
001090 Medicare - Part B	\$0.00	(\$2,511.25)	(\$2,511.25)
001192 MEDICAID COMPREHENSIVE CHILD	\$0.00	(\$2,712.06)	(\$2,712.06)
001193 MEDICAID COMPREHENSIVE ADULT	\$0.00	(\$14,230.33)	(\$14,230.33)
004010 Cash Overage Shortage	\$0.00	(\$3.79)	(\$3.79)
005041 Interest Earned - State Investment Account	\$0.00	(\$1,397.02)	(\$1,397.02)
007000 Federal Grants	(\$526,201.86)	\$0.00	(\$526,201.86)
008034 BCC Contribution from General Fund	\$0.00	(\$114,715.47)	(\$114,715.47)
011001 Healthy Start Coalition	\$0.00	(\$1,436.10)	(\$1,436.10)
012021 Service Charge on Returned Check	\$0.00	(\$63.11)	(\$63.11)
015010 Transfers Within Agency	(\$77,086.00)	\$0.00	(\$77,086.00)
015040 CATEGORICAL GENERAL REVENUE	(\$116,098.00)	\$0.00	(\$116,098.00)
015050 NON CATEGORICAL GENERAL REVENUE	(\$250,890.91)	\$0.00	(\$250,890.91)
018000 Refunds	(\$499.42)	(\$947.26)	(\$1,446.67)
<b>Primary Care Subtotal</b>	<b>(\$970,776.18)</b>	<b>(\$1,473,278.97)</b>	<b>(\$2,444,055.16)</b>

**Florida Department of Health County Health Department**  
**Contract Management System**  
**Analysis of Fund Equities**  
**Okaloosa County for Report Period 7/2014 to 12/2014**  
 Run date: 01/05/2015

	State	County	Total
<b>Environmental Health</b>			
001009 Debit Memo - Bad Checks	\$0.00	\$99.75	\$99.75
001010 Recovery of Bad Checks	\$0.00	(\$252.08)	(\$252.08)
001020 Environmental Health Permits	(\$58,375.38)	\$0.00	(\$58,375.38)
001092 Environmental Health Fee - State	(\$56,559.80)	\$0.00	(\$56,559.80)
001094 Environmental Health Fee - County	\$0.00	(\$58,297.75)	(\$58,297.75)
001170 Chemical Analysis Lab Fee	(\$102.00)	\$0.00	(\$102.00)
004010 Cash Coverage Shortage	\$0.00	(\$1.67)	(\$1.67)
005041 Interest Earned - State Investment Account	\$0.00	(\$613.10)	(\$613.10)
007000 Federal Grants	(\$13,353.37)	\$0.00	(\$13,353.37)
008034 BCC Contribution from General Fund	\$0.00	(\$50,344.19)	(\$50,344.19)
012020 Fines and Forfeitures	\$0.00	(\$500.00)	(\$500.00)
012021 Service Charge on Returned Check	\$0.00	(\$27.70)	(\$27.70)
015010 Transfers Within Agency	(\$1,019.00)	\$0.00	(\$1,019.00)
015050 NON CATEGORICAL GENERAL REVENUE	(\$53,683.21)	\$0.00	(\$53,683.21)
015075 Transfer of Federal Grant from Another Agency	(\$1,089.00)	\$0.00	(\$1,089.00)
018000 Refunds	(\$95.76)	(\$229.57)	(\$325.33)
<b>Environmental Health Subtotal</b>	<b>(\$184,277.52)</b>	<b>(\$108,166.30)</b>	<b>(\$292,443.82)</b>
<b>Unallocated Revenue</b>			
008034 BCC Contribution from General Fund	\$0.00	\$0.00	\$0.00
<b>Unallocated Revenue Subtotal</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Non-Operating</b>			
	(\$10,970.91)	(\$6,443.22)	(\$17,414.13)
001206 Central Office Surcharge	(\$9,743.82)	\$0.00	(\$9,743.82)
<b>Non-Operating Subtotal</b>	<b>(\$20,714.73)</b>	<b>(\$6,443.22)</b>	<b>(\$27,157.95)</b>
<b>Total Revenue</b>	<b>(\$1,662,269.75)</b>	<b>(\$2,055,941.68)</b>	<b>(\$3,719,211.43)</b>
<b>Expenditures Contract - YTD</b>			
Communicable Disease	\$511,426.86	\$560,509.78	\$1,071,936.63
Primary Care	\$990,832.42	\$1,406,841.09	\$2,397,674.41
Environmental Health	\$176,042.04	\$142,849.56	\$318,891.61
Non-Operating	\$10,196.02	\$0.00	\$10,196.02
<b>Total Expenditures</b>	<b>\$1,688,497.34</b>	<b>\$2,110,201.33</b>	<b>\$3,798,698.67</b>
<b>Change in Fund Balance</b>	<b>\$26,228</b>	<b>\$63,260</b>	<b>\$79,487</b>
<b>Ending Equity Balance</b>	<b>\$89,079</b>	<b>(\$1,058,252)</b>	<b>(\$969,172)</b>

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

November 12, 2014

The Honorable Charles K. Windes Jr., Chairman  
Okaloosa Board of County Commissioners  
302 N Wilson Street, Suite 203  
Crestview, FL 32536

Dear Chairman Windes:

Enclosed is the report of activities and expenditures of the Florida Department of Health in Okaloosa County for the periods October 1, 2013 through September 30, 2014. Chapter 154, F.S., and the contract between the Department of Health and Okaloosa County require these reports be submitted on a quarterly basis.

These reports are made up of the following sub-reports produced by the Department's Contract Management System.

1. DE 385 – "Contract Management Variance Report" which compares the planned services, clients/units, FTEs and expenditures with actual figures.
2. DE 580 – "Analysis of Fund Equities" shows total CHD year-to-date revenues, expenditures, beginning cash balance and year-to-date equity. In accordance with Chapter 154, this report also splits cash balances/equity into state and county components.

If you have any questions, please feel free to contact Susan Wagner at 833-9233 extension 2137.

Sincerely,

A handwritten signature in black ink that reads "Karen A. Chapman for KAC". The signature is written in a cursive, flowing style.

Karen A. Chapman, M.D., M.P.H.  
Director

Enclosure(s)

**CONTRACT # C97-0025-HD**  
**FLORIDA DEPARTMENT OF HEALTH**  
**OKALOOSA CO. HEALTH OPERATION FUNDING**  
**EXPIRES: 09/30/2015**


## Harty, Donna L

---

**From:** Chapman, Karen A  
**Sent:** Wednesday, November 05, 2014 11:45 AM  
**To:** DL CHD46 Steering Committee; Harty, Donna L; John Hofstad; DVillani; Tracey Vause; Mitch Mongeli (Mitch.Mongelli@hcahealthcare.com); M. D. Tama Van Decar (Tama.VanDecar@hcahealthcare.com); 'Holly.McGucken@hcahealthcare.com'; 'Fuller, David'; Lida Deonarine; Perez, Nina; David.Whalen@HCAHealthcare.com; 'Wendy.Borcyk@hcahealthcare.com'; Shaun.Lampron@HCAHealthcare.com; Al McDonough (amcdonough@sheriff-okaloosa.org); Myers, Paul D; Jackson, Mary Beth  
**Cc:** Lanza, John J; Holt, Holly  
**Subject:** Okaloosa Delegation of Authority  
**Attachments:** Carrie Ziegler2.vcf; D O Sally Cooper.vcf

Dear Colleagues and Staff,

I am on annual leave Nov 6-17. I will return to the office on Nov 18. In my absence, Carrie Ziegler, Assistant Director, is the delegated authority including signatory. Carrie's contact information is attached:

	<p><b>Carrie Ziegler</b> DOH Assistant County Health Departm... OKALOOSA COUNTY HEALTH DE... (850) 833-9240 x 2104 Work (850) 833-9233 x 2104 Work (850) 461-1108 Mobile (850) 729-7024 Home (850) 362-9815 Other Carolyn.Ziegler@flhealth.gov</p>
--	--

Dr. Sally Cooper is the delegated medical authority during my absence. Dr. Cooper's contact information is attached:

<p><b>D. O. Sally Cooper</b> CHD Medical Director OKALOOSA COUNTY HEALTH DEPARTME... (850) 833-9240 x 2388 Work (850) 833-9240 x 2256 Work (850) 499-2621 Mobile (850) 729-3253 Home Sally.Cooper@flhealth.gov mscooper@cox.net</p>
---

I leave you in highly competent and good hands!

Karen A. Chapman, MD, MPH  
Director  
Florida Department of Health  
Okaloosa County  
New email address: [Karen.Chapman@flhealth.gov](mailto:Karen.Chapman@flhealth.gov)  
[www.HealthyOkaloosa.com](http://www.HealthyOkaloosa.com)

Florida Department of Health County Health Department

Contract Management System

Variance Report

Okaloosa CHD for Report Period 10/2013 to 9/2014

Run date: 10/16/2014

Program Component / Title	F T E S			Clients or Units			Visits or Services			Expenditures		
	Reported	Planned	Percent Variance	Reported	Planned	Percent Variance	Reported	Planned	Percent Variance	Reported	Planned	Percent Variance
1 Immunization	3.92	3.90	0.51	4,226	3,891	8.61	5,091	4,566	11.50	\$203,696	\$204,797	-0.54
2 Sexually Trans. Dis.	9.05	8.69	4.14	1,796	1,802	-0.33	2,940	2,924	0.55	\$536,896	\$541,864	-0.92
3 AIDS	8.43	7.91	6.57	454	375	21.07	3,854	2,939	24.33	\$603,324	\$684,490	3.22
4 Tuberculosis	2.58	2.23	15.70	61	111	-45.05	562	225	149.78	\$82,220	\$101,494	-18.99
6 Comm. Dis. Surv.	6.07	6.43	-5.60	0	0		1,394	1,557	-10.47	\$226,355	\$220,899	2.47
9 Hepatitis	0.05	0.04	25.00	15	40	-62.50	16	9	77.78	\$723	\$1,202	-39.83
16 Preparedness and Response	4.48	3.89	15.17	0	0		100	154	-35.06	\$332,297	\$308,356	7.76
18 Refugee Health	0.00	0.00		0	0		0	0		\$132	\$181	-27.11
80 Vital Records	3.44	2.60	32.31	8,349	8,474	-1.48	18,539	20,799	-10.87	\$113,095	\$117,330	-3.61
<b>Communicable Disease Total</b>	<b>35.02</b>	<b>35.69</b>	<b>6.53</b>	<b>14,901</b>	<b>14,693</b>	<b>1.42</b>	<b>32,296</b>	<b>33,173</b>	<b>-2.64</b>	<b>\$2,098,737</b>	<b>\$2,080,613</b>	<b>0.87</b>
10 Chronic Disease Prevention Pro	1.13	0.45	151.11	1,447	0		69	69	16.95	\$46,179	\$33,087	39.57
12 Tobacco Use Intervention	2.77	2.13	30.05	0	0		394	410	-3.90	\$184,948	\$171,744	7.69
21 WIC	25.63	25.08	1.79	6,072	7,896	-23.10	58,235	62,832	-7.32	\$1,128,865	\$1,144,603	-1.37
23 Family Planning	12.85	13.85	-7.22	3,570	3,641	-1.95	7,067	7,169	-1.42	\$810,596	\$780,155	3.90
25 Improved Pregnancy Outcome	0.00	0.00		0	0		0	0		\$0	\$0	
27 Healthy Start Prenatal	6.15	4.80	28.13	136	176	-22.29	390	699	-44.21	\$103,237	\$112,695	-8.39
29 Comprehensive Child Health	0.78	0.40	85.00	319	444	-28.15	394	541	-27.17	\$29,453	\$19,267	52.71
31 Healthy Start Child	1.82	1.25	45.60	41	132	-68.94	186	478	-61.09	\$19,116	\$22,454	-14.86
34 School Health	4.72	4.55	3.74	0	0		154,609	210,584	-26.58	\$299,939	\$325,528	-7.86
37 Comprehensive Adult Health	17.60	17.49	0.63	1,958	1,905	2.78	6,156	5,996	2.67	\$1,573,039	\$1,604,781	-1.98
38 Community Health Development	3.08	1.80	71.11	0	0		896	344	160.47	\$263,588	\$231,744	13.74
40 Dental Health	10.19	7.99	27.53	2,056	1,941	5.92	5,121	5,055	1.31	\$740,072	\$675,979	9.48
<b>Primary Care Total</b>	<b>86.62</b>	<b>79.79</b>	<b>8.56</b>	<b>15,599</b>	<b>16,134</b>	<b>-3.32</b>	<b>233,517</b>	<b>294,167</b>	<b>-20.62</b>	<b>\$5,199,033</b>	<b>\$5,122,057</b>	<b>1.50</b>
Water & Onsite Sewage	4.26	4.72	-9.75	1,209	1,306	-7.43	2,272	2,318	-1.98	\$267,490	\$274,945	-2.71
Facility Programs	5.83	5.70	2.28	831	833	-0.24	2,620	2,696	0.92	\$297,577	\$317,142	-6.17
Groundwater Contamination Program	0.20	0.20	0.00	26	27	-3.70	35	31	12.90	\$8,587	\$11,836	-27.45
Community Hygiene	2.72	2.05	32.68	623	611	1.96	1,573	1,549	1.55	\$146,908	\$147,675	-0.52
<b>Environmental Health Total</b>	<b>13.01</b>	<b>12.67</b>	<b>2.68</b>	<b>2,689</b>	<b>2,777</b>	<b>-3.17</b>	<b>6,500</b>	<b>6,494</b>	<b>0.09</b>	<b>\$720,561</b>	<b>\$751,598</b>	<b>-4.13</b>
<b>Grand Total</b>	<b>137.65</b>	<b>128.15</b>	<b>7.41</b>	<b>33,189</b>	<b>33,604</b>	<b>-1.23</b>	<b>272,313</b>	<b>333,834</b>	<b>-18.43</b>	<b>\$8,018,331</b>	<b>\$7,954,268</b>	<b>0.81</b>

**Florida Department of Health County Health Department**

**Contract Management System**

**Analysis of Fund Equities**

**Okaloosa County for Report Period 7/2014 to 9/2014**

Run date: 10/05/2014

	State	County	Total
Fund Balance 07/14	(\$141,660.19)	(\$906,999.52)	(\$1,048,659.71)
Revenue Contract - YTD			
<b>Communicable Disease</b>			
001009 Debit Memo - Bad Checks	\$0.00	(\$189.43)	(\$189.43)
001029 3rd Party Reimbursements	\$0.00	(\$10,632.91)	(\$10,632.91)
001073 Co-Pay for the AIDS Care Program	\$0.00	(\$13,802.61)	(\$13,802.61)
001077 Clinic Fee - County	\$0.00	(\$7,480.24)	(\$7,480.24)
001078 MEDICAID ADMINISTRATION OF VACCINE	\$0.00	(\$2,775.00)	(\$2,775.00)
001087 MEDICAID STD	\$0.00	(\$7,476.03)	(\$7,476.03)
001089 MEDICAID AIDS	\$0.00	\$0.00	\$0.00
001114 Vital Statistics - Birth Certificate	\$0.00	(\$13,638.00)	(\$13,638.00)
001115 Vital Statistics - Death Certificate	\$0.00	(\$32,160.00)	(\$32,160.00)
001117 Vital Statistics - Administrative Fee	\$0.00	(\$1,136.50)	(\$1,136.50)
004010 Cash Overage Shortage	\$0.00	(\$2.63)	(\$2.63)
005041 Interest Earned - State Investment Account	\$0.00	(\$507.44)	(\$507.44)
007000 Federal Grants	(\$46,433.18)	\$0.00	(\$46,433.18)
007010 U.S. Grants - Direct to CHD	\$0.00	(\$70,903.18)	(\$70,903.18)
008034 BCC Contribution from General Fund	\$0.00	(\$39,573.05)	(\$39,573.05)
011000 Grants and Donations	\$0.00	\$0.00	\$0.00
012021 Service Charge on Returned Check	\$0.00	(\$11.97)	(\$11.97)
015010 Transfers Within Agency	(\$252.00)	\$0.00	(\$252.00)
015040 CATEGORICAL GENERAL REVENUE	(\$40,239.00)	\$0.00	(\$40,239.00)
015050 NON CATEGORICAL GENERAL REVENUE	(\$124,804.82)	\$0.00	(\$124,804.82)
018000 Refunds	(\$404.72)	(\$385.55)	(\$790.27)
<b>Communicable Disease Subtotal</b>	<b>(\$212,133.72)</b>	<b>(\$200,674.54)</b>	<b>(\$412,808.26)</b>
<b>Primary Care</b>			
001009 Debit Memo - Bad Checks	\$0.00	(\$479.89)	(\$479.89)
001029 3rd Party Reimbursements	\$0.00	(\$179,657.08)	(\$179,657.08)
001077 Clinic Fee - County	\$0.00	(\$19,642.50)	(\$19,642.50)
001082 MEDICAID DENTAL	\$0.00	(\$23,669.22)	(\$23,669.22)
001083 Medicaid-Family Planning	\$0.00	(\$60,062.30)	(\$60,062.30)
001090 Medicare - Part B	\$0.00	(\$1,411.05)	(\$1,411.05)
001192 MEDICAID COMPREHENSIVE CHILD	\$0.00	(\$953.04)	(\$953.04)
001193 MEDICAID COMPREHENSIVE ADULT	\$0.00	(\$5,756.67)	(\$5,756.67)
004010 Cash Overage Shortage	\$0.00	(\$6.67)	(\$6.67)
005041 Interest Earned - State Investment Account	\$0.00	(\$1,285.55)	(\$1,285.55)
007000 Federal Grants	(\$260,440.49)	\$0.00	(\$260,440.49)
008034 BCC Contribution from General Fund	\$0.00	(\$100,253.98)	(\$100,253.98)
011001 Healthy Start Coalition	\$0.00	(\$859.05)	(\$859.05)
012021 Service Charge on Returned Check	\$0.00	(\$30.33)	(\$30.33)
015010 Transfers Within Agency	(\$38,543.00)	\$0.00	(\$38,543.00)
015040 CATEGORICAL GENERAL REVENUE	(\$58,049.00)	\$0.00	(\$58,049.00)
015050 NON CATEGORICAL GENERAL REVENUE	(\$141,113.22)	\$0.00	(\$141,113.22)
018000 Refunds	(\$457.61)	(\$976.75)	(\$1,434.36)
<b>Primary Care Subtotal</b>	<b>(\$498,603.32)</b>	<b>(\$395,044.08)</b>	<b>(\$893,647.40)</b>
<b>Environmental Health</b>			
001009 Debit Memo - Bad Checks	\$0.00	(\$50.68)	(\$50.68)
001020 Environmental Health Permits	(\$37,941.96)	\$0.00	(\$37,941.96)

**Florida Department of Health County Health Department**  
**Contract Management System**  
**Analysis of Fund Equities**  
**Okaloosa County for Report Period 7/2014 to 9/2014**  
 Run date: 10/06/2014

	State	County	Total	
<b>Environmental Health</b>				
001092	Environmental Health Fee - State	(\$29,412.20)	\$0.00	(\$29,412.20)
001094	Environmental Health Fee - County	\$0.00	(\$36,755.25)	(\$36,755.25)
004010	Cash Overage Shortage	\$0.00	(\$0.70)	(\$0.70)
005041	Interest Earned - State Investment Account	\$0.00	(\$135.77)	(\$135.77)
007000	Federal Grants	(\$2,578.20)	\$0.00	(\$2,578.20)
008034	BCC Contribution from General Fund	\$0.00	(\$10,588.20)	(\$10,588.20)
012020	Fines and Forfeitures	\$0.00	(\$500.00)	(\$500.00)
012021	Service Charge on Returned Check	\$0.00	(\$3.20)	(\$3.20)
015010	Transfers Within Agency	(\$1,019.00)	\$0.00	(\$1,019.00)
015050	NON CATEGORICAL GENERAL REVENUE	(\$30,599.57)	\$0.00	(\$30,599.57)
018000	Refunds	(\$99.23)	(\$103.16)	(\$202.39)
<b>Environmental Health Subtotal</b>		<b>(\$101,650.16)</b>	<b>(\$48,136.97)</b>	<b>(\$149,787.13)</b>
<b>Unallocated Revenue</b>				
008034	BCC Contribution from General Fund	\$0.00	\$0.00	\$0.00
015050	NON CATEGORICAL GENERAL REVENUE	(\$13,637.39)	\$0.00	(\$13,637.39)
018000	Refunds	(\$44.22)	\$0.00	(\$44.22)
<b>Unallocated Revenue Subtotal</b>		<b>(\$13,681.61)</b>	<b>\$0.00</b>	<b>(\$13,681.61)</b>
<b>Non-Operating</b>				
		(\$10,970.91)	(\$6,443.22)	(\$17,414.13)
001206	Central Office Surcharge	(\$5,776.34)	\$0.00	(\$5,776.34)
<b>Non-Operating Subtotal</b>		<b>(\$16,747.25)</b>	<b>(\$6,443.22)</b>	<b>(\$23,190.47)</b>
<b>Total Revenue</b>		<b>(\$842,816.07)</b>	<b>(\$650,298.80)</b>	<b>(\$1,493,114.87)</b>
<b>Expenditures Contract - YTD</b>				
<b>Communicable Disease</b>		<b>\$212,133.73</b>	<b>\$330,172.22</b>	<b>\$542,305.94</b>
<b>Primary Care</b>		<b>\$474,655.19</b>	<b>\$775,611.16</b>	<b>\$1,250,266.36</b>
<b>Environmental Health</b>		<b>\$87,102.66</b>	<b>\$78,321.40</b>	<b>\$165,424.05</b>
<b>Non-Operating</b>		<b>\$6,072.76</b>	<b>\$0.00</b>	<b>\$6,072.76</b>
<b>Total Expenditures</b>		<b>\$779,964.34</b>	<b>\$1,184,104.77</b>	<b>\$1,964,069.11</b>
<b>Change in Fund Balance</b>		<b>(\$62,852)</b>	<b>\$533,806</b>	<b>\$470,954</b>
<b>Ending Equity Balance</b>		<b>(\$204,612)</b>	<b>(\$373,194)</b>	<b>(\$577,705)</b>

**CONTRACT BETWEEN  
OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS  
AND  
STATE OF FLORIDA DEPARTMENT OF HEALTH  
FOR OPERATION OF  
THE OKALOOSA COUNTY HEALTH DEPARTMENT  
CONTRACT YEAR 2014-2015**

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

**RECITALS**

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

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

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

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

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

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

2. TERM. The parties mutually agree that this Agreement shall be effective from October 1, 2014, through September 30, 2015, or until a written agreement replacing this Agreement is entered into between the parties, whichever is later, unless this Agreement is otherwise terminated pursuant to the termination provisions set forth in paragraph 8, below.

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

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

**CONTRACT #C97-0025-HD  
FLORIDA DEPT OF HEALTH  
OPERATING AGREEMENT (FUNDING)  
EXPIRES: 09/30/2015**



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

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

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

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

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

*i. The State's appropriated responsibility (direct contribution excluding any state fees, Medicaid contributions or any other funds not listed on the Schedule C) as provided in Attachment II, Part II is an amount not to exceed \$ 3,485,328 (State General Revenue, State Funds, Other State Funds and Federal Funds listed on the Schedule C). The State's obligation to pay under this contract is contingent upon an annual appropriation by the Legislature.*

*ii. The County's appropriated responsibility (direct contribution excluding any fees, other cash or local contributions) as provided in Attachment II, Part II is an amount not to exceed \$601,661 (amount listed under the "Board of County Commissioners Annual Appropriations section of the revenue attachment).*

b. Overall expenditures will not exceed available funding or budget authority, whichever is less, (either current year or from surplus trust funds) in any service category. Unless requested otherwise, any surplus at the end of the term of this Agreement in the

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

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

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

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

County Health Department Trust Fund  
Okaloosa County  
221 Hospital Dr NE  
Fort Walton Beach, FL 32548

5. CHD DIRECTOR/ADMINISTRATOR. Both parties agree the director/administrator of the CHD shall be a State employee or under contract with the State and will be under the day-to-day direction of the Deputy Secretary for Statewide Services. The director/administrator shall be selected by the State with the concurrence of the County. The director/administrator of the CHD shall ensure that non-categorical sources of funding are used to fulfill public health priorities in the community and the Long Range Program Plan. A report detailing the status of public health as measured by outcome measures and similar indicators will be sent by the CHD director/administrator to the parties no later than October 1 of each year (*This is the standard quality assurance "County Health Profile" report located on the Division of Public Health Statistics and Performance Management Intranet site*).

6. ADMINISTRATIVE POLICIES AND PROCEDURES. The parties hereto agree that the following standards should apply in the operation of the CHD:

a. The CHD and its personnel shall follow all State policies and procedures, except to the extent permitted for the use of county purchasing procedures as set forth in subparagraph b., below. All CHD employees shall be State or State-contract personnel subject to State personnel rules and procedures. Employees will report time in the Health Management System compatible format by program component as specified by the State.

b. The CHD shall comply with all applicable provisions of federal and state laws and regulations relating to its operation with the exception that the use of county purchasing procedures shall be allowed when it will result in a better price or service and no statewide Department of Health purchasing contract has been implemented for those goods or services. In such cases, the CHD director/administrator must sign a justification therefore,

and all county-purchasing procedures must be followed in their entirety, and such compliance shall be documented. Such justification and compliance documentation shall be maintained by the CHD in accordance with the terms of this Agreement. State procedures must be followed for all leases on facilities not enumerated in Attachment IV.

c. The CHD shall maintain books, records and documents in accordance with those promulgated by the Generally Accepted Accounting Principles (GAAP) and Governmental Accounting Standards Board (GASB), and the requirements of federal or state law. These records shall be maintained as required by the Department of Health Policies and Procedures for Records Management and shall be open for inspection at any time by the parties and the public, except for those records that are not otherwise subject to disclosure as provided by law which are subject to the confidentiality provisions of paragraph 6.i., below. Books, records and documents must be adequate to allow the CHD to comply with the following reporting requirements:

- i.* The revenue and expenditure requirements in the Florida Accounting System Information Resource (FLAIR).
- ii.* The client registration and services reporting requirements of the minimum data set as specified in the most current version of the Client Information System/Health Management Component Pamphlet;
- iii.* Financial procedures specified in the Department of Health's Accounting Procedures Manuals, Accounting memoranda, and Comptroller's memoranda;
- iv.* The CHD is responsible for assuring that all contracts with service providers include provisions that all subcontracted services be reported to the CHD in a manner consistent with the client registration and service reporting requirements of the minimum data set as specified in the Client Information System/Health Management Component Pamphlet.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

8. TERMINATION.

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

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

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

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

9. MISCELLANEOUS. The parties further agree:

a. Availability of Funds. If this Agreement, any renewal hereof, or any term, performance or payment hereunder, extends beyond the fiscal year beginning July 1, 2015, it is agreed that the performance and payment under this Agreement are contingent upon an annual appropriation by the Legislature, in accordance with section 287.0582, Florida Statutes.

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

For the State:

For the County:

Laura T. Green  
Name

Gary Stanford  
Name

Business Manager  
Title

Finance Director  
Title

221 Hospital Dr NE

101 E James Lee Blvd

Fort Walton Beach, FL 32548  
Address

Crestview, FL 32536  
Address

(850) 833-9233  
Telephone

(850) 689-5639  
Telephone


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


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

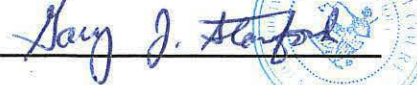
In WITNESS THEREOF, the parties hereto have caused this 19 page agreement to be executed by their undersigned officials as duly authorized effective the 1<sup>st</sup> day of October, 2014.


**BOARD OF COUNTY COMMISSIONERS  
FOR OKALOOSA COUNTY**

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

SIGNED BY:   
NAME: Charles K. Windes, Jr.  
TITLE: Chairman  
DATE: 9/19/14

SIGNED BY:   
NAME: John H. Armstrong, MD, FACS  
TITLE: Surgeon General/Secretary of Health  
DATE: 10/13/14

ATTESTED TO:  
SIGNED BY:   
NAME: Gary Stanford  
TITLE: Finance Director  
DATE: 9/24/14

SIGNED BY:   
NAME: Karen A. Chapman, MD, MPH  
TITLE: CHD Director  
DATE: 9/4/14



## ATTACHMENT I

### OKALOOSA COUNTY HEALTH DEPARTMENT

#### PROGRAM SPECIFIC REPORTING REQUIREMENTS AND PROGRAMS REQUIRING COMPLIANCE WITH THE PROVISIONS OF SPECIFIC MANUALS

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

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

ATTACHMENT I (Continued)

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

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

ATTACHMENT II

OKALOOSA COUNTY HEALTH DEPARTMENT

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

	Estimated State Share of CHD Trust Fund Balance	Estimated County Share of CHD Trust Fund Balance	Total
1. CHD Trust Fund Ending Balance 09/30/14	133,654	855,641	989,295
2. Drawdown for Contract Year October 1, 2014 to September 30, 2015	35,824	172,471	208,295
3. Special Capital Project use for Contract Year October 1, 2014 to September 30, 2014	-	-	-
4. Balance Reserved for Contingency Fund October 1, 2014 to September 30, 2015	97,830	683,170	781,000

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

## ATTACHMENT II

### OKALOOSA COUNTY HEALTH DEPARTMENT

#### Part II, Sources of Contributions to County Health Department

October 1, 2014 to September 30, 2015

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>1. GENERAL REVENUE - STATE</b>					
015040 AIDS PATIENT CARE	100,000	0	100,000	0	100,000
015040 AIDS PREVENTION & SURVEILLANCE - GENERAL REVENUE	20,920	0	20,920	0	20,920
015040 CHD - TB COMMUNITY PROGRAM	40,033	0	40,033	0	40,033
015040 DENTAL SPECIAL INITIATIVE PROJECTS	7,075	0	7,075	0	7,075
015040 FAMILY PLANNING GENERAL REVENUE	47,880	0	47,880	0	47,880
015040 SCHOOL HEALTH SERVICES - GENERAL REVENUE	177,240	0	177,240	0	177,240
015050 CHD GENERAL REVENUE NON-CATEGORICAL	1,228,822	0	1,228,822	0	1,228,822
<b>GENERAL REVENUE TOTAL</b>	<b>1,621,970</b>	<b>0</b>	<b>1,621,970</b>	<b>0</b>	<b>1,621,970</b>
<b>2. NON GENERAL REVENUE - STATE</b>					
015010 STATE UNDERGROUND PETROLEUM RESPONSE ACT	4,500	0	4,500	0	4,500
015010 TOBACCO STATE AND COMMUNITY INTERVENTIONS	154,172	0	154,172	0	154,172
<b>NON GENERAL REVENUE TOTAL</b>	<b>158,672</b>	<b>0</b>	<b>158,672</b>	<b>0</b>	<b>158,672</b>
<b>3. FEDERAL FUNDS - STATE</b>					
007000 AIDS DRUG ASSISTANCE PROGRAM ADMIN	16,477	0	16,477	0	16,477
007000 BIOTERRORISM HOSPITAL PREPAREDNESS	26,899	0	26,899	0	26,899
007000 WIC BREASTFEEDING PEER COUNSELING PROG	9,117	0	9,117	0	9,117
007000 COASTAL BEACH WATER QUALITY MONITORING	13,267	0	13,267	0	13,267
007000 COMPREHENSIVE COMMUNITY CARDIO - PHBG	20,724	0	20,724	0	20,724
007000 FAMILY PLANNING TITLE X - GRANT	84,286	0	84,286	0	84,286
007000 IMMUNIZATION ACTION PLAN	27,900	0	27,900	0	27,900
007000 INJURY SURVEILLANCE & PREVENTION GRANT	5,000	0	5,000	0	5,000
007000 MCH SPECIAL PRJCT UNPLANNED PREGNANCY	22,556	0	22,556	0	22,556
007000 MCH SPECIAL PROJECTS DENTAL	38,200	0	38,200	0	38,200
007000 PHP PUBLIC HEALTH PREPAREDNESS BASE ALLOC	132,443	0	132,443	0	132,443
007000 TEENAGE PREGNANCY PREVENTION REPLICATION	67,517	0	67,517	0	67,517
007000 WIC PROGRAM ADMINISTRATION	841,548	0	841,548	0	841,548
015075 INSPECTIONS OF SUMMER FEEDING PROGRAM - DOE	1,103	0	1,103	0	1,103
<b>FEDERAL FUNDS TOTAL</b>	<b>1,307,037</b>	<b>0</b>	<b>1,307,037</b>	<b>0</b>	<b>1,307,037</b>
<b>4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE</b>					
001020 CHD STATEWIDE ENVIRONMENTAL FEES	124,331	0	124,331	0	124,331
001092 CHD STATEWIDE ENVIRONMENTAL FEES	134,688	0	134,688	0	134,688
001206 ON SITE SEWAGE DISPOSAL PERMIT FEES	8,820	0	8,820	0	8,820
001206 SANITATION CERTIFICATES (FOOD INSPECTION)	2,443	0	2,443	0	2,443
001206 SEPTIC TANK RESEARCH SURCHARGE	1,155	0	1,155	0	1,155
001206 PUBLIC SWIMMING POOL PERMIT FEES-10% HQ TRANSFER	6,752	0	6,752	0	6,752
001206 DRINKING WATER PROGRAM OPERATIONS	63	0	63	0	63
001206 TANNING FACILITIES	475	0	475	0	475
001206 ONSITE SEWAGE TRAINING CENTER	1,420	0	1,420	0	1,420
001206 MOBILE HOME & RV PARK FEES	1,141	0	1,141	0	1,141
<b>FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL</b>	<b>281,288</b>	<b>0</b>	<b>281,288</b>	<b>0</b>	<b>281,288</b>

**ATTACHMENT II**

**OKALOOSA COUNTY HEALTH DEPARTMENT**

**Part II, Sources of Contributions to County Health Department  
October 1, 2014 to September 30, 2015**

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>5. OTHER CASH CONTRIBUTIONS - STATE:</b>					
	0	0	0	0	0
090001 DRAW DOWN FROM PUBLIC HEALTH UNIT	35,824	0	35,824	0	35,824
<b>OTHER CASH CONTRIBUTION TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>6. MEDICAID - STATE/COUNTY:</b>					
001059 LOW INCOME POOL AHCA PRIMARY CARE	0	496,003	496,003	0	496,003
001059 LOW INCOME POOL ALLOCATION MNGD BY DOH	0	700,000	700,000	0	700,000
001059 LOW INCOME POOL AHCA PRIMARY CARE	0	555,412	555,412	0	555,412
001082 CHD CLINIC FEES	0	5,784	5,784	0	5,784
001083 CHD CLINIC FEES	0	112,134	112,134	0	112,134
001089 CHD CLINIC FEES	0	3,810	3,810	0	3,810
<b>MEDICAID TOTAL</b>	<b>0</b>	<b>1,873,143</b>	<b>1,873,143</b>	<b>0</b>	<b>1,873,143</b>
<b>7. ALLOCABLE REVENUE - STATE:</b>					
018000 CHDTF UNRESTRICTED CASH RESERVE	1,800	0	1,800	0	1,800
038000 CHDTF UNRESTRICTED CASH RESERVE	25	0	25	0	25
<b>ALLOCABLE REVENUE TOTAL</b>	<b>1,825</b>	<b>0</b>	<b>1,825</b>	<b>0</b>	<b>1,825</b>
<b>8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE</b>					
ADAP	0	0	0	542,207	542,207
PHARMACY DRUG PROGRAM	0	0	0	81,814	81,814
STD	0	0	0	0	0
WIC PROGRAM	0	0	0	3,349,198	3,349,198
BUREAU OF PUBLIC HEALTH LABORATORIES	0	0	0	48,887	48,887
IMMUNIZATIONS	0	0	0	616,542	616,542
<b>OTHER STATE CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4,638,648</b>	<b>4,638,648</b>
<b>9. DIRECT LOCAL CONTRIBUTIONS - BCC/TAX DISTRICT</b>					
008034 CHD LOCAL REVENUE & EXPENDITURES	0	601,661	601,661	0	601,661
<b>DIRECT COUNTY CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>601,661</b>	<b>601,661</b>	<b>0</b>	<b>601,661</b>
<b>10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY</b>					
001077 CHD CLINIC FEES	0	111,446	111,446	0	111,446
001094 CHD STATEWIDE ENVIRONMENTAL FEES	0	150,538	150,538	0	150,538
001114 VITAL STATISTICS CERTIFIED RECORDS	0	46,656	46,656	0	46,656
001115 VITAL STATISTICS CERTIFIED RECORDS	0	126,288	126,288	0	126,288
001117 VITAL STATISTICS CERTIFIED RECORDS	0	3,888	3,888	0	3,888
<b>FEES AUTHORIZED BY COUNTY TOTAL</b>	<b>0</b>	<b>438,816</b>	<b>438,816</b>	<b>0</b>	<b>438,816</b>
<b>11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY</b>					
001009 CHD CLINIC FEES	0	65	65	0	65
001029 CHD CLINIC FEES	0	758,776	758,776	0	758,776
001090 CHD CLINIC FEES	0	15,216	15,216	0	15,216
004010 CHD CLINIC FEES	0	35	35	0	35
005041 CHD LOCAL REVENUE & EXPENDITURES	0	4,900	4,900	0	4,900

**ATTACHMENT II**

**OKALOOSA COUNTY HEALTH DEPARTMENT**

**Part II, Sources of Contributions to County Health Department**

October 1, 2014 to September 30, 2015

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
007010 RYAN WHITE TITLE III - DIRECT TO CHD	0	206,534	206,534	0	206,534
007010 RYAN WHITE TITLE III - DIRECT TO CHD - 2005-2006	0	69,616	69,616	0	69,616
011000 CHD CLINIC FEES	0	5,726	5,726	0	5,726
011001 HEALTHY START DATA MANAGEMENT	0	3,940	3,940	0	3,940
090002 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	172,471	172,471	0	172,471
<b>OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>1,237,279</b>	<b>1,237,279</b>	<b>0</b>	<b>1,237,279</b>
<b>12. ALLOCABLE REVENUE - COUNTY</b>					
018000 CHDTF UNRESTRICTED CASH RESERVE	0	1,800	1,800	0	1,800
038000 CHDTF UNRESTRICTED CASH RESERVE	0	25	25	0	25
<b>COUNTY ALLOCABLE REVENUE TOTAL</b>	<b>0</b>	<b>1,825</b>	<b>1,825</b>	<b>0</b>	<b>1,825</b>
<b>13. BUILDINGS - COUNTY</b>					
ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	440,412	440,412
JANITORIAL SERVICES	0	0	0	74,000	74,000
UTILITIES	0	0	0	0	0
BUILDING MAINTENANCE	0	0	0	0	0
GROUNDS MAINTENANCE	0	0	0	0	0
INSURANCE	0	0	0	0	0
OTHER (Specify)	0	0	0	0	0
OTHER (Specify)	0	0	0	0	0
<b>BUILDINGS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>514,412</b>	<b>514,412</b>
<b>14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY</b>					
EQUIPMENT / VEHICLE PURCHASES	0	0	0	0	0
VEHICLE INSURANCE	0	0	0	0	0
VEHICLE MAINTENANCE	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
<b>OTHER COUNTY CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>GRAND TOTAL CHD PROGRAM</b>	<b>3,408,616</b>	<b>4,152,724</b>	<b>7,559,340</b>	<b>5,153,060</b>	<b>12,712,400</b>

## ATTACHMENT II

## OKALOOSA COUNTY HEALTH DEPARTMENT

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

October 1, 2014 to September 30, 2015

	FTE's (0.00)	Clients Units	Services/ Visits	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd (Whole dollars only)	3rd	4th			
<b>A. COMMUNICABLE DISEASE CONTROL:</b>										
IMMUNIZATION (101)	3.22	4,200	5,034	52,085	44,632	52,085	52,064	60,074	140,792	200,866
SEXUALLY TRANS. DIS. (102)	8.50	1,854	3,011	129,518	110,987	129,518	129,469	282,063	217,439	499,492
HIV/AIDS PREVENTION (03A1)	0.55	123	136	7,384	6,327	7,384	7,381	28,476	0	28,476
HIV/AIDS SURVEILLANCE (03A2)	0.00	0	0	0	0	0	0	0	0	0
HIV/AIDS PATIENT CARE (03A3)	6.38	242	3,240	134,176	114,979	134,176	134,124	199,776	317,879	617,455
ADAP (03A4)	0.43	97	547	5,434	4,657	5,434	5,433	20,958	0	20,958
TUBERCULOSIS (104)	0.55	18	140	13,552	11,613	13,552	13,545	40,033	12,229	52,262
COMM. DIS. SURV. (106)	3.26	0	798	43,546	37,315	43,546	43,528	93,419	74,516	167,935
HEPATITIS (109)	0.00	0	0	0	0	0	0	0	0	0
PREPAREDNESS AND RESPONSE (116)	4.79	0	101	86,396	74,034	86,396	86,362	199,211	133,977	333,188
REFUGEE HEALTH (118)	0.00	0	0	0	0	0	0	0	0	0
VITAL RECORDS (180)	2.64	3,483	18,334	33,080	28,347	33,080	33,066	0	127,573	127,573
COMMUNICABLE DISEASE SUBTOTAL	30.32	15,017	31,341	505,171	432,891	505,171	504,972	924,000	1,024,205	1,948,205
<b>B. PRIMARY CARE:</b>										
CHRONIC DISEASE PREVENTION PRO (210)	0.49	195	34	7,594	6,508	7,594	7,592	29,288	0	29,288
WIC (21W1)	13.74	6,571	51,466	269,987	231,358	269,987	269,883	1,041,215	0	1,041,215
TOBACCO USE INTERVENTION (212)	2.49	0	366	49,245	42,199	49,245	49,227	189,916	0	189,916
WIC BREASTFEEDING PEER COUNSELING (21W2)	2.81	0	4,716	10,768	9,228	10,768	10,765	41,529	0	41,529
FAMILY PLANNING (223)	13.09	3,794	7,478	203,336	174,243	203,336	203,258	154,722	629,451	784,173
IMPROVED PREGNANCY OUTCOME (225)	0.00	0	0	0	0	0	0	0	0	0
HEALTHY START PRENATAL (227)	0.30	40	108	1,749	1,499	1,749	1,747	0	6,744	6,744
COMPREHENSIVE CHILD HEALTH (229)	0.41	352	438	6,905	5,917	6,905	6,901	0	26,628	26,628
HEALTHY START CHILD (231)	0.00	0	0	0	0	0	0	0	0	0
SCHOOL HEALTH (234)	5.04	0	216,941	80,251	68,769	80,251	80,219	309,490	0	309,490
COMPREHENSIVE ADULT HEALTH (237)	17.04	1,970	5,884	340,073	291,418	340,073	339,942	0	1,311,504	1,311,504
COMMUNITY HEALTH DEVELOPMENT (238)	3.15	0	1,147	73,936	63,358	73,936	73,908	135,896	149,242	285,138
DENTAL HEALTH (240)	9.37	2,400	5,704	217,006	185,958	217,006	216,923	157,034	679,859	836,893
PRIMARY CARE SUBTOTAL	72.93	15,322	294,272	1,260,850	1,080,453	1,260,850	1,260,365	2,059,090	2,803,428	4,862,518
<b>C. ENVIRONMENTAL HEALTH:</b>										
<b>Water and Onsite Sewage Programs</b>										
COSTAL BEACH MONITORING (347)	0.28	531	565	6,773	5,804	6,773	6,772	26,122	0	26,122
LIMITED USE PUBLIC WATER SYSTEMS (357)	0.11	2	18	1,762	1,510	1,762	1,762	567	6,229	6,796
PUBLIC WATER SYSTEM (358)	0.00	0	0	0	0	0	0	0	0	0
PRIVATE WATER SYSTEM (359)	0.00	0	0	0	0	0	0	0	0	0
ONSITE SEWAGE TREATMENT & DISPOSAL (361)	3.59	672	1,634	60,616	51,943	60,616	60,593	184,378	49,390	233,768
Group Total	3.98	1,205	2,267	69,151	59,257	69,151	69,127	211,067	55,619	266,686
<b>Facility Programs</b>										
TATTOO FACILITY SERVICES (344)	0.00	0	0	0	0	0	0	0	0	0

## ATTACHMENT II

## OKALOOSA COUNTY HEALTH DEPARTMENT

Part III, Planned Staffing, Clients, Services and Expenditures By Program Service Area Within Each Level of Service  
October 1, 2014 to September 30, 2015

	FTE's (0.00)	Clients Units	Services/ Visits	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd	3rd	4th			
				(Whole dollars only)						
FOOD HYGIENE (348)	1.45	122	526	24,153	20,697	24,153	24,143	73,054	20,092	93,146
BODY PIERCING FACILITIES SERVICES (349)	0.00	0	0	0	0	0	0	0	0	0
GROUP CARE FACILITY (351)	0.29	105	171	4,600	3,942	4,600	4,597	0	17,739	17,739
MIGRANT LABOR CAMP (352)	0.00	0	0	0	0	0	0	0	0	0
HOUSING & PUB. BLDG. (353)	0.00	0	0	0	0	0	0	0	0	0
MOBILE HOME AND PARK (354)	0.39	108	298	6,347	5,489	6,347	6,344	12,543	11,934	24,477
POOLS/BATHING PLACES (360)	2.50	404	1,316	38,191	32,727	38,191	38,177	76,068	71,218	147,286
BIOMEDICAL WASTE SERVICES (364)	0.00	0	0	0	0	0	0	0	0	0
TANNING FACILITY SERVICES (369)	0.06	14	33	1,049	899	1,049	1,049	2,609	1,437	4,046
Group Total	4.69	753	2,344	74,340	63,704	74,340	74,310	164,274	122,420	286,694
Groundwater Contamination										
STORAGE TANK COMPLIANCE SERVICES (355)	0.00	0	0	0	0	0	0	0	0	0
SUPER ACT SERVICES (356)	0.13	29	39	2,377	2,037	2,377	2,377	4,500	4,668	9,168
Group Total	0.13	29	39	2,377	2,037	2,377	2,377	4,500	4,668	9,168
Community Hygiene										
COMMUNITY ENVIR. HEALTH (345)	0.00	0	0	162	139	162	163	0	626	626
INJURY PREVENTION (346)	0.00	0	0	1,297	1,111	1,297	1,295	5,000	0	5,000
LEAD MONITORING SERVICES (350)	0.00	0	0	0	0	0	0	0	0	0
PUBLIC SEWAGE (362)	0.00	0	0	0	0	0	0	0	0	0
SOLID WASTE DISPOSAL SERVICE (363)	0.00	0	0	0	0	0	0	0	0	0
SANITARY NUISANCE (366)	0.33	69	178	5,531	4,740	5,531	5,529	0	21,331	21,331
RABIES SURVEILLANCE (366)	1.97	520	1,306	31,227	26,759	31,227	31,214	0	120,427	120,427
ARBORVIRUS SURVEIL. (367)	0.00	0	0	0	0	0	0	0	0	0
RODENT/ARTHROPOD CONTROL (368)	0.00	0	0	0	0	0	0	0	0	0
WATER POLLUTION (370)	0.00	0	0	0	0	0	0	0	0	0
INDOOR AIR (371)	0.00	0	0	0	0	0	0	0	0	0
RADIOLOGICAL HEALTH (372)	0.00	0	0	0	0	0	0	0	0	0
TOXIC SUBSTANCES (373)	0.00	0	0	0	0	0	0	0	0	0
Group Total	2.30	589	1,484	38,217	32,749	38,217	38,201	5,000	142,384	147,384
ENVIRONMENTAL HEALTH SUBTOTAL	11.10	2,576	6,134	184,085	157,747	184,085	184,015	384,841	325,091	709,932
D. NON-OPERATIONAL COSTS:										
SPECIAL CONTRACTS (599)	0.00	0	0	0	0	0	0	0	0	0
ENVIRONMENTAL HEALTH SURCHARGE (399)	0.00	0	0	5,774	4,948	5,774	5,773	22,269	0	22,269
MEDICAID BUYBACK (611)	0.00	0	0	4,257	3,648	4,257	4,254	16,416	0	16,416
NON-OPERATIONAL COSTS SUBTOTAL	0.00	0	0	10,031	8,596	10,031	10,027	38,685	0	38,685
TOTAL CONTRACT	114.35	32,915	331,747	1,980,137	1,679,687	1,980,137	1,959,379	3,408,616	4,152,724	7,569,340



### ATTACHMENT III

#### OKALOOSA COUNTY HEALTH DEPARTMENT

#### CIVIL RIGHTS CERTIFICATE

The applicant provides this assurance in consideration of and for the purpose of obtaining federal grants, loans, contracts (except contracts of insurance or guaranty), property, discounts, or other federal financial assistance to programs or activities receiving or benefiting from federal financial assistance. The provider agrees to complete the Civil Rights Compliance Questionnaire, DH Forms 946 A and B (or the subsequent replacement if adopted during the contract period), if so requested by the department.

The applicant assures that it will comply with:

1. Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C., 2000 Et seq., which prohibits discrimination on the basis of race, color or national origin in programs and activities receiving or benefiting from federal financial assistance.
2. Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. 794, which prohibits discrimination on the basis of handicap in programs and activities receiving or benefiting from federal financial assistance.
3. Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. 1681 et seq., which prohibits discrimination on the basis of sex in education programs and activities receiving or benefiting from federal financial assistance.
4. The Age Discrimination Act of 1975, as amended, 42 U.S.C. 6101 et seq., which prohibits discrimination on the basis of age in programs or activities receiving or benefiting from federal financial assistance.
5. The Omnibus Budget Reconciliation Act of 1981, P.L. 97-35, which prohibits discrimination on the basis of sex and religion in programs and activities receiving or benefiting from federal financial assistance.
6. All regulations, guidelines and standards lawfully adopted under the above statutes. The applicant agrees that compliance with this assurance constitutes a condition of continued receipt of or benefit from federal financial assistance, and that it is binding upon the applicant, its successors, transferees, and assignees for the period during which such assistance is provided. The applicant further assures that all contracts, subcontractors, subgrantees or others with whom it arranges to provide services or benefits to participants or employees in connection with any of its programs and activities are not discriminating against those participants or employees in violation of the above statutes, regulations, guidelines, and standards. In the event of failure to comply, the applicant understands that the grantor may, at its discretion, seek a court order requiring compliance with the terms of this assurance or seek other appropriate judicial or administrative relief, to include assistance being terminated and further assistance being denied.

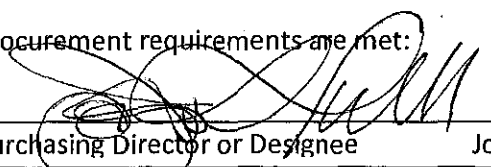
**ATTACHMENT IV**  
**OKALOOSA COUNTY HEALTH DEPARTMENT**  
**FACILITIES UTILIZED BY THE COUNTY HEALTH DEPARTMENT**

<u>Facility Description</u>	<u>Location</u>	<u>Owned By</u>
Okaloosa CHD	221 Hospital Dr NE Fort Walton Beach, FL 32548	Okaloosa County
	810 E. James Lee Blvd Crestview, FL 32536	Okaloosa County

# CONTRACT & LEASE INTERNAL COORDINATION SHEET

Contract/Lease Number: <u>C97-0025-HD</u>	Tracking Number: <u>1103-14</u>
Contractor/Lessee Name: <u>FL DOH</u>	Grant Funded: YES ___ NO <input checked="" type="checkbox"/>
Purpose: <u>Annual Contract</u>	
Date/Term: <u>9/30/15</u>	1. <input checked="" type="checkbox"/> GREATER THAN \$50,000
Amount: <u>\$ 601,661</u>	2. <input type="checkbox"/> GREATER THAN \$25,000
Department: <u>HD</u>	3. <input type="checkbox"/> \$25,000 OR LESS
Dept. Monitor Name: <u>Chapman</u>	
Document has been reviewed and includes any attachments or exhibits.	

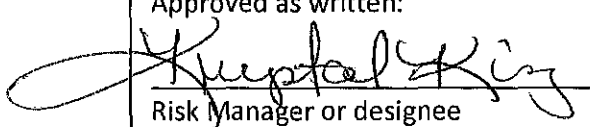
**Purchasing Review**

Procurement requirements are met: 

Purchasing Director or Designee: Joanne Kublik Date: 9-8-14

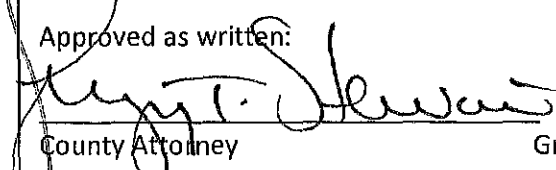
**Risk Management Review**

Approved as written: Indemnification Agreement?

 Date: 9-8-14

Risk Manager or designee: Krystal King

**County Attorney Review**

Approved as written: 

County Attorney: Gregory T. Stewart Date: 9-10-14

Following Okaloosa County approval:

**Contracts & Grants**

Document has been received: \_\_\_\_\_ Date: \_\_\_\_\_

Contracts & Grants Manager

CONTRACT BETWEEN  
OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS  
AND  
STATE OF FLORIDA DEPARTMENT OF HEALTH  
FOR OPERATION OF  
THE OKALOOSA COUNTY HEALTH DEPARTMENT  
CONTRACT YEAR 2014-2015

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

RECITALS

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

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

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

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

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

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

2. TERM. The parties mutually agree that this Agreement shall be effective from October 1, 2014, through September 30, 2015, or until a written agreement replacing this Agreement is entered into between the parties, whichever is later, unless this Agreement is otherwise terminated pursuant to the termination provisions set forth in paragraph 8, below.

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

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

CONTRACT #C97-0025-HD  
FLORIDA DEPT OF HEALTH  
OPERATING AGREEMENT (FUNDING)  
EXPIRES: 09/30/2015

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

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

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

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

County Health Department Trust Fund  
Okaloosa County  
221 Hospital Dr NE  
Fort Walton Beach, FL 32548

5. CHD DIRECTOR/ADMINISTRATOR. Both parties agree the director/administrator of the CHD shall be a State employee or under contract with the State and will be under the day-to-day direction of the Deputy Secretary for Statewide Services. The director/administrator shall be selected by the State with the concurrence of the County. The director/administrator of the CHD shall ensure that non-categorical sources of funding are used to fulfill public health priorities in the community and the Long Range Program Plan. A report detailing the status of public health as measured by outcome measures and similar indicators will be sent by the CHD director/administrator to the parties no later than October 1 of each year (*This is the standard quality assurance "County Health Profile" report located on the Division of Public Health Statistics and Performance Management Intranet site*).

6. ADMINISTRATIVE POLICIES AND PROCEDURES. The parties hereto agree that the following standards should apply in the operation of the CHD:

a. The CHD and its personnel shall follow all State policies and procedures, except to the extent permitted for the use of county purchasing procedures as set forth in subparagraph b., below. All CHD employees shall be State or State-contract personnel subject to State personnel rules and procedures. Employees will report time in the Health Management System compatible format by program component as specified by the State.

b. The CHD shall comply with all applicable provisions of federal and state laws and regulations relating to its operation with the exception that the use of county purchasing procedures shall be allowed when it will result in a better price or service and no statewide Department of Health purchasing contract has been implemented for those goods or services. In such cases, the CHD director/administrator must sign a justification therefore,

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

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

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

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

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

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

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

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

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

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

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

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

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

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

8. TERMINATION.

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


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

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

In WITNESS THEREOF, the parties hereto have caused this 19 page agreement to be executed by their undersigned officials as duly authorized effective the 1<sup>st</sup> day of October, 2014.

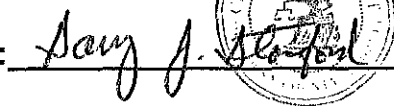
BOARD OF COUNTY COMMISSIONERS  
FOR OKALOOSA COUNTY

STATE OF FLORIDA  
DEPARTMENT OF HEALTH


SIGNED BY:   
NAME: Charles K. Windes, Jr.  
TITLE: Chairman  
DATE: 9/19/14



SIGNED BY: \_\_\_\_\_  
NAME: John H. Armstrong, MD, FACS  
TITLE: Surgeon General/Secretary of Health  
DATE: \_\_\_\_\_

ATTESTED TO:  
SIGNED BY:   
NAME: Gary Stanford  
TITLE: Finance Director  
DATE: 9-24-14



SIGNED BY:   
NAME: Karen A. Chapman, MD, MPH  
TITLE: CHD Director  
DATE: 9/4/14



ATTACHMENT I (Continued)

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

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

**ATTACHMENT II**

**CERTIFIED TRUE AND CORRECT COPY**

**SEP/24/2014**

OKALOOSA COUNTY HEALTH DEPARTMENT

**Part II, Sources of Contributions to County Health Department**

October 1, 2014 to September 30, 2015

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>1. GENERAL REVENUE - STATE</b>					
015040 AIDS PATIENT CARE	100,000	0	100,000	0	100,000
015040 AIDS PREVENTION & SURVEILLANCE - GENERAL REVENUE	20,920	0	20,920	0	20,920
015040 CHD - TB COMMUNITY PROGRAM	40,033	0	40,033	0	40,033
015040 DENTAL SPECIAL INITIATIVE PROJECTS	7,075	0	7,075	0	7,075
015040 FAMILY PLANNING GENERAL REVENUE	47,880	0	47,880	0	47,880
015040 SCHOOL HEALTH SERVICES - GENERAL REVENUE	177,240	0	177,240	0	177,240
015050 CHD GENERAL REVENUE NON-CATEGORICAL	1,228,822	0	1,228,822	0	1,228,822
<b>GENERAL REVENUE TOTAL</b>	<b>1,621,970</b>	<b>0</b>	<b>1,621,970</b>	<b>0</b>	<b>1,621,970</b>
<b>2. NON GENERAL REVENUE - STATE</b>					
015010 STATE UNDERGROUND PETROLEUM RESPONSE ACT	4,500	0	4,500	0	4,500
015010 TOBACCO STATE AND COMMUNITY INTERVENTIONS	154,172	0	154,172	0	154,172
<b>NON GENERAL REVENUE TOTAL</b>	<b>158,672</b>	<b>0</b>	<b>158,672</b>	<b>0</b>	<b>158,672</b>
<b>3. FEDERAL FUNDS - STATE</b>					
007000 AIDS DRUG ASSISTANCE PROGRAM ADMIN	16,477	0	16,477	0	16,477
007000 BIOTERRORISM HOSPITAL PREPAREDNESS	26,899	0	26,899	0	26,899
007000 WIC BREASTFEEDING PEER COUNSELING PROG	9,117	0	9,117	0	9,117
007000 COASTAL BEACH WATER QUALITY MONITORING	13,267	0	13,267	0	13,267
007000 COMPREHENSIVE COMMUNITY CARDIO - PHBG	20,724	0	20,724	0	20,724
007000 FAMILY PLANNING TITLE X - GRANT	84,286	0	84,286	0	84,286
007000 IMMUNIZATION ACTION PLAN	27,900	0	27,900	0	27,900
007000 INJURY SURVEILLANCE & PREVENTION GRANT	5,000	0	5,000	0	5,000
007000 MCH SPECIAL PRJCT UNPLANNED PREGNANCY	22,556	0	22,556	0	22,556
007000 MCH SPECIAL PROJECTS DENTAL	38,200	0	38,200	0	38,200
007000 PHP PUBLIC HEALTH PREPAREDNESS BASE ALLOC	132,443	0	132,443	0	132,443
007000 TEENAGE PREGNANCY PREVENTION REPLICATION	67,517	0	67,517	0	67,517
007000 WIC PROGRAM ADMINISTRATION	841,548	0	841,548	0	841,548
015075 INSPECTIONS OF SUMMER FEEDING PROGRAM - DOE	1,103	0	1,103	0	1,103
<b>FEDERAL FUNDS TOTAL</b>	<b>1,307,037</b>	<b>0</b>	<b>1,307,037</b>	<b>0</b>	<b>1,307,037</b>
<b>4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE</b>					
001020 CHD STATEWIDE ENVIRONMENTAL FEES	124,331	0	124,331	0	124,331
001092 CHD STATEWIDE ENVIRONMENTAL FEES	134,688	0	134,688	0	134,688
001206 ON SITE SEWAGE DISPOSAL PERMIT FEES	8,820	0	8,820	0	8,820
001206 SANITATION CERTIFICATES (FOOD INSPECTION)	2,443	0	2,443	0	2,443
001206 SEPTIC TANK RESEARCH SURCHARGE	1,155	0	1,155	0	1,155
001206 PUBLIC SWIMMING POOL PERMIT FEES-10% HQ TRANSFER	6,752	0	6,752	0	6,752
001206 DRINKING WATER PROGRAM OPERATIONS	63	0	63	0	63
001206 TANNING FACILITIES	475	0	475	0	475
001206 ONSITE SEWAGE TRAINING CENTER	1,420	0	1,420	0	1,420
001206 MOBILE HOME & RV PARK FEES	1,141	0	1,141	0	1,141
<b>FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL</b>	<b>281,288</b>	<b>0</b>	<b>281,288</b>	<b>0</b>	<b>281,288</b>

## ATTACHMENT II

CERTIFIED TRUE AND CORRECT COPY

SEP/24/2014

## OKALOOSA COUNTY HEALTH DEPARTMENT

## Part II, Sources of Contributions to County Health Department

October 1, 2014 to September 30, 2015

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
007010 RYAN WHITE TITLE III - DIRECT TO CHD	0	206,534	206,534	0	206,534
007010 RYAN WHITE TITLE III - DIRECT TO CHD - 2005-2006	0	69,616	69,616	0	69,616
011000 CHD CLINIC FEES	0	5,726	5,726	0	5,726
011001 HEALTHY START DATA MANAGEMENT	0	3,940	3,940	0	3,940
090002 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	172,471	172,471	0	172,471
OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL	0	1,237,279	1,237,279	0	1,237,279
12. ALLOCABLE REVENUE - COUNTY					
018000 CHDTF UNRESTRICTED CASH RESERVE	0	1,800	1,800	0	1,800
038000 CHDTF UNRESTRICTED CASH RESERVE	0	25	25	0	25
COUNTY ALLOCABLE REVENUE TOTAL	0	1,825	1,825	0	1,825
13. BUILDINGS - COUNTY					
ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	440,412	440,412
JANITORIAL SERVICES	0	0	0	74,000	74,000
UTILITIES	0	0	0	0	0
BUILDING MAINTENANCE	0	0	0	0	0
GROUNDS MAINTENANCE	0	0	0	0	0
INSURANCE	0	0	0	0	0
OTHER (Specify)	0	0	0	0	0
OTHER (Specify)	0	0	0	0	0
BUILDINGS TOTAL	0	0	0	514,412	514,412
14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY					
EQUIPMENT / VEHICLE PURCHASES	0	0	0	0	0
VEHICLE INSURANCE	0	0	0	0	0
VEHICLE MAINTENANCE	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
OTHER COUNTY CONTRIBUTIONS TOTAL	0	0	0	0	0
GRAND TOTAL CHD PROGRAM	3,406,616	4,162,724	7,559,340	5,163,060	12,712,400

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

October 1, 2014 to September 30, 2015

	FTE's (0:00)	Clients Units	Services/ Visits	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd (Whole dollars only)	3rd	4th			
FOOD HYGIENE (348)	1.45	122	526	24,153	20,697	24,153	24,143	78,054	20,092	98,146
BODY PIERCING FACILITIES SERVICES (349)	0.00	0	0	0	0	0	0	0	0	0
GROUP CARE FACILITY (351)	0.29	105	171	4,600	3,942	4,600	4,597	0	17,739	17,739
MIGRANT LABOR CAMP (352)	0.00	0	0	0	0	0	0	0	0	0
HOUSING & PUB. BLDG. (353)	0.00	0	0	0	0	0	0	0	0	0
MOBILE HOME AND PARK (354)	0.39	108	298	6,347	5,439	6,347	6,344	12,543	11,934	24,477
POOLS/BATHING PLACES (360)	2.50	404	1,316	38,191	32,727	38,191	38,177	76,068	71,218	147,286
BIOMEDICAL WASTE SERVICES (364)	0.00	0	0	0	0	0	0	0	0	0
TANNING FACILITY SERVICES (369)	0.06	14	33	1,049	899	1,049	1,049	2,609	1,437	4,046
Group Total	4.69	753	2,344	74,340	63,704	74,340	74,310	164,274	122,420	286,694
Groundwater Contamination										
STORAGE TANK COMPLIANCE SERVICES (355)	0.00	0	0	0	0	0	0	0	0	0
SUPER ACT SERVICES (356)	0.13	29	39	2,377	2,037	2,377	2,377	4,500	4,668	9,168
Group Total	0.13	29	39	2,377	2,037	2,377	2,377	4,500	4,668	9,168
Community Hygiene										
COMMUNITY ENVIR. HEALTH (345)	0.00	0	0	162	189	162	163	0	626	626
INJURY PREVENTION (346)	0.00	0	0	1,297	1,111	1,297	1,295	5,000	0	5,000
LEAD MONITORING SERVICES (350)	0.00	0	0	0	0	0	0	0	0	0
PUBLIC SEWAGE (362)	0.00	0	0	0	0	0	0	0	0	0
SOLID WASTE DISPOSAL SERVICE (363)	0.00	0	0	0	0	0	0	0	0	0
SANITARY NUISANCE (365)	0.33	69	178	5,531	4,740	5,531	5,529	0	21,331	21,331
RABIES SURVEILLANCE (366)	1.97	520	1,306	31,227	26,759	31,227	31,214	0	120,427	120,427
ARBOVIRUS SURVEIL. (367)	0.00	0	0	0	0	0	0	0	0	0
RODENT/ARTHROPOD CONTROL (368)	0.00	0	0	0	0	0	0	0	0	0
WATER POLLUTION (370)	0.00	0	0	0	0	0	0	0	0	0
INDOOR AIR (371)	0.00	0	0	0	0	0	0	0	0	0
RADIOLOGICAL HEALTH (372)	0.00	0	0	0	0	0	0	0	0	0
TOXIC SUBSTANCES (373)	0.00	0	0	0	0	0	0	0	0	0
Group Total	2.30	589	1,484	38,217	32,749	38,217	38,201	5,000	142,384	147,384
ENVIRONMENTAL HEALTH SUBTOTAL	11.10	2,576	6,134	184,085	157,747	184,085	184,015	384,841	325,091	709,932
D. NON-OPERATIONAL COSTS:										
SPECIAL CONTRACTS (599)	0.00	0	0	0	0	0	0	0	0	0
ENVIRONMENTAL HEALTH SURCHARGE (399)	0.00	0	0	5,774	4,948	5,774	5,773	22,269	0	22,269
MEDICAID BUYBACK (611)	0.00	0	0	4,257	3,648	4,257	4,254	16,416	0	16,416
NON-OPERATIONAL COSTS SUBTOTAL	0.00	0	0	10,031	8,596	10,031	10,027	38,685	0	38,685
TOTAL CONTRACT	114.36	32,915	331,747	1,960,137	1,679,887	1,960,137	1,959,379	3,406,616	4,152,724	7,559,340

ATTACHMENT IV  
OKALOOSA COUNTY HEALTH DEPARTMENT  
FACILITIES UTILIZED BY THE COUNTY HEALTH DEPARTMENT

<u>Facility Description</u>	<u>Location</u>	<u>Owned By</u>
Okaloosa CHD	221 Hospital Dr NE Fort Walton Beach, FL 32548	Okaloosa County
	810 E. James Lee Blvd Crestview, FL 32536	Okaloosa County

**EXHIBIT B**

**CONTRACT, LEASE, AGREEMENT CONTROL FORM**

Date: 10/16/2013

Contract/Lease Control #: C97-0025-HD

CONTRACT #C97-0025-HD  
FLORIDA DEPT OF HEALTH  
OPERATING AGREEMENT (FUNDING)  
EXPIRES: 09/30/2014

Bid #: N/A

Contract/Lease Type: CONTRACT

Award To/Lessee: FL DEPT OF HEALTH/OKALOOSA COUNTY HEALTH DEPT

Lessor:

Effective Date: 10/1/2004

Term: EXPIRES 9/30/2014

Description of Contract/Lease: HEALTH DEPT FUNDING

Department Manager: HEALTH DEPARTMENT

Department Monitor: K. CHAPMAN

Monitor's Telephone #: 833-9240

Monitor's FAX #: 833-9252

Date Closed:

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

August 13, 2014

The Honorable Kelly Windes, Chairman  
Okaloosa Board of County Commissioners  
302 N Wilson Street, Suite 203  
Crestview, FL 32536

**CONTRACT # C97-0025-HD**  
**FLORIDA DEPARTMENT OF HEALTH**  
**OKALOOSA CO. HEALTH OPERATION FUNDING**  
**EXPIRES: 09/30/2013**

Dear Chairman Windes:

Enclosed is the report of activities and expenditures of the Florida Department of Health in Okaloosa County for the periods October 1, 2013 through June 30, 2014. Chapter 154, F.S., and the contract between the Department of Health and Okaloosa County require these reports be submitted on a quarterly basis.

These reports are made up of the following sub-reports produced by the Department's Contract Management System.

1. DE 385 – "Contract Management Variance Report" which compares the planned services, clients/units, FTEs and expenditures with actual figures.
2. DE 580 – "Analysis of Fund Equities" shows total CHD year-to-date revenues, expenditures, beginning cash balance and year-to-date equity. In accordance with Chapter 154, this report also splits cash balances/equity into state and county components.

If you have any questions, please feel free to contact Susan Wagner at 833-9233 extension 2137.

Sincerely,

A handwritten signature in blue ink that reads "Karen A. Chapman".

Karen A. Chapman, M.D., M.P.H.  
Director

Enclosure(s)

Cc: Beth Benton, Bureau of Budget Management

**Florida Department of Health County Health Department  
Contract Management System**

**Variance Report  
Okaloosa CHD for Report Period 10/2013 to 6/2014**

Run date: 08/04/2014

Program Component / Title	F T E S			Clients or Units			Visits or Services			Expenditures		
	Reported	Planned	Percent Variance	Reported	Planned	Percent Variance	Reported	Planned	Percent Variance	Reported	Planned	Percent Variance
1 Immunization	3.42	3.90	-12.31	2,505	2,918	-14.15	3,296	3,424	-3.74	\$142,737	\$154,012	-7.32
2 Sexually Trans. Dis.	8.69	8.69	0.00	1,318	1,352	-2.51	2,316	2,193	5.61	\$408,493	\$410,876	-0.58
3 AIDS	6.95	7.91	-12.14	187	282	-33.69	2,772	2,204	25.77	\$428,630	\$416,364	2.95
4 Tuberculosis	2.58	2.23	15.70	40	83	-51.81	427	169	152.66	\$64,369	\$75,514	-14.76
6 Comm. Dis. Surv.	6.07	6.43	-5.60	0	0		807	1,168	-30.91	\$166,263	\$168,438	-1.29
9 Hepatitis	0.05	0.04	25.00	15	30	-50.00	16	7	128.57	\$723	\$918	-21.22
16 Preparedness and Response	4.44	3.89	14.14	0	0		94	115	-18.26	\$258,200	\$240,481	7.37
18 Refugee Health	0.00	0.00		0	0		0	0		\$132	\$180	-26.70
80 Vital Records	3.44	2.60	32.31	5,578	6,356	-12.24	12,286	15,599	-21.24	\$86,883	\$88,564	-1.90
<b>Communicable Disease Total</b>	<b>35.64</b>	<b>35.69</b>	<b>-0.14</b>	<b>9,643</b>	<b>11,021</b>	<b>-12.50</b>	<b>22,014</b>	<b>24,879</b>	<b>-11.52</b>	<b>\$1,556,431</b>	<b>\$1,555,347</b>	<b>0.07</b>
10 Chronic Disease Prevention Pro	0.58	0.45	28.89	191	0		23	44	-47.73	\$29,860	\$32,772	-8.89
12 Tobacco Use Intervention	2.72	2.13	27.70	0	0		318	308	3.25	\$138,685	\$128,850	7.63
21 WIC	25.53	25.08	1.79	6,072	5,922	2.53	44,468	47,124	-5.64	\$864,181	\$871,944	-0.89
23 Family Planning	12.57	13.85	-9.24	2,123	2,731	-22.26	5,292	5,377	-1.58	\$606,354	\$591,489	2.51
25 Improved Pregnancy Outcome	0.00	0.00		0	0		0	0		\$0	\$0	
27 Healthy Start Prenatal	6.15	4.80	28.13	136	131	3.82	390	524	-25.57	\$96,779	\$110,326	-12.28
29 Comprehensive Child Health	0.42	0.40	5.00	170	333	-48.95	239	406	-41.13	\$16,768	\$14,631	14.61
31 Healthy Start Child	1.82	1.25	45.60	41	99	-58.59	186	358	-48.04	\$18,883	\$22,354	-15.53
34 School Health	4.72	4.55	3.74	0	0		154,465	157,938	-2.20	\$243,095	\$245,693	-1.06
37 Comprehensive Adult Health	17.60	17.49	0.63	1,191	1,429	-16.66	4,523	4,497	0.58	\$1,247,084	\$1,219,472	2.26
38 Community Health Development	2.26	1.80	25.56	0	0		664	258	157.36	\$201,069	\$171,673	17.12
40 Dental Health	7.70	7.99	-3.63	1,146	1,456	-21.29	3,418	3,791	-9.84	\$486,008	\$467,059	4.06
<b>Primary Care Total</b>	<b>82.07</b>	<b>79.79</b>	<b>2.86</b>	<b>11,070</b>	<b>12,101</b>	<b>-8.52</b>	<b>213,986</b>	<b>220,625</b>	<b>-3.01</b>	<b>\$3,948,767</b>	<b>\$3,876,263</b>	<b>1.87</b>
Water & Onsite Sewage	4.26	4.72	-9.75	858	980	-12.45	1,692	1,739	-2.70	\$207,948	\$206,606	0.65
Facility Programs	5.69	5.70	-0.18	528	624	-15.38	1,672	1,947	-14.12	\$230,625	\$238,006	-3.10
Groundwater Contamination Program	0.20	0.20	0.00	26	20	30.00	33	23	43.48	\$8,072	\$8,977	-10.09
Community Hygiene	2.48	2.05	20.98	459	458	0.22	1,159	1,162	-0.26	\$108,492	\$111,763	-2.93
<b>Environmental Health Total</b>	<b>12.63</b>	<b>12.67</b>	<b>-0.32</b>	<b>1,871</b>	<b>2,082</b>	<b>-10.13</b>	<b>4,556</b>	<b>4,871</b>	<b>-6.47</b>	<b>\$555,137</b>	<b>\$565,352</b>	<b>-1.81</b>
<b>Grand Total</b>	<b>130.34</b>	<b>128.15</b>	<b>1.71</b>	<b>22,584</b>	<b>25,204</b>	<b>-10.40</b>	<b>240,556</b>	<b>250,375</b>	<b>-3.92</b>	<b>\$6,060,335</b>	<b>\$5,996,962</b>	<b>1.06</b>



**Florida Department of Health County Health Department**

**Contract Management System**

**Analysis of Fund Equities**

**Okaloosa County for Report Period 7/2013 to 6/2014**

Run date: 07/05/2014

	State	County	Total
Fund Balance 07/13	(\$79,793.10)	(\$415,867.85)	(\$495,660.95)
Revenue Contract - YTD			
<b>Communicable Disease</b>			
001009 Debit Memo - Bad Checks	\$0.00	\$526.06	\$526.06
001010 Recovery of Bad Checks	\$0.00	(\$66.51)	(\$66.51)
001029 3rd Party Reimbursements	\$0.00	(\$67,565.02)	(\$67,565.02)
001073 Co-Pay for the AIDS Care Program	\$0.00	(\$549.31)	(\$549.31)
001077 Clinic Fee - County	\$0.00	(\$35,841.43)	(\$35,841.43)
001078 MEDICAID ADMINISTRATION OF VACCINE	\$0.00	(\$15,631.12)	(\$15,631.12)
001087 MEDICAID STD	\$0.00	(\$44,697.79)	(\$44,697.79)
001089 MEDICAID AIDS	\$0.00	(\$14,830.36)	(\$14,830.36)
001090 Medicare - Part B	\$0.00	(\$8,573.02)	(\$8,573.02)
001114 Vital Statistics - Birth Certificate	\$0.00	(\$46,908.00)	(\$46,908.00)
001115 Vital Statistics - Death Certificate	\$0.00	(\$124,530.00)	(\$124,530.00)
001117 Vital Statistics - Administrative Fee	\$0.00	(\$3,909.00)	(\$3,909.00)
004010 Cash Overage Shortage	\$0.00	(\$13.06)	(\$13.06)
005041 Interest Earned - State Investment Account	\$0.00	(\$2,575.23)	(\$2,575.23)
007000 Federal Grants	(\$234,114.26)	\$0.00	(\$234,114.26)
007010 U.S. Grants - Direct to CHD	\$0.00	(\$290,792.44)	(\$290,792.44)
008034 BCC Contribution from General Fund	\$0.00	(\$307,215.10)	(\$307,215.10)
011000 Grants and Donations	\$0.00	(\$8,649.46)	(\$8,649.46)
012021 Service Charge on Returned Check	\$0.00	(\$28.08)	(\$28.08)
015010 Transfers Within Agency	(\$27,935.40)	\$0.00	(\$27,935.40)
015040 CATEGORICAL GENERAL REVENUE	(\$159,483.00)	\$0.00	(\$159,483.00)
015050 NON CATEGORICAL GENERAL REVENUE	(\$397,754.18)	\$0.00	(\$397,754.18)
015060 Non-Categorical Tobacco Rebasing	(\$5,559.26)	\$0.00	(\$5,559.26)
018000 Refunds	(\$2,127.92)	(\$6,357.18)	(\$8,485.10)
038000 Twelve Mth Warrant Cancellation	(\$2.25)	(\$12.33)	(\$14.59)
<b>Communicable Disease Subtotal</b>	<b>(\$826,976.28)</b>	<b>(\$978,218.39)</b>	<b>(\$1,805,194.66)</b>
<b>Primary Care</b>			
001009 Debit Memo - Bad Checks	\$0.00	\$325.83	\$325.83
001010 Recovery of Bad Checks	\$0.00	(\$41.19)	(\$41.19)
001029 3rd Party Reimbursements	\$0.00	(\$636,686.56)	(\$636,686.56)
001059 Medicaid Low Income Pool	\$0.00	(\$2,225,416.00)	(\$2,225,416.00)
001077 Clinic Fee - County	\$0.00	(\$75,359.34)	(\$75,359.34)
001082 MEDICAID DENTAL	\$0.00	(\$21,214.31)	(\$21,214.31)
001083 Medicaid-Family Planning	\$0.00	(\$290,594.81)	(\$290,594.81)
001090 Medicare - Part B	\$0.00	(\$6,067.63)	(\$6,067.63)
001192 MEDICAID COMPREHENSIVE CHILD	\$0.00	(\$4,581.21)	(\$4,581.21)
001193 MEDICAID COMPREHENSIVE ADULT	\$0.00	(\$21,142.53)	(\$21,142.53)
004010 Cash Overage Shortage	\$0.00	(\$8.09)	(\$8.09)
005041 Interest Earned - State Investment Account	\$0.00	(\$1,595.06)	(\$1,595.06)
007000 Federal Grants	(\$1,165,502.60)	\$0.00	(\$1,165,502.60)
008034 BCC Contribution from General Fund	\$0.00	(\$190,284.56)	(\$190,284.56)
011000 Grants and Donations	\$0.00	(\$7,205.56)	(\$7,205.56)
011001 Healthy Start Coalition	\$0.00	(\$246,840.11)	(\$246,840.11)
012021 Service Charge on Returned Check	\$0.00	(\$17.39)	(\$17.39)
015010 Transfers Within Agency	(\$422,241.83)	\$0.00	(\$422,241.83)
015040 CATEGORICAL GENERAL REVENUE	(\$60,120.00)	\$0.00	(\$60,120.00)

**Florida Department of Health County Health Department**

**Contract Management System**

**Analysis of Fund Equities**

**Okaloosa County for Report Period 7/2013 to 6/2014**

Run date: 07/05/2014

		State	County	Total
<b>Primary Care</b>				
015050	NON CATEGORICAL GENERAL REVENUE	(\$464,281.90)	\$0.00	(\$464,281.90)
015060	Non-Categorical Tobacco Rebasing	(\$6,489.10)	\$0.00	(\$6,489.10)
018000	Refunds	(\$1,137.22)	(\$4,823.47)	(\$5,960.69)
038000	Twelve Mth Warrant Cancellation	(\$2.63)	(\$3.04)	(\$5.67)
<b>Primary Care Subtotal</b>		(\$2,119,775.28)	(\$3,731,555.04)	(\$5,851,330.32)
<b>Environmental Health</b>				
001009	Debit Memo - Bad Checks	\$0.00	\$178.36	\$178.36
001010	Recovery of Bad Checks	\$0.00	(\$22.55)	(\$22.55)
001020	Environmental Health Permits	(\$129,406.01)	\$0.00	(\$129,406.01)
001092	Environmental Health Fee - State	(\$134,606.60)	\$0.00	(\$134,606.60)
001094	Environmental Health Fee - County	\$0.00	(\$149,091.52)	(\$149,091.52)
001170	Chemical Analysis Lab Fee	(\$140.00)	\$0.00	(\$140.00)
004010	Cash Overage Shortage	\$0.00	(\$4.43)	(\$4.43)
005041	Interest Earned - State Investment Account	\$0.00	(\$873.13)	(\$873.13)
007000	Federal Grants	(\$18,932.82)	\$0.00	(\$18,932.82)
008034	BCC Contribution from General Fund	\$0.00	(\$104,161.26)	(\$104,161.26)
012021	Service Charge on Returned Check	\$0.00	(\$9.52)	(\$9.52)
015010	Transfers Within Agency	(\$12,308.29)	\$0.00	(\$12,308.29)
015050	NON CATEGORICAL GENERAL REVENUE	(\$90,681.14)	\$0.00	(\$90,681.14)
015060	Non-Categorical Tobacco Rebasing	(\$1,267.42)	\$0.00	(\$1,267.42)
015075	Transfer of Federal Grant from Another Agency	(\$1,103.00)	\$0.00	(\$1,103.00)
018000	Refunds	(\$168.90)	(\$451.34)	(\$620.23)
038000	Twelve Mth Warrant Cancellation	(\$0.51)	(\$1.67)	(\$2.18)
<b>Environmental Health Subtotal</b>		(\$388,614.69)	(\$254,437.05)	(\$643,051.74)
<b>Unallocated Revenue</b>				
015010	Transfers Within Agency	(\$16,035.97)	\$0.00	(\$16,035.97)
015050	NON CATEGORICAL GENERAL REVENUE	(\$228,325.79)	\$0.00	(\$228,325.79)
015060	Non-Categorical Tobacco Rebasing	(\$3,191.22)	\$0.00	(\$3,191.22)
018000	Refunds	(\$320.52)	\$0.00	(\$320.52)
038000	Twelve Mth Warrant Cancellation	(\$1.29)	\$0.00	(\$1.29)
<b>Unallocated Revenue Subtotal</b>		(\$247,874.79)	\$0.00	(\$247,874.79)
<b>Non-Operating</b>				
		(\$5,201.60)	(\$5,608.06)	(\$10,809.66)
001206	Central Office Surcharge	(\$25,018.62)	\$0.00	(\$25,018.62)
<b>Non-Operating Subtotal</b>		(\$30,220.22)	(\$5,608.06)	(\$35,828.28)
<b>Total Revenue</b>		(\$3,613,461.26)	(\$4,969,818.53)	(\$8,583,279.79)
<b>Expenditures Contract - YTD</b>				
Communicable Disease		\$826,976.27	\$1,258,041.97	\$2,085,018.24
Primary Care		\$2,074,630.16	\$3,058,587.25	\$5,133,217.41
Environmental Health		\$381,312.97	\$361,812.79	\$743,125.76
Non-Operating		\$68,810.02	\$0.00	\$68,810.02
<b>Total Expenditures</b>		\$3,351,729.41	\$4,678,442.01	\$8,030,171.42

**Florida Department of Health County Health Department**  
**Contract Management System**  
**Analysis of Fund Equities**  
**Okaloosa County for Report Period 7/2013 to 6/2014**  
 Run date: 07/05/2014

	State	County	Total
<b>Change in Fund Balance</b>	(\$261,732)	(\$291,377)	(\$553,108)
<b>Ending Equity Balance</b>	(\$341,525)	(\$707,244)	(\$1,048,769)


RECEIVED AUG 23 2013  
VCC

### CONTRACT & LEASE INTERNAL COORDINATION SHEET

Contract/Lease Number: <u>97-0025-HD</u>	Tracking Number: <u>718-13</u>
Contractor/Lessee Name: <u>Florida Department of Health</u>	Grant Funded: YES ___ NO <input checked="" type="checkbox"/>
Purpose: <u>Operating Agreement (Funding)</u>	
Date/Term: <u>Sept. 30, 2014</u>	1. <input checked="" type="checkbox"/> GREATER THAN \$50,000
Amount: <u>\$601,661.00 (County's responsibility)</u>	2. <input type="checkbox"/> GREATER THAN \$25,000
Department: <u>Ok. Co. Health Dept.</u>	3. <input type="checkbox"/> \$25,000 OR LESS
Dept. Monitor Name: <u>K. Chapman / Carrie Ziegler</u>	
Document has been reviewed and includes any attachments or exhibits.	

#### Purchasing Review

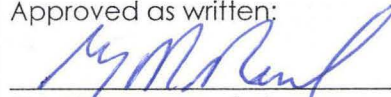
Procurement requirements are met:

  
Purchasing Director or designee

Date: 8/22/13

#### Risk Management Review

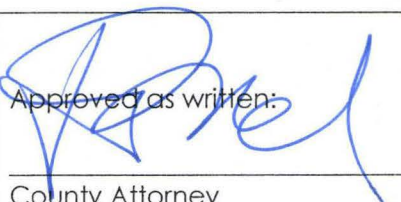
Approved as written:

  
Risk Manager or designee

Date: 8/23/13

#### County Attorney Review

Approved as written:

  
County Attorney

Date: 8/29/13

Following Okaloosa County approval:

#### Contracts & Grants

Document has been received:

\_\_\_\_\_  
Contracts & Grants Manager

Date: \_\_\_\_\_

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

**BOARD OF COUNTY COMMISSIONERS**

**AGENDA REQUEST**

**DATE:** August 21, 2013

**TO:** Honorable Chairman and Members of the Board

**FROM:** Karen A. Chapman, M.D., M.P.H.  
Director, Okaloosa County Health Department

**SUBJECT:** Approval of the Annual Contract between BCC and FDOH for the Operations of the OCHD for Contract Year 2013–2014

**DISTRICT:** All

**REQUESTING DEPARTMENT:** Health Department

**STATEMENT OF ISSUE:** Approval of Annual Contract between Okaloosa County Board of County Commissioners and the Florida Department of Health for the Operation of the Okaloosa County Health Department for Contract Year 2013-2014.

**BACKGROUND:** Annually, pursuant to Chapter 154, F.S., a contract is prepared to outline the services to be offered by the County Health Department along with funding for the operation.

**RECOMMENDATIONS:** Board approval and Chairman signs three sets of the contract for the operation of the Okaloosa County Health Department for contract year 2013-2014. The three signed sets should be returned to the Okaloosa County Health Department to the attention of Laura Green. Okaloosa County Health Department will obtain signatures from the State Surgeon General of the Florida Department of Health and return a signed original to the Board of County Commissioners.

**ENCLOSURE:** Contract for Fiscal Year 2013-2014

**RECOMMENDED BY:** *Karen Chapman* **DATE:** 8 20 13  
DEPARTMENT HEAD

**APPROVED BY:** *Eric Pickett* **DATE:** 8/29/13  
COUNTY MANAGER

## **Green, Laura T**

---

**From:** Chapman, Karen A  
**Sent:** Tuesday, July 02, 2013 2:31 PM  
**To:** Ziegler, Carolyn H; Green, Laura T  
**Cc:** Harty, Donna L  
**Subject:** Standing Delegation

The situation with my Dad is deteriorating and I think I better have a standing delegation since I don't know when I'll have to leave. So here it is:

Carrie Ziegler is the delegated authority including signatory in the event of my absence from work due to this family medical emergency. In the event Carrie is out of the office or off, Laura Green is the delegated authority including signatory.

I'll keep you posted.

**Karen A. Chapman, MD, MPH**

*Director*

Florida Department of Health

Okaloosa County

[www.HealthyOkaloosa.com](http://www.HealthyOkaloosa.com)

221 Hospital Drive, NE Fort Walton Beach, FL 32548

**office** (850) 833-9245

**fax** (850) 833-9252

**LIKE US on Facebook** *FLDepartmentofHealth*

**FOLLOW US on Twitter** *@HealthyFla*

**DOH Online Newsroom** <http://newsroom.doh.state.fl.us>

Please note: FL has a very broad public records law. Most written communication to or from state officials regarding state business are public records available to the public and the media upon request. Your email communication may therefore be subject to public disclosure.

CONTRACT BETWEEN  
OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS  
AND  
STATE OF FLORIDA DEPARTMENT OF HEALTH  
FOR OPERATION OF  
THE OKALOOSA COUNTY HEALTH DEPARTMENT  
CONTRACT YEAR 2013-2014

This agreement ("Agreement") is made and entered into between the State of Florida, Department of Health ("State") and the Okaloosa County Board of County Commissioners ("County"), through their undersigned authorities, effective October 1, 2013.

**RECITALS**

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

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

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

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

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

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

2. TERM. The parties mutually agree that this Agreement shall be effective from October 1, 2013, through September 30, 2014, or until a written agreement replacing this Agreement is entered into between the parties, whichever is later, unless this Agreement is otherwise terminated pursuant to the termination provisions set forth in paragraph 8, below.

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

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

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

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

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

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

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

i. The State's appropriated responsibility (*direct contribution excluding any state fees, Medicaid contributions or any other funds not listed on the Schedule C*) as provided in Attachment II, Part II is an amount not to exceed \$ 3,446,428 (*State General Revenue, State Funds, Other State Funds and Federal Funds listed on the Schedule C*). The State's obligation to pay under this contract is contingent upon an annual appropriation by the Legislature.

ii. The County's appropriated responsibility (*direct contribution excluding any fees, other cash or local contributions*) as provided in Attachment II, Part II is an amount not to exceed \$601,661 (*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  
Okaloosa County  
221 Hospital Dr NE  
Fort Walton Beach, FL 32548

5. CHD DIRECTOR/ADMINISTRATOR. Both parties agree the director/administrator of the CHD shall be a State employee or under contract with the State and will be under the day-to-day direction of the Deputy Secretary for Statewide Services. The director/administrator shall be selected by the State with the concurrence of the County. The director/administrator of the CHD shall ensure that non-categorical sources of funding are used to fulfill public health priorities in the community and the Long Range Program Plan. A report detailing the status of public health as measured by outcome measures and similar indicators will be sent by the CHD director/administrator to the parties no later than October 1 of each year (*This is the standard quality assurance "County Health Profile" report located on the Office of Planning, Evaluation & Data Analysis Intranet site*).

6. ADMINISTRATIVE POLICIES AND PROCEDURES. The parties hereto agree that the following standards should apply in the operation of the CHD:

a. The CHD and its personnel shall follow all State policies and procedures, except to the extent permitted for the use of county purchasing procedures as set forth in subparagraph b., below. All CHD employees shall be State or State-contract personnel subject to State personnel rules and procedures. Employees will report time in the Health Management System compatible format by program component as specified by the State.

b. The CHD shall comply with all applicable provisions of federal and state laws and regulations relating to its operation with the exception that the use of county purchasing procedures shall be allowed when it will result in a better price or service and no statewide Department of Health purchasing contract has been implemented for those goods or services. In such cases, the CHD director/administrator must sign a justification therefore, and all county-purchasing procedures must be followed in their entirety, and such

compliance shall be documented. Such justification and compliance documentation shall be maintained by the CHD in accordance with the terms of this Agreement. State procedures must be followed for all leases on facilities not enumerated in Attachment IV.

c. The CHD shall maintain books, records and documents in accordance with those promulgated by the Generally Accepted Accounting Principles (GAAP) and Governmental Accounting Standards Board (GASB), and the requirements of federal or state law. These records shall be maintained as required by the Department of Health Policies and Procedures for Records Management and shall be open for inspection at any time by the parties and the public, except for those records that are not otherwise subject to disclosure as provided by law which are subject to the confidentiality provisions of paragraph 6.i., below. Books, records and documents must be adequate to allow the CHD to comply with the following reporting requirements:

- i. The revenue and expenditure requirements in the Florida Accounting System Information Resource (FLAIR).
- ii. The client registration and services reporting requirements of the minimum data set as specified in the most current version of the Client Information System/Health Management Component Pamphlet;
- iii. Financial procedures specified in the Department of Health's Accounting Procedures Manuals, Accounting memoranda, and Comptroller's memoranda;
- iv. The CHD is responsible for assuring that all contracts with service providers include provisions that all subcontracted services be reported to the CHD in a manner consistent with the client registration and service reporting requirements of the minimum data set as specified in the Client Information System/Health Management Component Pamphlet.

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

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

which has been credited to each participating governmental entity. The planned use of surplus funds shall be reflected in Attachment II, Part I of this contract, with special capital projects explained in Attachment V.

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

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

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

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

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

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

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

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

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

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

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

*ii.* A written explanation to the county of service variances reflected in the DE385L1 report if the variance exceeds or falls below 25 percent of the planned expenditure amount. However, if the amount of the service specific variance between actual and planned expenditures does not exceed three percent of the total planned expenditures for the level of service in which the type of service is included, a variance explanation is not required. A copy of the written explanation shall be sent to the Department of Health, 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, 2014 for the report period October 1, 2013 through December 31, 2013;
- ii. June 1, 2014 for the report period October 1, 2013 through March 31, 2014;
- iii. September 1, 2014 for the report period October 1, 2013 through June 30, 2014; and
- iv. December 1, 2014 for the report period October 1, 2013 through September 30, 2014.

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

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

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

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

8. TERMINATION.

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

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

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

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

9. MISCELLANEOUS. The parties further agree:

a. Availability of Funds. If this Agreement, any renewal hereof, or any term, performance or payment hereunder, extends beyond the fiscal year beginning July 1, 2014, it is agreed that the performance and payment under this Agreement are contingent upon an annual appropriation by the Legislature, in accordance with section 287.0582, Florida Statutes.

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

For the State:

For the County:

Laura T. Green  
Name

Gary Stanford  
Name

Business Manager  
Title

Finance Director  
Title

221 Hospital Dr NE

101 E James Lee Blvd

Fort Walton Beach, FL 32548  
Address

Crestview, FL 32536  
Address

(850) 833-9233  
Telephone

(850) 689-5639  
Telephone


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

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

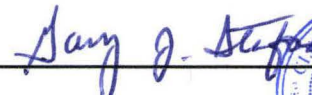
In WITNESS THEREOF, the parties hereto have caused this 25 page agreement to be executed by their undersigned officials as duly authorized effective the 1<sup>st</sup> day of October, 2013.

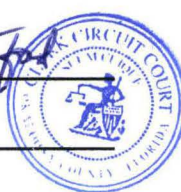
**BOARD OF COUNTY COMMISSIONERS  
FOR OKALOOSA COUNTY**


**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

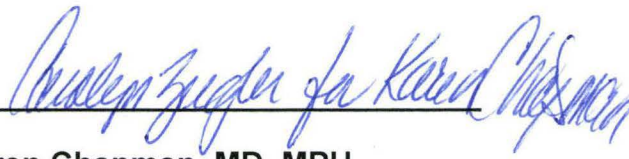
SIGNED BY:   
NAME: Don Amunds  
TITLE: Chairman  
DATE: approval 9-17-13, signed 9-23-13



ATTESTED TO:  
SIGNED BY:   
NAME: Gary Stanford  
TITLE: Finance Director  
DATE: 9-24-13



SIGNED BY:   
NAME: John H. Armstrong, MD, FACS  
TITLE: Surgeon General/Secretary of Health  
DATE: 10/4/13

SIGNED BY:   
NAME: Karen Chapman, MD, MPH  
TITLE: CHD Director  
DATE: 8-20-13

## ATTACHMENT I

### OKALOOSA COUNTY HEALTH DEPARTMENT

#### PROGRAM SPECIFIC REPORTING REQUIREMENTS AND PROGRAMS REQUIRING COMPLIANCE WITH THE PROVISIONS OF SPECIFIC MANUALS

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

	<u>Service</u>	<u>Requirement</u>
1.	Sexually Transmitted Disease Program	Requirements as specified in F.A.C. 64D-3, F.S. 381 and F.S. 384.
2.	Dental Health	Monthly reporting on DH Form 1008*. Additional reporting requirements, under development, will be required. The additional reporting requirements will be communicated upon finalization.
3.	Special Supplemental Nutrition Program for Women, Infants and Children (including the WIC Breastfeeding Peer Counseling Program)	Service documentation and monthly financial reports as specified in DHM 150-24* and all federal, state and county requirements detailed in program manuals and published procedures.
4.	Healthy Start/ Improved Pregnancy Outcome	Requirements as specified in the 2007 Healthy Start Standards and Guidelines and as specified by the Healthy Start Coalitions in contract with each county health department.
5.	Family Planning	Periodic financial and programmatic reports as specified by the program office.
6.	Immunization	Periodic reports as specified by the department pertaining to immunization levels in kindergarten and/or seventh grade pursuant to instructions contained in the Immunization Guidelines-Florida Schools, Childcare Facilities and Family Daycare Homes (DH Form 150-615) and Rule 64D-3.046, F.A.C. In addition, periodic reports as specified by the department pertaining to the surveillance/investigation of reportable vaccine-preventable diseases, adverse events, vaccine accountability, and assessment of immunization levels as documented in Florida. SHOTS and supported by CHD Guidebook policies and technical assistance guidance.
7.	Environmental Health	Requirements as specified in Environmental Health Programs Manual 150-4* and DHP 50-21*
8.	HIV/AIDS Program	Requirements as specified in F.S. 384.25 and F.A.C. 64D-3.030 and 64D-3.031. Case reporting should be on Adult HIV/AIDS Confidential Case Report CDC Form DH2139 and Pediatric HIV/AIDS Confidential Case Report CDC Form DH2140.



ATTACHMENT I (Continued)

Requirements as specified in F.A.C. 64D-2 and 64D-3, F.S. 381 and F.S. 384. Socio-demographic and risk data on persons tested for HIV in CHD clinics should be reported on Lab Request DH Form 1628 in accordance with the Forms Instruction Guide. Requirements for the HIV/AIDS Patient Care programs are found in the Patient Care Contract Administrative Guidelines.

9. School Health Services

Requirements as specified in the Florida School Health Administrative Guidelines (May 2012).

10. Tuberculosis

Tuberculosis Program Requirements as specified in F.A.C. 64D-3 and F.S. 392.

11. General Communicable Disease Control

Carry out surveillance for reportable communicable and other acute diseases, detect outbreaks, respond to individual cases of reportable diseases, investigate outbreaks, and carry out communication and quality assurance functions, as specified in F.A.C. 64D-3, F.S. 381, F.S. 384 and the CHD Epidemiology Guide to Surveillance and Investigations.

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

ATTACHMENT II

OKALOOSA COUNTY HEALTH DEPARTMENT

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

	Estimated State Share of CHD Trust Fund Balance	Estimated County Share of CHD Trust Fund Balance	Total
1. CHD Trust Fund Ending Balance 09/30/13	151,093	378,315	529,408
2. Drawdown for Contract Year October 1, 2013 to September 30, 2014	(19,569)	(99,994)	(119,563)
3. Special Capital Project use for Contract Year October 1, 2013 to September 30, 2014	-	-	0
4. Balance Reserved for Contingency Fund October 1, 2013 to September 30, 2014	170,662	478,309	648,971

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

**ATTACHMENT II**

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

October 1, 2013 to September 30, 2014

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>1. GENERAL REVENUE - STATE</b>					
015040 AIDS PREVENTION	20,920	0	20,920	0	20,920
015040 ALG/CESSPOOL IDENTIFICATION AND ELIMINATION	0	0	0	0	0
015040 ALG/CONTR TO CHDS-AIDS PATIENT CARE NETWORK	0	0	0	0	0
015040 ALG/IPO HEALTHY START/IPO	0	0	0	0	0
015040 COMMUNITY SMILES - MIAMI-DADE	0	0	0	0	0
015040 COUNTY SPECIFIC DENTAL PROJECTS - ESCAMBIA	0	0	0	0	0
015040 DUVAL TEEN PREGANCY PREVENTION - DUVAL	0	0	0	0	0
015040 FL CLPPP SCREENING & CASE MANAGEMENT	0	0	0	0	0
015040 HEALTHY START GENERAL REVENUE CHD	0	0	0	0	0
015040 HEALTHY START MED-WAIVER - CLIENT SERVICES	0	0	0	0	0
015040 LA LIGA-LEAGUE AGAINST CANCER - MIAMI-DADE	0	0	0	0	0
015040 METRO ORLANDO URBAN LEAGUE - ORANGE	0	0	0	0	0
015040 MINORITY OUTREACH-PENALVER CLINIC - MIAMI-DADE	0	0	0	0	0
015040 PREPAREDNESS GRANT MATCH	0	0	0	0	0
015040 SCHOOL HEALTH GENERAL REVENUE	0	0	0	0	0
015040 STATEWIDE DENTISTRY NETWORK - ESCAMBIA	0	0	0	0	0
015040 STD GENERAL REVENUE	0	0	0	0	0
015040 TREASURE COAST MIDWIFERY - MARTIN	0	0	0	0	0
015040 AIDS SURVEILLANCE	0	0	0	0	0
015040 ALG/CONTR TO CHDS-AIDS PATIENT CARE	100,000	0	100,000	0	100,000
015040 ALG/CONTR TO CHDS-SOVEREIGN IMMUNITY	0	0	0	0	0
015040 ALG/PRIMARY CARE	0	0	0	0	0
015040 COMMUNITY TB PROGRAM	38,563	0	38,563	0	38,563
015040 DENTAL SPECIAL INITIATIVES	6,541	0	6,541	0	6,541
015040 FAMILY PLANNING GENERAL REVENUE	53,579	0	53,579	0	53,579
015040 FL HEPATITIS & LIVER FAILURE PREVENTION/CONTROL	0	0	0	0	0
015040 HEALTHY START MED WAIVER - SOBRA	0	0	0	0	0
015040 JESSIE TRICE CANCER CTR/HEALTH CHOICE - MIAMI-DADE	0	0	0	0	0
015040 MANATEE COUNTY RURAL HEALTH SERVICES	0	0	0	0	0
015040 MIGRANT LABOR CAMP SANITATION	0	0	0	0	0
015050 NON-CATEGORICAL GENERAL REVENUE	1,075,171	0	1,075,171	0	1,075,171
<b>GENERAL REVENUE TOTAL</b>	<b>1,294,774</b>	<b>0</b>	<b>1,294,774</b>	<b>0</b>	<b>1,294,774</b>
<b>2. NON GENERAL REVENUE - STATE</b>					
015010 SUPERACT	4,500	0	4,500	0	4,500
015010 INDIRECT COST REIMBURSEMENTS	82,948	0	82,948	0	82,948
015010 PREPAREDNESS GRANT MATCH	0	0	0	0	0
015010 SCHOOL HEALTH TOBACCO TF	177,240	0	177,240	0	177,240
015010 TOBACCO COMMUNITY INTERVENTION	146,830	0	146,830	0	146,830
015010 ALG/CONTR. TO CHDS-SAFE DRINKING WATER PRG	0	0	0	0	0
015010 MEDICAID INCENTIVE FOR ELECTRONIC HEALTH RECORDS	48,843	0	48,843	0	48,843
015010 PUBLIC SWIMMING POOL PROGRAM	0	0	0	0	0
015010 TOBACCO ADMINISTRATION & MANAGEMENT	0	0	0	0	0
015020 TRANSFER FROM ANOTHER STATE AGENCY	0	0	0	0	0
015020 TRANSFER FROM ANOTHER STATE AGENCY	0	0	0	0	0
015020 TRANSFER FROM ANOTHER STATE AGENCY	0	0	0	0	0
015060 NON-CATEGORICAL TOBACCO REBASING	16,507	0	16,507	0	16,507

## ATTACHMENT II.

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

October 1, 2013 to September 30, 2014

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>NON GENERAL REVENUE TOTAL</b>	476,868	0	476,868	0	476,868
<b>3. FEDERAL FUNDS - State</b>					
007000 ABSTINENCE EDUCATION GRANT PROGRAM	0	0	0	0	0
007000 AIDS PREVENTION	0	0	0	0	0
007000 BIOTERRORISM HOSPITAL PREPAREDNESS	27,262	0	27,262	0	27,262
007000 COASTAL BEACH MONITORING PROGRAM	13,233	0	13,233	0	13,233
007000 DENTAL SERVICES	0	0	0	0	0
007000 EPIDEMIOLOGY & LABORATORY CAPACITY FOR INFECTIOUS	0	0	0	0	0
007000 EXPANDED TESTING INITIATIVE (ETI)	0	0	0	0	0
007000 FGTF/BREAST & CERVICAL CANCER-ADMIN/CASE MAN	0	0	0	0	0
007000 HEPATITIS B VACCINATION PILOT PROJECT	0	0	0	0	0
007000 IMMUNIZATION AFIX	0	0	0	0	0
007000 IMMUNIZATION FIELD STAFF EXPENSE	0	0	0	0	0
007000 MCH BGTF-HEALTHY START COALITIONS	0	0	0	0	0
007000 MINORITY AIDS INITIATIVE	0	0	0	0	0
007000 MINORITY INVOLVEMENT IN HIV/AIDS PROGRAM	0	0	0	0	0
007000 PH HEALTH INFRASTRUCTURE COMP	7,695	0	7,695	0	7,695
007000 PUBLIC HEALTH PREPAREDNESS BASE	127,735	0	127,735	0	127,735
007000 RYAN WHITE	0	0	0	0	0
007000 RYAN WHITE-AIDS DRUG ASSIST PROG-ADMIN	16,477	0	16,477	0	16,477
007000 STATE OFFICE OF RURAL HEALTH	0	0	0	0	0
007000 STD FEDERAL GRANT - CSPS	0	0	0	0	0
007000 SYPHILIS ELIMINATION	0	0	0	0	0
007000 TOBACCO FAITH BASED PROJECT	0	0	0	0	0
007000 UNINTENDED/UNWANTED PREG-TEEN PREGNANCY PREV	30,987	0	30,987	0	30,987
007000 WIC BREASTFEEDING PEER COUNSELING	43,311	0	43,311	0	43,311
007000 ADULT VIRAL HEPATITIS PREVENTION & SURVEILLANCE	0	0	0	0	0
007000 AIDS SURVEILLANCE	0	0	0	0	0
007000 CHRONIC DISEASE PREVENTION & HEALTH PROMOTION	8,000	0	8,000	0	8,000
007000 COLORECTAL CANCER SCREENING	0	0	0	0	0
007000 ENHANCE COMPREHENSIVE PREVENTION PLANNING AND IMPL	0	0	0	0	0
007000 EPIDEMIOLOGY & LABORATORY CAPACITY HAI	0	0	0	0	0
007000 FGTF/AIDS MORBIDITY	0	0	0	0	0
007000 FGTF/FAMILY PLANNING-TITLE X	92,633	0	92,633	0	92,633
007000 HIV HOUSING FOR PEOPLE LIVING WITH AIDS	0	0	0	0	0
007000 IMMUNIZATION FEDERAL GRANT ACTIVITY SUPPORT	28,675	0	28,675	0	28,675
007000 MCH BGTF-GADSDEN SCHOOL CLINIC	0	0	0	0	0
007000 MEDICARE RURAL HOSPITAL FLEXIBILITY PROGRAM	0	0	0	0	0
007000 MINORITY AIDS INITIATIVE TCE COLLABORATIVE	0	0	0	0	0
007000 PHP - CITIES READINESS INITIATIVE	0	0	0	0	0
007000 PUBLIC HEALTH INFRASTRUCTURE	0	0	0	0	0
007000 RAPE PREVENTION & EDUCATION	0	0	0	0	0
007000 RYAN WHITE - EMERGING COMMUNITIES	0	0	0	0	0
007000 RYAN WHITE-CONSORTIA	0	0	0	0	0
007000 STATEWIDE ASTHMA PROGRAM	0	0	0	0	0
007000 STD PROGRAM INFERTILITY PREVENTION PROJECT (IPP)	0	0	0	0	0
007000 TEENAGE PREGNANCY PREVENTION REPLICATION	85,146	0	85,146	0	85,146
007000 TUBERCULOSIS CONTROL - FEDERAL GRANT	0	0	0	0	0

**ATTACHMENT II.**

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

October 1, 2013 to September 30, 2014

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total	
<b>3. FEDERAL FUNDS - State</b>						
007000	WIC ADMINISTRATION	871,597	0	871,597	0	871,597
015009	MEDIPASS WAIVER-HLTHY STRT CLIENT SERVICES	0	0	0	0	0
015009	MEDIPASS WAIVER-SOBRA	0	0	0	0	0
007055	ARRA FEDERAL GRANT - SCHEDULE C	0	0	0	0	0
015075	SUMMER FEEDING PROGRAM INSPECTIONS	1,000	0	1,000	0	1,000
015075	SCHOOL HEALTH	0	0	0	0	0
015075	SCHOOL HEALTH	0	0	0	0	0
015075	SCHOOL HEALTH	0	0	0	0	0
<b>FEDERAL FUNDS TOTAL</b>		<b>1,353,751</b>	<b>0</b>	<b>1,353,751</b>	<b>0</b>	<b>1,353,751</b>
<b>4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE</b>						
001020	PUBLIC WATER ANNUAL OPER PERMIT	0	0	0	0	0
001020	NON-SDWA SYSTEM PERMIT	0	0	0	0	0
001020	SWIMMING POOLS	76,185	0	76,185	0	76,185
001020	BODY PIERCING	0	0	0	0	0
001020	MOBILE HOME AND PARKS	13,352	0	13,352	0	13,352
001020	BIOHAZARD WASTE PERMIT	0	0	0	0	0
001020	TANNING FACILITIES	4,892	0	4,892	0	4,892
001020	MIGRANT HOUSING PERMIT	0	0	0	0	0
001020	FOOD HYGIENE PERMIT	28,139	0	28,139	0	28,139
001020	PRIVATE WATER CONSTR PERMIT	0	0	0	0	0
001020	PUBLIC WATER CONSTR PERMIT	0	0	0	0	0
001020	SAFE DRINKING WATER	736	0	736	0	736
001092	OSDS PERMIT FEE	138,884	0	138,884	0	138,884
001092	AEROBIC OPERATING PERMIT	0	0	0	0	0
001092	NON SDWA LAB SAMPLE	0	0	0	0	0
001092	ENVIRONMENTAL HEALTH FEES	2,015	0	2,015	0	2,015
001092	I & M ZONED OPERATING PERMIT	0	0	0	0	0
001092	SEPTIC TANK SITE EVALUATION	0	0	0	0	0
001092	OSDS VARIANCE FEE	0	0	0	0	0
001092	OSDS REPAIR PERMIT	0	0	0	0	0
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	0	0	0	0	0
001206	CENTRAL OFFICE SURCHARGE	28,723	0	28,723	0	28,723
001093	CHD ON-LINE BILLING FEE	0	0	0	0	0
<b>FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL</b>		<b>292,926</b>	<b>0</b>	<b>292,926</b>	<b>0</b>	<b>292,926</b>
<b>5. OTHER CASH CONTRIBUTIONS - STATE</b>						
010304	STATIONARY POLLUTANT STORAGE TANKS	0	0	0	0	0
090001	DRAW DOWN FROM PUBLIC HEALTH UNIT	-69,832	0	-69,832	0	-69,832
031005	CHDTF CASH TRANSFER	0	0	0	0	0
<b>OTHER CASH CONTRIBUTIONS TOTAL</b>		<b>-69,832</b>	<b>0</b>	<b>-69,832</b>	<b>0</b>	<b>-69,832</b>
<b>6. MEDICAID - STATE/COUNTY</b>						
001056	MEDICAID PHARMACY	0	0	0	0	0

**ATTACHMENT II.**

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

**October 1, 2013 to September 30, 2014**

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>6. MEDICAID - STATE/COUNTY</b>					
001076	MEDICAID TB	0	0	0	0
001078	MEDICAID ADMINISTRATION OF VACCINE	0	21,473	21,473	21,473
001079	MEDICAID CASE MANAGEMENT	0	0	0	0
001081	MEDICAID CHILD HEALTH CHECK UP	0	0	0	0
001082	MEDICAID DENTAL	0	5,754	5,754	5,754
001083	MEDICAID FAMILY PLANNING	0	405,897	405,897	405,897
001087	MEDICAID STD	0	59,650	59,650	59,650
001089	MEDICAID AIDS	0	16,885	16,885	16,885
001147	MEDICAID HMO CAPITATION	0	0	0	0
001191	MEDICAID MATERNITY	0	0	0	0
001192	MEDICAID COMPREHENSIVE CHILD	0	20,298	20,298	20,298
001193	MEDICAID COMPREHENSIVE ADULT	0	42,469	42,469	42,469
001194	MEDICAID LABORATORY	0	0	0	0
001208	MEDIPASS \$3.00 ADM. FEE	0	0	0	0
001059	MEDICAID LOW INCOME POOL	0	2,050,416	2,050,416	2,050,416
001051	EMERGENCY MEDICAID	0	0	0	0
001058	MEDICAID - BEHAVIORAL HEALTH	0	0	0	0
001071	MEDICAID - ORTHOPEDIC	0	0	0	0
001072	MEDICAID - DERMATOLOGY	0	0	0	0
001075	MEDICAID - SCHOOL HEALTH CERTIFIED MATCH	0	0	0	0
001069	MEDICAID - REFUGEE HEALTH	0	0	0	0
001055	MEDICAID - HOSPITAL	0	0	0	0
001148	MEDICAID HMO NON-CAPITATION	0	0	0	0
001074	MEDICAID - NEWBORN SCREENING	0	0	0	0
001180	DENTAL MEDICAID HMO	0	0	0	0
<b>MEDICAID TOTAL</b>		0	2,622,842	2,622,842	2,622,842
<b>7. ALLOCABLE REVENUE - STATE</b>					
018000	REFUNDS	0	0	0	0
037000	PRIOR YEAR WARRANT	0	0	0	0
038000	12 MONTH OLD WARRANT	0	0	0	0
<b>ALLOCABLE REVENUE TOTAL</b>		0	0	0	0
<b>8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE</b>					
	ADAP	0	0	562,121	562,121
	OTHER (SPECIFY)	0	0	0	0
	PHARMACY SERVICES	0	0	96,057	96,057
	TB SERVICES	0	0	0	0
	STD SERVICES	0	0	0	0
	WIC FOOD	0	0	3,570,779	3,570,779
	DENTAL SERVICES	0	0	0	0
	OTHER (SPECIFY)	0	0	0	0
	LABORATORY SERVICES	0	0	54,377	54,377
	IMMUNIZATION SERVICES	0	0	464,082	464,082
	CONSTRUCTION/RENOVATION	0	0	0	0
<b>OTHER STATE CONTRIBUTIONS TOTAL</b>		0	0	4,747,416	4,747,416

**ATTACHMENT II**

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

October 1, 2013 to September 30, 2014

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total	
<b>9. DIRECT LOCAL CONTRIBUTIONS - BCC/TAX DISTRICT</b>						
008010	CONTRIBUTION FROM CITY GOVERNMENT	0	0	0	0	
008020	CONTRIBUTION FROM HEALTH CARE TAX NOT THRU BCC	0	0	0	0	
008040	BCC GRANT/CONTRACT	0	0	0	0	
008030	CONTRIBUTION FROM HEALTH CARE TAX	0	0	0	0	
008034	BCC CONTRIBUTION FROM GENERAL FUND	0	601,661	601,661	0	601,661
<b>DIRECT COUNTY CONTRIBUTION TOTAL</b>		0	601,661	601,661	0	601,661
<b>10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY</b>						
001060	CHD SUPPORT POSITION	0	0	0	0	0
001077	RABIES VACCINE	0	0	0	0	0
001077	PERSONAL HEALTH FEES	0	130,027	130,027	0	130,027
001077	CHILD CAR SEAT PROG	0	0	0	0	0
001077	AIDS CO-PAYS	0	0	0	0	0
001094	ADULT ENTER. PERMIT FEES	0	0	0	0	0
001094	LOCAL ORDINANCE FEES	0	146,122	146,122	0	146,122
001114	NEW BIRTH CERTIFICATES	0	46,630	46,630	0	46,630
001115	VITAL STATISTICS - DEATH CERTIFICATE	0	131,712	131,712	0	131,712
001117	VITAL STATS-ADM. FEE 50 CENTS	0	3,880	3,880	0	3,880
001073	CO-PAY FOR THE AIDS CARE PROGRAM	0	0	0	0	0
001025	CLIENT REVENUE FROM GRC	0	0	0	0	0
001040	CELL PHONE ADMINISTRATIVE FEE	0	0	0	0	0
<b>FEES AUTHORIZED BY COUNTY TOTAL</b>		0	458,371	458,371	0	458,371
<b>11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY</b>						
001009	RETURNED CHECK ITEM	0	0	0	0	0
001029	THIRD PARTY REIMBURSEMENT	0	669,491	669,491	0	669,491
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	5,000	5,000	0	5,000
001190	HEALTH MAINTENANCE ORGANIZATION	0	0	0	0	0
005040	INTEREST EARNED	0	0	0	0	0
005041	INTEREST EARNED-STATE INVESTMENT ACCOUNT	0	19,798	19,798	0	19,798
007010	U.S. GRANTS DIRECT	0	333,533	333,533	0	333,533
008050	SCHOOL BOARD CONTRIBUTION	0	0	0	0	0
008060	SPECIAL PROJECT CONTRIBUTION	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	0	0	0	0
010409	SALE OF GOODS OUTSIDE STATE GOVERNMENT	0	0	0	0	0
011001	HEALTHY START COALITION CONTRIBUTIONS	0	180,869	180,869	0	180,869
011007	CASH DONATIONS PRIVATE	0	0	0	0	0
012020	FINES AND FORFEITURES	0	0	0	0	0
012021	RETURN CHECK CHARGE	0	0	0	0	0
028020	INSURANCE RECOVERIES-OTHER	0	0	0	0	0
090002	DRAW DOWN FROM PUBLIC HEALTH UNIT	0	-99,994	-99,994	0	-99,994
011000	GRANT-RW PT C CLIENT PAYMENTS	0	3,900	3,900	0	3,900

**ATTACHMENT II**

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

October 1, 2013 to September 30, 2014

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY</b>					
011000 DIRECT-ARROW	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT DIRECT-ARROW	0	0	0	0	0
011000 GRANT DIRECT-HEALTH CARE DISTRICT PAHOKEE	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT DIRECT-NOVA UNIVERSITY CHD TRAINING	0	0	0	0	0
011000 GRANT DIRECT-COUNTY HEALTH DEPARTMENT DIRECT SERVICES	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT DIRECT-QUANTUM DENTAL	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
010402 RECYCLED MATERIAL SALES	0	0	0	0	0
010303 FDLE FINGERPRINTING	0	0	0	0	0
007050 ARRA FEDERAL GRANT	0	0	0	0	0
001010 RECOVERY OF BAD CHECKS	0	0	0	0	0
008065 FCO CONTRIBUTION	0	0	0	0	0
011006 RESTRICTED CASH DONATION	0	0	0	0	0
028000 INSURANCE RECOVERIES	0	0	0	0	0
001033 CMS MANAGEMENT FEE - PMPMPC	0	0	0	0	0
010400 SALE OF GOODS OUTSIDE STATE GOVERNMENT	0	0	0	0	0
010500 REFUGEE HEALTH	0	0	0	0	0
005045 INTEREST EARNED-THIRD PARTY PROVIDER	0	0	0	0	0
005043 INTEREST EARNED-CONTRACT/GRANT	0	0	0	0	0
010306 DOH/DOC INTERAGENCY AGREEMENT	0	0	0	0	0
001053 MEDICARE - PART A	0	0	0	0	0
011002 ARRA FEDERAL GRANT - SUB-RECIPIENT	0	0	0	0	0
011004 LOW INCOME POOL - SUBRECIPIENT	0	0	0	0	0
001003 WIRE TRANSFER FEE	0	0	0	0	0
<b>OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>1,112,597</b>	<b>1,112,597</b>	<b>0</b>	<b>1,112,597</b>
<b>12. ALLOCABLE REVENUE - COUNTY</b>					
018000 REFUNDS	0	0	0	0	0
037000 PRIOR YEAR WARRANT	0	0	0	0	0
038000 12 MONTH OLD WARRANT	0	0	0	0	0
001053 CLIENT REVENUE FROM NCO	0	0	0	0	0
<b>COUNTY ALLOCABLE REVENUE TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>13. BUILDINGS - COUNTY</b>					
ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	440,412	440,412
OTHER - JANITORIAL SERVICES	0	0	0	36,774	36,774
UTILITIES	0	0	0	0	0
BUILDING MAINTENANCE	0	0	0	0	0
GROUNDS MAINTENANCE	0	0	0	0	0
INSURANCE	0	0	0	0	0
OTHER - ESCAMBIA CTY UNITED WAY 211 SYSTEM	0	0	0	10,000	10,000



**ATTACHMENT II.**

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

October 1, 2013 to September 30, 2014

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>BUILDINGS TOTAL</b>	0	0	0	487,186	487,186
<b>14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY</b>					
EQUIPMENT/VEHICLE PURCHASES	0	0	0	0	0
VEHICLE INSURANCE	0	0	0	0	0
VEHICLE MAINTENANCE	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
<b>OTHER COUNTY CONTRIBUTIONS TOTAL</b>	0	0	0	0	0
<b>GRAND TOTAL CHD PROGRAM</b>	3,348,487	4,795,471	8,143,958	5,234,602	13,378,560



**Working Copying ATTACHMENT II.**  
**OKALOOSA COUNTY HEALTH DEPARTMENT**

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

**October 1, 2013 to September 30, 2014**

	FTE's (0.00)	Clients Units	Services/ Visits	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd (Whole dollars only)	3rd	4th			
<b>C. ENVIRONMENTAL HEALTH:</b>										
<b>Facility Programs</b>										
HOUSING,PUBLIC BLDG SAFETY,SANITATION (353)	0.00	0	0	0	0	0	0	0	0	0
MOBILE HOME AND PARKS SERVICES (354)	0.58	123	347	10,469	8,869	6,078	7,138	32,554	0	32,554
SWIMMING POOLS/BATHING (360)	2.80	407	1,323	33,079	26,585	38,890	72,291	99,218	71,627	170,845
BIOMEDICAL WASTE SERVICES (364)	0.00	0	0	0	0	0	0	0	0	0
TANNING FACILITY SERVICES (369)	0.07	20	47	941	804	951	797	906	2,587	3,493
<b>Group Total</b>	<b>5.70</b>	<b>833</b>	<b>2,596</b>	<b>85,036</b>	<b>70,565</b>	<b>88,314</b>	<b>115,715</b>	<b>167,493</b>	<b>192,137</b>	<b>359,630</b>
<b>Groundwater Contamination</b>										
STORAGE TANK COMPLIANCE (355)	0.00	0	0	0	0	0	0	0	0	0
SUPER ACT SERVICE (356)	0.16	27	31	2,998	2,531	3,162	2,646	11,337	0	11,337
<b>Group Total</b>	<b>0.16</b>	<b>27</b>	<b>31</b>	<b>2,998</b>	<b>2,531</b>	<b>3,162</b>	<b>2,646</b>	<b>11,337</b>	<b>0</b>	<b>11,337</b>
<b>Community Hygiene</b>										
TATTOO FACILITIES SERVICES	0.00	0	0	0	0	0	0	0	0	0
COMMUNITY ENVIR. HEALTH (345)	0.00	0	0	0	0	0	0	0	0	0
INJURY PREVENTION (346)	0.00	0	0	0	0	0	0	0	0	0
LEAD MONITORING SERVICES (350)	0.00	0	0	0	0	0	0	0	0	0
PUBLIC SEWAGE (362)	0.00	0	0	0	0	0	0	0	0	0
SOLID WASTE DISPOSAL (363)	0.00	0	0	0	0	0	0	0	0	0
SANITARY NUISANCE (365)	0.27	104	264	4,432	3,787	4,479	3,753	16,451	0	16,451
RABIES SURVEILLANCE/CONTROL SERVICES (366)	1.78	507	1,285	28,212	23,767	29,929	25,043	0	106,951	106,951
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
INDOOR AIR (371)	0.00	0	0	0	0	0	0	0	0	0
RADIOLOGICAL HEALTH (372)	0.00	0	0	0	0	0	0	0	0	0
TOXIC SUBSTANCES (373)	0.00	0	0	0	0	0	0	0	0	0
<b>Group Total</b>	<b>2.05</b>	<b>611</b>	<b>1,549</b>	<b>32,644</b>	<b>27,554</b>	<b>34,408</b>	<b>28,796</b>	<b>16,451</b>	<b>106,951</b>	<b>123,402</b>
<b>ENVIRONMENTAL HEALTH SUBTOTAL</b>	<b>12.63</b>	<b>2,777</b>	<b>6,494</b>	<b>201,623</b>	<b>168,939</b>	<b>215,379</b>	<b>223,026</b>	<b>368,331</b>	<b>440,636</b>	<b>808,967</b>
<b>D. NON-OPERATIONAL COSTS:</b>										
NON-OPERATIONAL COSTS (599)	0.00	0	0	0	0	0	0	0	0	0
ENVIRONMENTAL HEALTH SURCHARGE (399)	0.00	0	0	6,441	4,764	9,573	7,945	28,723	0	28,723
<b>NON-OPERATIONAL COSTS SUBTOTAL</b>	<b>0.00</b>	<b>0</b>	<b>0</b>	<b>6,441</b>	<b>4,764</b>	<b>9,573</b>	<b>7,945</b>	<b>28,723</b>	<b>0</b>	<b>28,723</b>
<b>TOTAL CONTRACT</b>	<b>123.77</b>	<b>33,571</b>	<b>333,834</b>	<b>2,263,736</b>	<b>1,748,171</b>	<b>2,218,463</b>	<b>1,913,588</b>	<b>3,348,487</b>	<b>4,795,471</b>	<b>8,143,958</b>

### ATTACHMENT III

#### OKALOOSA COUNTY HEALTH DEPARTMENT

#### CIVIL RIGHTS CERTIFICATE

The applicant provides this assurance in consideration of and for the purpose of obtaining federal grants, loans, contracts (except contracts of insurance or guaranty), property, discounts, or other federal financial assistance to programs or activities receiving or benefiting from federal financial assistance. The provider agrees to complete the Civil Rights Compliance Questionnaire, DH Forms 946 A and B (or the subsequent replacement if adopted during the contract period), if so requested by the department.

The applicant assures that it will comply with:

1. Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C., 2000 Et seq., which prohibits discrimination on the basis of race, color or national origin in programs and activities receiving or benefiting from federal financial assistance.
2. Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. 794, which prohibits discrimination on the basis of handicap in programs and activities receiving or benefiting from federal financial assistance.
3. Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. 1681 et seq., which prohibits discrimination on the basis of sex in education programs and activities receiving or benefiting from federal financial assistance.
4. The Age Discrimination Act of 1975, as amended, 42 U.S.C. 6101 et seq., which prohibits discrimination on the basis of age in programs or activities receiving or benefiting from federal financial assistance.
5. The Omnibus Budget Reconciliation Act of 1981, P.L. 97-35, which prohibits discrimination on the basis of sex and religion in programs and activities receiving or benefiting from federal financial assistance.
6. All regulations, guidelines and standards lawfully adopted under the above statutes. The applicant agrees that compliance with this assurance constitutes a condition of continued receipt of or benefit from federal financial assistance, and that it is binding upon the applicant, its successors, transferees, and assignees for the period during which such assistance is provided. The applicant further assures that all contracts, subcontractors, subgrantees or others with whom it arranges to provide services or benefits to participants or employees in connection with any of its programs and activities are not discriminating against those participants or employees in violation of the above statutes, regulations, guidelines, and standards. In the event of failure to comply, the applicant understands that the grantor may, at its discretion, seek a court order requiring compliance with the terms of this assurance or seek other appropriate judicial or administrative relief, to include assistance being terminated and further assistance being denied.

**ATTACHMENT IV**  
**OKALOOSA COUNTY HEALTH DEPARTMENT**  
**FACILITIES UTILIZED BY THE COUNTY HEALTH DEPARTMENT**

<u>Facility Description</u>	<u>Location</u>	<u>Owned By</u>
Okaloosa CHD	221 Hospital Dr NE Fort Walton Beach, FL 32548	Okaloosa County
	810 E. James Lee Blvd Crestview, FL 32536	Okaloosa County

**ATTACHMENT V**  
**OKALOOSA 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>
2009-2010	\$ <u>147,562</u>	\$ <u>86,515</u>	\$ <u>234,077</u>
2010-2011	\$ _____	_____	_____ -
2011-2012	\$ _____	\$ _____	\$ _____ -
2012-2013	\$ _____	\$ _____	\$ _____ -
2013-2014	\$ _____	\$ _____	\$ _____ -
<b>PROJECT TOTAL</b>	\$ <u><u>147,562</u></u>	\$ <u><u>86,515</u></u>	\$ <u><u>234,077</u></u>

**SPECIAL PROJECT CONSTRUCTION/RENOVATION PLAN**

PROJECT NAME: Okaloosa CHD Renovation of the Fort Walton Beach Facility  
 LOCATION/ ADDRESS: 221 Hospital Dr NE, Fort Walton Beach, FL 32548  
 PROJECT TYPE: NEW BUILDING  ROOFING   
 RENOVATION  PLANNING STUDY   
 NEW ADDITION  OTHER   
 SQUARE FOOTAGE: 3500

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

Project ID 81146100

This is a renovation intended to repair and renovate the main lobby/entryway of the Fort Walton Beach facility and to refurbish 11 bathrooms. This project will be managed by the ODC. The main lobby/entryway has a lighting problem that cannot be fixed without taking down the ceiling. The project includes repairing damaged walls and replacing old flooring. The 11 bathrooms are in a serious state of disrepair since most are at least 30 years old. In addition, 3 of the women's bathrooms need to be redesigned to eliminate a safety risk when opening the entry door to the bathroom. Fixtures will be upgraded to energy-efficient/water saving devices that will ultimately save the CHD in utility costs. The OCHD is requesting \$320,000 of authority from GAFR 30 14XXXX for design and construction costs.

ESTIMATED PROJECT INFORMATION:  
 START DATE *(initial expenditure of funds)*: October-11  
 COMPLETION DATE: January-14  
 DESIGN FEES: \$ 38,018  
 CONSTRUCTION COSTS: \$ 234,077  
 FURNITURE/EQUIPMENT \$ \_\_\_\_\_  
 TOTAL PROJECT COST: \$ 272,095  
 COST PER SQ FOOT: \$ 77.74142857

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

**ATTACHMENT V**  
**OKALOOSA 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>
2009-2010	\$ <u>30,199</u>	\$ <u>17,706</u>	\$ <u>47,905</u>
2010-2011	\$ _____	_____	-
2011-2012	\$ <u>68,702</u>	\$ <u>49,873</u>	\$ <u>118,575</u>
2012-2013	\$ <u>47,477</u>	\$ <u>58,523</u>	\$ <u>106,000</u>
2013-2014	\$ _____	_____	-
<b>PROJECT TOTAL</b>	\$ <u><u>146,378</u></u>	\$ <u><u>126,102</u></u>	\$ <u><u>272,480</u></u>

**SPECIAL PROJECT CONSTRUCTION/RENOVATION PLAN**

PROJECT NAME: Okaloosa CHD Renovation of the Crestview Facility

LOCATION/ ADDRESS: 810 E. James Lee Blvd, Crestview, FL 32536

PROJECT TYPE:      NEW BUILDING           ROOFING       
                           RENOVATION   X        PLANNING STUDY       
                           NEW ADDITION           OTHER     

SQUARE FOOTAGE:                           3700

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

Project ID 81146200

This is a renovation intended to improve the space utilization of an existing facility of the OCHD in order to accommodate the growing needs of Clinical Services, WIC and Environmental Health programs. This project will be managed by the ODC. The renovation will involve changes to existing walls and doors, renovation of aged bathrooms, flooring, etc. The OCHD is requesting \$250,000 of authority from GAFR 30 14XXXX for design and construction costs.

**ESTIMATED PROJECT INFORMATION:**

START DATE *(initial expenditure of funds)*:                           June-12

COMPLETION DATE:                           October-13

DESIGN FEES:                           \$ 25,425

CONSTRUCTION COSTS:                           \$ 272,480

FURNITURE/EQUIPMENT                           \$ \_\_\_\_\_

TOTAL PROJECT COST:                           \$ 297,905

COST PER SQ FOOT:                           \$ 80.51491351

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

## EXHIBIT B

### CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 10/23/12

CONTRACT # C97-0025-HD  
FLORIDA DEPARTMENT OF HEALTH  
OKALOOSA CO. HEALTH OPERATION FUNDING  
EXPIRES: 09/30/2013

Contract/Lease Control #: C97-0025-HD

Bid #: N/A

Contract/Lease Type: CONTRACT

Award To/Lessee: FL DEPT OF HEALTH/OKALOOSA COUNTY HEALTH DEPT

Lessor:

Effective Date: 10/1/2004

Term: EXPIRES 9/30/2013

Description of Contract/Lease: HEALTH DEPT FUNDING

Department Manager: HEALTH DEPARTMENT

Department Monitor: K. CHAPMAN

Monitor's Telephone #: 833-9240

Monitor's FAX #: 833-9252

Date Closed:



**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

August 22, 2013

The Honorable Don Amunds, Chairman  
Okaloosa Board of County Commissioners  
302 N Wilson Street, Suite 203  
Crestview, FL 32536

Dear Chairman Amunds:

Enclosed is the report of activities and expenditures of the Florida Department of Health in Okaloosa County for the periods October 1, 2012 through June 30, 2013. Chapter 154, F.S., and the contract between the Department of Health and Okaloosa County require these reports be submitted on a quarterly basis.

These reports are made up of the following sub-reports produced by the Department's Contract Management System.

1. DE 385 – "Contract Management Variance Report" which compares the planned services, clients/units, FTEs and expenditures with actual figures.
2. DE 580 – "Analysis of Fund Equities" shows total CHD year-to-date revenues, expenditures, beginning cash balance and year-to-date equity. In accordance with Chapter 154, this report also splits cash balances/equity into state and county components.

If you have any questions, please feel free to contact Susan Wagner at 833-9233 extension 2137.

Sincerely,

A handwritten signature in black ink that reads "Karen A. Chapman for KAC". The signature is written in a cursive style.

Karen A. Chapman, M.D., M.P.H.  
Director

Enclosure(s)

Green, Laura T

---

**From:** Chapman, Karen A  
**Sent:** Tuesday, July 02, 2013 2:31 PM  
**To:** Ziegler, Carolyn H; Green, Laura T  
**Cc:** Harty, Donna L  
**Subject:** Standing Delegation

The situation with my Dad is deteriorating and I think I better have a standing delegation since I don't know when I'll have to leave. So here it is:

Carrie Ziegler is the delegated authority including signatory in the event of my absence from work due to this family medical emergency. In the event Carrie is out of the office or off, Laura Green is the delegated authority including signatory.

I'll keep you posted.

**Karen A. Chapman, MD, MPH**

*Director*

Florida Department of Health

Okaloosa County

[www.HealthyOkaloosa.com](http://www.HealthyOkaloosa.com)

221 Hospital Drive, NE Fort Walton Beach, FL 32548

**office** (850) 833-9245

**fax** (850) 833-9252

**LIKE US on Facebook** *FLDepartmentofHealth*

**FOLLOW US on Twitter** *@HealthyFla*

**DOH Online Newsroom** <http://newsroom.doh.state.fl.us>

Please note: FL has a very broad public records law. Most written communication to or from state officials regarding state business are public records available to the public and the media upon request. Your email communication may therefore be subject to public disclosure.

**Florida Department of Health County Health Department  
Contract Management System  
Variance Report  
Okaloosa CHD for Report Period 10/2012 to 6/2013**

Run date: 07/22/2013

Program Component / Title	F T E S			Clients or Units			Visits or Services			Expenditures		
	Reported	Planned	Percent Variance	Reported	Planned	Percent Variance	Reported	Planned	Percent Variance	Reported	Planned	Percent Variance
1 Immunization	3.82	4.18	-8.61	2,387	4,125	-42.13	3,020	5,250	-42.48	\$157,265	\$161,177	-2.43
2 Sexually Trans. Dis.	8.55	7.42	15.23	1,226	1,425	-13.96	2,130	2,625	-18.86	\$351,383	\$349,889	0.43
3 AIDS	7.35	6.39	15.02	151	249	-39.36	2,364	1,685	40.30	\$489,185	\$491,471	-0.47
4 Tuberculosis	2.44	1.88	29.79	85	19	347.37	180	412	-56.31	\$102,383	\$104,849	-2.35
6 Comm. Dis. Surv.	6.61	6.42	2.96	0	0		962	750	28.27	\$198,994	\$200,277	-0.64
9 Hepatitis	0.21	0.10	110.00	8	19	-57.89	8	75	-89.33	\$4,565	\$5,577	-18.15
16 Preparedness and Response	3.94	3.00	31.33	0	0		147	38	286.84	\$255,367	\$238,177	7.22
80 Vital Records	2.61	2.60	0.38	5,828	6,112	-4.65	14,548	16,200	-10.20	\$91,889	\$91,776	0.12
<b>Communicable Disease Total</b>	<b>35.53</b>	<b>31.99</b>	<b>11.07</b>	<b>9,685</b>	<b>11,949</b>	<b>-18.95</b>	<b>23,359</b>	<b>27,035</b>	<b>-13.60</b>	<b>\$1,651,029</b>	<b>\$1,643,193</b>	<b>0.48</b>
10 Chronic Disease Prevention Pro	0.68	0.70	-2.86	0	0		55	0		\$37,751	\$29,662	27.27
12 Tobacco Use Intervention	2.33	2.58	-9.69	0	0		322	1,125	-71.38	\$110,516	\$112,024	-1.35
21 WIC	25.23	24.26	4.00	7,896	7,575	4.24	48,866	27,375	78.51	\$902,070	\$922,731	-2.24
23 Family Planning	12.25	12.33	-0.65	2,182	2,850	-23.44	5,366	5,700	-5.86	\$561,294	\$540,402	3.87
25 Improved Pregnancy Outcome	0.00	0.00		0	0		0	0		\$0	\$0	
27 Healthy Start Prenatal	6.62	6.65	-0.45	686	900	-23.78	3,099	11,700	-73.51	\$274,045	\$275,396	-0.49
29 Comprehensive Child Health	0.62	0.44	40.91	234	300	-22.00	325	450	-27.78	\$25,494	\$25,803	-1.20
31 Healthy Start Child	2.81	2.58	8.91	367	1,012	-63.74	1,735	7,275	-76.15	\$111,397	\$122,469	-9.04
34 School Health	4.86	4.55	6.81	0	0		177,224	182,250	-2.76	\$241,944	\$242,480	-0.22
37 Comprehensive Adult Health	15.99	15.88	0.69	1,110	1,500	-26.00	4,285	6,750	-36.52	\$820,472	\$825,794	-0.64
38 Community Health Development	0.68	0.54	25.93	0	0		303	0		\$46,697	\$47,300	-1.28
40 Dental Health	8.08	8.10	-0.25	1,220	1,449	-15.80	3,856	3,570	8.01	\$542,444	\$526,302	3.07
<b>Primary Care Total</b>	<b>80.15</b>	<b>78.61</b>	<b>1.96</b>	<b>13,695</b>	<b>15,586</b>	<b>-12.13</b>	<b>245,436</b>	<b>246,195</b>	<b>-0.31</b>	<b>\$3,674,123</b>	<b>\$3,670,363</b>	<b>0.10</b>
Water & Onsite Sewage	4.91	4.78	2.72	963	920	4.67	1,719	1,991	-13.66	\$239,796	\$244,250	-1.82
Facility Programs	6.16	5.34	15.36	562	746	-24.66	1,708	2,388	-28.48	\$273,393	\$264,327	3.43
Groundwater Contamination Program	0.17	0.16	6.25	26	20	30.00	29	38	-23.68	\$9,692	\$8,999	7.70
Community Hygiene	2.11	1.81	16.57	492	682	-27.86	1,245	1,305	-4.60	\$91,394	\$94,848	-3.64
<b>Environmental Health Total</b>	<b>13.35</b>	<b>12.09</b>	<b>10.42</b>	<b>2,043</b>	<b>2,368</b>	<b>-13.72</b>	<b>4,701</b>	<b>5,722</b>	<b>-17.84</b>	<b>\$614,274</b>	<b>\$612,424</b>	<b>0.30</b>
<b>Grand Total</b>	<b>129.03</b>	<b>122.69</b>	<b>5.17</b>	<b>25,423</b>	<b>29,903</b>	<b>-14.98</b>	<b>273,496</b>	<b>278,952</b>	<b>-1.96</b>	<b>\$5,939,427</b>	<b>\$5,925,980</b>	<b>0.23</b>

**Florida Department of Health County Health Department**  
**Contract Management System**  
**Analysis of Fund Equities**  
**Okaloosa County for Report Period 7/2012 to 6/2013**  
Run date: 08/14/2013

	State	County	Total
Fund Balance 07/12	(\$377,817.80)	(\$913,264.41)	(\$1,291,082.21)
Revenue Contract - YTD			
<b>Communicable Disease</b>			
001009 Debit Memo - Bad Checks	\$0.00	\$8.05	\$8.05
001029 3rd Party Reimbursements	\$0.00	(\$43,599.04)	(\$43,599.04)
001077 Clinic Fee - County	\$0.00	(\$35,623.79)	(\$35,623.79)
001078 MEDICAID ADMINISTRATION OF VACCINE	\$0.00	(\$20,639.00)	(\$20,639.00)
001087 MEDICAID STD	\$0.00	(\$48,108.27)	(\$48,108.27)
001089 MEDICAID AIDS	\$0.00	(\$18,722.37)	(\$18,722.37)
001090 Medicare - Part B	\$0.00	(\$2,744.93)	(\$2,744.93)
001114 Vital Statistics - Birth Certificate	\$0.00	(\$46,601.00)	(\$46,601.00)
001115 Vital Statistics - Death Certificate	\$0.00	(\$129,760.00)	(\$129,760.00)
001117 Vital Statistics - Administrative Fee	\$0.00	(\$3,879.50)	(\$3,879.50)
004010 Cash Overage Shortage	\$0.00	\$14.35	\$14.35
005041 Interest Earned - State Investment Account	\$0.00	(\$9,015.86)	(\$9,015.86)
007000 Federal Grants	(\$266,858.13)	\$0.00	(\$266,858.13)
007010 U.S. Grants - Direct to CHD	\$0.00	(\$308,579.76)	(\$308,579.76)
008034 BCC Contribution from General Fund	\$0.00	(\$334,539.22)	(\$334,539.22)
011000 Grants and Donations	\$0.00	(\$8,121.42)	(\$8,121.42)
012021 Service Charge on Returned Check	\$0.00	(\$75.09)	(\$75.09)
015040 CATEGORICAL GENERAL REVENUE	(\$179,648.00)	\$0.00	(\$179,648.00)
015050 NON CATEGORICAL GENERAL REVENUE	(\$425,649.65)	\$0.00	(\$425,649.65)
015060 Non-Categorical Tobacco Rebasing	(\$6,428.52)	\$0.00	(\$6,428.52)
018000 Refunds	(\$1,180.64)	(\$2,163.87)	(\$3,344.50)
038000 Twelve Mth Warrant Cancellation	(\$18.85)	(\$47.92)	(\$66.77)
<b>Communicable Disease Subtotal</b>	<b>(\$879,783.78)</b>	<b>(\$1,012,198.64)</b>	<b>(\$1,891,982.42)</b>
<b>Primary Care</b>			
001009 Debit Memo - Bad Checks	\$0.00	\$3.75	\$3.75
001029 3rd Party Reimbursements	\$0.00	(\$356,789.42)	(\$356,789.42)
001059 Medicaid Low Income Pool	\$0.00	(\$897,002.00)	(\$897,002.00)
001077 Clinic Fee - County	\$0.00	(\$68,372.69)	(\$68,372.69)
001082 MEDICAID DENTAL	\$0.00	(\$344,787.89)	(\$344,787.89)
001083 Medicaid-Family Planning	\$0.00	(\$335,787.28)	(\$335,787.28)
001090 Medicare - Part B	\$0.00	(\$1,579.90)	(\$1,579.90)
001192 MEDICAID COMPREHENSIVE CHILD	\$0.00	(\$16,188.00)	(\$16,188.00)
001193 MEDICAID COMPREHENSIVE ADULT	\$0.00	(\$34,833.72)	(\$34,833.72)
004010 Cash Overage Shortage	\$0.00	\$9.81	\$9.81
005041 Interest Earned - State Investment Account	\$0.00	(\$4,199.53)	(\$4,199.53)
007000 Federal Grants	(\$1,064,937.83)	\$0.00	(\$1,064,937.83)
008034 BCC Contribution from General Fund	\$0.00	(\$155,826.40)	(\$155,826.40)
011001 Healthy Start Coalition	\$0.00	(\$416,907.12)	(\$416,907.12)
012021 Service Charge on Returned Check	\$0.00	(\$34.98)	(\$34.98)
015010 Transfers Within Agency	(\$346,856.41)	\$0.00	(\$346,856.41)
015040 CATEGORICAL GENERAL REVENUE	(\$60,120.00)	\$0.00	(\$60,120.00)
015050 NON CATEGORICAL GENERAL REVENUE	(\$578,725.47)	\$0.00	(\$578,725.47)
015060 Non-Categorical Tobacco Rebasing	(\$8,740.40)	\$0.00	(\$8,740.40)
018000 Refunds	(\$1,307.13)	(\$813.24)	(\$2,120.37)
038000 Twelve Mth Warrant Cancellation	(\$4.73)	(\$29.74)	(\$34.47)

**Florida Department of Health County Health Department**

**Contract Management System**

**Analysis of Fund Equities**

**Okaloosa County for Report Period 7/2012 to 6/2013**

Run date: 08/14/2013

	State	County	Total
<b>Primary Care Subtotal</b>	(\$2,060,691.98)	(\$2,633,138.36)	(\$4,693,830.32)
<b>Environmental Health</b>			
001009 Debit Memo - Bad Checks	\$0.00	\$3.21	\$3.21
001020 Environmental Health Permits	(\$121,802.45)	\$0.00	(\$121,802.45)
001092 Environmental Health Fee - State	(\$146,729.72)	\$0.00	(\$146,729.72)
001093 CHD On-line Billing Fee	\$94.00	\$0.00	\$94.00
001094 Environmental Health Fee - County	\$0.00	(\$148,521.75)	(\$148,521.75)
001170 Chemical Analysis Lab Fee	(\$160.00)	\$0.00	(\$160.00)
004010 Cash Overage Shortage	\$0.00	\$8.39	\$8.39
005041 Interest Earned - State Investment Account	\$0.00	(\$3,593.35)	(\$3,593.35)
007000 Federal Grants	(\$13,413.98)	\$0.00	(\$13,413.98)
008034 BCC Contribution from General Fund	\$0.00	(\$133,333.68)	(\$133,333.68)
012021 Service Charge on Returned Check	\$0.00	(\$29.93)	(\$29.93)
015010 Transfers Within Agency	(\$2,256.00)	\$0.00	(\$2,256.00)
015050 NON CATEGORICAL GENERAL REVENUE	(\$88,639.57)	\$0.00	(\$88,639.57)
015060 Non-Categorical Tobacco Rebasing	(\$1,338.71)	\$0.00	(\$1,338.71)
015075 Transfer of Federal Grant from Another Agency	(\$1,071.00)	\$0.00	(\$1,071.00)
018000 Refunds	(\$201.81)	(\$670.35)	(\$872.16)
<b>Environmental Health Subtotal</b>	(\$375,519.25)	(\$286,137.46)	(\$661,656.71)
<b>Unallocated Revenue</b>			
001093 CHD On-line Billing Fee	\$0.00	\$0.00	\$0.00
008034 BCC Contribution from General Fund	\$0.00	\$0.01	\$0.01
015050 NON CATEGORICAL GENERAL REVENUE	\$41.69	\$0.00	\$41.69
015060 Non-Categorical Tobacco Rebasing	\$0.63	\$0.00	\$0.63
018000 Refunds	\$0.09	\$0.00	\$0.09
<b>Unallocated Revenue Subtotal</b>	\$42.41	\$0.01	\$42.42
<b>Non-Operating</b>			
001206 Central Office Surcharge	(\$31,786.33)	\$0.00	(\$31,786.33)
<b>Non-Operating Subtotal</b>	(\$31,786.33)	\$0.00	(\$31,786.33)
<b>Total Revenue</b>	(\$3,347,738.91)	(\$3,931,474.45)	(\$7,279,213.36)
<b>Expenditures Contract - YTD</b>			
Communicable Disease	\$927,422.95	\$1,229,320.58	\$2,156,743.54
Primary Care	\$2,118,934.42	\$2,745,712.58	\$4,864,647.00
Environmental Health	\$384,024.98	\$396,409.85	\$780,434.82
Non-Operating	\$153,720.27	\$119,089.00	\$272,809.27
<b>Total Expenditures</b>	\$3,584,102.62	\$4,490,532.01	\$8,074,634.62
<b>Change in Fund Balance</b>	\$236,364	\$559,058	\$795,421
<b>Ending Equity Balance</b>	(\$141,454)	(\$354,207)	(\$495,661)

## Jack Allen

---

**From:** Mary Carson  
**Sent:** Friday, August 23, 2013 10:10 AM  
**To:** Gary Stanford; Jack Allen; Dave Parisot; Kelly Windes; Nathan Boyles; Wayne Harris; Ernie Padgett  
**Cc:** Don Amunds  
**Subject:** FW: Core Contract Quarterly Reports  
**Attachments:** OCHD-BCC.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Sir

The Okaloosa County Health Department quarterly core contract reports is attached.

Thank you,

*Mary L. Carson*

**MARY L. CARSON**  
Executive Assistant II  
Board of County Commissioners Office  
302 North Wilson Street, Suite 302  
Crestview, FL 32536  
Phone: 850.689.5030  
Fax: 850.689.5025  
[mcarson@co.okaloosa.fl.us](mailto:mcarson@co.okaloosa.fl.us)  
Facebook & Twitter: [http://www.co.okaloosa.fl.us/cc\\_social\\_media.html](http://www.co.okaloosa.fl.us/cc_social_media.html)  
YouTube: <http://www.youtube.com/user/CountyOkaloosaTV>

"Please note: Due to Florida's very broad public records laws, most written communications to or from County employees regarding County business are public records, available to the public and media upon request. Therefore, this written e-mail communication, including your e-mail address, may be subject to public disclosure."

---

**From:** Darlene Pourcillie@doh.state.fl.us [[mailto:Darlene\\_Pourcillie@doh.state.fl.us](mailto:Darlene_Pourcillie@doh.state.fl.us)]  
**Sent:** Friday, August 23, 2013 10:06 AM  
**To:** Don Amunds  
**Cc:** Mary Carson; [Susan\\_Wagner@doh.state.fl.us](mailto:Susan_Wagner@doh.state.fl.us)  
**Subject:** RE: Core Contract Quarterly Reports

So sorry, forgot the attachment.

Thank you,

**Darlene Pourcillie**  
*Budget Specialist*  
Florida Department of Health  
Okaloosa County  
[www.HealthyOkaloosa.com](http://www.HealthyOkaloosa.com)

221 Hospital Drive NE, Ft Walton Bch, FL 32548

**office** 850/833-9240 x2237

**fax** 850/833-9252

**LIKE US on Facebook** [FLDepartmentofHealth](#)

**FOLLOW US on Twitter** [@HealthyFla](#)

**DOH Online Newsroom** <http://newsroom.doh.state.fl.us/>

Please Note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your email communication may be subject to public disclosure.

**From:** Pourcillie, Darlene M

**Sent:** Friday, August 23, 2013 9:43 AM

**To:** [damunds@co.okaloosa.fl.us](mailto:damunds@co.okaloosa.fl.us)

**Cc:** 'Mary Carson' ([mcarterson@co.okaloosa.fl.us](mailto:mcarterson@co.okaloosa.fl.us)); Wagner, Susan

**Subject:** Core Contract Quarterly Reports

Chairman Amunds,

Please see the attached quarterly core contract reports for the Okaloosa County Health Department.

Thank you, Have a good day.

**Darlene Pourcillie**

*Budget Specialist*

Florida Department of Health

Okaloosa County

[www.HealthyOkaloosa.com](http://www.HealthyOkaloosa.com)

221 Hospital Drive NE, Ft Walton Bch, FL 32548

**office** 850/833-9240 x2237

**fax** 850/833-9252

**LIKE US on Facebook** [FLDepartmentofHealth](#)

**FOLLOW US on Twitter** [@HealthyFla](#)

**DOH Online Newsroom** <http://newsroom.doh.state.fl.us/>

Please Note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your email communication may be subject to public disclosure.

Rick Scott  
Governor



John H. Armstrong, MD, FACS  
Surgeon General & Secretary

November 28, 2012

The Honorable Don Amunds, Chairman  
Okaloosa Board of County Commissioners  
302 N Wilson Street, Suite 203  
Crestview, FL 32536

**CONTRACT # C97-0025-HD**  
**FLORIDA DEPARTMENT OF HEALTH**  
**OKALOOSA CO. HEALTH OPERATION FUNDING**  
**EXPIRES: 09/30/2013**

Dear Chairman Amunds:

Enclosed is the report of activities and expenditures of the Okaloosa County Health Department for the periods October 1, 2011 through September 30, 2012. Chapter 154, F.S., and the contract between the Department of Health and Okaloosa County require these reports be submitted on a quarterly basis.

These reports are made up of the following sub-reports produced by the Department's Contract Management System.

1. DE 385 – "Contract Management Variance Report" which compares the planned services, clients/units, FTEs and expenditures with actual figures.
2. DE 580 – "Analysis of Fund Equities" shows total CHD year-to-date revenues, expenditures, beginning cash balance and year-to-date equity. In accordance with Chapter 154, this report also splits cash balances/equity into state and county components.

If you have any questions, please feel free to contact Susan Wagner at 833-9233 extension 2137.

Sincerely,

A handwritten signature in black ink, appearing to read "Karen A. Chapman".

Karen A. Chapman, M.D., M.P.H.  
Director  
Okaloosa County Health Department

Enclosure(s)



**Florida Department of Health County Health Department**

**Contract Management System**

**Variance Report**

**Okaloosa CHD for Report Period 10/2011 to 9/2012**

Run date: 10/16/2012

Program Component / Title	F T E S			Clients or Units			Visits or Services			Expenditures		
	Reported	Planned	Percent Variance	Reported	Planned	Percent Variance	Reported	Planned	Percent Variance	Reported	Planned	Percent Variance
1 Immunization	5.29	4.27	23.89	3,482	5,874	-40.72	10,378	7,743	34.03	\$244,968	\$262,928	-6.83
2 Sexually Trans. Dis.	7.91	7.69	2.86	1,858	1,824	1.86	8,924	3,123	185.75	\$489,733	\$444,138	10.27
3 AIDS	6.50	6.44	0.93	403	222	81.53	4,314	1,431	201.47	\$603,024	\$561,192	7.45
4 Tuberculosis	2.96	1.92	54.17	97	24	304.17	406	540	-24.81	\$80,453	\$72,535	10.92
6 Comm. Dis. Surv.	7.06	6.42	9.97	0	0		1,631	618	163.92	\$283,137	\$253,175	11.83
9 Hepatitis	0.22	0.12	83.33	13	24	-45.83	8	96	-91.67	\$4,549	\$2,859	59.13
16 Preparedness and Response	4.78	4.69	1.92	0	0		7	48	-85.42	\$264,560	\$242,773	8.97
80 Vital Records	2.78	2.60	6.92	8,663	8,148	6.32	20,922	21,600	-3.14	\$111,838	\$112,013	-0.16
<b>Communicable Disease Total</b>	<b>37.50</b>	<b>34.15</b>	<b>9.81</b>	<b>14,516</b>	<b>16,116</b>	<b>-9.93</b>	<b>46,590</b>	<b>35,199</b>	<b>32.36</b>	<b>\$2,082,264</b>	<b>\$1,951,613</b>	<b>6.69</b>
10 Chronic Disease Prevention Pro	0.58	0.70	-17.14	0	0		4	36	-88.89	\$7,305	\$3,662	99.49
12 Tobacco Use Intervention	2.58	2.58	0.00	0	0		320	1,140	-71.93	\$197,884	\$188,226	5.13
21 WIC	27.10	27.36	-0.95	6,937	9,948	-30.27	62,868	35,070	79.26	\$1,170,272	\$1,111,159	5.32
23 Family Planning	12.46	12.43	0.24	3,699	3,945	-6.24	23,699	8,649	174.01	\$823,167	\$734,813	12.02
25 Improved Pregnancy Outcome	0.00	0.00		0	0		0	0		\$0	\$0	
27 Healthy Start Prenatal	6.99	7.80	-10.38	998	3,144	-68.26	13,627	9,300	46.53	\$409,175	\$377,265	8.46
29 Comprehensive Child Health	0.88	0.44	100.00	415	396	4.80	968	600	61.33	\$35,835	\$36,354	-1.43
31 Healthy Start Child	2.70	2.58	4.65	1,441	2,811	-48.74	10,655	5,799	83.74	\$135,065	\$125,765	7.39
34 School Health	4.80	4.55	5.49	0	0		295,595	243,000	21.64	\$293,065	\$288,634	1.54
37 Comprehensive Adult Health	15.88	15.88	0.00	1,926	1,767	9.00	13,126	8,244	59.22	\$1,451,377	\$1,498,256	-3.13
38 Community Health Development	0.76	0.54	40.74	0	0		231	0		\$73,781	\$87,791	-15.96
40 Dental Health	8.42	9.69	-13.11	1,867	2,013	-7.25	19,803	4,842	308.98	\$749,108	\$656,141	14.17
<b>Primary Care Total</b>	<b>83.15</b>	<b>84.55</b>	<b>-1.66</b>	<b>17,283</b>	<b>24,024</b>	<b>-28.06</b>	<b>440,896</b>	<b>316,680</b>	<b>39.22</b>	<b>\$5,346,035</b>	<b>\$5,108,066</b>	<b>4.66</b>
Water & Onsite Sewage	5.09	5.49	-7.29	1,516	1,527	-0.72	2,684	3,135	-14.39	\$325,328	\$359,792	-9.58
Facility Programs	6.23	5.56	12.05	851	960	-11.35	2,696	3,384	-20.33	\$338,542	\$328,753	2.98
Groundwater Contamination Program	0.24	0.16	50.00	16	15	6.67	45	39	15.38	\$15,857	\$10,214	55.24
Community Hygiene	2.04	1.82	12.09	477	891	-46.46	1,254	1,479	-15.21	\$98,897	\$92,930	6.42
<b>Environmental Health Total</b>	<b>13.60</b>	<b>13.03</b>	<b>4.37</b>	<b>2,860</b>	<b>3,393</b>	<b>-15.71</b>	<b>6,679</b>	<b>8,037</b>	<b>-16.90</b>	<b>\$778,624</b>	<b>\$791,689</b>	<b>-1.65</b>
<b>Grand Total</b>	<b>134.25</b>	<b>131.73</b>	<b>1.91</b>	<b>34,659</b>	<b>43,533</b>	<b>-20.38</b>	<b>494,165</b>	<b>359,916</b>	<b>37.30</b>	<b>\$8,206,923</b>	<b>\$7,851,368</b>	<b>4.53</b>

**Florida Department of Health County Health Department**

**Contract Management System**

**Analysis of Fund Equities**

**Okaloosa County for Report Period 7/2012 to 9/2012**

Run date: 10/05/2012

	State	County	Total
Fund Balance 07/12	(\$377,817.80)	(\$913,264.41)	(\$1,291,082.21)
<b>Revenue Contract - YTD</b>			
<b>Communicable Disease</b>			
001009 Debit Memo - Bad Checks	\$0.00	\$25.57	\$25.57
001029 3rd Party Reimbursements	\$0.00	(\$7,042.83)	(\$7,042.83)
001077 Clinic Fee - County	\$0.00	(\$10,195.81)	(\$10,195.81)
001078 MEDICAID ADMINISTRATION OF VACCINE	\$0.00	(\$6,050.00)	(\$6,050.00)
001087 MEDICAID STD	\$0.00	(\$13,365.76)	(\$13,365.76)
001089 MEDICAID AIDS	\$0.00	(\$3,967.32)	(\$3,967.32)
001090 Medicare - Part B	\$0.00	(\$2,024.66)	(\$2,024.66)
001114 Vital Statistics - Birth Certificate	\$0.00	(\$13,098.00)	(\$13,098.00)
001115 Vital Statistics - Death Certificate	\$0.00	(\$33,890.00)	(\$33,890.00)
001117 Vital Statistics - Administrative Fee	\$0.00	(\$1,091.50)	(\$1,091.50)
004010 Cash Overage Shortage	\$0.00	(\$1.52)	(\$1.52)
005041 Interest Earned - State Investment Account	\$0.00	(\$1,716.66)	(\$1,716.66)
007000 Federal Grants	(\$42,646.45)	\$0.00	(\$42,646.45)
007010 U.S. Grants - Direct to CHD	\$0.00	(\$69,334.68)	(\$69,334.68)
008034 BCC Contribution from General Fund	\$0.00	(\$59,904.29)	(\$59,904.29)
011000 Grants and Donations	\$0.00	(\$1,249.39)	(\$1,249.39)
012021 Service Charge on Returned Check	\$0.00	(\$6.73)	(\$6.73)
015040 CATEGORICAL GENERAL REVENUE	(\$41,307.00)	\$0.00	(\$41,307.00)
015050 NON CATEGORICAL GENERAL REVENUE	(\$136,695.96)	\$0.00	(\$136,695.96)
015060 Non-Categorical Tobacco Rebasing	(\$1,770.73)	\$0.00	(\$1,770.73)
018000 Refunds	(\$632.99)	(\$509.40)	(\$1,142.38)
<b>Communicable Disease Subtotal</b>	<b>(\$223,053.12)</b>	<b>(\$223,422.97)</b>	<b>(\$446,476.09)</b>
<b>Primary Care</b>			
001009 Debit Memo - Bad Checks	\$0.00	\$60.79	\$60.79
001029 3rd Party Reimbursements	\$0.00	(\$8,997.43)	(\$8,997.43)
001077 Clinic Fee - County	\$0.00	(\$21,339.38)	(\$21,339.38)
001082 MEDICAID DENTAL	\$0.00	(\$151,372.00)	(\$151,372.00)
001083 Medicaid-Family Planning	\$0.00	(\$93,462.90)	(\$93,462.90)
001090 Medicare - Part B	\$0.00	(\$641.40)	(\$641.40)
001192 MEDICAID COMPREHENSIVE CHILD	\$0.00	(\$3,408.00)	(\$3,408.00)
001193 MEDICAID COMPREHENSIVE ADULT	\$0.00	(\$9,560.61)	(\$9,560.61)
004010 Cash Overage Shortage	\$0.00	(\$3.62)	(\$3.62)
005041 Interest Earned - State Investment Account	\$0.00	(\$4,082.00)	(\$4,082.00)
007000 Federal Grants	(\$277,751.58)	\$0.00	(\$277,751.58)
008034 BCC Contribution from General Fund	\$0.00	(\$142,444.94)	(\$142,444.94)
011001 Healthy Start Coalition	\$0.00	(\$78,733.86)	(\$78,733.86)
012021 Service Charge on Returned Check	\$0.00	(\$16.00)	(\$16.00)
015010 Transfers Within Agency	(\$78,700.66)	\$0.00	(\$78,700.66)
015040 CATEGORICAL GENERAL REVENUE	(\$76,296.00)	\$0.00	(\$76,296.00)
015050 NON CATEGORICAL GENERAL REVENUE	(\$143,758.31)	\$0.00	(\$143,758.31)
015060 Non-Categorical Tobacco Rebasing	(\$1,862.21)	\$0.00	(\$1,862.21)
018000 Refunds	(\$665.69)	(\$1,211.28)	(\$1,876.97)
<b>Primary Care Subtotal</b>	<b>(\$579,034.45)</b>	<b>(\$515,212.62)</b>	<b>(\$1,094,247.07)</b>
<b>Environmental Health</b>			
001009 Debit Memo - Bad Checks	\$0.00	\$8.64	\$8.64

**Florida Department of Health County Health Department**  
**Contract Management System**  
**Analysis of Fund Equities**  
**Okaloosa County for Report Period 7/2012 to 9/2012**  
 Run date: 10/05/2012

	State	County	Total	
<b>Environmental Health</b>				
001020	Environmental Health Permits	(\$41,776.10)	\$0.00	(\$41,776.10)
001092	Environmental Health Fee - State	(\$31,117.40)	\$0.00	(\$31,117.40)
001094	Environmental Health Fee - County	\$0.00	(\$41,101.50)	(\$41,101.50)
004010	Cash Overage Shortage	\$0.00	(\$0.51)	(\$0.51)
005041	Interest Earned - State Investment Account	\$0.00	(\$580.09)	(\$580.09)
007000	Federal Grants	(\$2,685.56)	\$0.00	(\$2,685.56)
008034	BCC Contribution from General Fund	\$0.00	(\$20,242.78)	(\$20,242.78)
010300	SALE OF GOODS AND SERVICES TO STATE AGENCIES	\$0.00	(\$360.00)	(\$360.00)
012021	Service Charge on Returned Check	\$0.00	(\$2.27)	(\$2.27)
015010	Transfers Within Agency	(\$694.00)	\$0.00	(\$694.00)
015050	NON CATEGORICAL GENERAL REVENUE	(\$28,448.56)	\$0.00	(\$28,448.56)
015060	Non-Categorical Tobacco Rebasing	(\$368.52)	\$0.00	(\$368.52)
018000	Refunds	(\$134.21)	(\$174.21)	(\$308.43)
<b>Environmental Health Subtotal</b>		<b>(\$105,224.35)</b>	<b>(\$62,452.73)</b>	<b>(\$167,677.08)</b>
<b>Unallocated Revenue</b>				
008034	BCC Contribution from General Fund	\$0.00	\$0.00	\$0.00
015050	NON CATEGORICAL GENERAL REVENUE	(\$9,769.17)	\$0.00	(\$9,769.17)
015060	Non-Categorical Tobacco Rebasing	(\$126.55)	\$0.00	(\$126.55)
018000	Refunds	(\$45.24)	\$0.00	(\$45.24)
<b>Unallocated Revenue Subtotal</b>		<b>(\$9,940.96)</b>	<b>\$0.00</b>	<b>(\$9,940.96)</b>
<b>Projects</b>				
<b>Projects Subtotal</b>		<b>(\$7,840.50)</b>	<b>(\$40.00)</b>	<b>(\$7,880.50)</b>
<b>Total Revenue</b>		<b>(\$925,093.38)</b>	<b>(\$801,128.32)</b>	<b>(\$1,726,221.70)</b>
<b>Expenditures Contract - YTD</b>				
<b>Communicable Disease</b>		<b>\$223,053.12</b>	<b>\$273,572.68</b>	<b>\$496,625.80</b>
<b>Primary Care</b>		<b>\$504,255.95</b>	<b>\$695,670.52</b>	<b>\$1,199,926.47</b>
<b>Environmental Health</b>		<b>\$87,965.11</b>	<b>\$77,880.98</b>	<b>\$165,846.09</b>
<b>Projects</b>		<b>\$51,769.39</b>	<b>\$60,566.00</b>	<b>\$112,335.39</b>
<b>Total Expenditures</b>		<b>\$867,043.57</b>	<b>\$1,107,690.18</b>	<b>\$1,974,733.75</b>
<b>Change in Fund Balance</b>		<b>(\$58,060)</b>	<b>\$306,562</b>	<b>\$248,512</b>
<b>Ending Equity Balance</b>		<b>(\$435,868)</b>	<b>(\$606,703)</b>	<b>(\$1,042,570)</b>

EXHIBIT D

RECEIVED AUG 27 2012  
FK

CONTRACT & LEASE  
INTERNAL COORDINATION SHEET

Contract/Lease Number: C97-0025-HD Tracking Number: 472-72  
 Contractor/Lessee Name: Florida Dept. of Health  
 Purpose: Funding Contract/Health Dept. Operations  
 Date/Term: Oct. 1, 2012 - Sept. 30, 2013 1.  GREATER THAN \$50,000  
 Amount: \$620,301.00 2.  GREATER THAN \$25,001  
 Department: OCPIH 3.  \$25,000 OR LESS  
 Dept. Monitor Name: Dr. Chapman

Purchasing Review

Procurement requirements are met:

[Signature]  
Contracts & Lease Coordinator

Date: 8/27/12

Risk Management Review

Approved as written:

[Signature]  
Risk Management Director

no provision in  
here for liability  
med mal practices  
GRR  
Date: 8-29-12

County Attorney Review

Approved as written:

[Signature]  
County Attorney

Date: 9/5/12

Following Okaloosa County approval:

Contract & Grant

Document has been received:

\_\_\_\_\_  
Contracts & Grants Manager

Date: \_\_\_\_\_

**CONTRACT BETWEEN  
OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS  
AND  
STATE OF FLORIDA DEPARTMENT OF HEALTH  
FOR OPERATION OF  
THE OKALOOSA COUNTY HEALTH DEPARTMENT  
CONTRACT YEAR 2012-2013**

This agreement ("Agreement") is made and entered into between the State of Florida, Department of Health ("State") and the Okaloosa County Board of County Commissioners ("County"), through their undersigned authorities, effective October 1, 2012.

**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. Okaloosa 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, 2012, through September 30, 2013, or until a written agreement replacing this Agreement is entered into between the parties, whichever is later, unless this Agreement is otherwise terminated pursuant to the termination provisions set forth in paragraph 8, below.

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

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

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

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

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

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

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

*i. The State's appropriated responsibility (direct contribution excluding any state fees, Medicaid contributions or any other funds not listed on the Schedule C) as provided in Attachment II, Part II is an amount not to exceed \$ 3,482,644 (State General Revenue, State Funds, Other State Funds and Federal Funds listed on the Schedule C). The State's obligation to pay under this contract is contingent upon an annual appropriation by the Legislature.*

*ii. The County's appropriated responsibility (direct contribution excluding any fees, other cash or local contributions) as provided in Attachment II, Part II is an amount not to exceed \$620,301 (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  
Okaloosa County  
221 Hospital Dr NE  
Fort Walton Beach, FL 32548

5. CHD DIRECTOR/ADMINISTRATOR. Both parties agree the director/administrator of the CHD shall be a State employee or under contract with the State and will be under the day-to-day direction of the Deputy State Health Officer. The director/administrator shall be selected by the State with the concurrence of the County. The director/administrator of the CHD shall insure that non-categorical sources of funding are used to fulfill public health priorities in the community and the Long Range Program Plan. A report detailing the status of public health as measured by outcome measures and similar indicators will be sent by the CHD director/administrator to the parties no later than October 1 of each year (*This is the standard quality assurance "County Health Profile" report located on the Office of Planning, Evaluation & Data Analysis Intranet site*).

6. ADMINISTRATIVE POLICIES AND PROCEDURES. The parties hereto agree that the following standards should apply in the operation of the CHD:

a. The CHD and its personnel shall follow all State policies and procedures, except to the extent permitted for the use of county purchasing procedures as set forth in subparagraph b., below. All CHD employees shall be State or State-contract personnel subject to State personnel rules and procedures. Employees will report time in the Health Management System compatible format by program component as specified by the State.

b. The CHD shall comply with all applicable provisions of federal and state laws and regulations relating to its operation with the exception that the use of county purchasing procedures shall be allowed when it will result in a better price or service and no statewide Department of Health purchasing contract has been implemented for those goods or services. In such cases, the CHD director/administrator must sign a justification therefore, and all county-purchasing procedures must be followed in their entirety, and such compliance shall be documented. Such justification and compliance documentation shall

be maintained by the CHD in accordance with the terms of this Agreement. State procedures must be followed for all leases on facilities not enumerated in Attachment IV.

c. The CHD shall maintain books, records and documents in accordance with those promulgated by the Generally Accepted Accounting Principles (GAAP) and Governmental Accounting Standards Board (GASB), and the requirements of federal or state law. These records shall be maintained as required by the Department of Health Policies and Procedures for Records Management and shall be open for inspection at any time by the parties and the public, except for those records that are not otherwise subject to disclosure as provided by law which are subject to the confidentiality provisions of paragraph 6.i., below. Books, records and documents must be adequate to allow the CHD to comply with the following reporting requirements:

- i.* The revenue and expenditure requirements in the Florida Accounting System Information Resource (FLAIR).
- ii.* The client registration and services reporting requirements of the minimum data set as specified in the most current version of the Client Information System/Health Management Component Pamphlet;
- iii.* Financial procedures specified in the Department of Health's Accounting Procedures Manuals, Accounting memoranda, and Comptroller's memoranda;
- iv.* The CHD is responsible for assuring that all contracts with service providers include provisions that all subcontracted services be reported to the CHD in a manner consistent with the client registration and service reporting requirements of the minimum data set as specified in the Client Information System/Health Management Component Pamphlet.

d. All funds for the CHD shall be deposited in the County Health Department Trust Fund maintained by the state treasurer. These funds shall be accounted for separately from funds deposited for other CHDs and shall be used only for public health purposes in Okaloosa 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. 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, 2013 for the report period October 1, 2012 through December 31, 2012;
- ii. June 1, 2013 for the report period October 1, 2012 through March 31, 2013;
- iii. September 1, 2013 for the report period October 1, 2012 through June 30, 2013; and
- iv. December 1, 2013 for the report period October 1, 2012 through September 30, 2013.

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, 2013, it is agreed that the performance and payment under this Agreement are contingent upon an annual appropriation by the Legislature, in accordance with section 287.0582, Florida Statutes.

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

For the State:

For the County:

Laura T. Green  
Name

Gary Stanford  
Name

Business Manager  
Title

Finance Director  
Title

221 Hospital Dr NE

101 E James Lee Blvd

Fort Walton Beach, FL 32548  
Address

Crestview, FL 32536  
Address

(850) 833-9233  
Telephone

(850) 689-5639  
Telephone


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

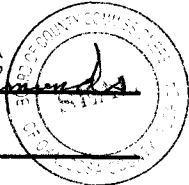
c. Captions. The captions and headings contained in this Agreement are for the convenience of the parties only and do not in any way modify, amplify, or give additional notice of the provisions hereof.

In WITNESS THEREOF, the parties hereto have caused this 25 page agreement to be executed by their undersigned officials as duly authorized effective the 1<sup>st</sup> day of October, 2012.

**BOARD OF COUNTY COMMISSIONERS  
FOR OKALOOSA COUNTY**

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

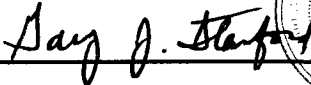
SIGNED BY:   
NAME: Don Amunds

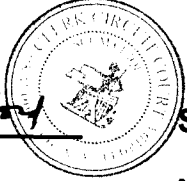


TITLE: Chairman

DATE: Sept. 4, 2012

ATTESTED TO:

SIGNED BY: 



NAME: Gary Stanford

TITLE: Finance Director


DATE: Sept 10, 2012

SIGNED BY: 

NAME: John H. Armstrong, MD

TITLE: Surgeon General/Secretary of Health

DATE: 10/23/12

SIGNED BY: 

NAME: Karen Chapman, MD, MPH

TITLE: CHD Director

DATE: 8/24/12

## ATTACHMENT I

### OKALOOSA COUNTY HEALTH DEPARTMENT

#### PROGRAM SPECIFIC REPORTING REQUIREMENTS AND PROGRAMS REQUIRING COMPLIANCE WITH THE PROVISIONS OF SPECIFIC MANUALS

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

<u>Service</u>	<u>Requirement</u>
1. Sexually Transmitted Disease Program	Requirements as specified in FAC 64D-3, F.S. 381 and F.S. 384 and the CHD Guidebook.
2. Dental Health	Monthly reporting on DH Form 1008*. Additional reporting requirements, under development, will be required. The additional reporting requirements will be communicated upon finalization.
3. Special Supplemental Nutrition Program for Women, Infants and Children (including the WIC Breastfeeding Peer Counseling Program)	Service documentation and monthly financial reports as specified in DHM 150-24* and all federal, state and county requirements detailed in program manuals and published procedures.
4. Healthy Start/ Improved Pregnancy Outcome	Requirements as specified in the 2007 Healthy Start Standards and Guidelines and as specified by the Healthy Start Coalitions in contract with each county health department.
5. Family Planning	Periodic financial and programmatic reports as specified by the program office and in the CHD Guidebook, Internal Operating Policy FAMPLAN 14*
6. Immunization	Periodic reports as specified by the department regarding the surveillance/investigation of reportable vaccine preventable diseases, vaccine usage accountability as documented in Florida SHOTS, the assessment of various immunization levels as documented in Florida SHOTS and forms reporting adverse events following immunization.
7. Environmental Health	Requirements as specified in Environmental Health Programs Manual 150-4* and DHP 50-21*
8. HIV/AIDS Program	Requirements as specified in F.S. 384.25 and 64D-3.016 and 3.017 F.A.C. and the CHD Guidebook. Case reporting should be on Adult HIV/AIDS Confidential Case Report CDC Form DH2139 and Pediatric HIV/AIDS Confidential Case Report CDC Form DH2140. Socio-

ATTACHMENT I (Continued)

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

9. School Health Services

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

10. Tuberculosis

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

11. General Communicable Disease Control

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

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

ATTACHMENT II

OKALOOSA COUNTY HEALTH DEPARTMENT

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

	Estimated State Share of CHD Trust Fund Balance	Estimated County Share of CHD Trust Fund Balance	Total
1. CHD Trust Fund Ending Balance 09/30/12	356,753	873,430	1,230,183
2. Drawdown for Contract Year October 1, 2012 to September 30, 2013	189,288	118,047	307,335
3. Special Capital Project use for Contract Year October 1, 2012 to September 30, 2013	-	-	0
4. Balance Reserved for Contingency Fund October 1, 2012 to September 30, 2013	167,465	755,383	922,848

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



**ATTACHMENT II.**

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

October 1, 2012 to September 30, 2013

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>1. GENERAL REVENUE - STATE</b>					
015040 AIDS PREVENTION	20,920	0	20,920	0	20,920
015040 AIDS SURVEILLANCE	0	0	0	0	0
015040 ALG/CESSPOOL IDENTIFICATION AND ELIMINATION	0	0	0	0	0
015040 ALG/CONTR TO CHDS-AIDS PATIENT CARE	100,000	0	100,000	0	100,000
015040 ALG/CONTR TO CHDS-AIDS PATIENT CARE NETWORK	0	0	0	0	0
015040 ALG/CONTR TO CHDS-SOVEREIGN IMMUNITY	0	0	0	0	0
015040 MINORITY OUTREACH-PENALVER CLINIC - MIAMI-DADE	0	0	0	0	0
015040 PREPAREDNESS GRANT MATCH	0	0	0	0	0
015040 SCHOOL HEALTH GENERAL REVENUE	0	0	0	0	0
015040 STATEWIDE DENTISTRY NETWORK - ESCAMBIA	0	0	0	0	0
015040 STD GENERAL REVENUE	0	0	0	0	0
015040 TREASURE COAST MIDWIFERY - MARTIN	0	0	0	0	0
015040 HEALTHY START MED-WAIVER - CLIENT SERVICES	0	0	0	0	0
015040 JESSIE TRICE CANCER CTR/HEALTH CHOICE - MIAMI-DADE	0	0	0	0	0
015040 LA LIGA-LEAGUE AGAINST CANCER - MIAMI-DADE	0	0	0	0	0
015040 MANATEE COUNTY RURAL HEALTH SERVICES	0	0	0	0	0
015040 METRO ORLANDO URBAN LEAGUE - ORANGE	0	0	0	0	0
015040 MIGRANT LABOR CAMP SANITATION	0	0	0	0	0
015040 DENTAL SPECIAL INITIATIVES	6,541	0	6,541	0	6,541
015040 DUVAL TEEN PREGANCY PREVENTION - DUVAL	0	0	0	0	0
015040 FAMILY PLANNING GENERAL REVENUE	53,579	0	53,579	0	53,579
015040 FL CLPPP SCREENING & CASE MANAGEMENT	0	0	0	0	0
015040 FL HEPATITIS & LIVER FAILURE PREVENTION/CONTROL	0	0	0	0	0
015040 HEALTHY START MED WAIVER - SOBRA	0	0	0	0	0
015040 ALG/IPO HEALTHY START/IPO	0	0	0	0	0
015040 ALG/PRIMARY CARE	0	0	0	0	0
015040 BREAST & CERVICAL - ADMINISTRATION/CASE MANAGEMENT	0	0	0	0	0
015040 COMMUNITY SMILES - MIAMI-DADE	0	0	0	0	0
015040 COMMUNITY TB PROGRAM	44,317	0	44,317	0	44,317
015040 COUNTY SPECIFIC DENTAL PROJECTS - ESCAMBIA	0	0	0	0	0
015050 NON-CATEGORICAL GENERAL REVENUE	1,089,454	0	1,089,454	0	1,089,454
<b>GENERAL REVENUE TOTAL</b>	<b>1,314,811</b>	<b>0</b>	<b>1,314,811</b>	<b>0</b>	<b>1,314,811</b>
<b>2. NON GENERAL REVENUE - STATE</b>					
015010 SUPERACT	6,000	0	6,000	0	6,000
015010 ALG/CONTR. TO CHDS-SAFE DRINKING WATER PRG	0	0	0	0	0
015010 INDIRECT COST REIMBURSEMENTS	56,140	0	56,140	0	56,140
015010 FOOD AND WATERBORNE DISEASE PROGRAM ADM TF/DACS	0	0	0	0	0
015010 WIC PROGRAM FOOD COST SUPPLEMENTAL	18,443	0	18,443	0	18,443
015010 PUBLIC SWIMMING POOL PROGRAM	0	0	0	0	0
015010 SCHOOL HEALTH TOBACCO TF	177,240	0	177,240	0	177,240
015010 TOBACCO ADMINISTRATION & MANAGEMENT	0	0	0	0	0
015010 TOBACCO COMMUNITY INTERVENTION	146,830	0	146,830	0	146,830
015020 TRANSFER FROM ANOTHER STATE AGENCY	0	0	0	0	0
015020 TRANSFER FROM ANOTHER STATE AGENCY	0	0	0	0	0
015020 TRANSFER FROM ANOTHER STATE AGENCY	0	0	0	0	0
015060 NON-CATEGORICAL TOBACCO REBASING	16,507	0	16,507	0	16,507

**ATTACHMENT II.**

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

October 1, 2012 to September 30, 2013

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>NON GENERAL REVENUE TOTAL</b>	421,160	0	421,160	0	421,160
<b>3. FEDERAL FUNDS - State</b>					
007000 ABSTINENCE EDUCATION GRANT PROGRAM	0	0	0	0	0
007000 AIDS PREVENTION	0	0	0	0	0
007000 AIDS SURVEILLANCE	0	0	0	0	0
007000 BIOTERRORISM HOSPITAL PREPAREDNESS	25,000	0	25,000	0	25,000
007000 CHRONIC DISEASE PREVENTION & HEALTH PROMOTION	32,000	0	32,000	0	32,000
007000 COASTAL BEACH MONITORING PROGRAM	15,049	0	15,049	0	15,049
007000 TUBERCULOSIS CONTROL - FEDERAL GRANT	0	0	0	0	0
007000 UNINTENDED/UNWANTED PREG-TEEN PREGNANCY PREV	46,480	0	46,480	0	46,480
007000 WIC ADMINISTRATION	854,514	0	854,514	0	854,514
007000 WIC BREASTFEEDING PEER COUNSELING	61,798	0	61,798	0	61,798
007000 STD FEDERAL GRANT - CSPS	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 TEENAGE PREGNANCY PREVENTION REPLICATION	72,122	0	72,122	0	72,122
007000 TITLE X HIV/AIDS PROJECT	0	0	0	0	0
007000 TOBACCO FAITH BASED PROJECT	0	0	0	0	0
007000 RAPE PREVENTION & EDUCATION	0	0	0	0	0
007000 RYAN WHITE	0	0	0	0	0
007000 RYAN WHITE - EMERGING COMMUNITIES	0	0	0	0	0
007000 RYAN WHITE-AIDS DRUG ASSIST PROG-ADMIN	16,477	0	16,477	0	16,477
007000 RYAN WHITE-CONSORTIA	0	0	0	0	0
007000 SAFE SLEEP EDUCATION	0	0	0	0	0
007000 MINORITY INVOLVEMENT IN HIV/AIDS PROGRAM	0	0	0	0	0
007000 PHP - CITIES READINESS INITIATIVE	0	0	0	0	0
007000 PRECONCEPTION HEALTH CARE	0	0	0	0	0
007000 PREGNANCY ASSOCIATED MORTALITY PREVENTION	0	0	0	0	0
007000 PUBLIC HEALTH INFRASTRUCTURE COMP	1,074	0	1,074	0	1,074
007000 PUBLIC HEALTH PREPAREDNESS BASE	192,822	0	192,822	0	192,822
007000 IMMUNIZATION WIC LINKAGES	0	0	0	0	0
007000 MCH BGTF-GADSDEN SCHOOL CLINIC	0	0	0	0	0
007000 MCH BGTF-HEALTHY START COALITIONS	0	0	0	0	0
007000 MCH QUALITY IMPROVEMENT ACTIVITIES MCHBG	0	0	0	0	0
007000 MINORITY AIDS INITIATIVE	0	0	0	0	0
007000 MINORITY AIDS INITIATIVE TCE COLLABORATIVE	0	0	0	0	0
007000 FGTF/FAMILY PLANNING-TITLE X	97,508	0	97,508	0	97,508
007000 HEALTHY HOMES AND LEAD POISONING GRANT	0	0	0	0	0
007000 HIV HOUSING FOR PEOPLE LIVING WITH AIDS	0	0	0	0	0
007000 HIV INCIDENCE SURVEILLANCE	0	0	0	0	0
007000 IMMUNIZATION FEDERAL GRANT ACTIVITY SUPPORT	31,000	0	31,000	0	31,000
007000 IMMUNIZATION FIELD STAFF EXPENSE	0	0	0	0	0
007000 COLORECTAL CANCER SCREENING 2009-10	0	0	0	0	0
007000 DENTAL SERVICES	0	0	0	0	0
007000 ENHANCE COMPREHENSIVE PREVENTION PLANNING AND IMPL	0	0	0	0	0
007000 EXPANDED TESTING INITIATIVE (ETI)	0	0	0	0	0
007000 FGTF/AIDS MORBIDITY	0	0	0	0	0
007000 FGTF/BREAST & CERVICAL CANCER-ADMIN/CASE MAN	0	0	0	0	0

**ATTACHMENT II.**

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

October 1, 2012 to September 30, 2013

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>3. FEDERAL FUNDS - State</b>					
015009	MEDIPASS WAIVER-HLTHY STRT CLIENT SERVICES	0	0	0	0
015009	MEDIPASS WAIVER-SOBRA	0	0	0	0
007055	ARRA FEDERAL GRANT - SCHEDULE C	0	0	0	0
015075	SUMMER FEEDING PROGRAM INSPECTIONS	800	0	800	800
015075	SUMMER FOOD PROGRAM INSPECTIONS	0	0	0	0
<b>FEDERAL FUNDS TOTAL</b>	<b>1,446,644</b>	<b>0</b>	<b>1,446,644</b>	<b>0</b>	<b>1,446,644</b>
<b>4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE</b>					
001020	TANNING FACILITIES	4,843	0	4,843	4,843
001020	BODY PIERCING	0	0	0	0
001020	MIGRANT HOUSING PERMIT	0	0	0	0
001020	MOBILE HOME AND PARKS	13,262	0	13,262	13,262
001020	FOOD HYGIENE PERMIT	26,631	0	26,631	26,631
001020	BIOHAZARD WASTE PERMIT	0	0	0	0
001020	PRIVATE WATER CONSTR PERMIT	0	0	0	0
001020	PUBLIC WATER ANNUAL OPER PERMIT	0	0	0	0
001020	PUBLIC WATER CONSTR PERMIT	0	0	0	0
001020	NON-SDWA SYSTEM PERMIT	0	0	0	0
001020	SAFE DRINKING WATER	786	0	786	786
001020	SWIMMING POOLS	76,523	0	76,523	76,523
001092	OSTDS PERMIT FEE	126,787	0	126,787	126,787
001092	I & M ZONED OPERATING PERMIT	0	0	0	0
001092	AEROBIC OPERATING PERMIT	0	0	0	0
001092	SEPTIC TANK SITE EVALUATION	0	0	0	0
001092	NON SDWA LAB SAMPLE	0	0	0	0
001092	OSDS VARIANCE FEE	0	0	0	0
001092	ENVIRONMENTAL HEALTH FEES	1,990	0	1,990	1,990
001092	OSDS REPAIR PERMIT	0	0	0	0
001170	LAB FEE CHEMICAL ANALYSIS	0	0	0	0
001170	WATER ANALYSIS-POTABLE	0	0	0	0
001170	NONPOTABLE WATER ANALYSIS	0	0	0	0
010304	MQA INSPECTION FEE	0	0	0	0
001206	CENTRAL OFFICE SURCHARGE	27,055	0	27,055	27,055
<b>FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL</b>	<b>277,877</b>	<b>0</b>	<b>277,877</b>	<b>0</b>	<b>277,877</b>
<b>5. OTHER CASH CONTRIBUTIONS - STATE</b>					
010304	STATIONARY POLLUTANT STORAGE TANKS	0	0	0	0
090001	DRAW DOWN FROM PUBLIC HEALTH UNIT	94,842	0	94,842	94,842
<b>OTHER CASH CONTRIBUTIONS TOTAL</b>	<b>94,842</b>	<b>0</b>	<b>94,842</b>	<b>0</b>	<b>94,842</b>
<b>6. MEDICAID - STATE/COUNTY</b>					
001056	MEDICAID PHARMACY	0	0	0	0
001076	MEDICAID TB	0	0	0	0
001078	MEDICAID ADMINISTRATION OF VACCINE	0	24,725	24,725	24,725
001079	MEDICAID CASE MANAGEMENT	0	0	0	0
001081	MEDICAID CHILD HEALTH CHECK UP	0	0	0	0
001082	MEDICAID DENTAL	0	625,936	625,936	625,936

**ATTACHMENT II.**

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

October 1, 2012 to September 30, 2013

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total	
<b>6. MEDICAID - STATE/COUNTY</b>						
001083	MEDICAID FAMILY PLANNING	0	392,097	392,097	0	392,097
001087	MEDICAID STD	0	60,230	60,230	0	60,230
001089	MEDICAID AIDS	0	19,800	19,800	0	19,800
001147	MEDICAID HMO CAPITATION	0	0	0	0	0
001191	MEDICAID MATERNITY	0	0	0	0	0
001192	MEDICAID COMPREHENSIVE CHILD	0	14,500	14,500	0	14,500
001193	MEDICAID COMPREHENSIVE ADULT	0	37,600	37,600	0	37,600
001194	MEDICAID LABORATORY	0	0	0	0	0
001208	MEDIPASS \$3.00 ADM. FEE	0	0	0	0	0
001059	MEDICAID LOW INCOME POOL	0	1,196,003	1,196,003	0	1,196,003
001051	EMERGENCY MEDICAID	0	0	0	0	0
001058	MEDICAID - BEHAVIORAL HEALTH	0	0	0	0	0
001071	MEDICAID - ORTHOPEDIC	0	0	0	0	0
001072	MEDICAID - DERMATOLOGY	0	0	0	0	0
001075	MEDICAID - SCHOOL HEALTH CERTIFIED MATCH	0	0	0	0	0
001069	MEDICAID - REFUGEE HEALTH	0	0	0	0	0
001055	MEDICAID - HOSPITAL	0	0	0	0	0
001148	MEDICAID HMO NON-CAPITATION	0	0	0	0	0
001074	MEDICAID - NEWBORN SCREENING	0	0	0	0	0
<b>MEDICAID TOTAL</b>		0	2,370,891	2,370,891	0	2,370,891
<b>7. ALLOCABLE REVENUE - STATE</b>						
018000	REFUNDS	0	0	0	0	0
037000	PRIOR YEAR WARRANT	0	0	0	0	0
038000	12 MONTH OLD WARRANT	0	0	0	0	0
<b>ALLOCABLE REVENUE TOTAL</b>		0	0	0	0	0
<b>8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE</b>						
	PHARMACY SERVICES	0	0	0	96,057	96,057
	LABORATORY SERVICES	0	0	0	57,086	57,086
	TB SERVICES	0	0	0	0	0
	IMMUNIZATION SERVICES	0	0	0	580,727	580,727
	STD SERVICES	0	0	0	0	0
	CONSTRUCTION/RENOVATION	0	0	0	0	0
	WIC FOOD	0	0	0	3,614,880	3,614,880
	ADAP	0	0	0	385,495	385,495
	DENTAL SERVICES	0	0	0	0	0
	OTHER (SPECIFY)	0	0	0	0	0
	OTHER (SPECIFY)	0	0	0	0	0
<b>OTHER STATE CONTRIBUTIONS TOTAL</b>		0	0	0	4,734,245	4,734,245
<b>9. DIRECT LOCAL CONTRIBUTIONS - BCC/TAX DISTRICT</b>						
008010	CONTRIBUTION FROM CITY GOVERNMENT	0	0	0	0	0
008020	CONTRIBUTION FROM HEALTH CARE TAX NOT THRU BCC	0	0	0	0	0
008040	BCC GRANT/CONTRACT	0	0	0	0	0
008030	CONTRIBUTION FROM HEALTH CARE TAX	0	0	0	0	0
008034	BCC CONTRIBUTION FROM GENERAL FUND	0	620,301	620,301	0	620,301

**ATTACHMENT II.**

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

October 1, 2012 to September 30, 2013

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>DIRECT COUNTY CONTRIBUTION TOTAL</b>	0	620,301	620,301	0	620,301
<b>10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY</b>					
001060 CHD SUPPORT POSITION	0	0	0	0	0
001077 RABIES VACCINE	0	0	0	0	0
001077 CHILD CAR SEAT PROG	0	0	0	0	0
001077 PERSONAL HEALTH FEES	0	115,074	115,074	0	115,074
001077 AIDS CO-PAYS	0	0	0	0	0
001094 ADULT ENTER. PERMIT FEES	0	0	0	0	0
001094 LOCAL ORDINANCE FEES	0	138,423	138,423	0	138,423
001114 NEW BIRTH CERTIFICATES	0	45,884	45,884	0	45,884
001115 VITAL STATISTICS - DEATH CERTIFICATE	0	126,600	126,600	0	126,600
001117 VITAL STATS-ADM. FEE 50 CENTS	0	3,821	3,821	0	3,821
001073 CO-PAY FOR THE AIDS CARE PROGRAM	0	0	0	0	0
001025 CLIENT REVENUE FROM GRC	0	0	0	0	0
001040 CELL PHONE ADMINISTRATIVE FEE	0	0	0	0	0
<b>FEES AUTHORIZED BY COUNTY TOTAL</b>	0	429,802	429,802	0	429,802
<b>11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY</b>					
001009 RETURNED CHECK ITEM	0	0	0	0	0
001029 THIRD PARTY REIMBURSEMENT	0	73,092	73,092	0	73,092
001029 HEALTH MAINTENANCE ORGAN. (HMO)	0	0	0	0	0
001054 MEDICARE PART D	0	0	0	0	0
001077 RYAN WHITE TITLE II	0	0	0	0	0
001090 MEDICARE PART B	0	10,965	10,965	0	10,965
001190 HEALTH MAINTENANCE ORGANIZATION	0	0	0	0	0
005040 INTEREST EARNED	0	0	0	0	0
005041 INTEREST EARNED-STATE INVESTMENT ACCOUNT	0	29,798	29,798	0	29,798
007010 U.S. GRANTS DIRECT	0	344,103	344,103	0	344,103
008050 SCHOOL BOARD CONTRIBUTION	0	0	0	0	0
008060 SPECIAL PROJECT CONTRIBUTION	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	0	0	0	0
010409 SALE OF GOODS OUTSIDE STATE GOVERNMENT	0	0	0	0	0
011001 HEALTHY START COALITION CONTRIBUTIONS	0	423,603	423,603	0	423,603
011007 CASH DONATIONS PRIVATE	0	0	0	0	0
012020 FINES AND FORFEITURES	0	0	0	0	0
012021 RETURN CHECK CHARGE	0	0	0	0	0
028020 INSURANCE RECOVERIES-OTHER	0	0	0	0	0
090002 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	118,047	118,047	0	118,047
011000 GRANT DIRECT-NOVA UNIVERSITY CHD TRAINING	0	0	0	0	0
011000 GRANT-DIRECT-RYAN WHITE PART C CLIENT PAYMENTS	0	4,300	4,300	0	4,300
011000 GRANT DIRECT-COUNTY HEALTH DEPARTMENT DIRECT SERVICES	0	0	0	0	0
011000 DIRECT-ARROW	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT DIRECT-ARROW	0	0	0	0	0

**ATTACHMENT II.**

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

October 1, 2012 to September 30, 2013

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY</b>					
011000	GRANT DIRECT-QUANTUM DENTAL	0	0	0	0
011000	GRANT DIRECT-HEALTH CARE DISTRICT PAHOKEE	0	0	0	0
011000	GRANT-DIRECT	0	0	0	0
011000	GRANT-DIRECT	0	0	0	0
011000	GRANT-DIRECT	0	0	0	0
011000	GRANT-DIRECT	0	0	0	0
010402	RECYCLED MATERIAL SALES	0	0	0	0
010303	FDLE FINGERPRINTING	0	0	0	0
007050	ARRA FEDERAL GRANT	0	0	0	0
001010	RECOVERY OF BAD CHECKS	0	0	0	0
008065	FCO CONTRIBUTION	0	0	0	0
011006	RESTRICTED CASH DONATION	0	0	0	0
028000	INSURANCE RECOVERIES	0	0	0	0
001033	CMS MANAGEMENT FEE - PMPMPC	0	0	0	0
010400	SALE OF GOODS OUTSIDE STATE GOVERNMENT	0	0	0	0
010500	REFUGEE HEALTH	0	0	0	0
005045	INTEREST EARNED-THIRD PARTY PROVIDER	0	0	0	0
005043	INTEREST EARNED-CONTRACT/GRANT	0	0	0	0
010306	DOH/DOC INTERAGENCY AGREEMENT	0	0	0	0
011002	ARRA FEDERAL GRANT - SUB-RECIPIENT	0	0	0	0
011004	LOW INCOME POOL - SUBRECIPIENT	0	0	0	0
<b>OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL</b>	0	1,003,908	1,003,908	0	1,003,908
<b>12. ALLOCABLE REVENUE - COUNTY</b>					
018000	REFUNDS	0	0	0	0
037000	PRIOR YEAR WARRANT	0	0	0	0
038000	12 MONTH OLD WARRANT	0	0	0	0
<b>COUNTY ALLOCABLE REVENUE TOTAL</b>	0	0	0	0	0
<b>13. BUILDINGS - COUNTY</b>					
	ANNUAL RENTAL EQUIVALENT VALUE	0	0	440,412	440,412
	GROUNDS MAINTENANCE	0	0	0	0
	OTHER -JANITORIAL SERVICES	0	0	56,298	56,298
	INSURANCE	0	0	0	0
	UTILITIES	0	0	0	0
	OTHER (SPECIFY)	0	0	0	0
	BUILDING MAINTENANCE	0	0	0	0
<b>BUILDINGS TOTAL</b>	0	0	0	496,710	496,710
<b>14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY</b>					
	EQUIPMENT/VEHICLE PURCHASES	0	0	0	0
	VEHICLE INSURANCE	0	0	0	0
	VEHICLE MAINTENANCE	0	0	0	0
	OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0
	OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0
<b>OTHER COUNTY CONTRIBUTIONS TOTAL</b>	0	0	0	0	0

ATTACHMENT II

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

October 1, 2012 to September 30, 2013

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>GRAND TOTAL CHD PROGRAM</b>	3,555,334	4,424,902	7,980,236	5,230,955	13,211,191

**ATTACHMENT II  
OKALOOSA COUNTY HEALTH DEPARTMENT**

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

**October 1, 2012 to September 30, 2013**

	FTE's (0,00)	Clients Units	Services/ Visits	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd (Whole dollars only)	3rd	4th			
<b>A. COMMUNICABLE DISEASE CONTROL:</b>										
IMMUNIZATION (101)	4.18	5,500	7,000	59,100	53,921	66,262	58,290	80,915	156,658	237,573
STD (102)	7.42	1,900	3,500	116,852	103,603	124,411	110,953	111,382	344,437	455,819
HIV/AIDS PREVENTION (03A1)	0.90	94	331	12,077	10,481	12,360	11,143	46,061	0	46,061
HIV/AIDS SURVEILLANCE (03A2)	0.00	0	0	0	0	0	0	0	0	0
HIV/AIDS PATIENT CARE (03A3)	5.06	170	1,100	128,674	128,231	168,055	142,390	187,547	379,803	567,350
ADAP (03A4)	0.43	68	816	5,655	4,907	5,787	5,217	21,566	0	21,566
TB CONTROL SERVICES (104)	1.88	25	550	18,469	16,452	19,832	17,646	72,399	0	72,399
COMM. DISEASE SURV. (106)	6.42	0	1,000	68,415	60,390	72,254	64,581	153,461	112,179	265,640
HEPATITIS PREVENTION (109)	0.10	25	100	864	750	884	798	3,296	0	3,296
PUBLIC HEALTH PREP AND RESP (116)	3.00	0	50	72,625	12,848	95,892	81,044	217,822	104,587	322,409
VITAL STATISTICS (180)	2.60	8,150	21,600	30,242	27,220	33,090	29,296	0	119,848	119,848
<b>COMMUNICABLE DISEASE SUBTOTAL</b>	<b>31.99</b>	<b>15,932</b>	<b>36,047</b>	<b>512,973</b>	<b>478,803</b>	<b>598,827</b>	<b>521,358</b>	<b>894,449</b>	<b>1,217,512</b>	<b>2,111,961</b>
<b>B. PRIMARY CARE:</b>										
CHRONIC DISEASE SERVICES (210)	0.70	0	0	8,462	7,980	9,037	9,377	34,856	0	34,856
TOBACCO PREVENTION (212)	2.58	0	1,500	46,621	43,329	54,012	47,115	191,077	0	191,077
WIC (21W1)	22.40	8,100	33,000	289,451	265,017	326,582	286,820	1,167,870	0	1,167,870
WIC BREASTFEEDING PEER COUNSELING (21W2)	1.86	2,000	3,500	18,655	17,650	22,301	19,299	77,905	0	77,905
FAMILY PLANNING (223)	12.33	3,800	7,600	198,130	178,793	217,812	192,598	286,026	501,307	787,333
IMPROVED PREGNANCY OUTCOME (225)	0.00	0	0	0	0	0	0	0	0	0
HEALTHY START PRENATAL (227)	6.65	1,200	15,600	100,986	94,130	117,606	102,454	77,688	337,488	415,176
COMPREHENSIVE CHILD HEALTH (229)	0.44	400	600	10,050	9,020	10,940	9,699	0	39,709	39,709
HEALTHY START INFANT (231)	2.58	1,350	9,700	34,302	29,768	35,103	31,648	44,706	86,115	130,821
SCHOOL HEALTH (234)	4.55	0	243,000	69,805	61,450	73,356	65,654	270,265	0	270,265
COMPREHENSIVE ADULT HEALTH (237)	15.88	2,000	9,000	304,509	278,986	343,975	302,004	0	1,229,474	1,229,474
COMMUNITY HEALTH DEVELOPMENT (238)	0.54	0	0	7,956	6,971	7,191	8,148	1,074	29,192	30,266
DENTAL HEALTH (240)	8.10	1,932	4,760	174,879	159,115	195,113	171,858	69,999	630,966	700,965
<b>PRIMARY CARE SUBTOTAL</b>	<b>78.61</b>	<b>20,782</b>	<b>328,260</b>	<b>1,263,806</b>	<b>1,152,209</b>	<b>1,413,028</b>	<b>1,246,674</b>	<b>2,221,466</b>	<b>2,854,251</b>	<b>5,075,717</b>
<b>C. ENVIRONMENTAL HEALTH:</b>										
<b>Water and Onsite Sewage Programs</b>										
COASTAL BEACH MONITORING (347)	0.41	630	630	7,186	6,748	8,477	7,360	29,771	0	29,771
LIMITED USE PUBLIC WATER SYSTEMS (357)	0.06	15	25	914	792	935	843	846	2,638	3,484
PUBLIC WATER SYSTEM (358)	0.00	0	0	0	0	0	0	0	0	0
PRIVATE WATER SYSTEM (359)	0.00	0	0	0	0	0	0	0	0	0
INDIVIDUAL SEWAGE DISP. (361)	4.31	583	2,000	76,277	71,787	90,335	78,366	198,916	117,849	316,765
<b>Group Total</b>	<b>4.78</b>	<b>1,228</b>	<b>2,655</b>	<b>84,377</b>	<b>79,327</b>	<b>99,747</b>	<b>86,569</b>	<b>229,533</b>	<b>120,487</b>	<b>350,020</b>
<b>Facility Programs</b>										
FOOD HYGIENE (348)	1.46	177	700	24,433	21,203	25,004	22,545	28,161	65,024	93,185
BODY PIERCING FACILITIES SERVICES	0.00	0	0	0	0	0	0	0	0	0
GROUP CARE FACILITY (351)	0.48	198	300	7,400	6,421	7,573	6,826	14,056	14,164	28,220
MIGRANT LABOR CAMP (352)	0.00	0	0	0	0	0	0	0	0	0
HOUSING,PUBLIC BLDG SAFETY,SANITATION (353)	0.00	0	0	0	0	0	0	0	0	0



**ATTACHMENT II  
OKALOOSA COUNTY HEALTH DEPARTMENT**

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

**October 1, 2012 to September 30, 2013**

	FTE's (0.00)	Clients Units	Services/ Visits	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd (Whole dollars only)	3rd	4th			
<b>C. ENVIRONMENTAL HEALTH:</b>										
<b>Facility Programs</b>										
MOBILE HOME AND PARKS SERVICES (354)	0.49	117	350	6,979	6,055	7,141	6,439	26,614	0	26,614
SWIMMING POOLS/BATHING (360)	2.85	484	1,786	39,761	34,505	40,691	36,686	81,455	70,188	151,643
BIOMEDICAL WASTE SERVICES (364)	0.00	0	0	0	0	0	0	0	0	0
TANNING FACILITY SERVICES (369)	0.06	19	48	877	762	898	808	838	2,507	3,345
<b>Group Total</b>	<b>5.34</b>	<b>995</b>	<b>3,184</b>	<b>79,450</b>	<b>68,946</b>	<b>81,307</b>	<b>73,304</b>	<b>151,124</b>	<b>151,883</b>	<b>303,007</b>
<b>Groundwater Contamination</b>										
STORAGE TANK COMPLIANCE (355)	0.00	0	0	0	0	0	0	0	0	0
SUPER ACT SERVICE (356)	0.16	27	50	2,644	2,296	2,706	2,440	10,086	0	10,086
<b>Group Total</b>	<b>0.16</b>	<b>27</b>	<b>50</b>	<b>2,644</b>	<b>2,296</b>	<b>2,706</b>	<b>2,440</b>	<b>10,086</b>	<b>0</b>	<b>10,086</b>
<b>Community Hygiene</b>										
TATTOO FACILITIES SERVICES	0.00	0	0	0	0	0	0	0	0	0
COMMUNITY ENVIR. HEALTH (345)	0.00	0	0	1,574	2,154	3,338	2,576	9,642	0	9,642
INJURY PREVENTION (346)	0.00	0	0	0	0	0	0	0	0	0
LEAD MONITORING SERVICES (350)	0.00	0	0	0	0	0	0	0	0	0
PUBLIC SEWAGE (362)	0.01	0	0	74	65	77	68	284	0	284
SOLID WASTE DISPOSAL (363)	0.00	0	0	0	0	0	0	0	0	0
SANITARY NUISANCE (365)	0.21	160	240	3,067	2,660	3,139	2,829	11,695	0	11,695
RABIES SURVEILLANCE/CONTROL SERVICES (366)	1.59	750	1,500	21,178	18,378	21,673	19,540	0	80,769	80,769
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
INDOOR AIR (371)	0.00	0	0	0	0	0	0	0	0	0
RADIOLOGICAL HEALTH (372)	0.00	0	0	0	0	0	0	0	0	0
TOXIC SUBSTANCES (373)	0.00	0	0	0	0	0	0	0	0	0
<b>Group Total</b>	<b>1.81</b>	<b>910</b>	<b>1,740</b>	<b>25,893</b>	<b>23,257</b>	<b>28,227</b>	<b>25,013</b>	<b>21,621</b>	<b>80,769</b>	<b>102,390</b>
<b>ENVIRONMENTAL HEALTH SUBTOTAL</b>	<b>12.09</b>	<b>3,160</b>	<b>7,629</b>	<b>192,364</b>	<b>173,826</b>	<b>211,987</b>	<b>187,326</b>	<b>412,364</b>	<b>353,139</b>	<b>765,503</b>
<b>D. NON-OPERATIONAL COSTS:</b>										
NON-OPERATIONAL COSTS (599)	0.00	0	0	0	0	0	0	0	0	0
ENVIRONMENTAL HEALTH SURCHARGE (399)	0.00	0	0	4,297	6,036	9,462	7,260	27,055	0	27,055
<b>NON-OPERATIONAL COSTS SUBTOTAL</b>	<b>0.00</b>	<b>0</b>	<b>0</b>	<b>4,297</b>	<b>6,036</b>	<b>9,462</b>	<b>7,260</b>	<b>27,055</b>	<b>0</b>	<b>27,055</b>
<b>TOTAL CONTRACT</b>	<b>122.69</b>	<b>39,874</b>	<b>371,936</b>	<b>1,973,440</b>	<b>1,810,874</b>	<b>2,233,304</b>	<b>1,962,618</b>	<b>3,555,334</b>	<b>4,424,902</b>	<b>7,980,236</b>

### ATTACHMENT III

#### OKALOOSA COUNTY HEALTH DEPARTMENT

#### CIVIL RIGHTS CERTIFICATE

The applicant provides this assurance in consideration of and for the purpose of obtaining federal grants, loans, contracts (except contracts of insurance or guaranty), property, discounts, or other federal financial assistance to programs or activities receiving or benefiting from federal financial assistance. The provider agrees to complete the Civil Rights Compliance Questionnaire, DH Forms 946 A and B (or the subsequent replacement if adopted during the contract period), if so requested by the department.

The applicant assures that it will comply with:

1. Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C., 2000 Et seq., which prohibits discrimination on the basis of race, color or national origin in programs and activities receiving or benefiting from federal financial assistance.
2. Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. 794, which prohibits discrimination on the basis of handicap in programs and activities receiving or benefiting from federal financial assistance.
3. Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. 1681 et seq., which prohibits discrimination on the basis of sex in education programs and activities receiving or benefiting from federal financial assistance.
4. The Age Discrimination Act of 1975, as amended, 42 U.S.C. 6101 et seq., which prohibits discrimination on the basis of age in programs or activities receiving or benefiting from federal financial assistance.
5. The Omnibus Budget Reconciliation Act of 1981, P.L. 97-35, which prohibits discrimination on the basis of sex and religion in programs and activities receiving or benefiting from federal financial assistance.
6. All regulations, guidelines and standards lawfully adopted under the above statutes. The applicant agrees that compliance with this assurance constitutes a condition of continued receipt of or benefit from federal financial assistance, and that it is binding upon the applicant, its successors, transferees, and assignees for the period during which such assistance is provided. The applicant further assures that all contracts, subcontractors, subgrantees or others with whom it arranges to provide services or benefits to participants or employees in connection with any of its programs and activities are not discriminating against those participants or employees in violation of the above statutes, regulations, guidelines, and standards. In the event of failure to comply, the applicant understands that the grantor may, at its discretion, seek a court order requiring compliance with the terms of this assurance or seek other appropriate judicial or administrative relief, to include assistance being terminated and further assistance being denied.

**ATTACHMENT IV**  
**OKALOOSA COUNTY HEALTH DEPARTMENT**  
**FACILITIES UTILIZED BY THE COUNTY HEALTH DEPARTMENT**

<u>Facility Description</u>	<u>Location</u>	<u>Owned By</u>
Okaloosa CHD	221 Hospital Dr NE Fort Walton Beach, FL 32548	Okaloosa County
	810 E. James Lee Blvd Crestview, FL 32536	Okaloosa County

**ATTACHMENT V**  
**OKALOOSA 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>
2009-2010	\$ <u>195,062</u>	\$ <u>114,363</u>	\$ <u>309,425</u>
2010-2011	\$ _____	_____	-
2011-2012	\$ <u>46,352</u>	\$ <u>33,648</u>	\$ <u>80,000</u>
2012-2013	\$ _____	_____	-
2013-2014	\$ _____	_____	-
<b>PROJECT TOTAL</b>	\$ <u><u>241,414</u></u>	\$ <u><u>148,011</u></u>	\$ <u><u>389,425</u></u>

**SPECIAL PROJECT CONSTRUCTION/RENOVATION PLAN**

PROJECT NAME: Okaloosa CHD Renovation of the Fort Walton Beach Facility  
 LOCATION/ ADDRESS: 221 Hospital Dr NE, Fort Walton Beach, FL 32548  
 PROJECT TYPE: NEW BUILDING  ROOFING   
 RENOVATION  PLANNING STUDY   
 NEW ADDITION  OTHER   
 SQUARE FOOTAGE: 3500

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

Project ID 81146100

This is a renovation intended to repair and renovate the main lobby/entryway of the Fort Walton Beach facility and to refurbish 11 bathrooms. This project will be managed by the ODC. The main lobby/entryway has a lighting problem that cannot be fixed without taking down the ceiling. The project includes repairing damaged walls and replacing old flooring. The 11 bathrooms are in a serious state of disrepair since most are at least 30 years old. In addition, 3 of the women's bathrooms need to be redesigned to eliminate a safety risk when opening the entry door to the bathroom. Fixtures will be upgraded to energy-efficient/water saving devices that will ultimately save the CHD in utility costs. The OCHD is requesting \$400,000 of authority from GAFR 30 14XXXX for design and construction costs.

**ESTIMATED PROJECT INFORMATION:**

START DATE *(initial expenditure of funds)*: October-11  
 COMPLETION DATE: June-13  
 DESIGN FEES: \$ 40,000  
 CONSTRUCTION COSTS: \$ 360,000  
 FURNITURE/EQUIPMENT \$ \_\_\_\_\_  
 TOTAL PROJECT COST: \$ 400,000  
 COST PER SQ FOOT: \$ 114.2857143

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

**ATTACHMENT V**  
**OKALOOSA 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>
2009-2010	\$ _____	\$ _____	\$ _____ -
2010-2011	\$ _____	_____	_____ -
2011-2012	\$ <u>83,928</u>	\$ <u>60,926</u>	\$ <u>144,854</u>
2012-2013	\$ _____	\$ _____	\$ _____ -
2013-2014	\$ _____	\$ _____	\$ _____ -
<b>PROJECT TOTAL</b>	\$ <u><u>83,928</u></u>	\$ <u><u>60,926</u></u>	\$ <u><u>144,854</u></u>

**SPECIAL PROJECT CONSTRUCTION/RENOVATION PLAN**

PROJECT NAME: Okaloosa CHD Renovation of the Crestview Facility  
 LOCATION/ ADDRESS: 810 E. James Lee Blvd, Crestview, FL 32536  
 PROJECT TYPE: NEW BUILDING  ROOFING   
 RENOVATION  PLANNING STUDY   
 NEW ADDITION  OTHER   
 SQUARE FOOTAGE: 3700

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

Project ID 81146100

This is a renovation intended to improve the space utilization of an existing facility of the OCHD in order to accommodate the growing needs of Clinical Services, WIC and Environmental Health programs. This project will be managed by the ODC. The renovation will involve changes to existing walls and doors, renovation of aged bathrooms, flooring, etc. The OCHD is requesting \$150,000 of authority from GAFR 30 14XXXX for design and construction costs.

**ESTIMATED PROJECT INFORMATION:**

START DATE *(initial expenditure of funds)*: June-12  
 COMPLETION DATE: June-13  
 DESIGN FEES: \$ 15,000  
 CONSTRUCTION COSTS: \$ 135,000  
 FURNITURE/EQUIPMENT \$ \_\_\_\_\_  
 TOTAL PROJECT COST: \$ 150,000  
 COST PER SQ FOOT: \$ 40.54054054

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

Rick Scott  
Governor



John H. Armstrong, MD, FACS  
Surgeon General & Secretary

October 22, 2012

The Honorable Don Amunds, Chairman  
Okaloosa Board of County Commissioners  
302 N Wilson Street, Suite 203  
Crestview, FL 32536

**CONTRACT # C97-0025-HD**  
**FLORIDA DEPARTMENT OF HEALTH**  
**OKALOOSA CO. HEALTH OPERATION FUNDING**  
**EXPIRES: 09/30/2013**

RE: FY 2012-13 Contract between the Okaloosa Board of County Commissioners and the Department of Health for operation of the Okaloosa County Health Department

Dear Chairman Amunds:

As specified in paragraph 4, section d., of the above referenced contract, either party may increase or decrease funds to the contract upon written notification to the other party. Accordingly, please find enclosed the following:

- Page 2 of the contract reflecting updated funding adjustments.
- An updated summary of funding revisions.
- A revised Attachment II, Part I.
- Revised Attachment II, Parts II and III, incorporating the changes indicated in the summary and covering the period subsequent to the contract amendment.
- Revised Attachment V's

If you have any questions, please feel free to contact Susan Wagner at 833-9233 extension 2137.

Sincerely,

A handwritten signature in black ink, appearing to read "Karen A. Chapman".

Karen A. Chapman, M.D., M.P.H.  
Director  
Okaloosa County Health Department

Enclosures

cc: Beth Benton, Bureau of Budget Management

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

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

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

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

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

i. The State's appropriated responsibility (*direct contribution excluding any state fees, Medicaid contributions or any other funds not listed on the Schedule C*) as provided in Attachment II, Part II is an amount not to exceed \$ 3,500,644 (*State General Revenue, State Funds, Other State Funds and Federal Funds listed on the Schedule C*). The State's obligation to pay under this contract is contingent upon an annual appropriation by the Legislature.

ii. The County's appropriated responsibility (*direct contribution excluding any fees, other cash or local contributions*) as provided in Attachment II, Part II is an amount not to exceed \$601,661 (*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.

**Summary of Funding Revisions**  
 Okaloosa County Health Department  
 Funding Revisions for Contract Year 2012-13

As of 10/17/12

<b>Program</b>	<b>Previous As of 10/1/12</b>	<b>Updated As of 10/17/12</b>	<b>Increase/ Decrease</b>
015040 - Community TB Program	44,317	45,933	1,616
007000 - Immunization Federal Grant Activity Support	31,000	47,384	16,384
090001 - Draw Down From Public Health Unit	94,842	(36,861)	(131,703)
001059 - Medicaid Low Income Pool	1,196,003	1,495,004	299,001
008034 - BCC Contribution from General Fund	620,301	601,661	(18,640)
090002 - Draw Down From Public Health Unit	118,047	(48,611)	(166,658)
<b>Total</b>			<u>-</u>



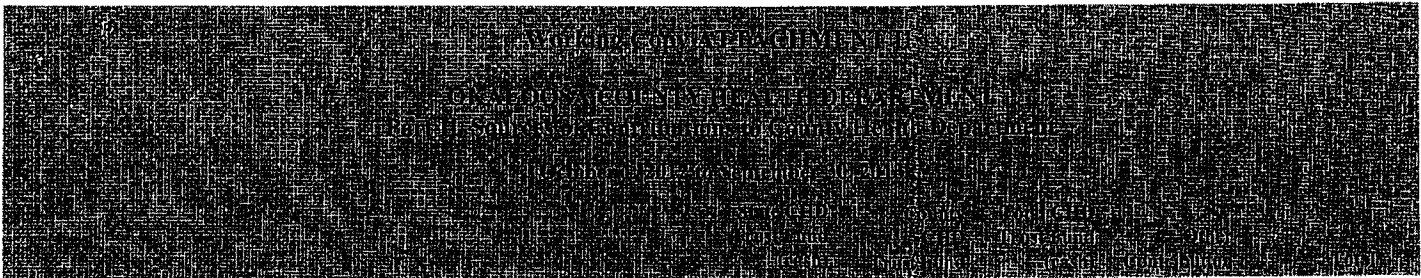
ATTACHMENT II

OKALOOSA COUNTY HEALTH DEPARTMENT

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

	Estimated State Share of CHD Trust Fund Balance	Estimated County Share of CHD Trust Fund Balance	Total
1. CHD Trust Fund Ending Balance 09/30/12	435,868	606,703	1,042,571
2. Drawdown for Contract Year October 1, 2012 to September 30, 2013	57,585	(48,611)	8,974
3. Special Capital Project use for Contract Year October 1, 2012 to September 30, 2013	45,715	60,285	106,000
4. Balance Reserved for Contingency Fund October 1, 2012 to September 30, 2013	332,568	595,029	927,597

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



**1. GENERAL REVENUE - STATE**

015040	AIDS PREVENTION	20,920	0	20,920	0	20,920
015040	AIDS SURVEILLANCE	0	0	0	0	0
015040	ALG/CESSPOOL IDENTIFICATION AND ELIMINATION	0	0	0	0	0
015040	ALG/CONTR TO CHDS-AIDS PATIENT CARE	100,000	0	100,000	0	100,000
015040	ALG/CONTR TO CHDS-AIDS PATIENT CARE NETWORK	0	0	0	0	0
015040	ALG/CONTR TO CHDS-SOVEREIGN IMMUNITY	0	0	0	0	0
015040	MINORITY OUTREACH-PENALVER CLINIC - MIAMI-DADE	0	0	0	0	0
015040	PREPAREDNESS GRANT MATCH	0	0	0	0	0
015040	SCHOOL HEALTH GENERAL REVENUE	0	0	0	0	0
015040	STATEWIDE DENTISTRY NETWORK - ESCAMBIA	0	0	0	0	0
015040	STD GENERAL REVENUE	0	0	0	0	0
015040	TREASURE COAST MIDWIFERY - MARTIN	0	0	0	0	0
015040	HEALTHY START MED-WAIVER - CLIENT SERVICES	0	0	0	0	0
015040	JESSIE TRICE CANCER CTR/HEALTH CHOICE - MIAMI-DADE	0	0	0	0	0
015040	LA LIGA-LEAGUE AGAINST CANCER - MIAMI-DADE	0	0	0	0	0
015040	MANATEE COUNTY RURAL HEALTH SERVICES	0	0	0	0	0
015040	METRO ORLANDO URBAN LEAGUE - ORANGE	0	0	0	0	0
015040	MIGRANT LABOR CAMP SANITATION	0	0	0	0	0
015040	DENTAL SPECIAL INITIATIVES	6,541	0	6,541	0	6,541
015040	DUVAL TEEN PREGANCY PREVENTION - DUVAL	0	0	0	0	0
015040	FAMILY PLANNING GENERAL REVENUE	53,579	0	53,579	0	53,579
015040	FL CLPPP SCREENING & CASE MANAGEMENT	0	0	0	0	0
015040	FL HEPATITIS & LIVER FAILURE PREVENTION/CONTROL	0	0	0	0	0
015040	HEALTHY START MED WAIVER - SOBRA	0	0	0	0	0
015040	ALG/IPO HEALTHY START/IPO	0	0	0	0	0
015040	ALG/PRIMARY CARE	0	0	0	0	0
015040	BREAST & CERVICAL - ADMINISTRATION/CASE MANAGEMENT	0	0	0	0	0
015040	COMMUNITY SMILES - MIAMI-DADE	0	0	0	0	0
015040	COMMUNITY TB PROGRAM	45,933	0	45,933	0	45,933
015040	COUNTY SPECIFIC DENTAL PROJECTS - ESCAMBIA	0	0	0	0	0
015050	NON-CATEGORICAL GENERAL REVENUE	1,089,454	0	1,089,454	0	1,089,454
<b>GENERAL REVENUE TOTAL</b>		<b>1,316,427</b>	<b>0</b>	<b>1,316,427</b>	<b>0</b>	<b>1,316,427</b>

**2. NON GENERAL REVENUE - STATE**

015010	SUPERACT	6,000	0	6,000	0	6,000
015010	ALG/CONTR. TO CHDS-SAFE DRINKING WATER PRG	0	0	0	0	0
015010	INDIRECT COST REIMBURSMENTS	56,140	0	56,140	0	56,140
015010	FOOD AND WATERBORNE DISEASE PROGRAM ADM TF/DACS	0	0	0	0	0
015010	WIC PROGRAM FOOD COST SUPPLEMENTAL	18,443	0	18,443	0	18,443
015010	PUBLIC SWIMMING POOL PROGRAM	0	0	0	0	0
015010	SCHOOL HEALTH TOBACCO TF	177,240	0	177,240	0	177,240
015010	TOBACCO ADMINISTRATION & MANAGEMENT	0	0	0	0	0
015010	TOBACCO COMMUNITY INTERVENTION	146,830	0	146,830	0	146,830
015020	TRANSFER FROM ANOTHER STATE AGENCY	0	0	0	0	0
015020	TRANSFER FROM ANOTHER STATE AGENCY	0	0	0	0	0
015020	TRANSFER FROM ANOTHER STATE AGENCY	0	0	0	0	0
015060	NON-CATEGORICAL TOBACCO REBASING	16,507	0	16,507	0	16,507

<b>NON GENERAL REVENUE TOTAL</b>	<b>421,160</b>	<b>0</b>	<b>421,160</b>	<b>0</b>	<b>421,160</b>
----------------------------------	----------------	----------	----------------	----------	----------------

**3. FEDERAL FUNDS - State**

007000	ABSTINENCE EDUCATION GRANT PROGRAM	0	0	0	0	0
007000	AIDS PREVENTION	0	0	0	0	0
007000	AIDS SURVEILLANCE	0	0	0	0	0
007000	BIOTERRORISM HOSPITAL PREPAREDNESS	25,000	0	25,000	0	25,000
007000	CHRONIC DISEASE PREVENTION & HEALTH PROMOTION	32,000	0	32,000	0	32,000
007000	COASTAL BEACH MONITORING PROGRAM	15,049	0	15,049	0	15,049
007000	TUBERCULOSIS CONTROL - FEDERAL GRANT	0	0	0	0	0
007000	UNINTENDED/UNWANTED PREG-TEEN PREGNANCY PREV	46,480	0	46,480	0	46,480
007000	WIC ADMINISTRATION	854,514	0	854,514	0	854,514
007000	WIC BREASTFEEDING PEER COUNSELING	61,798	0	61,798	0	61,798
007000	STD FEDERAL GRANT - CSPS	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	TEENAGE PREGNANCY PREVENTION REPLICATION	72,122	0	72,122	0	72,122
007000	TITLE X HIV/AIDS PROJECT	0	0	0	0	0
007000	TOBACCO FAITH BASED PROJECT	0	0	0	0	0
007000	RAPE PREVENTION & EDUCATION	0	0	0	0	0
007000	RYAN WHITE	0	0	0	0	0
007000	RYAN WHITE - EMERGING COMMUNITIES	0	0	0	0	0
007000	RYAN WHITE-AIDS DRUG ASSIST PROG-ADMIN	16,477	0	16,477	0	16,477
007000	RYAN WHITE-CONSORTIA	0	0	0	0	0
007000	SAFE SLEEP EDUCATION	0	0	0	0	0
007000	MINORITY INVOLVEMENT IN HIV/AIDS PROGRAM	0	0	0	0	0
007000	PHP - CITIES READINESS INITIATIVE	0	0	0	0	0
007000	PRECONCEPTION HEALTH CARE	0	0	0	0	0
007000	PREGNANCY ASSOCIATED MORTALITY PREVENTION	0	0	0	0	0
007000	PUBLIC HEALTH INFRASTRUCTURE COMP	1,074	0	1,074	0	1,074
007000	PUBLIC HEALTH PREPAREDNESS BASE	192,822	0	192,822	0	192,822
007000	IMMUNIZATION WIC LINKAGES	0	0	0	0	0
007000	MCH BGTF-GADSDEN SCHOOL CLINIC	0	0	0	0	0
007000	MCH BGTF-HEALTHY START COALITIONS	0	0	0	0	0
007000	MCH QUALITY IMPROVEMENT ACTIVITIES MCHBG	0	0	0	0	0
007000	MINORITY AIDS INITIATIVE	0	0	0	0	0
007000	MINORITY AIDS INITIATIVE TCE COLLABORATIVE	0	0	0	0	0
007000	FGTF/FAMILY PLANNING-TITLE X	97,508	0	97,508	0	97,508
007000	HEALTHY HOMES AND LEAD POISONING GRANT	0	0	0	0	0
007000	HIV HOUSING FOR PEOPLE LIVING WITH AIDS	0	0	0	0	0
007000	HIV INCIDENCE SURVEILLANCE	0	0	0	0	0
007000	IMMUNIZATION FEDERAL GRANT ACTIVITY SUPPORT	47,384	0	47,384	0	47,384
007000	IMMUNIZATION FIELD STAFF EXPENSE	0	0	0	0	0
007000	COLORECTAL CANCER SCREENING 2009-10	0	0	0	0	0
007000	DENTAL SERVICES	0	0	0	0	0
007000	ENHANCE COMPREHENSIVE PREVENTION PLANNING AND IMPL	0	0	0	0	0
007000	EXPANDED TESTING INITIATIVE (ETI)	0	0	0	0	0
007000	FGTF/AIDS MORBIDITY	0	0	0	0	0
007000	FGTF/BREAST & CERVICAL CANCER-ADMIN/CASE MAN	0	0	0	0	0

### 3. FEDERAL FUNDS - State

015009	MEDIPASS WAIVER-HLTHY STRT CLIENT SERVICES	0	0	0	0	0
015009	MEDIPASS WAIVER-SOBRA	0	0	0	0	0
007055	ARRA FEDERAL GRANT - SCHEDULE C	0	0	0	0	0
015075	SUMMER FEEDING PROGRAM INSPECTIONS	800	0	800	0	800
015075	SUMMER FOOD PROGRAM INSPECTIONS	0	0	0	0	0
015075	ENTER TITLE	0	0	0	0	0
<b>FEDERAL FUNDS TOTAL</b>		<b>1,463,028</b>	<b>0</b>	<b>1,463,028</b>	<b>0</b>	<b>1,463,028</b>

### 4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE

001020	TANNING FACILITIES	4,843	0	4,843	0	4,843
001020	BODY PIERCING	0	0	0	0	0
001020	MIGRANT HOUSING PERMIT	0	0	0	0	0
001020	MOBILE HOME AND PARKS	13,262	0	13,262	0	13,262
001020	FOOD HYGIENE PERMIT	26,631	0	26,631	0	26,631
001020	BIOHAZARD WASTE PERMIT	0	0	0	0	0
001020	PRIVATE WATER CONSTR PERMIT	0	0	0	0	0
001020	PUBLIC WATER ANNUAL OPER PERMIT	0	0	0	0	0
001020	PUBLIC WATER CONSTR PERMIT	0	0	0	0	0
001020	NON-SDWA SYSTEM PERMIT	0	0	0	0	0
001020	SAFE DRINKING WATER	786	0	786	0	786
001020	SWIMMING POOLS	76,523	0	76,523	0	76,523
001092	OSTDS PERMIT FEE	126,787	0	126,787	0	126,787
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	0	0	0	0	0
001092	NON SDWA LAB SAMPLE	0	0	0	0	0
001092	OSDS VARIANCE FEE	0	0	0	0	0
001092	ENVIRONMENTAL HEALTH FEES	1,990	0	1,990	0	1,990
001092	OSDS REPAIR PERMIT	0	0	0	0	0
001170	LAB FEE CHEMICAL ANALYSIS	0	0	0	0	0
001170	WATER ANALYSIS-POTABLE	0	0	0	0	0
001170	NONPOTABLE WATER ANALYSIS	0	0	0	0	0
010304	MQA INSPECTION FEE	0	0	0	0	0
001206	CENTRAL OFFICE SURCHARGE	27,055	0	27,055	0	27,055
<b>FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL</b>		<b>277,877</b>	<b>0</b>	<b>277,877</b>	<b>0</b>	<b>277,877</b>

### 5. OTHER CASH CONTRIBUTIONS - STATE

010304	STATIONARY POLLUTANT STORAGE TANKS	0	0	0	0	0
090001	DRAW DOWN FROM PUBLIC HEALTH UNIT	-36,861	0	-36,861	0	-36,861
<b>OTHER CASH CONTRIBUTIONS TOTAL</b>		<b>-36,861</b>	<b>0</b>	<b>-36,861</b>	<b>0</b>	<b>-36,861</b>

### 6. MEDICAID - STATE/COUNTY

001056	MEDICAID PHARMACY	0	0	0	0	0
001076	MEDICAID TB	0	0	0	0	0
001078	MEDICAID ADMINISTRATION OF VACCINE	0	24,725	24,725	0	24,725
001079	MEDICAID CASE MANAGEMENT	0	0	0	0	0
001081	MEDICAID CHILD HEALTH CHECK UP	0	0	0	0	0

## Working Copy ATTACHMENT B

OKALOOSA COUNTY HEALTH DEPARTMENT  
Part B: Sources of Contributions to County Health Department

October 1, 2012 to September 30, 2013

	State CHD Trust Fund (Cash)	County CHD Trust Fund	Total CHD Trust Fund (Cash)	Other Contributions	Total	
<b>6. MEDICAID - STATE/COUNTY</b>						
001082	MEDICAID DENTAL	0	625,936	625,936	0	625,936
001083	MEDICAID FAMILY PLANNING	0	392,097	392,097	0	392,097
001087	MEDICAID STD	0	60,230	60,230	0	60,230
001089	MEDICAID AIDS	0	19,800	19,800	0	19,800
001147	MEDICAID HMO CAPITATION	0	0	0	0	0
001191	MEDICAID MATERNITY	0	0	0	0	0
001192	MEDICAID COMPREHENSIVE CHILD	0	14,500	14,500	0	14,500
001193	MEDICAID COMPREHENSIVE ADULT	0	37,600	37,600	0	37,600
001194	MEDICAID LABORATORY	0	0	0	0	0
001208	MEDIPASS \$3.00 ADM. FEE	0	0	0	0	0
001059	MEDICAID LOW INCOME POOL	0	1,495,004	1,495,004	0	1,495,004
001051	EMERGENCY MEDICAID	0	0	0	0	0
001058	MEDICAID - BEHAVIORAL HEALTH	0	0	0	0	0
001071	MEDICAID - ORTHOPEDIC	0	0	0	0	0
001072	MEDICAID - DERMATOLOGY	0	0	0	0	0
001075	MEDICAID - SCHOOL HEALTH CERTIFIED MATCH	0	0	0	0	0
001069	MEDICAID - REFUGEE HEALTH	0	0	0	0	0
001055	MEDICAID - HOSPITAL	0	0	0	0	0
001148	MEDICAID HMO NON-CAPITATION	0	0	0	0	0
001074	MEDICAID - NEWBORN SCREENING	0	0	0	0	0
<b>MEDICAID TOTAL</b>		0	2,669,892	2,669,892	0	2,669,892
<b>7. ALLOCABLE REVENUE - STATE</b>						
018000	REFUNDS	0	0	0	0	0
037000	PRIOR YEAR WARRANT	0	0	0	0	0
038000	12 MONTH OLD WARRANT	0	0	0	0	0
<b>ALLOCABLE REVENUE TOTAL</b>		0	0	0	0	0
<b>8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE</b>						
	PHARMACY SERVICES	0	0	0	96,057	96,057
	LABORATORY SERVICES	0	0	0	57,086	57,086
	TB SERVICES	0	0	0	0	0
	IMMUNIZATION SERVICES	0	0	0	580,727	580,727
	STD SERVICES	0	0	0	0	0
	CONSTRUCTION/RENOVATION	0	0	0	0	0
	WIC FOOD	0	0	0	3,614,880	3,614,880
	ADAP	0	0	0	385,495	385,495
	DENTAL SERVICES	0	0	0	0	0
	OTHER (SPECIFY)	0	0	0	0	0
	OTHER (SPECIFY)	0	0	0	0	0
<b>OTHER STATE CONTRIBUTIONS TOTAL</b>		0	0	0	4,734,245	4,734,245
<b>9. DIRECT LOCAL CONTRIBUTIONS - BCC/TAX DISTRICT</b>						
008010	CONTRIBUTION FROM CITY GOVERNMENT	0	0	0	0	0
008020	CONTRIBUTION FROM HEALTH CARE TAX NOT THRU BCC	0	0	0	0	0
008040	BCC GRANT/CONTRACT	0	0	0	0	0
008030	CONTRIBUTION FROM HEALTH CARE TAX	0	0	0	0	0

**9. DIRECT LOCAL CONTRIBUTIONS - BCC/TAX DISTRICT**

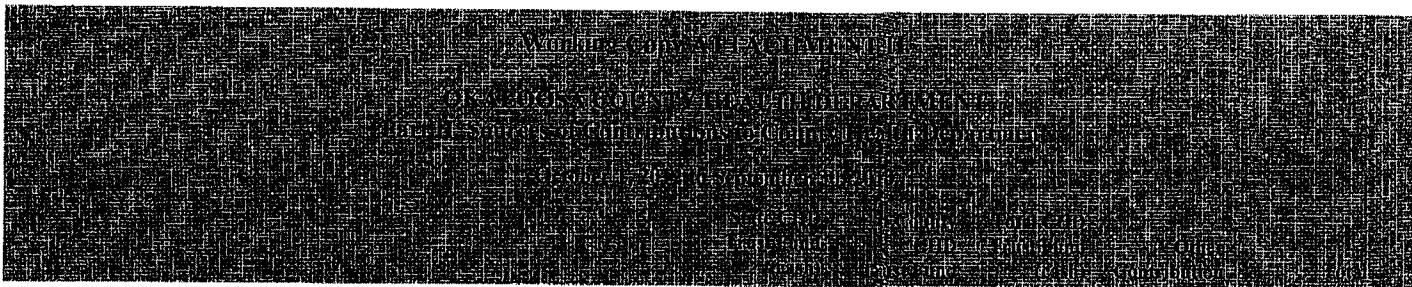
008034	BCC CONTRIBUTION FROM GENERAL FUND	0	601,661	601,661	0	601,661
<b>DIRECT COUNTY CONTRIBUTION TOTAL</b>		<b>0</b>	<b>601,661</b>	<b>601,661</b>	<b>0</b>	<b>601,661</b>

**10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY**

001060	CHD SUPPORT POSITION	0	0	0	0	0
001077	RABIES VACCINE	0	0	0	0	0
001077	CHILD CAR SEAT PROG	0	0	0	0	0
001077	PERSONAL HEALTH FEES	0	115,074	115,074	0	115,074
001077	AIDS CO-PAYS	0	0	0	0	0
001094	ADULT ENTER. PERMIT FEES	0	0	0	0	0
001094	LOCAL ORDINANCE FEES	0	138,423	138,423	0	138,423
001114	NEW BIRTH CERTIFICATES	0	45,884	45,884	0	45,884
001115	VITAL STATISTICS - DEATH CERTIFICATE	0	126,600	126,600	0	126,600
001117	VITAL STATS-ADM. FEE 50 CENTS	0	3,821	3,821	0	3,821
001073	CO-PAY FOR THE AIDS CARE PROGRAM	0	0	0	0	0
001025	CLIENT REVENUE FROM GRC	0	0	0	0	0
001040	CELL PHONE ADMINISTRATIVE FEE	0	0	0	0	0
<b>FEES AUTHORIZED BY COUNTY TOTAL</b>		<b>0</b>	<b>429,802</b>	<b>429,802</b>	<b>0</b>	<b>429,802</b>

**11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY**

001009	RETURNED CHECK ITEM	0	0	0	0	0
001029	THIRD PARTY REIMBURSEMENT	0	73,092	73,092	0	73,092
001029	HEALTH MAINTENANCE ORGAN. (HMO)	0	0	0	0	0
001054	MEDICARE PART D	0	0	0	0	0
001077	RYAN WHITE TITLE II	0	0	0	0	0
001090	MEDICARE PART B	0	10,965	10,965	0	10,965
001190	HEALTH MAINTENANCE ORGANIZATION	0	0	0	0	0
005040	INTEREST EARNED	0	0	0	0	0
005041	INTEREST EARNED-STATE INVESTMENT ACCOUNT	0	29,798	29,798	0	29,798
007010	U.S. GRANTS DIRECT	0	344,103	344,103	0	344,103
008050	SCHOOL BOARD CONTRIBUTION	0	0	0	0	0
008060	SPECIAL PROJECT CONTRIBUTION	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	0	0	0	0
010409	SALE OF GOODS OUTSIDE STATE GOVERNMENT	0	0	0	0	0
011001	HEALTHY START COALITION CONTRIBUTIONS	0	423,603	423,603	0	423,603
011007	CASH DONATIONS PRIVATE	0	0	0	0	0
012020	FINES AND FORFEITURES	0	0	0	0	0
012021	RETURN CHECK CHARGE	0	0	0	0	0
028020	INSURANCE RECOVERIES-OTHER	0	0	0	0	0
090002	DRAW DOWN FROM PUBLIC HEALTH UNIT	0	-48,611	-48,611	0	-48,611
011000	GRANT DIRECT-NOVA UNIVERSITY CHD TRAINING	0	0	0	0	0
011000	GRANT-DIRECT-RYAN WHITE PART C CLIENT PAYMENTS	0	4,300	4,300	0	4,300
011000	GRANT DIRECT-COUNTY HEALTH DEPARTMENT DIRECT SERVICES	0	0	0	0	0
011000	DIRECT-ARROW	0	0	0	0	0
011000	GRANT-DIRECT	0	0	0	0	0



**11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY**

011000	GRANT-DIRECT	0	0	0	0	0
011000	GRANT-DIRECT	0	0	0	0	0
011000	GRANT DIRECT-ARROW	0	0	0	0	0
011000	GRANT DIRECT-QUANTUM DENTAL	0	0	0	0	0
011000	GRANT DIRECT-HEALTH CARE DISTRICT PAHOKEE	0	0	0	0	0
011000	GRANT-DIRECT	0	0	0	0	0
011000	GRANT-DIRECT	0	0	0	0	0
011000	GRANT-DIRECT	0	0	0	0	0
011000	GRANT-DIRECT	0	0	0	0	0
010402	RECYCLED MATERIAL SALES	0	0	0	0	0
010303	FDLE FINGERPRINTING	0	0	0	0	0
007050	ARRA FEDERAL GRANT	0	0	0	0	0
001010	RECOVERY OF BAD CHECKS	0	0	0	0	0
008065	FCO CONTRIBUTION	0	0	0	0	0
011006	RESTRICTED CASH DONATION	0	0	0	0	0
028000	INSURANCE RECOVERIES	0	0	0	0	0
001033	CMS MANAGEMENT FEE - PMPMPC	0	0	0	0	0
010400	SALE OF GOODS OUTSIDE STATE GOVERNMENT	0	0	0	0	0
010500	REFUGEE HEALTH	0	0	0	0	0
005045	INTEREST EARNED-THIRD PARTY PROVIDER	0	0	0	0	0
005043	INTEREST EARNED-CONTRACT/GRANT	0	0	0	0	0
010306	DOH/DOC INTERAGENCY AGREEMENT	0	0	0	0	0
011002	ARRA FEDERAL GRANT - SUB-RECIPIENT	0	0	0	0	0
011004	LOW INCOME POOL - SUBRECIPIENT	0	0	0	0	0
<b>OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL</b>		<b>0</b>	<b>837,250</b>	<b>837,250</b>	<b>0</b>	<b>837,250</b>

**12. ALLOCABLE REVENUE - COUNTY**

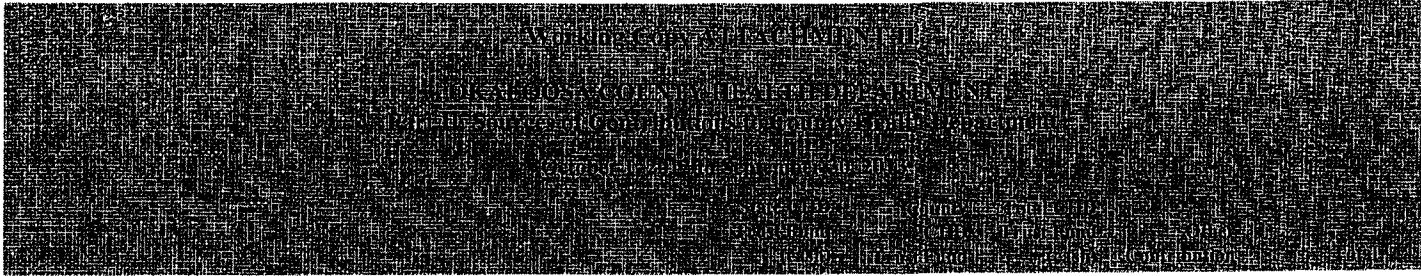
018000	REFUNDS	0	0	0	0	0
037000	PRIOR YEAR WARRANT	0	0	0	0	0
038000	12 MONTH OLD WARRANT	0	0	0	0	0
<b>COUNTY ALLOCABLE REVENUE TOTAL</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**13. BUILDINGS - COUNTY**

	ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	440,412	440,412
	GROUNDS MAINTENANCE	0	0	0	0	0
	OTHER -JANITORIAL SERVICES	0	0	0	56,298	56,298
	INSURANCE	0	0	0	0	0
	UTILITIES	0	0	0	0	0
	OTHER (SPECIFY)	0	0	0	0	0
	BUILDING MAINTENANCE	0	0	0	0	0
<b>BUILDINGS TOTAL</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>496,710</b>	<b>496,710</b>

**14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY**

	EQUIPMENT/VEHICLE PURCHASES	0	0	0	0	0
	VEHICLE INSURANCE	0	0	0	0	0
	VEHICLE MAINTENANCE	0	0	0	0	0
	OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0



**14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY**

OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
<b>OTHER COUNTY CONTRIBUTIONS TOTAL</b>	0	0	0	0	0
<b>GRAND TOTAL CHD PROGRAM</b>	3,441,631	4,538,605	7,980,236	5,230,955	13,211,191





**C. ENVIRONMENTAL HEALTH:**

<b>Facility Programs</b>										
MOBILE HOME AND PARKS SERVICES (354)	0.49	117	350	6,979	6,055	7,141	6,439	26,614	0	26,614
SWIMMING POOLS/BATHING (360)	2.85	484	1,786	39,761	34,505	40,691	36,686	81,455	70,188	151,643
BIOMEDICAL WASTE SERVICES (364)	0.00	0	0	0	0	0	0	0	0	0
TANNING FACILITY SERVICES (369)	0.06	19	48	877	762	898	808	838	2,507	3,345
<b>Group Total</b>	<b>5.34</b>	<b>995</b>	<b>3,184</b>	<b>79,450</b>	<b>68,946</b>	<b>81,307</b>	<b>73,304</b>	<b>151,124</b>	<b>151,883</b>	<b>303,007</b>
<b>Groundwater Contamination</b>										
STORAGE TANK COMPLIANCE (355)	0.00	0	0	0	0	0	0	0	0	0
SUPER ACT SERVICE (356)	0.16	27	50	2,644	2,296	2,706	2,440	10,086	0	10,086
<b>Group Total</b>	<b>0.16</b>	<b>27</b>	<b>50</b>	<b>2,644</b>	<b>2,296</b>	<b>2,706</b>	<b>2,440</b>	<b>10,086</b>	<b>0</b>	<b>10,086</b>
<b>Community Hygiene</b>										
TATTOO FACILITIES SERVICES	0.00	0	0	0	0	0	0	0	0	0
COMMUNITY ENVIR. HEALTH (345)	0.00	0	0	1,574	2,154	3,338	2,576	9,642	0	9,642
INJURY PREVENTION (346)	0.00	0	0	0	0	0	0	0	0	0
LEAD MONITORING SERVICES (350)	0.00	0	0	0	0	0	0	0	0	0
PUBLIC SEWAGE (362)	0.01	0	0	74	65	77	68	284	0	284
SOLID WASTE DISPOSAL (363)	0.00	0	0	0	0	0	0	0	0	0
SANITARY NUISANCE (365)	0.21	160	240	3,067	2,660	3,139	2,829	11,695	0	11,695
RABIES SURVEILLANCE/CONTROL SERVICES (366)	1.59	750	1,500	21,178	18,378	21,673	19,540	0	80,769	80,769
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
INDOOR AIR (371)	0.00	0	0	0	0	0	0	0	0	0
RADIOLOGICAL HEALTH (372)	0.00	0	0	0	0	0	0	0	0	0
TOXIC SUBSTANCES (373)	0.00	0	0	0	0	0	0	0	0	0
<b>Group Total</b>	<b>1.81</b>	<b>910</b>	<b>1,740</b>	<b>25,893</b>	<b>23,257</b>	<b>28,227</b>	<b>25,013</b>	<b>21,621</b>	<b>80,769</b>	<b>102,390</b>
<b>ENVIRONMENTAL HEALTH SUBTOTAL</b>	<b>12.09</b>	<b>3,160</b>	<b>7,629</b>	<b>192,364</b>	<b>173,826</b>	<b>211,987</b>	<b>187,326</b>	<b>388,935</b>	<b>376,568</b>	<b>765,503</b>
<b>D. NON-OPERATIONAL COSTS:</b>										
NON-OPERATIONAL COSTS (599)	0.00	0	0	0	0	0	0	0	0	0
ENVIRONMENTAL HEALTH SURCHARGE (399)	0.00	0	0	4,297	6,036	9,462	7,260	27,055	0	27,055
<b>NON-OPERATIONAL COSTS SUBTOTAL</b>	<b>0.00</b>	<b>0</b>	<b>0</b>	<b>4,297</b>	<b>6,036</b>	<b>9,462</b>	<b>7,260</b>	<b>27,055</b>	<b>0</b>	<b>27,055</b>
<b>TOTAL CONTRACT</b>	<b>122.69</b>	<b>39,874</b>	<b>371,936</b>	<b>1,973,440</b>	<b>1,810,874</b>	<b>2,233,304</b>	<b>1,962,618</b>	<b>3,441,631</b>	<b>4,538,605</b>	<b>7,980,236</b>

**ATTACHMENT V**  
**OKALOOSA 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>
2009-2010	\$ 192,092	\$ 112,623	\$ 304,715
2010-2011	\$ _____	_____	-
2011-2012	\$ _____	\$ _____	\$ -
2012-2013	\$ _____	\$ _____	\$ -
2013-2014	\$ _____	\$ _____	\$ -
<b>PROJECT TOTAL</b>	<b>\$ 192,092</b>	<b>\$ 112,623</b>	<b>\$ 304,715</b>

**SPECIAL PROJECT CONSTRUCTION/RENOVATION PLAN**

PROJECT NAME: Okaloosa CHD Renovation of the Fort Walton Beach Facility  
 LOCATION/ ADDRESS: 221 Hospital Dr NE, Fort Walton Beach, FL 32548  
 PROJECT TYPE: NEW BUILDING \_\_\_\_\_ ROOFING \_\_\_\_\_  
 RENOVIATION  PLANNING STUDY \_\_\_\_\_  
 NEW ADDITION \_\_\_\_\_ OTHER \_\_\_\_\_  
 SQUARE FOOTAGE: 3500

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

Project ID 81146100

This is a renovation intended to repair and renovate the main lobby/entryway of the Fort Walton Beach facility and to refurbish 11 bathrooms. This project will be managed by the ODC. The main lobby/entryway has a lighting problem that cannot be fixed without taking down the ceiling. The project includes repairing damaged walls and replacing old flooring. The 11 bathrooms are in a serious state of disrepair since most are at least 30 years old. In addition, 3 of the women's bathrooms need to be redesigned to eliminate a safety risk when opening the entry door to the bathroom. Fixtures will be upgraded to energy-efficient/water saving devices that will ultimately save the CHD in utility costs. The OCHD is requesting \$320,000 of authority from GAFR 30 14XXXX for design and construction costs.

ESTIMATED PROJECT INFORMATION:

START DATE (initial expenditure of funds): October-11  
 COMPLETION DATE: June-13  
 DESIGN FEES: \$ 32,000  
 CONSTRUCTION COSTS: \$ 288,000  
 FURNITURE/EQUIPMENT \$ \_\_\_\_\_  
 TOTAL PROJECT COST: \$ 320,000  
 COST PER SQ FOOT: \$ 91.42857143

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

**ATTACHMENT V**  
**OKALOOSA 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>
2009-2010	\$ _____	\$ _____	\$ _____ -
2010-2011	\$ _____	_____	_____ -
2011-2012	\$ <u>80,452</u>	\$ <u>58,402</u>	\$ <u>138,854</u>
2012-2013	\$ <u>47,477</u>	\$ <u>58,523</u>	\$ <u>106,000</u>
2013-2014	\$ _____	\$ _____	\$ _____ -
<b>PROJECT TOTAL</b>	\$ <u><u>127,929</u></u>	\$ <u><u>116,925</u></u>	\$ <u><u>244,854</u></u>

**SPECIAL PROJECT CONSTRUCTION/RENOVATION PLAN**

PROJECT NAME: Okaloosa CHD Renovation of the Crestview Facility  
 LOCATION/ ADDRESS: 810 E. James Lee Blvd, Crestview, FL 32536  
 PROJECT TYPE: NEW BUILDING  ROOFING   
 RENOVATION  PLANNING STUDY   
 NEW ADDITION  OTHER   
 SQUARE FOOTAGE: 3700

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

Project ID 81146100

This is a renovation intended to improve the space utilization of an existing facility of the OCHD in order to accommodate the growing needs of Clinical Services, WIC and Environmental Health programs. This project will be managed by the ODC. The renovation will involve changes to existing walls and doors, renovation of aged bathrooms, flooring, etc. The OCHD is requesting \$250,000 of authority from GAFR 30 14XXXX for design and construction costs.

**ESTIMATED PROJECT INFORMATION:**

START DATE *(initial expenditure of funds)*: June-12  
 COMPLETION DATE: June-13  
 DESIGN FEES: \$ 25,000  
 CONSTRUCTION COSTS: \$ 225,000  
 FURNITURE/EQUIPMENT \$ \_\_\_\_\_  
 TOTAL PROJECT COST: \$ 250,000  
 COST PER SQ FOOT: \$ 67.56756757

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

AGENDA  
Okaloosa County Board of Commissioners  
September 4, 2012 – 6:00 p.m.  
Crestview Courthouse

- I. Public Information Update
- II. County Administrator's Update
- III. Public Hearings
  - 1. Request public comment and final consideration concerning the Annual Rate Resolution for the Okaloosa County Beach Restoration Project Municipal Benefit Unit for FY 2012-2013. District: All.
  - 2. Request public comment concerning the Local Mitigation Strategy Annual Report. District: All.
- IV. Visitors
  - 1. Karen A. Chapman, M.D., M.P.H., to address the Board concerning renewal of the annual contract for operations of the Okaloosa County Department of Health for contract year 2012 – 2013.
  - 2. Major J.D. Peacock, Sheriff's Office, for Board direction concerning process approval, and consideration of the Sheriff's request for disbursement of State Law Enforcement Trust Funds.
- V. Consent Agenda
  - 1. August 7, 2012 Regular Meeting minutes.
  - 2. August 7, 2012 Budget Workshop minutes.
  - 3. August 9, 2012 Budget Workshop minutes.
  - 4. Resolution amending the Fiscal Year 2012 Budget, General Fund, to reflect appropriations from Florida Coalition Against Domestic Violence for domestic violence and/or sexual assault law enforcement service units grant in the amount of \$97,557.
  - 5. Resolution amending the Fiscal Year 2012 Budget, General Fund, to reflect appropriations from Florida Department of Emergency Management for additional award for homeland security program grant in the amount of \$95,000.
  - 6. Resolution amending the Fiscal Year 2012 Budget, General Fund, to reflect appropriations from United States Department of Justice for Edward Byrne memorial justice assistance grant in the amount of \$27,194.
  - 7. Request approval of final payment in the amount of \$40,754.66 to VT Milicom, Inc. for completion of the Okaloosa County Fiber Optic Network – Mid Bay Ring Closure project.
  - 8. Request approval of a Resolution which documents county support of a Fifth Amendment to the Florida Agreement and Declaration of Trust for the Florida Association of Counties.
  - 9. Request approval of a Resolution approving the sale of a parcel of County owned land at 4548 Live Oak Church Road in Crestview.

Meeting Summary  
Okaloosa County Board of Commissioners  
Tuesday, September 4, 2012– 6:00 PM  
Crestview Courthouse

**I. Public Information Update**

**II. County Administrator's Update**

**III. Public Hearings**

1. **Request public comment and final consideration concerning the Annual Rate Resolution for the Okaloosa County Beach Restoration Project Municipal Benefit Unit for FY 2012-2013. District: All.**

<b>RESULT:</b>	<b>ADOPTED [UNANIMOUS]</b>
<b>MOVER:</b>	Wayne Harris, Commissioner District 1
<b>SECONDER:</b>	James Campbell, Commissioner District 5
<b>AYES:</b>	Harris, Roberts, Amunds, Campbell, Parisot

2. **Request public comment concerning the Local Mitigation Strategy Annual Report. District: All.**

<b>RESULT:</b>	<b>ADOPTED [UNANIMOUS]</b>
<b>MOVER:</b>	James Campbell, Commissioner District 5
<b>SECONDER:</b>	Bill Roberts, Commissioner District 3
<b>AYES:</b>	Harris, Roberts, Amunds, Campbell, Parisot

**IV. Visitors**

1. **Karen A. Chapman, M.D., M.P.H., to address the Board concerning renewal of the annual contract for operations of the Okaloosa County Department of Health for contract year 2012 – 2013.**

<b>RESULT:</b>	<b>ADOPTED [UNANIMOUS]</b>
<b>MOVER:</b>	Wayne Harris, Commissioner District 1
<b>SECONDER:</b>	James Campbell, Commissioner District 5
<b>AYES:</b>	Harris, Roberts, Amunds, Campbell, Parisot

2. **Major J.D. Peacock, Sheriff's Office, for Board direction concerning process approval, and consideration of the Sheriff's request for disbursement of State Law Enforcement Trust Funds.**

**V. Consent Agenda**

1. **August 7, 2012 Regular Meeting minutes.**



Rick Scott  
Governor

Steven L. Harris, M.D., M.Sc.  
Interim State Surgeon General

March 28, 2012

The Honorable Don Amunds, Chairman  
Okaloosa Board of County Commissioners  
302 N Wilson Street, Suite 203  
Crestview, FL 32536

**CONTRACT # C97-0025-HD**  
**FLORIDA DEPARTMENT OF HEALTH**  
**OKALOOSA CO. HEALTH OPERATION FUNDING**  
**EXPIRES: 09/30/2012**

RE: FY 2011-12 Contract between the Okaloosa Board of County Commissioners and the Department of Health for operation of the Okaloosa County Health Department

Dear Chairman Amunds:

As specified in paragraph 4, section d., of the above referenced contract, either party may increase or decrease funds to the contract upon written notification to the other party. Accordingly, please find enclosed the following:

- Page 2 of the contract reflecting updated funding adjustments.
- An updated summary of funding revisions.
- A revised Attachment II, Part I.
- Revised Attachment II, Parts II and III, incorporating the changes indicated in the summary and covering the period subsequent to the contract amendment.

If you have any questions, please feel free to contact Susan Wagner at 833-9233 extension 2137.

Sincerely,

A handwritten signature in blue ink, appearing to read "Karen A. Chapman, M.D., M.P.H.".

Karen A. Chapman, M.D., M.P.H.  
Director  
Okaloosa County Health Department

Enclosures

cc: Beth Benton, Bureau of Budget Management

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

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

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

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

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

i. The State's appropriated responsibility (*direct contribution excluding any state fees, Medicaid contributions or any other funds not listed on the Schedule C*) as provided in Attachment II, Part II is an amount not to exceed \$ 3,750,625 (*State General Revenue, State Funds, Other State Funds and Federal Funds listed on the Schedule C*). The State's obligation to pay under this contract is contingent upon an annual appropriation by the Legislature.

ii. The County's appropriated responsibility (*direct contribution excluding any fees, other cash or local contributions*) as provided in Attachment II, Part II is an amount not to exceed \$607,776 (*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.



**Summary of Funding Revisions**  
**Okaloosa County Health Department**  
**Funding Revisions for Contract Year 2011-12**

As of 3/27/12

<b>Program</b>	<b>Previous As of 12/29/11</b>	<b>Updated As of 3/27/12</b>	<b>Increase/ Decrease</b>
015010 - Indirect Cost Reimbursement	9,004	56,140	47,136
015010 - WIC Program Food Costs Supplemental	-	91,302	91,302
015010 - Super Act	3,800	7,344	3,544
015010 - Tobacco Community Intervention	117,000	132,360	15,360
007000 - Volunteer Screenings-MRC	-	1,500	1,500
007000 - MCH Block Grant Special Projects (MCHS1/MCHSP)	95,351	90,043	(5,308)
015075 - Inspections of Summer Feeding Programs	-	831	831
001020 - Tanning Facilities	5,165	5,147	(18)
001020 - Food Hygiene Permit	27,302	27,239	(63)
001020 - Safe Drinking Water	1,522	1,270	(252)
090001 - Draw Down From Public Health Unit	189,859	74,993	(114,866)
001092 - Environmental Health Fees	2,295	1,395	(900)
011000 - NACCHO MRC Grant	-	5,000	5,000
001077 - Personal Health Fees	98,154	127,644	29,490
001094 - Local Ordinance Fees	143,567	143,654	87
001029 - Third Party Reimbursement	49,748	74,314	24,566
011001 - Healthy Start Coalition Contribution	470,958	394,676	(76,282)
090002 - Draw Down From Public Health Unit	143,111	54,416	(88,695)
001090 - Medicare Part B	8,628	11,388	2,760
<b>Total</b>			<u><u>(64,808)</u></u>

ATTACHMENT II

OKALOOSA COUNTY HEALTH DEPARTMENT

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

	Estimated State Share of CHD Trust Fund Balance	Estimated County Share of CHD Trust Fund Balance	Total
1. CHD Trust Fund Ending Balance 09/30/11	324,348	1,023,777	1,348,125
2. Drawdown for Contract Year October 1, 2011 to September 30, 2012	171,196	54,416	225,612
3. Special Capital Project use for Contract Year October 1, 2011 to September 30, 2012	-	-	-
4. Balance Reserved for Contingency Fund October 1, 2011 to September 30, 2012	153,152	969,361	1,122,513

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

**ATTACHMENT II.**

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

October 1, 2011 to September 30, 2012

		State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>1. GENERAL REVENUE - STATE</b>						
015040	AIDS PREVENTION	20,920	0	20,920	0	20,920
015040	AIDS SURVEILLANCE	0	0	0	0	0
015040	ALG/CESSPOOL IDENTIFICATION AND ELIMINATION	0	0	0	0	0
015040	ALG/CONTR TO CHDS-AIDS PATIENT CARE	100,000	0	100,000	0	100,000
015040	ALG/CONTR TO CHDS-AIDS PATIENT CARE NETWORK	0	0	0	0	0
015040	ALG/CONTR. TO CHDS-SOVEREIGN IMMUNITY	0	0	0	0	0
015040	ALG/IPO HEALTHY START/IPO	0	0	0	0	0
015040	ALG/PRIMARY CARE	0	0	0	0	0
015040	ALPHA ONE PROGRAM - MIAMI-DADE	0	0	0	0	0
015040	CHILD HEALTH MEDICAL SERVICES	0	0	0	0	0
015040	CLOSING THE GAP PROGRAM	0	0	0	0	0
015040	COMMUNITY SMILES - MIAMI-DADE	0	0	0	0	0
015040	COMMUNITY TB PROGRAM	46,289	0	46,289	0	46,289
015040	COUNTY SPECIFIC DENTAL PROJECTS - ESCAMBIA	0	0	0	0	0
015040	DENTAL SPECIAL INITIATIVES	6,541	0	6,541	0	6,541
015040	DUVAL TEEN PREGNANCY PREVENTION	0	0	0	0	0
015040	FAMILY PLANNING GENERAL REVENUE	53,579	0	53,579	0	53,579
015040	FL CLPPP SCREENING & CASE MANAGEMENT	0	0	0	0	0
015040	FL HEPATITIS & LIVER FAILURE PREVENTION/CONTROL	0	0	0	0	0
015040	HEALTHY START MED WAIVER - SOBRA	0	0	0	0	0
015040	HEALTHY START MED-WAIVER - CLIENT SERVICES	0	0	0	0	0
015040	JESSIE TRICE CANCER CTR/HEALTH CHOICE - MIAMI-DADE	0	0	0	0	0
015040	LA LIGA-LEAGUE AGAINST CANCER - MIAMI-DADE	0	0	0	0	0
015040	MANATEE COUNTY RURAL HEALTH SERVICES	0	0	0	0	0
015040	METRO ORLANDO URBAN LEAGUE TEENAGE PREG PREV	0	0	0	0	0
015040	MIGRANT LABOR CAMP SANITATION	0	0	0	0	0
015040	MINORITY OUTREACH-PENALVER CLINIC - MIAMI-DADE	0	0	0	0	0
015040	SCHOOL HEALTH GENERAL REVENUE	0	0	0	0	0
015040	SPECIAL NEEDS SHELTER PROGRAM	0	0	0	0	0
015040	STATEWIDE DENTISTRY NETWORK - ESCAMBIA	0	0	0	0	0
015040	STD GENERAL REVENUE	0	0	0	0	0
015050	NON-CATEGORICAL GENERAL REVENUE	1,193,992	0	1,193,992	0	1,193,992
<b>GENERAL REVENUE TOTAL</b>		<b>1,421,321</b>	<b>0</b>	<b>1,421,321</b>	<b>0</b>	<b>1,421,321</b>
<b>2. NON GENERAL REVENUE - STATE</b>						
015010	INDIRECT COST REIMBURSEMENT	56,140	0	56,140	0	56,140
015010	WIC PROGRAM FOOD COSTS SUPPLEMENTAL	91,302	0	91,302	0	91,302
015010	ALG/PRIMARY CARE	0	0	0	0	0
015010	SUPER ACT	7,344	0	7,344	0	7,344
015010	FOOD AND WATERBORNE DISEASE PROGRAM ADM TF/DACS	0	0	0	0	0
015010	PUBLIC SWIMMING POOL PROGRAM	0	0	0	0	0
015010	SCHOOL HEALTH TOBACCO TF	177,240	0	177,240	0	177,240
015010	TOBACCO ADMINISTRATION & MANAGEMENT	0	0	0	0	0
015010	TOBACCO ADMINISTRATIVE SUPPORT	30,000	0	30,000	0	30,000
015010	TOBACCO COMMUNITY INTERVENTION	132,360	0	132,360	0	132,360
015020	TRANSFER FROM ANOTHER STATE AGENCY	0	0	0	0	0
015020	TRANSFER FROM ANOTHER STATE AGENCY	0	0	0	0	0
015020	TRANSFER FROM ANOTHER STATE AGENCY	0	0	0	0	0

**ATTACHMENT II.**

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

October 1, 2011 to September 30, 2012

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>2. NON GENERAL REVENUE - STATE</b>					
015060 NON-CATEGORICAL TOBACCO REBASING	43,617	0	43,617	0	43,617
<b>NON GENERAL REVENUE TOTAL</b>	<b>538,003</b>	<b>0</b>	<b>538,003</b>	<b>0</b>	<b>538,003</b>
<b>3. FEDERAL FUNDS - State</b>					
007000 AIDS PREVENTION	0	0	0	0	0
007000 AIDS SURVEILLANCE	0	0	0	0	0
007000 BIOTERRORISM HOSPITAL PREPAREDNESS	25,000	0	25,000	0	25,000
007000 COASTAL BEACH MONITORING PROGRAM	14,483	0	14,483	0	14,483
007000 COLORECTAL CANCER SCREENING 2009-10	0	0	0	0	0
007000 ENHANCE COMPREHENSIVE PREVENTION PLANNING AND IMPL	0	0	0	0	0
007000 EXPANDED TESTING INITIATIVE (ETI)	0	0	0	0	0
007000 VOLUNTEER SCREENINGS-MRC	1,500	0	1,500	0	1,500
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	105,716	0	105,716	0	105,716
007000 HEALTH PROGRAM FOR REFUGEES	0	0	0	0	0
007000 HEALTHY PEOPLE HEALTHY COMMUNITIES	7,981	0	7,981	0	7,981
007000 HIV HOUSING FOR PEOPLE LIVING WITH AIDS	0	0	0	0	0
007000 HIV INCIDENCE SURVEILLANCE	0	0	0	0	0
007000 IMMUNIZATION FEDERAL GRANT ACTIVITY SUPPORT	82,429	0	82,429	0	82,429
007000 IMMUNIZATION FIELD STAFF EXPENSE	0	0	0	0	0
007000 IMMUNIZATION WIC-LINKAGES	0	0	0	0	0
007000 IMMUNIZATION-WIC LINKAGES	0	0	0	0	0
007000 MCH BLOCK GRANT SPECIAL PROJECTS (MCHS1/MCHSP)	90,043	0	90,043	0	90,043
007000 MCH BGTF-HEALTHY START COALITIONS	0	0	0	0	0
007000 ORAL HEALTH WORKFORCE ACTIVITIES	0	0	0	0	0
007000 PHP - CITIES READINESS INITIATIVE	0	0	0	0	0
007000 PUBLIC HEALTH PREPAREDNESS BASE	133,306	0	133,306	0	133,306
007000 RAPE PREVENTION & EDUCATION GRANT	0	0	0	0	0
007000 RYAN WHITE	0	0	0	0	0
007000 RYAN WHITE - EMERGING COMMUNITIES	0	0	0	0	0
007000 RYAN WHITE-AIDS DRUG ASSIST PROG-ADMIN	16,477	0	16,477	0	16,477
007000 RYAN WHITE-CONSORTIA	0	0	0	0	0
007000 STATE INDOOR RADON GRANT	0	0	0	0	0
007000 STD FEDERAL GRANT - CSPS	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 TEENAGE PREGNANCY PREVENTION REPLICATION 2010-11	11,184	0	11,184	0	11,184
007000 TEENAGE PREGNANCY PREVENTION REPLICATION 2011-12	55,919	0	55,919	0	55,919
007000 TITLE X HIV/AIDS PROJECT	0	0	0	0	0
007000 TITLE X MALE PROJECT	0	0	0	0	0
007000 TOBACCO FAITH BASED PROJECT	0	0	0	0	0
007000 TUBERCULOSIS CONTROL - FEDERAL GRANT	0	0	0	0	0
007000 WIC ADMINISTRATION	812,198	0	812,198	0	812,198
007000 WIC BREASTFEEDING PEER COUNSELING	45,891	0	45,891	0	45,891
015009 MEDIPASS WAIVER-HLTHY STRT CLIENT SERVICES	0	0	0	0	0
015009 MEDIPASS WAIVER-SOBRA	0	0	0	0	0
007055 ARRA Federal Grant - Schedule C	0	0	0	0	0

**ATTACHMENT II.**

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

October 1, 2011 to September 30, 2012

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>3. FEDERAL FUNDS - State</b>					
015075 ON SITE SEWAGE TREATMENT & DISPOSAL SYSTEM	0	0	0	0	0
015075 SCHOOL HEALTH TITLE XXI	0	0	0	0	0
015075 INSPECTIONS OF SUMMER FEEDING PROGRAMS	831	0	831	0	831
015075 TRANSFER OF FEDERAL GRANT FROM OTHER AGENCY	0	0	0	0	0
<b>FEDERAL FUNDS TOTAL</b>	<b>1,402,958</b>	<b>0</b>	<b>1,402,958</b>	<b>0</b>	<b>1,402,958</b>
<b>4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE</b>					
001020 TANNING FACILITIES	5,147	0	5,147	0	5,147
001020 BODY PIERCING	0	0	0	0	0
001020 MIGRANT HOUSING PERMIT	0	0	0	0	0
001020 MOBILE HOME AND PARKS	13,158	0	13,158	0	13,158
001020 FOOD HYGIENE PERMIT	27,239	0	27,239	0	27,239
001020 BIOHAZARD WASTE PERMIT	0	0	0	0	0
001020 PRIVATE WATER CONSTR PERMIT	0	0	0	0	0
001020 PUBLIC WATER ANNUAL OPER PERMIT	0	0	0	0	0
001020 PUBLIC WATER CONSTR PERMIT	0	0	0	0	0
001020 NON-SDWA SYSTEM PERMIT	0	0	0	0	0
001020 SAFE DRINKING WATER	1,270	0	1,270	0	1,270
001020 SWIMMING POOLS	76,298	0	76,298	0	76,298
001092 OSTDS PERMIT FEE	174,282	0	174,282	0	174,282
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	0	0	0	0	0
001092 NON SDWA LAB SAMPLE	0	0	0	0	0
001092 OSDS VARIANCE FEE	0	0	0	0	0
001092 ENVIRONMENTAL HEALTH FEES	1,395	0	1,395	0	1,395
001092 OSDS REPAIR PERMIT	0	0	0	0	0
001170 LAB FEE CHEMICAL ANALYSIS	0	0	0	0	0
001170 WATER ANALYSIS-POTABLE	0	0	0	0	0
001170 NONPOTABLE WATER ANALYSIS	0	0	0	0	0
010304 MQA INSPECTION FEE	0	0	0	0	0
001206 Central Office Surcharge	31,000	0	31,000	0	31,000
<b>FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL</b>	<b>329,789</b>	<b>0</b>	<b>329,789</b>	<b>0</b>	<b>329,789</b>
<b>5. OTHER CASH CONTRIBUTIONS - STATE</b>					
010304 STATIONARY POLLUTANT STORAGE TANKS	0	0	0	0	0
090001 DRAW DOWN FROM PUBLIC HEALTH UNIT	74,993	0	74,993	0	74,993
<b>OTHER CASH CONTRIBUTIONS TOTAL</b>	<b>74,993</b>	<b>0</b>	<b>74,993</b>	<b>0</b>	<b>74,993</b>
<b>6. MEDICAID - STATE/COUNTY</b>					
001056 MEDICAID PHARMACY	0	0	0	0	0
001076 MEDICAID TB	0	0	0	0	0
001078 MEDICAID ADMINISTRATION OF VACCINE	13,374	13,374	26,748	0	26,748
001079 MEDICAID CASE MANAGEMENT	0	0	0	0	0
001081 MEDICAID CHILD HEALTH CHECK UP	0	0	0	0	0
001082 MEDICAID DENTAL	261,272	331,720	592,992	0	592,992
001083 MEDICAID FAMILY PLANNING	39,210	352,887	392,097	0	392,097

**ATTACHMENT II.**

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

**October 1, 2011 to September 30, 2012**

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total	
<b>6. MEDICAID - STATE/COUNTY</b>						
001087	MEDICAID STD	29,406	37,334	66,740	0	66,740
001089	MEDICAID AIDS	7,231	9,181	16,412	0	16,412
001147	Medicaid HMO Capitation	0	0	0	0	0
001191	MEDICAID MATERNITY	0	0	0	0	0
001192	MEDICAID COMPREHENSIVE CHILD	6,012	7,632	13,644	0	13,644
001193	MEDICAID COMPREHENSIVE ADULT	14,836	18,836	33,672	0	33,672
001194	MEDICAID LABORATORY	0	0	0	0	0
001208	MEDIPASS \$3.00 ADM. FEE	0	0	0	0	0
001059	Medicaid Low Income Pool	526,959	669,044	1,196,003	0	1,196,003
001051	Emergency Medicaid	0	0	0	0	0
001058	Medicaid - Behavioral Health	0	0	0	0	0
001071	Medicaid - Orthopedic	0	0	0	0	0
001072	Medicaid - Dermatology	0	0	0	0	0
001075	Medicaid - School Health Certified Match	0	0	0	0	0
001069	Medicaid - Refugee Health	0	0	0	0	0
001055	Medicaid - Hospital	0	0	0	0	0
001148	Medicaid HMO Non-Capitation	0	0	0	0	0
001074	Medicaid - Newborn Screening	0	0	0	0	0
<b>MEDICAID TOTAL</b>	<b>898,299</b>	<b>1,440,009</b>	<b>2,338,308</b>	<b>0</b>	<b>2,338,308</b>	
<b>7. ALLOCABLE REVENUE - STATE</b>						
018000	REFUNDS	0	0	0	0	0
037000	PRIOR YEAR WARRANT	0	0	0	0	0
038000	12 MONTH OLD WARRANT	0	0	0	0	0
<b>ALLOCABLE REVENUE TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
<b>8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE</b>						
	PHARMACY SERVICES	0	0	0	93,240	93,240
	LABORATORY SERVICES	0	0	0	70,756	70,756
	TB SERVICES	0	0	0	0	0
	IMMUNIZATION SERVICES	0	0	0	558,937	558,937
	STD SERVICES	0	0	0	0	0
	CONSTRUCTION/RENOVATION	0	0	0	0	0
	WIC FOOD	0	0	0	3,614,880	3,614,880
	ADAP	0	0	0	546,818	546,818
	DENTAL SERVICES	0	0	0	0	0
	OTHER (SPECIFY)	0	0	0	0	0
	OTHER (SPECIFY)	0	0	0	0	0
<b>OTHER STATE CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4,884,631</b>	<b>4,884,631</b>	
<b>9. DIRECT LOCAL CONTRIBUTIONS - COUNTY</b>						
008030	Contribution from Health Care Tax	0	0	0	0	0
008034	BCC Contribution from General Fund	0	607,776	607,776	0	607,776
<b>DIRECT COUNTY CONTRIBUTION TOTAL</b>	<b>0</b>	<b>607,776</b>	<b>607,776</b>	<b>0</b>	<b>607,776</b>	
<b>10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY</b>						

**ATTACHMENT II.**

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

October 1, 2011 to September 30, 2012

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY</b>					
001060	CHD SUPPORT POSITION	0	0	0	0
001077	RABIES VACCINE	0	0	0	0
001077	CHILD CAR SEAT PROG	0	0	0	0
001077	PERSONAL HEALTH FEES	0	127,644	127,644	0
001077	AIDS CO-PAYS	0	0	0	0
001094	ADULT ENTER. PERMIT FEES	0	0	0	0
001094	LOCAL ORDINANCE FEES	0	143,654	143,654	0
001114	NEW BIRTH CERTIFICATES	0	54,000	54,000	0
001115	Vital Statistics - Death Certificate	0	125,000	125,000	0
001117	VITAL STATS-ADM. FEE 50 CENTS	0	4,500	4,500	0
001073	Co-Pay for the AIDS Care Program	0	0	0	0
001025	Client Revenue from GRC	0	0	0	0
001040	Cell Phone Administrative Fee	0	0	0	0
<b>FEES AUTHORIZED BY COUNTY TOTAL</b>		0	454,798	454,798	0
<b>11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY</b>					
001009	RETURNED CHECK ITEM	0	0	0	0
001029	THIRD PARTY REIMBURSEMENT	0	74,314	74,314	0
001029	HEALTH MAINTENANCE ORGAN. (HMO)	0	0	0	0
001054	MEDICARE PART D	0	0	0	0
001077	RYAN WHITE TITLE II	0	0	0	0
001090	MEDICARE PART B	0	11,388	11,388	0
001190	Health Maintenance Organization	0	0	0	0
005040	INTEREST EARNED	0	0	0	0
005041	INTEREST EARNED-STATE INVESTMENT ACCOUNT	0	32,198	32,198	0
007010	U.S. GRANTS DIRECT	0	294,593	294,593	0
008010	Contribution from City Government	0	0	0	0
008020	Contribution from Health Care Tax not thru BCC	0	0	0	0
008050	School Board Contribution	0	0	0	0
008060	Special Project Contribution	0	0	0	0
010300	SALE OF GOODS AND SERVICES TO STATE AGENCIES	0	0	0	0
010301	EXP WITNESS FEE CONSULTNT CHARGES	0	0	0	0
010405	SALE OF PHARMACEUTICALS	0	0	0	0
010409	SALE OF GOODS OUTSIDE STATE GOVERNMENT	0	0	0	0
011001	HEALTHY START COALITION CONTRIBUTIONS	0	394,676	394,676	0
011007	CASH DONATIONS PRIVATE	0	0	0	0
012020	FINES AND FORFEITURES	0	0	0	0
012021	RETURN CHECK CHARGE	0	0	0	0
028020	INSURANCE RECOVERIES-OTHER	0	0	0	0
090002	DRAW DOWN FROM PUBLIC HEALTH UNIT	0	54,416	54,416	0
011000	GRANT DIRECT-RYAN WHITE PART C CLIENT PAYMENTS	0	3,500	3,500	0
011000	GRANT-DIRECT	0	0	0	0
011000	GRANT DIRECT-COUNTY HEALTH DEPARTMENT DIRECT SERVICES	0	0	0	0
011000	DIRECT-ARROW	0	0	0	0
011000	GRANT-DIRECT	0	0	0	0
011000	GRANT-DIRECT	0	0	0	0
011000	GRANT DIRECT-QUANTUM DENTAL	0	0	0	0
011000	GRANT DIRECT-HEALTH CARE DISTRICT PAHOKEE	0	0	0	0

**ATTACHMENT II.**

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

October 1, 2011 to September 30, 2012

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY</b>					
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT DIRECT-NACCHO MRC	0	5,000	5,000	0	5,000
010402 Recycled Material Sales	0	0	0	0	0
010303 FDLE Fingerprinting	0	0	0	0	0
007050 ARRA Federal Grant	0	0	0	0	0
001010 Recovery of Bad Checks	0	0	0	0	0
008065 FCO Contribution	0	0	0	0	0
011006 Restricted Cash Donation	0	0	0	0	0
028000 Insurance Recoveries	0	0	0	0	0
001033 CMS Management Fee - PMPMPC	0	0	0	0	0
010400 Sale of Goods Outside State Government	0	0	0	0	0
010500 Refugee Health	0	0	0	0	0
005045 Interest Earned-Third Party Provider	0	0	0	0	0
005043 Interest Earned-Contract/Grant	0	0	0	0	0
010306 DOH/DOC Interagency Agreement	0	0	0	0	0
008040 BCC Grant/Contract	0	12,000	12,000	0	12,000
011002 ARRA Federal Grant - Sub-Recipient	0	0	0	0	0
<b>OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>882,085</b>	<b>882,085</b>	<b>0</b>	<b>882,085</b>
<b>12. ALLOCABLE REVENUE - COUNTY</b>					
018000 REFUNDS	0	0	0	0	0
037000 PRIOR YEAR WARRANT	0	0	0	0	0
038000 12 MONTH OLD WARRANT	0	0	0	0	0
<b>COUNTY ALLOCABLE REVENUE TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>13. BUILDINGS - COUNTY</b>					
ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	440,412	440,412
GROUNDS MAINTENANCE	0	0	0	0	0
OTHER - JANITORIAL SERVICES	0	0	0	51,180	51,180
INSURANCE	0	0	0	0	0
UTILITIES	0	0	0	0	0
OTHER (SPECIFY)	0	0	0	0	0
BUILDING MAINTENANCE	0	0	0	0	0
<b>BUILDINGS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>491,592</b>	<b>491,592</b>
<b>14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY</b>					
EQUIPMENT/VEHICLE PURCHASES	0	0	0	0	0
VEHICLE INSURANCE	0	0	0	0	0
VEHICLE MAINTENANCE	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
<b>OTHER COUNTY CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>



**ATTACHMENT II.**

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

**October 1, 2011 to September 30, 2012**

	<b>State CHD Trust Fund (cash)</b>	<b>County CHD Trust Fund</b>	<b>Total CHD Trust Fund (cash)</b>	<b>Other Contribution</b>	<b>Total</b>
<b>GRAND TOTAL CHD PROGRAM</b>	4,665,363	3,384,668	8,050,031	5,376,223	13,426,254

**ATTACHMENT II.  
OKALOOSA COUNTY HEALTH DEPARTMENT**

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

**October 1, 2011 to September 30, 2012**

	FTE's (0.00)	Clients Units	Services/ Visits	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd (Whole dollars only)	3rd	4th			
<b>A. COMMUNICABLE DISEASE CONTROL:</b>										
IMMUNIZATION (101)	4.27	6,000	8,000	74,223	54,139	94,183	60,188	213,511	69,222	282,733
STD (102)	7.69	1,800	3,000	106,806	101,604	134,223	98,956	356,613	84,976	441,589
HIV/AIDS PREVENTION (03A1)	0.37	0	0	4,673	13,258	10,792	8,563	37,286	0	37,286
HIV/AIDS SURVEILANCE (03A2)	0.00	0	0	0	0	0	0	0	0	0
HIV/AIDS PATIENT CARE (03A3)	5.11	167	668	115,061	117,667	188,372	107,962	211,288	317,774	529,062
ADAP (03A4)	0.20	42	504	4,630	4,890	6,057	4,526	20,103	0	20,103
TB CONTROL SERVICES (104)	1.92	25	550	14,599	16,706	21,543	14,773	67,621	0	67,621
COMM. DISEASE SURV. (106)	5.61	0	500	69,986	56,890	78,715	60,439	122,666	143,364	266,030
HEPATITIS PREVENTION (109)	0.12	25	100	725	407	682	541	2,355	0	2,355
PUBLIC HEALTH PREP AND RESP (116)	4.69	0	50	62,585	49,410	83,624	52,418	159,806	88,231	248,037
VITAL STATISTICS (180)	2.58	8,150	21,600	29,584	25,269	35,380	26,042	0	116,275	116,275
<b>COMMUNICABLE DISEASE SUBTOTAL</b>	<b>32.56</b>	<b>16,209</b>	<b>34,972</b>	<b>482,872</b>	<b>440,240</b>	<b>653,571</b>	<b>434,408</b>	<b>1,191,249</b>	<b>819,842</b>	<b>2,011,091</b>
<b>B. PRIMARY CARE:</b>										
CHRONIC DISEASE SERVICES (210)	0.28	0	50	2,211	85	1,108	909	4,313	0	4,313
TOBACCO PREVENTION (212)	2.40	0	1,020	40,769	44,977	62,527	40,232	188,505	0	188,505
WIC (21W1)	25.50	7,500	31,000	284,310	236,630	340,850	246,989	1,108,779	0	1,108,779
WIC BREASTFEEDING PEER COUNSELING (21W2)	1.43	2,400	3,600	16,321	12,315	18,591	13,587	60,814	0	60,814
FAMILY PLANNING (223)	12.43	4,000	9,000	192,346	163,514	229,365	168,953	363,711	390,467	754,178
IMPROVED PREGNANCY OUTCOME (225)	0.00	0	0	0	0	0	0	0	0	0
HEALTHY START PRENATAL (227)	7.80	3,800	7,200	99,781	75,450	115,654	83,016	64,809	309,092	373,901
COMPREHENSIVE CHILD HEALTH (229)	0.41	400	600	14,145	5,407	12,351	9,300	19,139	22,064	41,203
HEALTHY START INFANT (231)	2.29	3,300	4,500	31,867	30,813	37,531	29,786	44,413	85,584	129,997
SCHOOL HEALTH (234)	3.77	0	243,000	72,990	67,900	94,681	66,635	300,306	1,900	302,206
COMPREHENSIVE ADULT HEALTH (237)	15.78	1,700	8,000	292,708	331,818	506,638	289,640	396,226	1,024,578	1,420,804
COMMUNITY HEALTH DEVELOPMENT (238)	0.17	0	0	21,980	32,369	14,469	17,011	59,914	25,915	85,829
DENTAL HEALTH (240)	9.69	2,046	4,872	195,161	135,275	225,653	156,047	288,430	423,706	712,136
<b>PRIMARY CARE SUBTOTAL</b>	<b>81.95</b>	<b>25,146</b>	<b>312,842</b>	<b>1,264,589</b>	<b>1,136,553</b>	<b>1,659,418</b>	<b>1,122,105</b>	<b>2,899,359</b>	<b>2,283,306</b>	<b>5,182,665</b>
<b>C. ENVIRONMENTAL HEALTH:</b>										
<b>Water and Onsite Sewage Programs</b>										
COASTAL BEACH MONITORING (347)	0.42	784	784	8,677	5,885	12,971	6,677	22,930	11,280	34,210
LIMITED USE PUBLIC WATER SYSTEMS (357)	0.08	17	27	974	1,396	1,427	1,131	3,564	1,364	4,928
PUBLIC WATER SYSTEM (358)	0.00	0	0	0	0	0	0	0	0	0
PRIVATE WATER SYSTEM (359)	0.00	0	0	0	0	0	0	0	0	0
INDIVIDUAL SEWAGE DISP. (361)	4.99	850	2,500	84,697	79,540	132,212	76,237	231,946	140,740	372,686
<b>Group Total</b>	<b>5.49</b>	<b>1,651</b>	<b>3,311</b>	<b>94,348</b>	<b>86,821</b>	<b>146,610</b>	<b>84,045</b>	<b>258,440</b>	<b>153,384</b>	<b>411,824</b>
<b>Facility Programs</b>										
FOOD HYGIENE (348)	1.48	176	700	23,646	25,557	29,610	23,500	73,731	28,582	102,313
Body Piercing Facilities Services	0.00	0	0	0	0	0	0	0	0	0
GROUP CARE FACILITY (351)	0.51	194	400	6,654	7,676	8,623	6,844	20,846	8,951	29,797
MIGRANT LABOR CAMP (352)	0.00	0	0	0	0	0	0	0	0	0
HOUSING,PUBLIC BLDG SAFETY,SANITATION (353)	0.00	0	0	0	0	0	0	0	0	0

**ATTACHMENT II.  
OKALOOSA COUNTY HEALTH DEPARTMENT**

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

**October 1, 2011 to September 30, 2012**

	FTE's (0.00)	Clients Units	Services/ Visits	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd (Whole dollars only)	3rd	4th			
<b>C. ENVIRONMENTAL HEALTH:</b>										
<b>Facility Programs</b>										
MOBILE HOME AND PARKS SERVICES (354)	0.52	117	234	6,573	9,337	9,575	7,600	24,237	8,848	33,085
SWIMMING POOLS/BATHING (360)	2.75	485	2,100	43,840	21,442	39,286	31,178	77,153	58,593	135,746
BIOMEDICAL WASTE SERVICES (364)	0.00	0	0	0	0	0	0	0	0	0
TANNING FACILITY SERVICES (369)	0.20	22	44	978	541	913	725	3,157	0	3,157
<b>Group Total</b>	<b>5.46</b>	<b>994</b>	<b>3,478</b>	<b>81,691</b>	<b>64,553</b>	<b>88,007</b>	<b>69,847</b>	<b>199,124</b>	<b>104,974</b>	<b>304,098</b>
<b>Groundwater Contamination</b>										
STORAGE TANK COMPLIANCE (355)	0.00	0	0	0	0	0	0	0	0	0
SUPER ACT SERVICE (356)	0.10	20	40	2,408	3,954	3,829	3,038	12,325	904	13,229
<b>Group Total</b>	<b>0.10</b>	<b>20</b>	<b>40</b>	<b>2,408</b>	<b>3,954</b>	<b>3,829</b>	<b>3,038</b>	<b>12,325</b>	<b>904</b>	<b>13,229</b>
<b>Community Hygiene</b>										
TATTOO FACILITIES SERVICES	0.00	0	0	0	0	0	0	0	0	0
COMMUNITY ENVIR. HEALTH (345)	0.01	0	0	0	4	6,039	0	6,043	0	6,043
INJURY PREVENTION (346)	0.00	0	0	0	0	0	0	0	0	0
LEAD MONITORING SERVICES (350)	0.00	0	0	0	0	0	0	0	0	0
PUBLIC SEWAGE (362)	0.00	0	0	0	0	0	0	0	0	0
SOLID WASTE DISPOSAL (363)	0.00	0	0	0	0	0	0	0	0	0
SANITARY NUISANCE (365)	0.14	50	100	4,211	2,179	3,846	3,051	10,758	2,529	13,287
RABIES SURVEILLANCE/CONTROL SERVICES (366)	1.50	850	1,300	20,222	16,709	22,225	17,638	57,065	19,729	76,794
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
INDOOR AIR (371)	0.00	0	0	0	0	0	0	0	0	0
RADIOLOGICAL HEALTH (372)	0.00	0	0	0	0	0	0	0	0	0
TOXIC SUBSTANCES (373)	0.00	0	0	0	0	0	0	0	0	0
<b>Group Total</b>	<b>1.65</b>	<b>900</b>	<b>1,400</b>	<b>24,433</b>	<b>18,892</b>	<b>32,110</b>	<b>20,689</b>	<b>73,866</b>	<b>22,258</b>	<b>96,124</b>
<b>ENVIRONMENTAL HEALTH SUBTOTAL</b>	<b>12.70</b>	<b>3,565</b>	<b>8,229</b>	<b>202,880</b>	<b>174,220</b>	<b>270,556</b>	<b>177,619</b>	<b>543,755</b>	<b>281,520</b>	<b>825,275</b>
<b>D. NON-OPERATIONAL COSTS:</b>										
Non-Operational Costs (599)	0.00	0	0	0	0	0	0	0	0	0
ENVIRONMENTAL HEALTH SURCHARGE (399)	0.00	0	0	4,583	5,579	16,244	4,594	31,000	0	31,000
<b>NON-OPERATIONAL COSTS SUBTOTAL</b>	<b>0.00</b>	<b>0</b>	<b>0</b>	<b>4,583</b>	<b>5,579</b>	<b>16,244</b>	<b>4,594</b>	<b>31,000</b>	<b>0</b>	<b>31,000</b>
<b>TOTAL CONTRACT</b>	<b>127.21</b>	<b>44,920</b>	<b>356,043</b>	<b>1,954,924</b>	<b>1,756,592</b>	<b>2,599,789</b>	<b>1,738,726</b>	<b>4,665,363</b>	<b>3,384,668</b>	<b>8,050,031</b>

**CONTRACT BETWEEN  
OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS  
AND  
STATE OF FLORIDA DEPARTMENT OF HEALTH  
FOR OPERATION OF  
THE OKALOOSA COUNTY HEALTH DEPARTMENT  
CONTRACT YEAR 2011-2012**

This agreement ("Agreement") is made and entered into between the State of Florida, Department of Health ("State") and the Okaloosa County Board of County Commissioners ("County"), through their undersigned authorities, effective October 1, 2011.

**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. Okaloosa 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, 2011, through September 30, 2012, or until a written agreement replacing this Agreement is entered into between the parties, whichever is later, unless this Agreement is otherwise terminated pursuant to the termination provisions set forth in paragraph 8, below.

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

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

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

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

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

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

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

i. The State's appropriated responsibility (*direct contribution excluding any state fees, Medicaid contributions or any other funds not listed on the Schedule C*) as provided in Attachment II, Part II is an amount not to exceed \$ 3,612,567 (*State General Revenue, State Funds, Other State Funds and Federal Funds listed on the Schedule C*). The State's obligation to pay under this contract is contingent upon an annual appropriation by the Legislature.

ii. The County's appropriated responsibility (*direct contribution excluding any fees, other cash or local contributions*) as provided in Attachment II, Part II is an amount not to exceed \$757,776 (*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  
Okaloosa County  
221 Hospital Dr NE  
Fort Walton Beach, FL 32548

5. CHD DIRECTOR/ADMINISTRATOR. Both parties agree the director/administrator of the CHD shall be a State employee or under contract with the State and will be under the day-to-day direction of the Deputy State Health Officer. The director/administrator shall be selected by the State with the concurrence of the County. The director/administrator of the CHD shall insure that non-categorical sources of funding are used to fulfill public health priorities in the community and the Long Range Program Plan. A report detailing the status of public health as measured by outcome measures and similar indicators will be sent by the CHD director/administrator to the parties no later than October 1 of each year (~~This is the standard quality assurance "County Health Profile" report located on the Office of Planning, Evaluation & Data Analysis Intranet site).~~

6. ADMINISTRATIVE POLICIES AND PROCEDURES. The parties hereto agree that the following standards should apply in the operation of the CHD:

a. The CHD and its personnel shall follow all State policies and procedures, except to the extent permitted for the use of county purchasing procedures as set forth in subparagraph b., below. All CHD employees shall be State or State-contract personnel subject to State personnel rules and procedures. Employees will report time in the Health Management System compatible format by program component as specified by the State.

b. The CHD shall comply with all applicable provisions of federal and state laws and regulations relating to its operation with the exception that the use of county purchasing procedures shall be allowed when it will result in a better price or service and no statewide Department of Health purchasing contract has been implemented for those goods or services. In such cases, the CHD director/administrator must sign a justification therefore, and all county-purchasing procedures must be followed in their entirety, and such compliance shall be documented. Such justification and compliance documentation shall

be maintained by the CHD in accordance with the terms of this Agreement. State procedures must be followed for all leases on facilities not enumerated in Attachment IV.

c. The CHD shall maintain books, records and documents in accordance with those promulgated by the Generally Accepted Accounting Principles (GAAP) and Governmental Accounting Standards Board (GASB), and the requirements of federal or state law. These records shall be maintained as required by the Department of Health Policies and Procedures for Records Management and shall be open for inspection at any time by the parties and the public, except for those records that are not otherwise subject to disclosure as provided by law which are subject to the confidentiality provisions of paragraph 6.i., below. Books, records and documents must be adequate to allow the CHD to comply with the following reporting requirements:

- i.* The revenue and expenditure requirements in the Florida Accounting System Information Resource (FLAIR).
- ii.* The client registration and services reporting requirements of the minimum data set as specified in the most current version of the Client Information System/Health Management Component Pamphlet;
- iii.* Financial procedures specified in the Department of Health's Accounting Procedures Manuals, Accounting memoranda, and Comptroller's memoranda;
- iv.* The CHD is responsible for assuring that all contracts with service providers include provisions that all subcontracted services be reported to the CHD in a manner consistent with the client registration and service reporting requirements of the minimum data set as specified in the Client Information System/Health Management Component Pamphlet.

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

e. That any surplus/deficit funds, including fees or accrued interest, remaining in the County Health Department Trust Fund account at the end of the contract year shall be credited/debited to the state or county, as appropriate, based on the funds contributed by each and the expenditures incurred by each. Expenditures will be charged to the program accounts by state and county based on the ratio of planned expenditures in the core contract and funding from all sources is credited to the program accounts by state and county. The equity share of any surplus/deficit funds accruing to the state and county is determined each month and at contract year-end. Surplus funds may be applied toward the funding requirements of each participating governmental entity in the following year. However, in each such case, all surplus funds, including fees and accrued interest, shall remain in the trust fund until accounted for in a manner which clearly illustrates the amount which has been credited to each participating governmental entity. The planned use of

surplus funds shall be reflected in Attachment II, Part I of this contract, with special capital projects explained in Attachment V.

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

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

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

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

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

k. The CHD shall maintain confidentiality of all data, files, and records that are confidential under the law or are otherwise exempted from disclosure as a public record under Florida law. The CHD shall implement procedures to ensure the protection and confidentiality of all such records and shall comply with sections 384.29, 381.004, 392.65 and 456.057, Florida Statutes, and all other state and federal laws regarding confidentiality. All confidentiality procedures implemented by the CHD shall be consistent with the Department of Health Information Security Policies, Protocols, and Procedures, dated April 2005, as amended, the terms of which are incorporated herein by reference. The CHD shall further adhere to any amendments to the State's security requirements and shall comply with any applicable professional standards of practice with respect to client confidentiality.

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

m. The CHD shall establish a system through which applicants for services and current clients may present grievances over denial, modification or termination of services. The



CHD will advise applicants of the right to appeal a denial or exclusion from services, of failure to take account of a client's choice of service, and of his/her right to a fair hearing to the final governing authority of the agency. Specific references to existing laws, rules or program manuals are included in Attachment I of this Agreement.

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

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

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

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

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

- i. March 1, 2012 for the report period October 1, 2011 through December 31, 2011;
- ii. June 1, 2012 for the report period October 1, 2011 through March 31, 2012;
- iii. September 1, 2012 for the report period October 1, 2011 through June 30, 2012; and
- iv. December 1, 2012 for the report period October 1, 2011 through September 30, 2012.

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, 2012, it is agreed that the performance and payment under this Agreement are contingent upon an annual appropriation by the Legislature, in accordance with section 287.0582, Florida Statutes.

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

For the State:

For the County:

Laura T. Green  
Name

Gary Stanford  
Name

Business Manager  
Title

Finance Director  
Title

221 Hospital Dr NE

101 E James Lee Blvd

Fort Walton Beach, FL 32548  
Address

Crestview, FL 32536  
Address

(850) 833-9233  
Telephone

(850) 689-5639  
Telephone

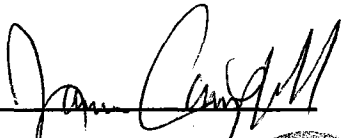
If different contract managers are designated after execution of this Agreement, the name, address and telephone number of the new representative shall be furnished in writing to the other parties and attached to originals of this Agreement.

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

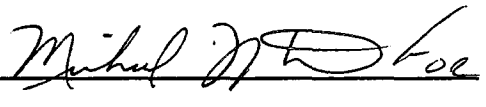
In WITNESS THEREOF, the parties hereto have caused this 24 page agreement to be executed by their undersigned officials as duly authorized effective the 1<sup>st</sup> day of October, 2011.

BOARD OF COUNTY COMMISSIONERS  
FOR OKALOOSA COUNTY

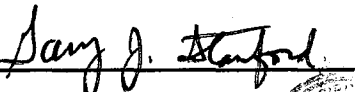
STATE OF FLORIDA  
DEPARTMENT OF HEALTH

SIGNED BY:   
NAME: James Campbell  
TITLE: Chairman  
DATE: 9-9-11




SIGNED BY:   
NAME: H. Frank Farmer, Jr., MD, PhD, FACP  
TITLE: State Surgeon General  
DATE: 10/3/11

ATTESTED TO:

SIGNED BY:   
NAME: Gary Stanford  
TITLE: Finance Director  
DATE: 9-13-11



SIGNED BY:   
NAME: Karen Chapman, MD., M.P.H.  
TITLE: CHD Director/Administrator  
DATE: 8/29/11

## ATTACHMENT I

### OKALOOSA COUNTY HEALTH DEPARTMENT

#### PROGRAM SPECIFIC REPORTING REQUIREMENTS AND PROGRAMS REQUIRING COMPLIANCE WITH THE PROVISIONS OF SPECIFIC MANUALS

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

<u>Service</u>	<u>Requirement</u>
1. Sexually Transmitted Disease Program	Requirements as specified in FAC 64D-3, F.S. 381 and F.S. 384 and the CHD Guidebook.
2. Dental Health	Monthly reporting on DH Form 1008*. Additional reporting requirements, under development, will be required. The additional reporting requirements will be communicated upon finalization.
3. Special Supplemental Nutrition Program for Women, Infants and Children (including the WIC Breastfeeding Peer Counseling Program)	Service documentation and monthly financial reports as specified in DHM 150-24* and all federal, state and county requirements detailed in program manuals and published procedures.
4. Healthy Start/ Improved Pregnancy Outcome	Requirements as specified in the 2007 Healthy Start Standards and Guidelines and as specified by the Healthy Start Coalitions in contract with each county health department.
5. Family Planning	Periodic financial and programmatic reports as specified by the program office and in the CHD Guidebook, Internal Operating Policy FAMPLAN 14*
6. Immunization	Periodic reports as specified by the department regarding the surveillance/investigation of reportable vaccine preventable diseases, vaccine usage accountability as documented in Florida SHOTS, the assessment of various immunization levels as documented in Florida SHOTS and forms reporting adverse events following immunization.
7. Chronic Disease Program	Requirements as specified in the Healthy Communities, Healthy People Guidebook.
8. Environmental Health	Requirements as specified in Environmental Health Programs Manual 150-4* and DHP 50-21*
9. HIV/AIDS Program	Requirements as specified in F.S. 384.25 and 64D-3.016 and 3.017 F.A.C. and the CHD Guidebook. Case reporting should be on Adult HIV/AIDS Confidential Case Report CDC Form DH2139 and Pediatric HIV/AIDS Confidential Case Report CDC Form DH2140. Socio-

ATTACHMENT I (Continued)

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

10. School Health Services

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

11. Tuberculosis

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

12. General Communicable Disease Control

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

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

ATTACHMENT II

OKALOOSA COUNTY HEALTH DEPARTMENT

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

	Estimated State Share of CHD Trust Fund Balance	Estimated County Share of CHD Trust Fund Balance	Total
1. CHD Trust Fund Ending Balance 09/30/11	418,455	1,070,710	1,489,165
2. Drawdown for Contract Year October 1, 2011 to September 30, 2012	344,999	258,779	603,778
3. Special Capital Project use for Contract Year October 1, 2011 to September 30, 2012	-	-	0
4. Balance Reserved for Contingency Fund October 1, 2011 to September 30, 2012	73,456	811,931	885,387

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

**ATTACHMENT II**

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

October 1, 2011 to September 30, 2012

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>1. GENERAL REVENUE - STATE</b>					
015040 AIDS PREVENTION	20,920	0	20,920	0	20,920
015040 AIDS SURVEILLANCE	0	0	0	0	0
015040 ALG/CESSPOOL IDENTIFICATION AND ELIMINATION	0	0	0	0	0
015040 ALG/CONTR TO CHDS-AIDS PATIENT CARE	100,000	0	100,000	0	100,000
015040 ALG/CONTR TO CHDS-AIDS PATIENT CARE NETWORK	0	0	0	0	0
015040 ALG/CONTR. TO CHDS-SOVEREIGN IMMUNITY	0	0	0	0	0
015040 ALG/IPO HEALTHY START/IPO	0	0	0	0	0
015040 ALG/PRIMARY CARE	0	0	0	0	0
015040 ALPHA ONE PROGRAM - MIAMI-DADE	0	0	0	0	0
015040 CHILD HEALTH MEDICAL SERVICES	0	0	0	0	0
015040 CLOSING THE GAP PROGRAM	0	0	0	0	0
015040 COMMUNITY SMILES - MIAMI-DADE	0	0	0	0	0
015040 COMMUNITY TB PROGRAM	44,501	0	44,501	0	44,501
015040 COUNTY SPECIFIC DENTAL PROJECTS - ESCAMBIA	0	0	0	0	0
015040 DENTAL SPECIAL INITIATIVES	6,541	0	6,541	0	6,541
015040 DUVAL TEEN PREGNANCY PREVENTION	0	0	0	0	0
015040 FAMILY PLANNING GENERAL REVENUE	53,579	0	53,579	0	53,579
015040 FL CLPPP SCREENING & CASE MANAGEMENT	0	0	0	0	0
015040 FL HEPATITIS & LIVER FAILURE PREVENTION/CONTROL	0	0	0	0	0
015040 HEALTHY START MED WAIVER - SOBRA	0	0	0	0	0
015040 HEALTHY START MED-WAIVER - CLIENT SERVICES	0	0	0	0	0
015040 JESSIE TRICE CANCER CTR/HEALTH CHOICE - MIAMI-DADE	0	0	0	0	0
015040 LA LIGA-LEAGUE AGAINST CANCER - MIAMI-DADE	0	0	0	0	0
015040 MANATEE COUNTY RURAL HEALTH SERVICES	0	0	0	0	0
015040 METRO ORLANDO URBAN LEAGUE TEENAGE PREG PREV	0	0	0	0	0
015040 MIGRANT LABOR CAMP SANITATION	0	0	0	0	0
015040 MINORITY OUTREACH-PENALVER CLINIC - MIAMI-DADE	0	0	0	0	0
015040 SCHOOL HEALTH GENERAL REVENUE	0	0	0	0	0
015040 SPECIAL NEEDS SHELTER PROGRAM	0	0	0	0	0
015040 STATEWIDE DENTISTRY NETWORK - ESCAMBIA	0	0	0	0	0
015040 STD GENERAL REVENUE	0	0	0	0	0
015050 NON-CATEGORICAL GENERAL REVENUE	1,338,230	0	1,338,230	0	1,338,230
<b>GENERAL REVENUE TOTAL</b>	<b>1,563,771</b>	<b>0</b>	<b>1,563,771</b>	<b>0</b>	<b>1,563,771</b>
<b>2. NON GENERAL REVENUE - STATE</b>					
015010 ALG/CONTR. TO CHDS-BIOMEDICAL WASTE	0	0	0	0	0
015010 ALG/CONTR. TO CHDS-SAFE DRINKING WATER PRG	0	0	0	0	0
015010 ALG/PRIMARY CARE	0	0	0	0	0
015010 SUPER ACT	3,800	0	3,800	0	3,800
015010 FOOD AND WATERBORNE DISEASE PROGRAM ADM TF/DACS	0	0	0	0	0
015010 PUBLIC SWIMMING POOL PROGRAM	0	0	0	0	0
015010 SCHOOL HEALTH TOBACCO TF	177,240	0	177,240	0	177,240
015010 TOBACCO ADMINISTRATION & MANAGEMENT	0	0	0	0	0
015010 TOBACCO ADMINISTRATIVE SUPPORT	30,000	0	30,000	0	30,000
015010 TOBACCO COMMUNITY INTERVENTION	117,000	0	117,000	0	117,000
015020 TRANSFER FROM ANOTHER STATE AGENCY	0	0	0	0	0
015020 TRANSFER FROM ANOTHER STATE AGENCY	0	0	0	0	0
015020 TRANSFER FROM ANOTHER STATE AGENCY	0	0	0	0	0



**ATTACHMENT II.**

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

October 1, 2011 to September 30, 2012

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>2. NON GENERAL REVENUE - STATE</b>					
015060 NON-CATEGORICAL TOBACCO REBASING	43,617	0	43,617	0	43,617
<b>NON GENERAL REVENUE TOTAL</b>	<b>371,657</b>	<b>0</b>	<b>371,657</b>	<b>0</b>	<b>371,657</b>
<b>3. FEDERAL FUNDS - State</b>					
007000 AIDS PREVENTION	0	0	0	0	0
007000 AIDS SURVEILLANCE	0	0	0	0	0
007000 BIOTERRORISM HOSPITAL PREPAREDNESS	25,000	0	25,000	0	25,000
007000 COASTAL BEACH MONITORING PROGRAM	16,533	0	16,533	0	16,533
007000 COLORECTAL CANCER SCREENING 2009-10	0	0	0	0	0
007000 ENHANCE COMPREHENSIVE PREVENTION PLANNING AND IMPL	0	0	0	0	0
007000 EXPANDED TESTING INITIATIVE (ETI)	0	0	0	0	0
007000 FGTF/AIDS MORBIDITY	0	0	0	0	0
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	105,716	0	105,716	0	105,716
007000 HEALTH PROGRAM FOR REFUGEES	0	0	0	0	0
007000 HEALTHY PEOPLE HEALTHY COMMUNITIES	23,944	0	23,944	0	23,944
007000 HIV HOUSING FOR PEOPLE LIVING WITH AIDS	0	0	0	0	0
007000 HIV INCIDENCE SURVEILLANCE	0	0	0	0	0
007000 IMMUNIZATION FEDERAL GRANT ACTIVITY SUPPORT	31,000	0	31,000	0	31,000
007000 IMMUNIZATION FIELD STAFF EXPENSE	0	0	0	0	0
007000 IMMUNIZATION WIC-LINKAGES	0	0	0	0	0
007000 IMMUNIZATION-WIC LINKAGES	0	0	0	0	0
007000 MCH BLOCK GRANT SPECIAL PROJECTS (MCHS1/MCHSP)	95,351	0	95,351	0	95,351
007000 MCH BGTf-HEALTHY START COALITIONS	0	0	0	0	0
007000 ORAL HEALTH WORKFORCE ACTIVITIES	0	0	0	0	0
007000 PHP - CITIES READINESS INITIATIVE	0	0	0	0	0
007000 PUBLIC HEALTH PREPAREDNESS BASE	133,306	0	133,306	0	133,306
007000 RAPE PREVENTION & EDUCATION GRANT	0	0	0	0	0
007000 RYAN WHITE	0	0	0	0	0
007000 RYAN WHITE - EMERGING COMMUNITIES	0	0	0	0	0
007000 RYAN WHITE-AIDS DRUG ASSIST PROG-ADMIN	16,477	0	16,477	0	16,477
007000 RYAN WHITE-CONSORTIA	0	0	0	0	0
007000 STATE INDOOR RADON GRANT	0	0	0	0	0
007000 STD FEDERAL GRANT - CSPS	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 TEENAGE PREGNANCY PREVENTION REPLICATION 2010-11	11,184	0	11,184	0	11,184
007000 TEENAGE PREGNANCY PREVENTION REPLICATION 2011-12	55,919	0	55,919	0	55,919
007000 TITLE X HIV/AIDS PROJECT	0	0	0	0	0
007000 TITLE X MALE PROJECT	0	0	0	0	0
007000 TOBACCO FAITH BASED PROJECT	0	0	0	0	0
007000 TUBERCULOSIS CONTROL - FEDERAL GRANT	0	0	0	0	0
007000 WIC ADMINISTRATION	812,198	0	812,198	0	812,198
007000 WIC BREASTFEEDING PEER COUNSELING	45,891	0	45,891	0	45,891
015009 MEDIPASS WAIVER-HLTHY STRT CLIENT SERVICES	0	0	0	0	0
015009 MEDIPASS WAIVER-SOBRA	0	0	0	0	0
007055 ARRA Federal Grant - Schedule C	0	0	0	0	0

**ATTACHMENT II**

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

October 1, 2011 to September 30, 2012

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>3. FEDERAL FUNDS - State</b>					
015075 ON SITE SEWAGE TREATMENT & DISPOSAL SYSTEM	0	0	0	0	0
015075 SCHOOL HEALTH TITLE XXI	0	0	0	0	0
<b>FEDERAL FUNDS TOTAL</b>	1,372,519	0	1,372,519	0	1,372,519
<b>4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE</b>					
001020 TANNING FACILITIES	5,165	0	5,165	0	5,165
001020 BODY PIERCING	0	0	0	0	0
001020 MIGRANT HOUSING PERMIT	0	0	0	0	0
001020 MOBILE HOME AND PARKS	13,158	0	13,158	0	13,158
001020 FOOD HYGIENE PERMIT	27,302	0	27,302	0	27,302
001020 BIOHAZARD WASTE PERMIT	0	0	0	0	0
001020 PRIVATE WATER CONSTR PERMIT	0	0	0	0	0
001020 PUBLIC WATER ANNUAL OPER PERMIT	0	0	0	0	0
001020 PUBLIC WATER CONSTR PERMIT	0	0	0	0	0
001020 NON-SDWA SYSTEM PERMIT	0	0	0	0	0
001020 SAFE DRINKING WATER	1,522	0	1,522	0	1,522
001020 SWIMMING POOLS	76,298	0	76,298	0	76,298
001092 OSTDS PERMIT FEE	174,282	0	174,282	0	174,282
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	0	0	0	0	0
001092 NON SDWA LAB SAMPLE	0	0	0	0	0
001092 OSDS VARIANCE FEE	0	0	0	0	0
001092 ENVIRONMENTAL HEALTH FEES	2,295	0	2,295	0	2,295
001092 OSDS REPAIR PERMIT	0	0	0	0	0
001170 LAB FEE CHEMICAL ANALYSIS	0	0	0	0	0
001170 WATER ANALYSIS-POTABLE	0	0	0	0	0
001170 NONPOTABLE WATER ANALYSIS	0	0	0	0	0
010304 MQA INSPECTION FEE	0	0	0	0	0
001206 Central Office Surcharge	31,000	0	31,000	0	31,000
<b>FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL</b>	331,022	0	331,022	0	331,022
<b>5. OTHER CASH CONTRIBUTIONS - STATE</b>					
010304 STATIONARY POLLUTANT STORAGE TANKS	0	0	0	0	0
090001 DRAW DOWN FROM PUBLIC HEALTH UNIT	344,999	0	344,999	0	344,999
<b>OTHER CASH CONTRIBUTIONS TOTAL</b>	344,999	0	344,999	0	344,999
<b>6. MEDICAID - STATE/COUNTY</b>					
001056 MEDICAID PHARMACY	0	0	0	0	0
001076 MEDICAID TB	0	0	0	0	0
001078 MEDICAID ADMINISTRATION OF VACCINE	13,374	13,374	26,748	0	26,748
001079 MEDICAID CASE MANAGEMENT	0	0	0	0	0
001081 MEDICAID CHILD HEALTH CHECK UP	0	0	0	0	0
001082 MEDICAID DENTAL	304,818	387,006	691,824	0	691,824
001083 MEDICAID FAMILY PLANNING	39,210	352,887	392,097	0	392,097
001087 MEDICAID STD	29,406	37,334	66,740	0	66,740
001089 MEDICAID AIDS	11,637	14,775	26,412	0	26,412

**ATTACHMENT II**

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

October 1, 2011 to September 30, 2012

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>6. MEDICAID - STATE/COUNTY</b>					
001147	Medicaid HMO Capitation	0	0	0	0
001191	MEDICAID MATERNITY	0	0	0	0
001192	MEDICAID COMPREHENSIVE CHILD	6,012	7,632	13,644	13,644
001193	MEDICAID COMPREHENSIVE ADULT	14,836	18,836	33,672	33,672
001194	MEDICAID LABORATORY	0	0	0	0
001208	MEDIPASS \$3.00 ADM. FEE	0	0	0	0
001059	Medicaid Low Income Pool	308,420	391,580	700,000	700,000
001051	Emergency Medicaid	0	0	0	0
001058	Medicaid - Behavioral Health	0	0	0	0
001071	Medicaid - Orthopedic	0	0	0	0
001072	Medicaid - Dermatology	0	0	0	0
001075	Medicaid - School Health Certified Match	0	0	0	0
001069	Medicaid - Refugee Health	0	0	0	0
001055	Medicaid - Hospital	0	0	0	0
001148	Medicaid HMO Non-Capitation	0	0	0	0
001074	Medicaid - Newborn Screening	0	0	0	0
<b>MEDICAID TOTAL</b>	<b>727,712</b>	<b>1,223,425</b>	<b>1,951,137</b>	<b>0</b>	<b>1,951,137</b>
<b>7. ALLOCABLE REVENUE - STATE</b>					
018000	REFUNDS	0	0	0	0
037000	PRIOR YEAR WARRANT	0	0	0	0
038000	12 MONTH OLD WARRANT	0	0	0	0
<b>ALLOCABLE REVENUE TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE</b>					
	PHARMACY SERVICES	0	0	93,240	93,240
	LABORATORY SERVICES	0	0	70,756	70,756
	TB SERVICES	0	0	0	0
	IMMUNIZATION SERVICES	0	0	558,937	558,937
	STD SERVICES	0	0	0	0
	CONSTRUCTION/RENOVATION	0	0	0	0
	WIC FOOD	0	0	3,614,880	3,614,880
	ADAP	0	0	546,818	546,818
	DENTAL SERVICES	0	0	0	0
	OTHER (SPECIFY)	0	0	0	0
	OTHER (SPECIFY)	0	0	0	0
<b>OTHER STATE CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4,884,631</b>	<b>4,884,631</b>
<b>9. DIRECT LOCAL CONTRIBUTIONS - COUNTY</b>					
008030	Contribution from Health Care Tax	0	0	0	0
008034	BCC Contribution from General Fund	0	757,776	757,776	757,776
<b>DIRECT COUNTY CONTRIBUTION TOTAL</b>	<b>0</b>	<b>757,776</b>	<b>757,776</b>	<b>0</b>	<b>757,776</b>
<b>10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY</b>					
001060	CHD SUPPORT POSITION	0	0	0	0
001077	RABIES VACCINE	0	0	0	0

**ATTACHMENT II.**

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

October 1, 2011 to September 30, 2012

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY</b>					
001077	CHILD CAR SEAT PROG	0	0	0	0
001077	PERSONAL HEALTH FEES	0	98,154	98,154	98,154
001077	AIDS CO-PAYS	0	0	0	0
001094	ADULT ENTER. PERMIT FEES	0	0	0	0
001094	LOCAL ORDINANCE FEES	0	143,567	143,567	143,567
001114	NEW BIRTH CERTIFICATES	0	54,000	54,000	54,000
001115	Vital Statistics - Death Certificate	0	125,000	125,000	125,000
001117	VITAL STATS-ADM. FEE 50 CENTS	0	4,500	4,500	4,500
001073	Co-Pay for the AIDS Care Program	0	0	0	0
001025	Client Revenue from GRC	0	0	0	0
001040	Cell Phone Administrative Fee	0	0	0	0
	<b>FEES AUTHORIZED BY COUNTY TOTAL</b>	0	425,221	425,221	425,221
<b>11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY</b>					
001009	RETURNED CHECK ITEM	0	0	0	0
001029	THIRD PARTY REIMBURSEMENT	0	49,748	49,748	49,748
001029	HEALTH MAINTENANCE ORGAN. (HMO)	0	0	0	0
001054	MEDICARE PART D	0	0	0	0
001077	RYAN WHITE TITLE II	0	0	0	0
001090	MEDICARE PART B	0	8,628	8,628	8,628
001190	Health Maintenance Organization	0	0	0	0
005040	INTEREST EARNED	0	0	0	0
005041	INTEREST EARNED-STATE INVESTMENT ACCOUNT	0	32,198	32,198	32,198
007010	U.S. GRANTS DIRECT	0	292,500	292,500	292,500
008010	Contribution from City Government	0	0	0	0
008020	Contribution from Health Care Tax not thru BCC	0	0	0	0
008050	School Board Contribution	0	0	0	0
008060	Special Project Contribution	0	0	0	0
010300	SALE OF GOODS AND SERVICES TO STATE AGENCIES	0	0	0	0
010301	EXP WITNESS FEE CONSULTNT CHARGES	0	0	0	0
010405	SALE OF PHARMACEUTICALS	0	0	0	0
010409	SALE OF GOODS OUTSIDE STATE GOVERNMENT	0	0	0	0
011001	HEALTHY START COALITION CONTRIBUTIONS	0	470,958	470,958	470,958
011007	CASH DONATIONS PRIVATE	0	0	0	0
012020	FINES AND FORFEITURES	0	0	0	0
012021	RETURN CHECK CHARGE	0	0	0	0
028020	INSURANCE RECOVERIES-OTHER	0	0	0	0
090002	DRAW DOWN FROM PUBLIC HEALTH UNIT	0	258,779	258,779	258,779
011000	GRANT DIRECT-RYAN WHITE PART C CLIENT PAYMENTS	0	3,500	3,500	3,500
011000	GRANT-DIRECT	0	0	0	0
011000	GRANT DIRECT-COUNTY HEALTH DEPARTMENT DIRECT SERVICES	0	0	0	0
011000	DIRECT-ARROW	0	0	0	0
011000	GRANT-DIRECT	0	0	0	0
011000	GRANT-DIRECT	0	0	0	0
011000	GRANT DIRECT-QUANTUM DENTAL	0	0	0	0
011000	GRANT DIRECT-HEALTH CARE DISTRICT PAHOKEE	0	0	0	0
011000	GRANT-DIRECT	0	0	0	0
011000	GRANT-DIRECT	0	0	0	0

## ATTACHMENT II

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

October 1, 2011 to September 30, 2012

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY</b>					
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT DIRECT-ARROW	0	0	0	0	0
010402 Recycled Material Sales	0	0	0	0	0
010303 FDLE Fingerprinting	0	0	0	0	0
007050 ARRA Federal Grant	0	0	0	0	0
001010 Recovery of Bad Checks	0	0	0	0	0
008065 FCO Contribution	0	0	0	0	0
011006 Restricted Cash Donation	0	0	0	0	0
028000 Insurance Recoveries	0	0	0	0	0
001033 CMS Management Fee - PMPMPC	0	0	0	0	0
010400 Sale of Goods Outside State Government	0	0	0	0	0
010500 Refugee Health	0	0	0	0	0
005045 Interest Earned-Third Party Provider	0	0	0	0	0
005043 Interest Earned-Contract/Grant	0	0	0	0	0
010306 DOH/DOC Interagency Agreement	0	0	0	0	0
008040 BCC Grant/Contract	0	12,000	12,000	0	12,000
011002 ARRA Federal Grant - Sub-Recipient	0	0	0	0	0
<b>OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>1,128,311</b>	<b>1,128,311</b>	<b>0</b>	<b>1,128,311</b>
<b>12. ALLOCABLE REVENUE - COUNTY</b>					
018000 REFUNDS	0	0	0	0	0
037000 PRIOR YEAR WARRANT	0	0	0	0	0
038000 12 MONTH OLD WARRANT	0	0	0	0	0
<b>COUNTY ALLOCABLE REVENUE TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>13. BUILDINGS - COUNTY</b>					
ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	440,412	440,412
GROUND MAINTENANCE	0	0	0	0	0
OTHER - JANITORIAL SERVICES	0	0	0	51,180	51,180
INSURANCE	0	0	0	0	0
UTILITIES	0	0	0	0	0
OTHER (SPECIFY)	0	0	0	0	0
BUILDING MAINTENANCE	0	0	0	0	0
<b>BUILDINGS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>491,592</b>	<b>491,592</b>
<b>14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY</b>					
EQUIPMENT/VEHICLE PURCHASES	0	0	0	0	0
VEHICLE INSURANCE	0	0	0	0	0
VEHICLE MAINTENANCE	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
<b>OTHER COUNTY CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>GRAND TOTAL CHD PROGRAM</b>	<b>4,711,680</b>	<b>3,534,733</b>	<b>8,246,413</b>	<b>5,376,223</b>	<b>13,622,636</b>

**ATTACHMENT II  
OKALOOSA COUNTY HEALTH DEPARTMENT**

**Part III. Planned Staffing, Clients, Services, And Expenditures By Program Service Area Within Each Level Of Service  
October 1, 2011 to September 30, 2012**

	FTE's (0.00)	Clients Units	Services/ Visits	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd (Whole dollars only)	3rd	4th			
<b>A. COMMUNICABLE DISEASE CONTROL:</b>										
IMMUNIZATION (101)	4.27	6,000	8,000	69,487	57,610	65,155	54,077	181,626	64,703	246,329
STD (102)	7.69	1,800	3,000	128,136	107,463	122,874	103,955	367,763	94,665	462,428
HIV/AIDS PREVENTION (03A1)	0.37	0	0	7,209	6,103	7,037	6,042	26,391	0	26,391
HIV/AIDS SURVEILLANCE (03A2)	0.00	0	0	0	0	0	0	0	0	0
HIV/AIDS PATIENT CARE (03A3)	5.11	167	668	151,500	123,615	137,631	111,024	202,495	321,275	523,770
ADAP (03A4)	0.20	42	504	5,579	4,571	5,110	4,152	16,477	2,935	19,412
TB CONTROL SERVICES (104)	1.92	25	550	23,294	19,397	22,026	18,412	83,129	0	83,129
COMM. DISEASE SURV. (106)	5.61	0	500	59,654	50,370	57,957	49,565	110,524	107,022	217,546
HEPATITIS PREVENTION (109)	0.12	25	100	1,098	931	1,072	920	4,021	0	4,021
PUBLIC HEALTH PREP AND RESP (116)	4.69	0	50	96,285	79,824	90,272	74,914	252,293	89,002	341,295
VITAL STATISTICS (180)	2.58	8,150	21,600	34,232	28,737	32,888	27,868	0	123,725	123,725
<b>COMMUNICABLE DISEASE SUBTOTAL</b>	<b>32.56</b>	<b>16,209</b>	<b>34,972</b>	<b>576,474</b>	<b>478,621</b>	<b>542,022</b>	<b>450,929</b>	<b>1,244,719</b>	<b>803,327</b>	<b>2,048,046</b>
<b>3. PRIMARY CARE:</b>										
CHRONIC DISEASE SERVICES (210)	0.28	0	50	14,036	10,924	11,579	8,468	45,007	0	45,007
TOBACCO PREVENTION (212)	2.40	0	1,020	46,510	38,796	44,133	37,007	166,446	0	166,446
WIC (21W1)	25.50	7,500	31,000	329,557	276,556	316,397	267,948	1,190,458	0	1,190,458
WIC BREASTFEEDING PEER COUNSELING (21W2)	1.43	2,400	3,600	17,884	15,055	17,273	14,703	64,915	0	64,915
FAMILY PLANNING (223)	12.43	4,000	9,000	211,124	177,093	202,524	171,390	360,959	401,172	762,131
IMPROVED PREGNANCY OUTCOME (225)	0.00	0	0	0	0	0	0	0	0	0
HEALTHY START PRENATAL (227)	7.80	3,800	7,200	123,329	102,626	116,474	97,272	112,120	327,581	439,701
COMPREHENSIVE CHILD HEALTH (229)	0.41	400	600	9,760	8,208	9,411	7,998	14,264	21,113	35,377
HEALTHY START INFANT (231)	2.29	3,300	4,500	40,697	33,607	37,863	31,210	0	143,377	143,377
SCHOOL HEALTH (234)	3.77	0	243,000	69,723	58,198	66,250	55,616	249,787	0	249,787
COMPREHENSIVE ADULT HEALTH (237)	15.78	1,700	8,000	383,395	315,261	353,698	289,363	378,445	963,272	1,341,717
COMMUNITY HEALTH DEVELOPMENT (238)	0.17	0	0	7,869	6,659	7,681	6,593	28,802	0	28,802
DENTAL HEALTH (240)	9.69	2,046	4,872	245,989	203,166	228,921	188,737	315,587	551,226	866,813
<b>PRIMARY CARE SUBTOTAL</b>	<b>81.95</b>	<b>25,146</b>	<b>312,842</b>	<b>1,499,873</b>	<b>1,246,149</b>	<b>1,412,204</b>	<b>1,176,305</b>	<b>2,926,790</b>	<b>2,407,741</b>	<b>5,334,531</b>
<b>C. ENVIRONMENTAL HEALTH:</b>										
<b>Water and Onsite Sewage Programs</b>										
COASTAL BEACH MONITORING (347)	0.42	784	784	11,856	9,559	10,517	8,292	28,311	11,913	40,224
LIMITED USE PUBLIC WATER SYSTEMS (357)	0.08	17	27	1,420	1,202	1,386	1,190	3,967	1,231	5,198
PUBLIC WATER SYSTEM (358)	0.00	0	0	0	0	0	0	0	0	0
PRIVATE WATER SYSTEM (359)	0.00	0	0	7	4	7	5	23	0	23
INDIVIDUAL SEWAGE DISP. (361)	4.99	850	2,500	109,397	89,997	101,019	82,715	240,677	142,451	383,128
<b>Group Total</b>	<b>5.49</b>	<b>1,651</b>	<b>3,311</b>	<b>122,680</b>	<b>100,762</b>	<b>112,929</b>	<b>92,202</b>	<b>272,978</b>	<b>155,595</b>	<b>428,573</b>
<b>Facility Programs</b>										
FOOD HYGIENE (348)	1.48	176	700	25,473	21,559	24,864	21,344	67,135	26,105	93,240
BODY ART (349)	0.00	0	0	0	0	0	0	0	0	0
GROUP CARE FACILITY (351)	0.51	194	400	7,906	6,692	7,717	6,625	20,440	8,500	28,940
MIGRANT LABOR CAMP (352)	0.00	0	0	0	0	0	0	0	0	0
HOUSING,PUBLIC BLDG SAFETY,SANITATION (353)	0.00	0	0	0	0	0	0	0	0	0

**ATTACHMENT II  
OKALOOSA COUNTY HEALTH DEPARTMENT**

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

**October 1, 2011 to September 30, 2012**

	FTE's (0.00)	Clients Units	Services/ Visits	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd (Whole dollars only)	3rd	4th			
<b>C. ENVIRONMENTAL HEALTH:</b>										
<b>Facility Programs</b>										
MOBILE HOME AND PARKS SERVICES (354)	0.52	117	234	7,540	6,382	7,360	6,318	20,429	7,171	27,600
SWIMMING POOLS/BATHING (360)	2.75	485	2,100	40,560	34,329	39,591	33,986	50,297	98,169	148,466
BIOMEDICAL WASTE SERVICES (364)	0.00	0	0	0	0	0	0	0	0	0
TANNING FACILITY SERVICES (369)	0.20	22	44	2,863	2,422	2,793	2,399	4,689	5,788	10,477
<b>Group Total</b>	<b>5.46</b>	<b>994</b>	<b>3,478</b>	<b>84,342</b>	<b>71,384</b>	<b>82,325</b>	<b>70,672</b>	<b>162,990</b>	<b>145,733</b>	<b>308,723</b>
<b>Groundwater Contamination</b>										
STORAGE TANK COMPLIANCE (355)	0.00	0	0	0	0	0	0	0	0	0
SUPER ACT SERVICE (356)	0.10	20	40	1,716	1,454	1,675	1,438	5,751	532	6,283
<b>Group Total</b>	<b>0.10</b>	<b>20</b>	<b>40</b>	<b>1,716</b>	<b>1,454</b>	<b>1,675</b>	<b>1,438</b>	<b>5,751</b>	<b>532</b>	<b>6,283</b>
<b>Community Hygiene</b>										
OCCUPATIONAL HEALTH (344)	0.00	0	0	0	0	0	0	0	0	0
COMMUNITY ENVIR. HEALTH (345)	0.01	0	0	147	125	6,145	123	6,540	0	6,540
INJURY PREVENTION (346)	0.00	0	0	0	0	0	0	0	0	0
LEAD MONITORING SERVICES (350)	0.00	0	0	0	0	0	0	0	0	0
PUBLIC SEWAGE (362)	0.00	0	0	0	0	0	0	0	0	0
SOLID WASTE DISPOSAL (363)	0.00	0	0	0	0	0	0	0	0	0
SANITARY NUISANCE (365)	0.14	50	100	1,915	1,619	1,869	1,605	5,181	1,827	7,008
RABIES SURVEILLANCE/CONTROL SERVICES (366)	1.50	850	1,300	20,683	17,506	20,189	17,331	55,731	19,978	75,709
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
INDOOR AIR (371)	0.00	0	0	0	0	0	0	0	0	0
RADIOLOGICAL HEALTH (372)	0.00	0	0	0	0	0	0	0	0	0
TOXIC SUBSTANCES (373)	0.00	0	0	0	0	0	0	0	0	0
<b>Group Total</b>	<b>1.65</b>	<b>900</b>	<b>1,400</b>	<b>22,745</b>	<b>19,250</b>	<b>28,203</b>	<b>19,059</b>	<b>67,452</b>	<b>21,805</b>	<b>89,257</b>
<b>ENVIRONMENTAL HEALTH SUBTOTAL</b>	<b>12.70</b>	<b>3,565</b>	<b>8,229</b>	<b>231,483</b>	<b>192,850</b>	<b>225,132</b>	<b>183,371</b>	<b>509,171</b>	<b>323,665</b>	<b>832,836</b>
<b>D. NON-OPERATIONAL COSTS:</b>										
Non-Operational Costs (599)	0.00	0	0	0	0	0	0	0	0	0
ENVIRONMENTAL HEALTH SURCHARGE (399)	0.00	0	0	10,095	7,653	7,872	5,380	31,000	0	31,000
<b>NON-OPERATIONAL COSTS SUBTOTAL</b>	<b>0.00</b>	<b>0</b>	<b>0</b>	<b>10,095</b>	<b>7,653</b>	<b>7,872</b>	<b>5,380</b>	<b>31,000</b>	<b>0</b>	<b>31,000</b>
<b>TOTAL CONTRACT</b>	<b>127.21</b>	<b>44,920</b>	<b>356,043</b>	<b>2,317,925</b>	<b>1,925,273</b>	<b>2,187,230</b>	<b>1,815,985</b>	<b>4,711,680</b>	<b>3,534,733</b>	<b>8,246,413</b>

## ATTACHMENT III

### OKALOOSA COUNTY HEALTH DEPARTMENT

#### CIVIL RIGHTS CERTIFICATE

The applicant provides this assurance in consideration of and for the purpose of obtaining federal grants, loans, contracts (except contracts of insurance or guaranty), property, discounts, or other federal financial assistance to programs or activities receiving or benefiting from federal financial assistance. The provider agrees to complete the Civil Rights Compliance Questionnaire, DH Forms 946 A and B (or the subsequent replacement if adopted during the contract period), if so requested by the department.

The applicant assures that it will comply with:

1. Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C., 2000 Et seq., which prohibits discrimination on the basis of race, color or national origin in programs and activities receiving or benefiting from federal financial assistance.
2. Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. 794, which prohibits discrimination on the basis of handicap in programs and activities receiving or benefiting from federal financial assistance.
3. Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. 1681 et seq., which prohibits discrimination on the basis of sex in education programs and activities receiving or benefiting from federal financial assistance.
4. The Age Discrimination Act of 1975, as amended, 42 U.S.C. 6101 et seq., which prohibits discrimination on the basis of age in programs or activities receiving or benefiting from federal financial assistance.
5. The Omnibus Budget Reconciliation Act of 1981, P.L. 97-35, which prohibits discrimination on the basis of sex and religion in programs and activities receiving or benefiting from federal financial assistance.
6. All regulations, guidelines and standards lawfully adopted under the above statutes. The applicant agrees that compliance with this assurance constitutes a condition of continued receipt of or benefit from federal financial assistance, and that it is binding upon the applicant, its successors, transferees, and assignees for the period during which such assistance is provided. The applicant further assures that all contracts, subcontractors, subgrantees or others with whom it arranges to provide services or benefits to participants or employees in connection with any of its programs and activities are not discriminating against those participants or employees in violation of the above statutes, regulations, guidelines, and standards. In the event of failure to comply, the applicant understands that the grantor may, at its discretion, seek a court order requiring compliance with the terms of this assurance or seek other appropriate judicial or administrative relief, to include assistance being terminated and further assistance being denied.



**ATTACHMENT IV**  
**OKALOOSA COUNTY HEALTH DEPARTMENT**  
**FACILITIES UTILIZED BY THE COUNTY HEALTH DEPARTMENT**

<u>Facility Description</u>	<u>Location</u>	<u>Owned By</u>
Okaloosa CHD	221 Hospital Dr NE Fort Walton Beach, FL 32548	Okaloosa County
	810 E. James Lee Blvd Crestview, FL 32536	Okaloosa County

---

**ATTACHMENT V**  
**OKALOOSA 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>
2009-2010	\$ <u>94,560</u>	\$ <u>55,440</u>	\$ <u>150,000</u>
2010-2011	\$ _____	_____	_____
2011-2012	\$ <u>-</u>	\$ <u>-</u>	\$ <u>-</u>
2012-2013	\$ <u>-</u>	\$ <u>-</u>	\$ <u>-</u>
2013-2014	\$ _____	\$ _____	\$ _____
<b>PROJECT TOTAL</b>	\$ <u><u>94,560</u></u>	\$ <u><u>55,440</u></u>	\$ <u><u>150,000</u></u>

**SPECIAL PROJECT CONSTRUCTION/RENOVATION PLAN**

PROJECT NAME: Okaloosa CHD Renovation of the Crestview Facility  
 LOCATION/ ADDRESS: 810 E. James Lee Blvd, Crestview, FL 32536  
 PROJECT TYPE: NEW BUILDING  ROOFING   
 RENOVATION  PLANNING STUDY   
 NEW ADDITION  OTHER   
 SQUARE FOOTAGE: 3700

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

This is a renovation intended to improve the space utilization of an existing facility of the OCHD in order to accommodate the growing needs of Clinical Services, WIC and Environmental Health programs. This project will be managed by the CHD. The renovation will involve changes to existing walls and doors, renovation of aged bathrooms, flooring, furniture, etc. The OCHD is requesting \$150,000 of authority from GAFR 30 14XXXX for the construction costs.

ESTIMATED PROJECT INFORMATION:  
 START DATE (initial expenditure of funds): October-10  
 COMPLETION DATE: October-11  
 DESIGN FEES: \$ \_\_\_\_\_  
 CONSTRUCTION COSTS: \$ 145,000  
 FURNITURE/EQUIPMENT \$ 5,000  
 TOTAL PROJECT COST: \$ 150,000  
 COST PER SQ FOOT: \$ 39.18918919

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

**ATTACHMENT V**  
**OKALOOSA 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>
2009-2010	\$ 201,728	\$ 118,272	\$ 320,000
2010-2011	\$ _____	_____	-
2011-2012	\$ _____	\$ _____	\$ -
2012-2013	\$ _____	\$ _____	\$ -
2013-2014	\$ _____	\$ _____	\$ -
<b>PROJECT TOTAL</b>	<b>\$ 201,728</b>	<b>\$ 118,272</b>	<b>\$ 320,000</b>

**SPECIAL PROJECT CONSTRUCTION/RENOVATION PLAN**

PROJECT NAME: Okaloosa CHD Renovation of the Fort Walton Beach Facility  
LOCATION/ ADDRESS: 221 Hospital Dr NE, Fort Walton Beach, FL 32548  
PROJECT TYPE: NEW BUILDING \_\_\_\_\_ ROOFING \_\_\_\_\_  
RENOVATION  X  PLANNING STUDY \_\_\_\_\_  
NEW ADDITION \_\_\_\_\_ OTHER \_\_\_\_\_  
SQUARE FOOTAGE: 3500  
PROJECT SUMMARY: *Describe scope of work in reasonable detail.*

This is a renovation intended to repair and renovate the main lobby/entryway of the Fort Walton Beach facility and to refurbish 11 bathrooms. This project will be managed by the CHD. The main lobby/entryway has a lighting problem that cannot be fixed without taking down the ceiling. The project includes repairing damaged walls and replacing old flooring. The 11 bathrooms are in a serious state of disrepair since most are at least 30 years old. In addition, 3 of the women's bathrooms need to be redesigned to eliminate a safety risk when opening the entry door to the bathroom. Fixtures will be upgraded to energy-efficient/water saving devices that will ultimately save the CHD in utility costs. The OCHD is requesting \$320,000 of authority from GAFR 30 14XXXX for the construction costs.

ESTIMATED PROJECT INFORMATION:  
START DATE (initial expenditure of funds): October-11  
COMPLETION DATE: June-12  
DESIGN FEES: \$ \_\_\_\_\_  
CONSTRUCTION COSTS: \$ 320,000  
FURNITURE/EQUIPMENT \$ \_\_\_\_\_  
TOTAL PROJECT COST: \$ 320,000  
COST PER SQ FOOT: \$ 91.42857143

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



Rick Scott  
Governor

H. Frank Farmer, Jr., MD, Ph.D, FACP  
State Surgeon General

**BOARD OF COUNTY COMMISSIONERS**

**AGENDA REQUEST**

**DATE:** August 30, 2011

**TO:** Honorable Chairman and Members of the Board

**FROM:** Karen A. Chapman, M.D., M.P.H.  
Director, Okaloosa County Health Department

**SUBJECT:** Approval of the Annual Contract between BCC and DOH for the Operations of the OCHD for Contract Year 2011-2012.

**DISRTICT:** All

**Requesting Department:** Health Department

**STATEMENT OF ISSUE:** Approval of Annual Contract between Okaloosa County Board of County Commissioners and Department of Health for the Operation of the Okaloosa County Health Department for Contract Year 2011-2012.

**BACKGROUND:** Annually, pursuant to Chapter 154, F.S., a contract is prepared to outline to services to be offered by the County Health Department along with funding for the operation. Contract for this year reflects a County appropriation of \$757,776 (which is the direct contribution excluding any fees or "other" local revenues) as provided in Attachment II, Part II.

**RECOMMENDATIONS:** Board approval and Chairman signs four sets of the contract for the operation of the Okaloosa County Health Department for Contract year 2011-2012. The four signed sets should be returned to the Okaloosa County Health Department to the attention of Laura Green. Okaloosa County Health Department will obtain signatures from the Surgeon General of the Department of Health and return a signed original to the Board of County Commissioners.

**ENCLOSURE:** Contract for Fiscal Year 2011-2012

**RECOMMENDED BY:** Karen A. Chapman MD MPH **DATE:** 8/30/11  
DEPARTMENT HEAD

**APPROVED BY:** James J. Curry **DATE:** 9-1-11  
COUNTY MANAGER



Jeb Bush  
Governor

M. Rony François, M.D., M.S.P.H., Ph.D.  
Secretary

**BOARD OF COUNTY COMMISSIONERS**

**AGENDA REQUEST**

**DATE:** August 31, 2010  
**TO:** Honorable Chairman and Members of the Board  
**FROM:** Karen A. Chapman, M.D., M.P.H.  
Director, Okaloosa County Health Department  
**SUBJECT:** Approval of the Annual Contract between BCC and DOH for the Operations  
of the OCHD for Contract Year 2010-2011  
**DISTRICT:** All

**REQUESTING DEPARTMENT:** Health Department

**STATEMENT OF ISSUE:** Approval of Annual Contract between Okaloosa County Board of  
County Commissioners and Department of Health for the Operation of the Okaloosa County  
Health Department for Contract Year 2010-2011.

**BACKGROUND:** Annually, pursuant to Chapter 154, F.S., a contract is prepared to outline the  
services to be offered by the County Health Department along with funding for the operation.

**RECOMMENDATIONS:** Board approval and Chairman signs four sets of the contract for the  
operation of the Okaloosa County Health Department for contract year 2010-2011. The four  
signed sets should be returned to the Okaloosa County Health Department to the attention of  
Laura Green. Okaloosa County Health Department will obtain signatures from the State  
Surgeon General of the Department of Health and return a signed original to the Board of  
County Commissioners.

**ENCLOSURE:** Contract for Fiscal Year 2010-2011

**RECOMMENDED BY:** Karen A. Chapman **DATE:** 8/31/10  
DEPARTMENT HEAD

**APPROVED BY:** James D. Croy **DATE:** 9/1/10  
COUNTY MANAGER

**CONTRACT BETWEEN  
OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS  
AND  
STATE OF FLORIDA DEPARTMENT OF HEALTH  
FOR OPERATION OF  
THE OKALOOSACOUNTY HEALTH DEPARTMENT  
CONTRACT YEAR 2010-2011**

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

**RECITALS**

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

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

C. Okaloosa County Health Department ("CHD") is one of the County Health Departments created throughout Florida. It is necessary for the parties hereto to enter into this Agreement in order to assure coordination between the State and the County in the operation of the CHD.

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

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

2. TERM. The parties mutually agree that this Agreement shall be effective from October 1, 2010, through September 30, 2011, or until a written agreement replacing this Agreement is entered into between the parties, whichever is later, unless this Agreement is otherwise terminated pursuant to the termination provisions set forth in paragraph 8, below.

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

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

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

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

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

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

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

i. The State's appropriated responsibility (*direct contribution excluding any state fees, Medicaid contributions or any other funds not listed on the Schedule C*) as provided in Attachment II, Part II is an amount not to exceed \$ 4,373,380 (*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 \$ 189,444 (*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  
Okaloosa County  
221 Hospital Dr NE  
Fort Walton Beach, FL 32548

5. CHD DIRECTOR/ADMINISTRATOR. Both parties agree the director/administrator of the CHD shall be a State employee or under contract with the State and will be under the day-to-day direction of the Deputy State Health Officer. The director/administrator shall be selected by the State with the concurrence of the County. The director/administrator of the CHD shall insure that non-categorical sources of funding are used to fulfill public health priorities in the community and the Long Range Program Plan. A report detailing the status of public health as measured by outcome measures and similar indicators will be sent by the CHD director/administrator to the parties no later than October 1 of each year (*This is the standard quality assurance "County Health Profile" report located on the Office of Planning, Evaluation & Data Analysis Intranet site*).

6. ADMINISTRATIVE POLICIES AND PROCEDURES. The parties hereto agree that the following standards should apply in the operation of the CHD:

a. The CHD and its personnel shall follow all State policies and procedures, except to the extent permitted for the use of county purchasing procedures as set forth in subparagraph b., below. All CHD employees shall be State or State-contract personnel subject to State personnel rules and procedures. Employees will report time in the Health Management System compatible format by program component as specified by the State.

b. The CHD shall comply with all applicable provisions of federal and state laws and regulations relating to its operation with the exception that the use of county purchasing procedures shall be allowed when it will result in a better price or service and no statewide Department of Health purchasing contract has been implemented for those goods or services. In such cases, the CHD director/administrator must sign a justification therefore, and all county-purchasing procedures must be followed in their entirety, and such compliance shall be documented. Such justification and compliance documentation shall



be maintained by the CHD in accordance with the terms of this Agreement. State procedures must be followed for all leases on facilities not enumerated in Attachment IV.

c. The CHD shall maintain books, records and documents in accordance with those promulgated by the Generally Accepted Accounting Principles (GAAP) and Governmental Accounting Standards Board (GASB), and the requirements of federal or state law. These records shall be maintained as required by the Department of Health Policies and Procedures for Records Management and shall be open for inspection at any time by the parties and the public, except for those records that are not otherwise subject to disclosure as provided by law which are subject to the confidentiality provisions of paragraph 6.i., below. Books, records and documents must be adequate to allow the CHD to comply with the following reporting requirements:

- i.* The revenue and expenditure requirements in the Florida Accounting System Information Resource (FLAIR).
- ii.* The client registration and services reporting requirements of the minimum data set as specified in the most current version of the Client Information System/Health Management Component Pamphlet;
- iii.* Financial procedures specified in the Department of Health's Accounting Procedures Manuals, Accounting memoranda, and Comptroller's memoranda;
- iv.* The CHD is responsible for assuring that all contracts with service providers include provisions that all subcontracted services be reported to the CHD in a manner consistent with the client registration and service reporting requirements of the minimum data set as specified in the Client Information System/Health Management Component Pamphlet.

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

e. That any surplus/deficit funds, including fees or accrued interest, remaining in the County Health Department Trust Fund account at the end of the contract year shall be credited/debited to the state or county, as appropriate, based on the funds contributed by each and the expenditures incurred by each. Expenditures will be charged to the program accounts by state and county based on the ratio of planned expenditures in the core contract and funding from all sources is credited to the program accounts by state and county. The equity share of any surplus/deficit funds accruing to the state and county is determined each month and at contract year-end. Surplus funds may be applied toward the funding requirements of each participating governmental entity in the following year. However, in each such case, all surplus funds, including fees and accrued interest, shall remain in the trust fund until accounted for in a manner which clearly illustrates the amount which has been credited to each participating governmental entity. The planned use of

surplus funds shall be reflected in Attachment II, Part I of this contract, with special capital projects explained in Attachment V.

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

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

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

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

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

k. The CHD shall maintain confidentiality of all data, files, and records that are confidential under the law or are otherwise exempted from disclosure as a public record under Florida law. The CHD shall implement procedures to ensure the protection and confidentiality of all such records and shall comply with sections 384.29, 381.004, 392.65 and 456.057, Florida Statutes, and all other state and federal laws regarding confidentiality. All confidentiality procedures implemented by the CHD shall be consistent with the Department of Health Information Security Policies, Protocols, and Procedures, dated April 2005, as amended, the terms of which are incorporated herein by reference. The CHD shall further adhere to any amendments to the State's security requirements and shall comply with any applicable professional standards of practice with respect to client confidentiality.

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

m. The CHD shall establish a system through which applicants for services and current clients may present grievances over denial, modification or termination of services. The

CHD will advise applicants of the right to appeal a denial or exclusion from services, of failure to take account of a client's choice of service, and of his/her right to a fair hearing to the final governing authority of the agency. Specific references to existing laws, rules or program manuals are included in Attachment I of this Agreement.

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

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

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

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

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

- i. March 1, 2011 for the report period October 1, 2010 through December 31, 2010;
- ii. June 1, 2011 for the report period October 1, 2010 through March 31, 2011;
- iii. September 1, 2011 for the report period October 1, 2010 through June 30, 2011; and
- iv. December 1, 2011 for the report period October 1, 2010 through September 30, 2011.

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

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

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

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

8. TERMINATION.

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

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

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

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

9. MISCELLANEOUS. The parties further agree:

a. Availability of Funds. If this Agreement, any renewal hereof, or any term, performance or payment hereunder, extends beyond the fiscal year beginning July 1, 2011, it is agreed that the performance and payment under this Agreement are contingent upon an annual appropriation by the Legislature, in accordance with section 287.0582, Florida Statutes.

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

For the State:

For the County:

Laura T. Green  
Name

Gary Stanford  
Name

Business Manager  
Title

Finance Director  
Title

221 Hospital Dr NE

101 E James Lee Blvd

Fort Walton Beach, FL 32548  
Address

Crestview, FL 32536  
Address

(850) 833-9233  
Telephone

(850) 689-5639  
Telephone


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

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

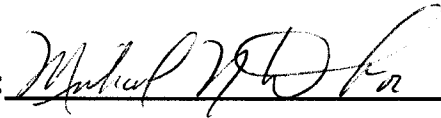
In WITNESS THEREOF, the parties hereto have caused this 24 page agreement to be executed by their undersigned officials as duly authorized effective the 1<sup>st</sup> day of October, 2010.

**BOARD OF COUNTY COMMISSIONERS  
FOR OKALOOSA COUNTY**

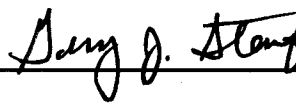
**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

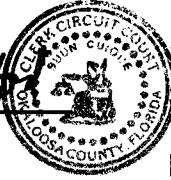
SIGNED BY:   
NAME: Wayne Harris  
TITLE: Chairman  
DATE: Sept 7, 2010




SIGNED BY:   
NAME: Ana M. Viamonte Ros, M.D., M.P.H.  
TITLE: State Surgeon General  
DATE: 9/27/10

**ATTESTED TO:**

SIGNED BY:   
NAME: Gary Stanford  
TITLE: Finance Director  
DATE: Sept. 10, 2010



SIGNED BY:   
NAME: Karen Chapman, M.D., M.P.H.  
TITLE: CHD Director  
DATE: 9/1/10

## ATTACHMENT I

### OKALOOSA COUNTY HEALTH DEPARTMENT

#### PROGRAM SPECIFIC REPORTING REQUIREMENTS AND PROGRAMS REQUIRING COMPLIANCE WITH THE PROVISIONS OF SPECIFIC MANUALS

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

	<u>Service</u>	<u>Requirement</u>
1.	Sexually Transmitted Disease Program	Requirements as specified in FAC 64D-3, F.S. 381 and F.S. 384 and the CHD Guidebook.
2.	Dental Health	Monthly reporting on DH Form 1008*. Additional reporting requirements, under development, will be required. The additional reporting requirements will be communicated upon finalization.
3.	Special Supplemental Nutrition Program for Women, Infants and Children (including the WIC Breastfeeding Peer Counseling Program)	Service documentation and monthly financial reports as specified in DHM 150-24* and all federal, state and county requirements detailed in program manuals and published procedures.
4.	Healthy Start/ Improved Pregnancy Outcome	Requirements as specified in the 2007 Healthy Start Standards and Guidelines and as specified by the Healthy Start Coalitions in contract with each county health department.
5.	Family Planning	Periodic financial and programmatic reports as specified by the program office and in the CHD Guidebook, Internal Operating Policy FAMPLAN 14*
6.	Immunization	Periodic reports as specified by the department regarding the surveillance/investigation of reportable vaccine preventable diseases, vaccine usage accountability as documented in Florida SHOTS, the assessment of various immunization levels as documented in Florida SHOTS and forms reporting adverse events following immunization.
7.	Chronic Disease Program	Requirements as specified in the Healthy Communities, Healthy People Guidebook.
8.	Environmental Health	Requirements as specified in Environmental Health Programs Manual 150-4* and DHP 50-21*
9.	HIV/AIDS Program	Requirements as specified in F.S. 384.25 and 64D-3.016 and 3.017 F.A.C. and the CHD Guidebook. Case reporting should be on Adult HIV/AIDS Confidential Case Report CDC Form DH2139 and Pediatric HIV/AIDS Confidential Case Report CDC Form DH2140. Socio-

ATTACHMENT I (Continued)

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

10. School Health Services

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

11. Tuberculosis

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

12. General Communicable Disease Control

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

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



ATTACHMENT II

OKALOOSA COUNTY HEALTH DEPARTMENT

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

	Estimated State Share of CHD Trust Fund Balance as of 09/30/10	Estimated County Share of CHD Trust Fund Balance as of 09/30/10	Total
1. CHD Trust Fund Ending Balance 09/30/10	482,926	724,692	1,207,618
2. Drawdown for Contract Year October 1, 2010 to September 30, 2011	391,976	229,814	621,790
3. Special Capital Project use for Contract Year October 1, 2010 to September 30, 2011	-	-	-
4. Balance Reserved for Contingency Fund October 1, 2010 to September 30, 2011	90,950	494,878	585,828

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**

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

October 1, 2010 to September 30, 2011

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total	
<b>1. GENERAL REVENUE - STATE</b>						
015040	ALG/CESSPOOL IDENTIFICATION AND ELIMINATION	0	0	0	0	
015040	ALG/CONTR TO CHDS-AIDS PATIENT CARE	100,000	0	100,000	0	100,000
015040	ALG/CONTR TO CHDS-AIDS PATIENT CARE NETWORK	0	0	0	0	0
015040	ALG/CONTR TO CHDS-AIDS PREV & SURV & FIELD STAFF	26,657	0	26,657	0	26,657
015040	ALG/CONTR TO CHDS-DENTAL PROGRAM	17,907	0	17,907	0	17,907
015040	ALG/CONTR TO CHDS-MIGRANT LABOR CAMP SANITATION	0	0	0	0	0
015040	MINORITY OUTREACH-PENALVER CLINIC - MIAMI-DADE	0	0	0	0	0
015040	PRIMARY CARE SPECIAL DENTAL PROJECTS	6,924	0	6,924	0	6,924
015040	SPECIAL NEEDS SHELTER PROGRAM	0	0	0	0	0
015040	STATEWIDE DENTISTRY NETWORK - ESCAMBIA	0	0	0	0	0
015040	STD GENERAL REVENUE	0	0	0	0	0
015040	VARICELLA IMMUNIZATION REQUIREMENT	10,959	0	10,959	0	10,959
015040	HEALTHY START MED WAIVER - SOBRA	0	0	0	0	0
015040	HEALTHY START MED-WAIVER - CLIENT SERVICES	0	0	0	0	0
015040	JESSIE TRICE CANCER CTR/HEALTH CHOICE - MIAMI-DADE	0	0	0	0	0
015040	LA LIGA CONTRA EL CANCER	0	0	0	0	0
015040	MANATEE COUNTY RURAL HEALTH SERVICES	0	0	0	0	0
015040	METRO ORLANDO URBAN LEAGUE TEENAGE PREG PREV	0	0	0	0	0
015040	COUNTY SPECIFIC DENTAL PROJECTS - ESCAMBIA	0	0	0	0	0
015040	DENTAL SPECIAL INITIATIVES	3,295	0	3,295	0	3,295
015040	DUVAL TEEN PREGNANCY PREVENTION	0	0	0	0	0
015040	FL CLPPP SCREENING & CASE MANAGEMENT	0	0	0	0	0
015040	FL HEPATITIS & LIVER FAILURE PREVENTION/CONTROL	0	0	0	0	0
015040	HEALTHY BEACHES MONITORING	20,450	0	20,450	0	20,450
015040	ALG/IPO HEALTHY START/IPO	0	0	0	0	0
015040	ALG/PRIMARY CARE	0	0	0	0	0
015040	ALG/SCHOOL HEALTH/SUPPLEMENTAL	0	0	0	0	0
015040	CHILD HEALTH MEDICAL SERVICES	0	0	0	0	0
015040	COMMUNITY SMILES - MIAMI-DADE	0	0	0	0	0
015040	COMMUNITY TB PROGRAM	53,990	0	53,990	0	53,990
015040	ALG/CONTR. TO CHDS-IMMUNIZATION OUTREACH TEAMS	17,146	0	17,146	0	17,146
015040	ALG/CONTR. TO CHDS-INDOOR AIR ASSIST PROG	0	0	0	0	0
015040	ALG/CONTR. TO CHDS-MCH HEALTH - FIELD STAFF COST	0	0	0	0	0
015040	ALG/CONTR. TO CHDS-SOVEREIGN IMMUNITY	0	0	0	0	0
015040	ALG/CONTRIBUTION TO CHDS-PRIMARY CARE	0	0	0	0	0
015040	ALG/FAMILY PLANNING	65,025	0	65,025	0	65,025
015050	ALG/CONTR TO CHDS	1,700,166	0	1,700,166	0	1,700,166
<b>GENERAL REVENUE TOTAL</b>		<b>2,022,519</b>	<b>0</b>	<b>2,022,519</b>	<b>0</b>	<b>2,022,519</b>

**2. NON GENERAL REVENUE - STATE**

015010	ALG/CONTR TO CHDS-REBASING TOBACCO TF	0	0	0	0	0
015010	ALG/CONTR. TO CHDS-BIOMEDICAL WASTE/DEP ADM TF	0	0	0	0	0
015010	ALG/CONTR. TO CHDS-SAFE DRINKING WATER PRG/DEP ADM	0	0	0	0	0
015010	BASIC SCHOOL HEALTH - TOBACCO TF	177,240	0	177,240	0	177,240
015010	CHD PROGRAM SUPPORT	0	0	0	0	0
015010	ENVIRONMENTAL HEALTH PACE PROJECTS	0	0	0	0	0
015010	FOOD AND WATERBORNE DISEASE PROGRAM ADM TF/DACS	0	0	0	0	0
015010	FULL SERVICE SCHOOLS - TOBACCO TF	115,571	0	115,571	0	115,571

**ATTACHMENT II.**

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

**October 1, 2010 to September 30, 2011**

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total	
<b>2. NON GENERAL REVENUE - STATE</b>						
015010	IMMUNIZATION SPECIAL PROJECT	9,813	0	9,813	0	9,813
015010	PUBLIC SWIMMING POOL PROGRAM	0	0	0	0	0
015010	SUPER ACT	3,800	0	3,800	0	3,800
015010	TOBACCO COMMUNITY INTERVENTION	140,000	0	140,000	0	140,000
015020	TRANSFER FROM ANOTHER STATE AGENCY	0	0	0	0	0
015020	TRANSFER FROM ANOTHER STATE AGENCY	0	0	0	0	0
015020	TRANSFER FROM ANOTHER STATE AGENCY	0	0	0	0	0
015060	ALG/CONTR TO CHDS - REBASING TOBACCO TF	43,617	0	43,617	0	43,617
<b>NON GENERAL REVENUE TOTAL</b>		<b>490,041</b>	<b>0</b>	<b>490,041</b>	<b>0</b>	<b>490,041</b>
<b>3. FEDERAL FUNDS - State</b>						
007000	AFRICAN AMERICAN TESTING INITIATIVE (AATI)	0	0	0	0	0
007000	AIDS PREVENTION	0	0	0	0	0
007000	AIDS SURVEILLANCE	0	0	0	0	0
007000	BIOTERRORISM HOSPITAL PREPAREDNESS	23,450	0	23,450	0	23,450
007000	CHILDHOOD LEAD POISONING PREVENTION	0	0	0	0	0
007000	COASTAL BEACH MONITORING PROGRAM	17,926	0	17,926	0	17,926
007000	TUBERCULOSIS CONTROL - FEDERAL GRANT	0	0	0	0	0
007000	WIC ADMINISTRATION	1,162,845	0	1,162,845	0	1,162,845
007000	WIC BREASTFEEDING PEER COUNSELING	45,869	0	45,869	0	45,869
007000	STD FEDERAL GRANT - CSPPS	0	0	0	0	0
007000	STD PROGRAM - PHYSICIAN TRAINING CENTER	0	0	0	0	0
007000	STD PROGRAM - PHYSICIANS TRAINING CENTER	0	0	0	0	0
007000	STD PROGRAM INFERTILITY PREVENTION PROJECT (IPP)	0	0	0	0	0
007000	SYPHILIS ELIMINATION	0	0	0	0	0
007000	TITLE X MALE PROJECT	0	0	0	0	0
007000	RYAN WHITE	0	0	0	0	0
007000	RYAN WHITE - EMERGING COMMUNITIES	0	0	0	0	0
007000	RYAN WHITE PART B SUPPLEMENTAL	0	0	0	0	0
007000	RYAN WHITE-AIDS DRUG ASSIST PROG-ADMIN	16,477	0	16,477	0	16,477
007000	RYAN WHITE-CONSORTIA	0	0	0	0	0
007000	STATE INDOOR RADON GRANT	0	0	0	0	0
007000	NATIONAL COMPREHENSIVE CANCER CONTROL PROGRAM	0	0	0	0	0
007000	ORAL HEALTH WORKFORCE ACTIVITIES	0	0	0	0	0
007000	ORAL HEALTH WORKFORCE ACTIVITIES 2010-2011	0	0	0	0	0
007000	PHP - CITIES READINESS INITIATIVE	0	0	0	0	0
007000	PUBLIC HEALTH PREPAREDNESS BASE	127,610	0	127,610	0	127,610
007000	RAPE PREVENTION & EDUCATION GRANT	0	0	0	0	0
007000	IMMUNIZATION FIELD STAFF EXPENSE	0	0	0	0	0
007000	IMMUNIZATION SUPPLEMENTAL	0	0	0	0	0
007000	IMMUNIZATION WIC-LINKAGES	0	0	0	0	0
007000	IMMUNIZATION-WIC LINKAGES	0	0	0	0	0
007000	MCH BGTF-GADSDEN SCHOOL CLINIC	0	0	0	0	0
007000	MCH BGTF-HEALTHY START IPO	0	0	0	0	0
007000	FGTF/FAMILY PLANNING-TITLE X	97,508	0	97,508	0	97,508
007000	FGTF/IMMUNIZATION ACTION PLAN	50,800	0	50,800	0	50,800
007000	HEALTH PROGRAM FOR REFUGEES	0	0	0	0	0
007000	HEALTHY PEOPLE HEALTHY COMMUNITIES	28,041	0	28,041	0	28,041

**ATTACHMENT II**

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

October 1, 2010 to September 30, 2011

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>3. FEDERAL FUNDS - State</b>					
007000	HIV HOUSING FOR PEOPLE LIVING WITH AIDS	0	0	0	0
007000	HIV INCIDENCE SURVEILLANCE	0	0	0	0
007000	COLORECTAL CANCER SCREENING 2009-10	0	0	0	0
007000	DIABETES PREVENTION & CONTROL PROGRAM	0	0	0	0
007000	FAMILY PLANNING - TITLE X	0	0	0	0
007000	FGTF/AIDS MORBIDITY	0	0	0	0
007000	FGTF/BREAST & CERVICAL CANCER-ADMIN/CASE MAN	0	0	0	0
007000	FGTF/FAMILY PLANNING TITLE X SPECIAL INITIATIVES	0	0	0	0
015009	MEDIPASS WAIVER-HLTHY STRT CLIENT SERVICES	0	0	0	0
015009	MEDIPASS WAIVER-SOBRA	0	0	0	0
015075	SCHOOL HEALTH/SUPPLEMENTAL	0	0	0	0
007055	ARRA Federal Grant - Schedule C	0	0	0	0
015075	Inspections of Summer Feeding Program	0	0	0	0
<b>FEDERAL FUNDS TOTAL</b>		1,570,526	0	1,570,526	0
<b>4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE</b>					
001020	TANNING FACILITIES	5,444	0	5,444	0
001020	BODY PIERCING	0	0	0	0
001020	MIGRANT HOUSING PERMIT	0	0	0	0
001020	MOBILE HOME AND PARKS	13,255	0	13,255	0
001020	FOOD HYGIENE PERMIT	26,915	0	26,915	0
001020	BIOHAZARD WASTE PERMIT	0	0	0	0
001020	LIMITED USE PUBLIC WATER SYSTEMS	1,305	0	1,305	0
001020	PUBLIC WATER ANNUAL OPER PERMIT	0	0	0	0
001020	PUBLIC WATER CONSTR PERMIT	0	0	0	0
001020	NON-SDWA SYSTEM PERMIT	0	0	0	0
001020	SAFE DRINKING WATER	0	0	0	0
001020	SWIMMING POOLS	76,590	0	76,590	0
001092	OSTDS PERMIT FEE	163,031	0	163,031	0
001092	I & M ZONED OPERATING PERMIT	0	0	0	0
001092	AEROBIC OPERATING PERMIT	0	0	0	0
001092	SEPTIC TANK SITE EVALUATION	0	0	0	0
001092	NON SDWA LAB SAMPLE	0	0	0	0
001092	OSDS VARIANCE FEE	0	0	0	0
001092	ENVIRONMENTAL HEALTH FEES	0	0	0	0
001092	OSDS REPAIR PERMIT	0	0	0	0
001170	LAB FEE CHEMICAL ANALYSIS	0	0	0	0
001170	WATER ANALYSIS-POTABLE	0	0	0	0
001170	NONPOTABLE WATER ANALYSIS	0	0	0	0
010304	MQA INSPECTION FEE	0	0	0	0
001206	CENTRAL OFFICE SURCHARGE	30,922	0	30,922	0
<b>FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL</b>		317,462	0	317,462	0
<b>5. OTHER CASH CONTRIBUTIONS - STATE</b>					
010304	STATIONARY POLLUTANT STORAGE TANKS	0	0	0	0
090001	DRAW DOWN FROM PUBLIC HEALTH UNIT	391,976	0	391,976	0
<b>OTHER CASH CONTRIBUTIONS TOTAL</b>		391,976	0	391,976	0

**ATTACHMENT II**

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

**October 1, 2010 to September 30, 2011**

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>6. MEDICAID - STATE/COUNTY</b>					
001056	MEDICAID PHARMACY	0	0	0	0
001076	MEDICAID TB	0	0	0	0
001078	MEDICAID ADMINISTRATION OF VACCINE	17,000	17,000	34,000	34,000
001079	MEDICAID CASE MANAGEMENT	0	0	0	0
001081	MEDICAID CHILD HEALTH CHECK UP	0	0	0	0
001082	MEDICAID DENTAL	308,055	492,920	800,975	800,975
001083	MEDICAID FAMILY PLANNING	49,284	443,556	492,840	492,840
001087	MEDICAID STD	20,620	32,993	53,613	53,613
001089	MEDICAID AIDS	5,123	8,197	13,320	13,320
001147	Medicaid HMO Capitation	0	0	0	0
001191	MEDICAID MATERNITY	0	0	0	0
001192	MEDICAID COMPREHENSIVE CHILD	2,356	3,771	6,127	6,127
001193	MEDICAID COMPREHENSIVE ADULT	3,842	6,148	9,990	9,990
001194	MEDICAID LABORATORY	0	0	0	0
001208	MEDIPASS \$3.00 ADM. FEE	0	0	0	0
001059	Medicaid Low Income Pool	298,065	476,935	775,000	775,000
001051	Emergency Medicaid	0	0	0	0
001058	Medicaid - Behavioral Health	0	0	0	0
001071	Medicaid - Orthopedic	0	0	0	0
001072	Medicaid - Dermatology	0	0	0	0
001075	Medicaid - School Health Certified Match	0	0	0	0
001069	Medicaid - Refugee Health	0	0	0	0
001055	Medicaid - Hospital	0	0	0	0
001148	Medicaid HMO Non-Capitation	0	0	0	0
001074	Medicaid - Newborn Screening	0	0	0	0
<b>MEDICAID TOTAL</b>	<b>704,345</b>	<b>1,481,520</b>	<b>2,185,865</b>	<b>0</b>	<b>2,185,865</b>
<b>7. ALLOCABLE REVENUE - STATE</b>					
018000	REFUNDS	0	0	0	0
037000	PRIOR YEAR WARRANT	0	0	0	0
038000	12 MONTH OLD WARRANT	0	0	0	0
<b>ALLOCABLE REVENUE TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE</b>					
	PHARMACY SERVICES	0	0	115,716	115,716
	LABORATORY SERVICES	0	0	92,794	92,794
	TB SERVICES	0	0	0	0
	IMMUNIZATION SERVICES	0	0	555,097	555,097
	STD SERVICES	0	0	0	0
	CONSTRUCTION/RENOVATION	0	0	0	0
	WIC FOOD	0	0	3,828,061	3,828,061
	ADAP	0	0	549,317	549,317
	DENTAL SERVICES	0	0	0	0
	OTHER (SPECIFY)	0	0	0	0
	OTHER (SPECIFY)	0	0	0	0
<b>OTHER STATE CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5,140,985</b>	<b>5,140,985</b>

**ATTACHMENT II**

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

October 1, 2010 to September 30, 2011

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total	
<b>9. DIRECT LOCAL CONTRIBUTIONS - COUNTY</b>						
008030	Contribution from Health Care Tax	0	0	0	0	
008034	BCC CONTRIBUTION FROM GENERAL FUND	0	189,444	189,444	0	189,444
<b>DIRECT COUNTY CONTRIBUTION TOTAL</b>		0	189,444	189,444	0	189,444
<b>10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY</b>						
001060	CHD SUPPORT POSITION	0	0	0	0	0
001077	RABIES VACCINE	0	0	0	0	0
001077	CHILD CAR SEAT PROG	0	0	0	0	0
001077	PERSONAL HEALTH FEES	0	127,978	127,978	0	127,978
001077	AIDS CO-PAYS	0	0	0	0	0
001094	ADULT ENTER. PERMIT FEES	0	0	0	0	0
001094	LOCAL ORDINANCE FEES	0	140,478	140,478	0	140,478
001114	NEW BIRTH CERTIFICATES	0	47,890	47,890	0	47,890
001115	Vital Statistics - Death Certificate	0	135,590	135,590	0	135,590
001117	VITAL STATS-ADM. FEE 50 CENTS	0	4,259	4,259	0	4,259
001073	Co-Pay for the AIDS Care Program	0	0	0	0	0
001025	Client Revenue from GRC	0	0	0	0	0
001040	Cell Phone Administrative Fee	0	0	0	0	0
<b>FEES AUTHORIZED BY COUNTY TOTAL</b>		0	456,195	456,195	0	456,195
<b>11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY</b>						
001009	RETURNED CHECK ITEM	0	0	0	0	0
001029	THIRD PARTY REIMBURSEMENT	0	40,464	40,464	0	40,464
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	7,183	7,183	0	7,183
001190	Health Maintenance Organization	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 - RYAN WHITE PART C	0	292,500	292,500	0	292,500
008010	Contribution from City Government	0	0	0	0	0
008020	Contribution from Health Care Tax not thru BCC	0	0	0	0	0
008050	School Board Contribution	0	0	0	0	0
008060	Special Project Contribution	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	0	0	0	0
010409	SALE OF GOODS OUTSIDE STATE GOVERNMENT	0	0	0	0	0
011001	HEALTHY START COALITION CONTRIBUTIONS	0	479,584	479,584	0	479,584
011007	CASH DONATIONS PRIVATE	0	0	0	0	0
012020	FINES AND FORFEITURES	0	0	0	0	0
012021	RETURN CHECK CHARGE	0	0	0	0	0
028020	INSURANCE RECOVERIES-OTHER	0	0	0	0	0
090002	DRAW DOWN FROM PUBLIC HEALTH UNIT	0	229,814	229,814	0	229,814
011000	GRANT DIRECT- RYAN WHITE PART C CLIENT PAYMENTS	0	3,766	3,766	0	3,766
011000	GRANT DIRECT - NACCHO MEDICAL RESERVE CORPS	0	5,000	5,000	0	5,000

**ATTACHMENT II.**

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

October 1, 2010 to September 30, 2011

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY</b>					
011000	GRANT DIRECT-COUNTY HEALTH DEPARTMENT DIRECT SERVICES	0	0	0	0
011000	DIRECT-ARROW	0	0	0	0
011000	GRANT-DIRECT	0	0	0	0
011000	GRANT-DIRECT	0	0	0	0
011000	GRANT DIRECT-QUANTUM DENTAL	0	0	0	0
011000	GRANT DIRECT-HEALTH CARE DISTRICT PAHOKEE	0	0	0	0
011000	GRANT-DIRECT	0	0	0	0
011000	GRANT-DIRECT	0	0	0	0
011000	GRANT-DIRECT	0	0	0	0
011000	GRANT-DIRECT	0	0	0	0
011000	GRANT-DIRECT	0	0	0	0
011000	GRANT-DIRECT	0	0	0	0
011000	GRANT-DIRECT	0	0	0	0
011000	GRANT DIRECT-ARROW	0	0	0	0
010402	Recycled Material Sales	0	0	0	0
010303	FDLE Fingerprinting	0	0	0	0
007050	ARRA Federal Grant	0	0	0	0
001010	Recovery of Bad Checks	0	0	0	0
008065	FCO Contribution	0	0	0	0
011006	Restricted Cash Donation	0	0	0	0
028000	Insurance Recoveries	0	0	0	0
001033	CMS Management Fee - PMPMPC	0	0	0	0
010400	Sale of Goods Outside State Government	0	0	0	0
010500	Refugee Health	0	0	0	0
005045	Interest Earned-Third Party Provider	0	0	0	0
005043	Interest Earned-Contract/Grant	0	0	0	0
010306	DOH/DOC Interagency Agreement	0	0	0	0
008040	BCC GRANT/CONTRACT - EMS MEDICAL DIRECTOR	0	12,000	12,000	0
011002	ARRA Federal Grant - Sub-Recipient	0	0	0	0
	<b>OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL</b>	0	1,095,311	1,095,311	0
<b>12. ALLOCABLE REVENUE - COUNTY</b>					
018000	REFUNDS	0	0	0	0
037000	PRIOR YEAR WARRANT	0	0	0	0
038000	12 MONTH OLD WARRANT	0	0	0	0
	<b>COUNTY ALLOCABLE REVENUE TOTAL</b>	0	0	0	0
<b>13. BUILDINGS - COUNTY</b>					
	ANNUAL RENTAL EQUIVALENT VALUE	0	0	440,412	440,412
	GROUNDS MAINTENANCE	0	0	0	0
	OTHER - OLD HOSPITAL RENOVATION	0	0	568,333	568,333
	INSURANCE	0	0	0	0
	UTILITIES	0	0	0	0
	OTHER - JANITORIAL SERVICES	0	0	51,180	51,180
	BUILDING MAINTENANCE	0	0	0	0
	<b>BUILDINGS TOTAL</b>	0	0	1,059,925	1,059,925
<b>14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY</b>					
	EQUIPMENT/VEHICLE PURCHASES	0	0	0	0

**ATTACHMENT II**

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

October 1, 2010 to September 30, 2011

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY</b>					
VEHICLE INSURANCE	0	0	0	0	0
VEHICLE MAINTENANCE	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
<b>OTHER COUNTY CONTRIBUTIONS TOTAL</b>	0	0	0	0	0
<b>GRAND TOTAL CHD PROGRAM</b>	5,496,869	3,222,470	8,719,339	6,200,910	14,920,249



**ATTACHMENT II  
OKALOOSA COUNTY HEALTH DEPARTMENT**

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

**October 1, 2010 to September 30, 2011**

	FTE's (0.00)	Clients Units	Services	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd (Whole dollars only)	3rd	4th			
<b>A. COMMUNICABLE DISEASE CONTROL:</b>										
IMMUNIZATION (101)	6.03	4,200	22,000	114,182	98,842	116,093	106,516	307,339	128,294	435,633
STD (102)	7.76	1,400	9,000	137,583	118,404	138,515	120,893	422,675	92,720	515,395
A.I.D.S. (103)	5.21	400	4,000	138,856	120,119	141,011	128,609	215,411	313,184	528,595
TB CONTROL SERVICES (104)	2.18	25	525	25,719	22,177	25,977	23,054	96,927	0	96,927
COMM. DISEASE SURV. (106)	3.00	0	50	40,954	35,205	41,152	35,555	41,885	110,981	152,866
HEPATITIS PREVENTION (109)	0.25	25	75	2,546	2,186	2,554	2,182	9,468	0	9,468
PUBLIC HEALTH PREP AND RESP (116)	7.46	0	400	123,217	106,301	124,565	111,061	460,144	5,000	465,144
VITAL STATISTICS (180)	2.75	8,106	21,535	44,212	38,033	44,481	38,685	0	165,411	165,411
<b>COMMUNICABLE DISEASE SUBTOTAL</b>	<b>34.64</b>	<b>14,156</b>	<b>57,585</b>	<b>627,269</b>	<b>541,267</b>	<b>634,348</b>	<b>566,555</b>	<b>1,553,849</b>	<b>815,590</b>	<b>2,369,439</b>
<b>B. PRIMARY CARE:</b>										
CHRONIC DISEASE SERVICES (210)	0.29	0	50	10,165	8,896	10,524	10,512	40,097	0	40,097
TOBACCO PREVENTION (212)	2.51	0	200	51,357	44,256	51,819	45,752	193,184	0	193,184
W.I.C. (221)	22.78	9,500	67,000	355,010	306,139	358,649	318,683	1,338,481	0	1,338,481
FAMILY PLANNING (223)	13.22	4,000	25,000	234,381	201,707	235,969	205,945	287,546	590,456	878,002
IMPROVED PREGNANCY OUTCOME (225)	0.00	0	0	0	0	0	0	0	0	0
HEALTHY START PRENATAL (227)	7.13	3,500	20,500	116,491	100,327	117,429	103,170	77,980	359,437	437,417
COMPREHENSIVE CHILD HEALTH (229)	0.35	250	600	8,742	7,520	8,791	7,625	21,307	11,371	32,678
HEALTHY START INFANT (231)	2.79	3,000	15,000	39,754	34,132	39,865	34,071	27,675	120,147	147,822
SCHOOL HEALTH (234)	3.36	0	243,000	61,776	53,188	62,241	54,537	231,742	0	231,742
COMPREHENSIVE ADULT HEALTH (237)	13.72	2,000	15,000	290,158	250,195	293,078	260,156	517,582	576,005	1,093,587
DENTAL HEALTH (240)	10.04	2,284	19,414	256,208	222,132	261,162	242,638	489,220	492,920	982,140
<b>PRIMARY CARE SUBTOTAL</b>	<b>76.19</b>	<b>24,534</b>	<b>405,764</b>	<b>1,424,042</b>	<b>1,228,492</b>	<b>1,439,527</b>	<b>1,283,089</b>	<b>3,224,814</b>	<b>2,150,336</b>	<b>5,375,150</b>
<b>C. ENVIRONMENTAL HEALTH:</b>										
<b>Water and Onsite Sewage Programs</b>										
COASTAL BEACH MONITORING (347)	0.81	784	784	18,424	16,013	18,857	17,866	71,160	0	71,160
LIMITED USE PUBLIC WATER SYSTEMS (357)	0.07	16	32	1,275	1,095	1,279	1,093	3,608	1,134	4,742
PUBLIC WATER SYSTEM (358)	0.00	0	0	0	0	0	0	0	0	0
PRIVATE WATER SYSTEM (359)	0.00	0	0	53	46	54	46	199	0	199
INDIVIDUAL SEWAGE DISP. (361)	3.76	715	2,000	93,677	81,362	95,771	90,244	293,681	67,373	361,054
<b>Group Total</b>	<b>4.64</b>	<b>1,515</b>	<b>2,816</b>	<b>113,429</b>	<b>98,516</b>	<b>115,961</b>	<b>109,249</b>	<b>368,648</b>	<b>68,507</b>	<b>437,155</b>
<b>Facility Programs</b>										
FOOD HYGIENE (348)	1.67	175	695	32,340	27,766	32,431	27,716	87,195	33,058	120,253
BODY ART (349)	0.00	0	0	0	0	0	0	0	0	0
GROUP CARE FACILITY (351)	0.83	191	382	15,501	13,308	15,544	13,285	39,891	17,747	57,638
MIGRANT LABOR CAMP (352)	0.00	0	0	0	0	0	0	0	0	0
HOUSING,PUBLIC BLDG SAFETY,SANITATION (353)	0.00	0	0	0	0	0	0	0	0	0
MOBILE HOME AND PARKS SERVICES (354)	0.38	116	232	6,043	5,189	6,060	5,179	16,725	5,746	22,471
SWIMMING POOLS/BATHING (360)	3.26	481	2,020	56,366	48,395	56,525	48,309	109,304	100,291	209,595
BIOMEDICAL WASTE SERVICES (364)	0.00	0	0	0	0	0	0	0	0	0
TANNING FACILITY SERVICES (369)	0.09	24	48	1,494	1,283	1,499	1,280	2,469	3,087	5,556
<b>Group Total</b>	<b>6.23</b>	<b>987</b>	<b>3,377</b>	<b>111,744</b>	<b>95,941</b>	<b>112,059</b>	<b>95,769</b>	<b>255,584</b>	<b>159,929</b>	<b>415,513</b>

**ATTACHMENT II.  
OKALOOSA COUNTY HEALTH DEPARTMENT**

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

**October 1, 2010 to September 30, 2011**

	FTE's (0.00)	Clients Units	Services	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd (Whole dollars only)	3rd	4th			
<b>C. ENVIRONMENTAL HEALTH:</b>										
<b>Groundwater Contamination</b>										
STORAGE TANK COMPLIANCE (355)	0.00	0	0	0	0	0	0	0	0	0
SUPER ACT SERVICE (356)	0.09	20	40	1,696	1,456	1,701	1,454	5,795	512	6,307
<b>Group Total</b>	0.09	20	40	1,696	1,456	1,701	1,454	5,795	512	6,307
<b>Community Hygiene</b>										
OCCUPATIONAL HEALTH (344)	0.00	0	0	0	0	0	0	0	0	0
CONSUMER PRODUCT SAFETY (345)	0.03	0	0	3,049	2,700	3,217	3,483	12,449	0	12,449
INJURY PREVENTION (346)	0.00	0	0	0	0	0	0	0	0	0
LEAD MONITORING SERVICES (350)	0.00	0	0	0	0	0	0	0	0	0
PUBLIC SEWAGE (362)	0.00	0	0	0	0	0	0	0	0	0
SOLID WASTE DISPOSAL (363)	0.00	0	0	0	0	0	0	0	0	0
SANITARY NUISANCE (365)	0.11	25	50	2,998	2,576	3,006	2,570	8,156	2,994	11,150
RABIES SURVEILLANCE/CONTROL SERVICES (364)	0.46	850	1,300	24,789	21,283	24,858	21,246	67,574	24,602	92,176
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)	0.06	0	0	0	0	0	0	0	0	0
AIR POLLUTION (371)	0.00	0	0	0	0	0	0	0	0	0
RADIOLOGICAL HEALTH (372)	0.00	0	0	0	0	0	0	0	0	0
TOXIC SUBSTANCES (373)	0.00	0	0	0	0	0	0	0	0	0
<b>Group Total</b>	1.66	875	1,350	30,836	26,559	31,081	27,299	88,179	27,596	115,775
<b>ENVIRONMENTAL HEALTH SUBTOTAL</b>	12.62	3,397	7,583	257,705	222,472	260,802	233,771	718,206	256,544	974,750
<b>D. SPECIAL CONTRACTS:</b>										
SPECIAL CONTRACTS (599)	0.00	0	0	0	0	0	0	0	0	0
<b>SPECIAL CONTRACTS SUBTOTAL</b>	0.00	0	0	0	0	0	0	0	0	0
<b>TOTAL CONTRACT</b>	123.45	42,087	470,932	2,309,016	1,992,231	2,334,677	2,083,415	5,496,869	3,222,470	8,719,339

## ATTACHMENT III

### OKALOOSA COUNTY HEALTH DEPARTMENT

#### CIVIL RIGHTS CERTIFICATE

The applicant provides this assurance in consideration of and for the purpose of obtaining federal grants, loans, contracts (except contracts of insurance or guaranty), property, discounts, or other federal financial assistance to programs or activities receiving or benefiting from federal financial assistance. The provider agrees to complete the Civil Rights Compliance Questionnaire, DH Forms 946 A and B (or the subsequent replacement if adopted during the contract period), if so requested by the department.

The applicant assures that it will comply with:

1. Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C., 2000 Et seq., which prohibits discrimination on the basis of race, color or national origin in programs and activities receiving or benefiting from federal financial assistance.
2. Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. 794, which prohibits discrimination on the basis of handicap in programs and activities receiving or benefiting from federal financial assistance.
3. Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. 1681 et seq., which prohibits discrimination on the basis of sex in education programs and activities receiving or benefiting from federal financial assistance.
4. The Age Discrimination Act of 1975, as amended, 42 U.S.C. 6101 et seq., which prohibits discrimination on the basis of age in programs or activities receiving or benefiting from federal financial assistance.
5. The Omnibus Budget Reconciliation Act of 1981, P.L. 97-35, which prohibits discrimination on the basis of sex and religion in programs and activities receiving or benefiting from federal financial assistance.
6. All regulations, guidelines and standards lawfully adopted under the above statutes. The applicant agrees that compliance with this assurance constitutes a condition of continued receipt of or benefit from federal financial assistance, and that it is binding upon the applicant, its successors, transferees, and assignees for the period during which such assistance is provided. The applicant further assures that all contracts, subcontractors, subgrantees or others with whom it arranges to provide services or benefits to participants or employees in connection with any of its programs and activities are not discriminating against those participants or employees in violation of the above statutes, regulations, guidelines, and standards. In the event of failure to comply, the applicant understands that the grantor may, at its discretion, seek a court order requiring compliance with the terms of this assurance or seek other appropriate judicial or administrative relief, to include assistance being terminated and further assistance being denied.

**ATTACHMENT IV**  
**OKALOOSA COUNTY HEALTH DEPARTMENT**  
**FACILITIES UTILIZED BY THE COUNTY HEALTH DEPARTMENT**

<u>Facility Description</u>	<u>Location</u>	<u>Owned By</u>
Okaloosa CHD	221 Hospital Dr NE Fort Walton Beach, FL 32548	Okaloosa County
	810 E. James Lee Blvd Crestview, FL 32536	Okaloosa County

**ATTACHMENT VI**  
**OKALOOSA COUNTY HEALTH DEPARTMENT**  
**PRIMARY CARE**

"Primary Care" as conceptualized for the county health departments and for the use of categorical Primary Care funds (revenue object code 015040) is defined as:

*"Health care services for the prevention or treatment of acute or chronic medical conditions or minor injuries of individuals which is provided in a clinic setting and may include family planning and maternity care."*

Indicate below the county health department programs that will be supported at least in part with categorical Primary Care funds this contract year:

- Comprehensive Child Health (229/29)
- Comprehensive Adult Health (237/37)
- Family Planning (223/23)
- Maternal Health/IPO (225/25)
- Laboratory (242/42)
- Pharmacy (241/93)
- Other Medical Treatment Program (please identify) \_\_\_\_\_

Describe the target population to be served with categorical Primary Care funds.

Eligible infants, children, adolescents and adults at or below 200% of poverty with appropriate sliding scale fee charges with those at 100% of poverty paying zero fee.

Does the health department intend to contract with other providers for the delivery of primary health care services using categorical (015040) Primary Care funds? If so, please identify the provider(s), describe the services to be delivered, and list the anticipated contractual amount by provider. In addition, contract providers are required to provide data on patients served and the services provided so that the patients may be registered and the service data entered into HMS.

N/A



Charlie Crist  
Governor

Ana M. Viamonte Ros, M.D., M.P.H.  
State Surgeon General

July 27, 2010

The Honorable Wayne Harris, Chairman  
Okaloosa Board of County Commissioners  
302 N Wilson Street, Suite 203  
Crestview, FL 32536

CONTRACT # C97-0025-HD  
FLORIDA DEPARTMENT OF HEALTH  
OKALOOSA CO. HEALTH OPERATION FUNDING  
EXPIRES: 9/30/2010

RE: FY 2009-10 Contract between the Okaloosa Board of County Commissioners and the Department of Health for operation of the Okaloosa County Health Department

Dear Chairman Harris:

As specified in paragraph 4, section d., of the above referenced contract, either party may increase or decrease funds to the contract upon written notification to the other party. Accordingly, please find enclosed the following:

- Revised Attachment V's

If you have any questions, please feel free to contact Susan Wagner at 833-9233 extension 2137.

Sincerely,

A handwritten signature in black ink, appearing to read "Karen A. Chapman".

Karen A. Chapman, M.D., M.P.H.  
Director  
Okaloosa County Health Department

Enclosures

cc: Beth Benton, Bureau of Budget Management

**ATTACHMENT V**  
**OKALOOSA 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>
2006-2007	\$ _____	\$ _____	\$ _____ -
2007-2008	\$ _____	_____	_____ -
2008-2009	\$ <u>252,600</u>	\$ <u>147,400</u>	\$ <u>400,000</u>
2009-2010	\$ _____ -	\$ _____ -	\$ _____ -
2010-2011	\$ _____	\$ _____	\$ _____ -
<b>PROJECT TOTAL</b>	\$ <u><u>252,600</u></u>	\$ <u><u>147,400</u></u>	\$ <u><u>400,000</u></u>

**SPECIAL PROJECT CONSTRUCTION/RENOVATION PLAN**

PROJECT NAME: New Dental Clinic for the Okaloosa CHD

LOCATION/ ADDRESS: Existing county building next door to 221 Hospital Dr NE, FWB

PROJECT TYPE:      NEW BUILDING       ROOFING   
                             RENOVATION       PLANNING STUDY   
                             NEW ADDITION       OTHER

SQUARE FOOTAGE: 7500

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

This is a joint partnership with the Okaloosa Board of County Commissioners and the Okaloosa County Health Department. This project will be managed by the CHD. This involves the renovation of the old hospital building collocated with the Fort Walton Beach offices of the OCHD at 221 Hospital Drive NE to establish an 8-chair dental clinic (with the infrastructure to expand to a total of 12-14 chairs) and the associated radiological and laboratory infrastructure, as well as office spaces. The renovation includes asbestos cleanup and abatement, dental clinic design and construction costs for the renovation (County funded - estimated at approximately \$831,624) including new plumbing, electrical, window openings and roof restoration. The OCHD is requesting ~~\$400,000~~ of authority from GAFR 30 14XXXX for the furniture and equipment costs to complete this project.

ESTIMATED PROJECT INFORMATION:

START DATE *(initial expenditure of funds)* : October-10

COMPLETION DATE: December-11

DESIGN FEES: \$ \_\_\_\_\_

CONSTRUCTION COSTS: \$ \_\_\_\_\_

FURNITURE/EQUIPMENT \$ 400,000

TOTAL PROJECT COST: \$ 400,000

COST PER SQ FOOT: \$ 0

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

**ATTACHMENT V**  
**OKALOOSA 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>
2006-2007	\$ _____	\$ _____	\$ _____ -
2007-2008	\$ _____	_____	_____ -
2008-2009	\$ _____ -	\$ _____ -	\$ _____ -
2009-2010	\$ _____ 94,725	\$ _____ 55,275	\$ _____ 150,000
2010-2011	\$ _____	\$ _____	\$ _____ -
PROJECT TOTAL	\$ _____ 94,725	\$ _____ 55,275	\$ _____ 150,000

**SPECIAL PROJECT CONSTRUCTION/RENOVATION PLAN**

PROJECT NAME: Okaloosa CHD Renovation of the Crestview Facility  
LOCATION/ ADDRESS: 810 E. James Lee Blvd, Crestview, FL 32536  
PROJECT TYPE: NEW BUILDING  ROOFING   
RENOVATION  PLANNING STUDY   
NEW ADDITION  OTHER   
SQUARE FOOTAGE: 3700

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

This is a renovation intended to improve the space utilization of an existing facility of the OCHD in order to accommodate the growing needs of Clinical Services, WIC and Environmental Health programs. This project will be managed by the CHD. The renovation will involve changes to existing walls and doors, renovation of aged bathrooms, and flooring, etc. The OCHD is requesting \$150,000 of authority from GAFR 30 14XXXX for the construction costs.

ESTIMATED PROJECT INFORMATION:  
START DATE (initial expenditure of funds) : October-10  
COMPLETION DATE: January-11  
DESIGN FEES: \$ \_\_\_\_\_  
CONSTRUCTION COSTS: \$ \_\_\_\_\_ 150,000  
FURNITURE/EQUIPMENT \$ \_\_\_\_\_  
TOTAL PROJECT COST: \$ \_\_\_\_\_ 150,000  
COST PER SQ FOOT: \$ \_\_\_\_\_ 40.54054054

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



**ATTACHMENT V**  
**OKALOOSA 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>
2006-2007	\$ _____	\$ _____	\$ _____ -
2007-2008	\$ _____	_____	_____ -
2008-2009	\$ _____ -	\$ _____ -	\$ _____ -
2009-2010	\$ 202,080	\$ 117,920	\$ 320,000
2010-2011	\$ _____	\$ _____	\$ _____ -
<b>PROJECT TOTAL</b>	<b>\$ 202,080</b>	<b>\$ 117,920</b>	<b>\$ 320,000</b>

**SPECIAL PROJECT CONSTRUCTION/RENOVATION PLAN**

PROJECT NAME: Okaloosa CHD Renovation of the Fort Walton Beach Facility  
 LOCATION/ ADDRESS: 221 Hospital Dr NE, Fort Walton Beach, FL 32548  
 PROJECT TYPE: NEW BUILDING  ROOFING   
 RENOVATION  PLANNING STUDY   
 NEW ADDITION  OTHER   
 SQUARE FOOTAGE: 3500

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

This is a renovation intended to repair and renovate the main lobby/entryway of the Fort Walton Beach facility and to refurbish 11 bathrooms. This project will be managed by the CHD. The main lobby/entryway has a lighting problem that cannot be fixed without taking down the ceiling. The project includes repairing damaged walls and replacing old flooring. The 11 bathrooms are in a serious state of disrepair since most are at least 30 years old. In addition, 3 of the women's bathrooms need to be redesigned to eliminate a safety risk when opening the entry door to the bathroom. Fixtures will be upgraded to energy-efficient/water saving devices that will ultimately save the CHD in utility costs. The OCHD is requesting \$320,000 of authority from GA FR 30 14XXXX for the construction costs.

ESTIMATED PROJECT INFORMATION:  
 START DATE (initial expenditure of funds): October-10  
 COMPLETION DATE: June-11  
 DESIGN FEES: \$ \_\_\_\_\_  
 CONSTRUCTION COSTS: \$ 320,000  
 FURNITURE/EQUIPMENT \$ \_\_\_\_\_  
 TOTAL PROJECT COST: \$ 320,000  
 COST PER SQ FOOT: \$ 91.42857143

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



Charlie Crist  
Governor

Ana M. Viamonte Ros, M.D., M.P.H.  
State Surgeon General

## AMENDMENT

May 20, 2010

The Honorable Wayne Harris, Chairman  
Okaloosa Board of County Commissioners  
302 N Wilson Street, Suite 203  
Crestview, FL 32536

CONTRACT # C97-0025-HD  
FLORIDA DEPARTMENT OF HEALTH  
OKALOOSA CO. HEALTH OPERATION FUNDING  
EXPIRES: 9/30/2010

RE: FY 2009-10 Contract between the Okaloosa Board of County Commissioners and the Department of Health for operation of the Okaloosa County Health Department

Dear Chairman Harris:

As specified in paragraph 4, section d., of the above referenced contract, either party may increase or decrease funds to the contract upon written notification to the other party. Accordingly, please find enclosed the following:

- Page 2 of the contract reflecting updated funding adjustments.
- An updated summary of funding revisions.
- A revised Attachment II, Part I.
- Revised Attachment II, Parts II and III, incorporating the changes indicated in the summary and covering the period subsequent to the contract amendment.
- Revised Attachment V

If you have any questions, please feel free to contact Susan Wagner at 833-9233 extension 2137.

Sincerely,

A handwritten signature in black ink, appearing to read "Karen A. Chapman".

Karen A. Chapman, M.D., M.P.H.  
Director  
Okaloosa County Health Department

Enclosures

cc: Beth Benton, Bureau of Budget Management

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

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

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

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

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

i. The State's appropriated responsibility (*direct contribution excluding any state fees, Medicaid contributions or any other funds not listed on the Schedule C*) as provided in Attachment II, Part II is an amount not to exceed \$ 4,836,530 (*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 \$526,234(*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.

**Summary of Funding Revisions**  
 Okaloosa County Health Department  
 Funding Revisions for Contract Year 2009-10

As of 5/20/10

<b>Program</b>	<b>Previous As of 3/24/09</b>	<b>Updated As of 5/20/10</b>	<b>Increase/ Decrease</b>
015050 - ALG/Contr to CHDs	1,875,653	1,878,721	3,068
001092 - EH Fee State - Individual Sewage	119,114	149,114	30,000
090001 - Draw Down from Public Health Unit	(32,374)	55,772	88,146
001078 - Medicaid Administration of Vaccine	40,500	35,000	(5,500)
001083 - Medicaid Family Planning	415,000	380,000	(35,000)
001089 - Medicaid AIDS	20,040	16,000	(4,040)
001192 - Medicaid Comprehensive Child	8,500	7,500	(1,000)
001193 - Medicaid Comprehensive Adult	8,500	9,000	500
008034 - BCC Contribution from General Fund	789,351	526,234	(263,117)
001077 - Personal Health Fees	107,300	87,300	(20,000)
001029 - Third Party Reimbursement	59,000	51,180	(7,820)
001090 - Medicare Part B	3,500	4,645	1,145
090002 - Draw Down from Public Health Unit	(20,890)	32,545	53,435
011000 - Grant - Direct - RW Part C Client Payments	7,000	3,555	(3,445)
<b>Total</b>			<u><u>(163,628)</u></u>

ATTACHMENT II

OKALOOSA COUNTY HEALTH DEPARTMENT

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

	Estimated State Share of CHD Trust Fund Balance as of 09/30/09	Estimated County Share of CHD Trust Fund Balance as of 09/30/09	Total
1. CHD Trust Fund Ending Balance 09/30/09	909,097	1,118,813	2,027,910
2. Drawdown for Contract Year October 1, 2009 to September 30, 2010	55,772	32,545	88,317
3. Special Capital Project use for Contract Year October 1, 2009 to September 30, 2010	8,437	4,923	13,360
4. Balance Reserved for Contingency Fund October 1, 2009 to September 30, 2010	844,888	1,081,345	1,926,233

Note: The total of items 2, 3 and 4 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**

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

October 1, 2009 to September 30, 2010

		State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>1. GENERAL REVENUE - STATE</b>						
015040	ALG/CONTR. TO CHDS-MCH HEALTH - FIELD STAFF COST	0	0	0	0	0
015040	ALG/CONTRIBUTION TO CHDS-PRIMARY CARE	0	0	0	0	0
015040	ALG/IPO HEALTHY START/IPO	0	0	0	0	0
015040	ALG/SCHOOL HEALTH/SUPPLEMENTAL	0	0	0	0	0
015040	CLOSING THE GAP PROGRAM	0	0	0	0	0
015040	COMMUNITY SMILES - DADE	0	0	0	0	0
015040	COUNTY SPECIFIC DENTAL PROJECTS - ESCAMBIA	0	0	0	0	0
015040	DUVAL TEEN PREGNANCY PREVENTION	0	0	0	0	0
015040	FL CLPPP SCREENING & CASE MANAGEMENT	0	0	0	0	0
015040	HEALTHY BEACHES MONITORING	20,450	0	20,450	0	20,450
015040	HEALTHY START MED-WAIVER - CLIENT SERVICES	0	0	0	0	0
015040	MANATEE COUNTY RURAL HEALTH SERVICES	0	0	0	0	0
015040	MINORITY OUTREACH-PENALVER CLINIC-DADE	0	0	0	0	0
015040	SPECIAL NEEDS SHELTER PROGRAM	0	0	0	0	0
015040	STD GENERAL REVENUE	0	0	0	0	0
015040	ALG/CONTR TO CHDS-DENTAL PROGRAM	0	0	0	0	0
015040	ALG/CONTR. TO CHDS-IMMUNIZATION OUTREACH TEAMS	18,303	0	18,303	0	18,303
015040	ALG/CONTR TO CHDS-AIDS PATIENT CARE	100,000	0	100,000	0	100,000
015040	ALG/CONTR TO CHDS-AIDS PREV & SURV & FIELD STAFF	27,768	0	27,768	0	27,768
015040	ALG/CONTR. TO CHDS-INDOOR AIR ASSIST PROG	0	0	0	0	0
015040	ALG/CONTR TO CHDS-MIGRANT LABOR CAMP SANITATION	0	0	0	0	0
015040	ALG/FAMILY PLANNING	68,483	0	68,483	0	68,483
015040	ALG/CONTR. TO CHDS-SOVEREIGN IMMUNITY	0	0	0	0	0
015040	VARICELLA IMMUNIZATION REQUIREMENT	10,959	0	10,959	0	10,959
015040	STATEWIDE DENTISTRY NETWORK - ESCAMBIA	0	0	0	0	0
015040	PRIMARY CARE SPECIAL DENTAL PROJECTS	0	0	0	0	0
015040	METRO ORLANDO URBAN LEAGUE TEENAGE PREG PREV	0	0	0	0	0
015040	LA LIGA CONTRA EL CANCER	0	0	0	0	0
015040	HEALTHY START MED WAIVER - SOBRA	0	0	0	0	0
015040	FL HEPATITIS & LIVER FAILURE PREVENTION/CONTROL	0	0	0	0	0
015040	ENHANCED DENTAL SERVICES	19,802	0	19,802	0	19,802
015040	DENTAL SPECIAL INITIATIVE PROJECTS	0	0	0	0	0
015040	COMMUNITY TB PROGRAM	56,454	0	56,454	0	56,454
015040	COMMUNITY ENVIRONMENTAL HEALTH ADVISORY BOARD	10,000	0	10,000	0	10,000
015040	CATE - ESCAMBIA	0	0	0	0	0
015040	ALG/PRIMARY CARE	19,111	0	19,111	0	19,111
015040	ALG/CESSPOOL IDENTIFICATION AND ELIMINATION	0	0	0	0	0
015050	ALG/CONTR TO CHDS	1,878,721	0	1,878,721	0	1,878,721
<b>GENERAL REVENUE TOTAL</b>		<b>2,230,051</b>	<b>0</b>	<b>2,230,051</b>	<b>0</b>	<b>2,230,051</b>
<b>2. NON GENERAL REVENUE - STATE</b>						
015010	IMMUNIZATION SPECIAL PROJECT	9,813	0	9,813	0	9,813
015010	TOBACCO COMMUNITY INTERVENTION	186,000	0	186,000	0	186,000
015010	SUPPLEMENTAL/COMPREHENSIVE SCHOOL HEALTH - TOB TF	0	0	0	0	0
015010	ALG/CONTR TO CHDS-REBASING TOBACCO TF	43,617	0	43,617	0	43,617
015010	ALG/CONTR. TO CHDS-BIOMEDICAL WASTE/DEP ADM TF	0	0	0	0	0
015010	ALG/CONTR. TO CHDS-SAFE DRINKING WATER PRG/DEP ADM	0	0	0	0	0
015010	BASIC SCHOOL HEALTH - TOBACCO TF	177,240	0	177,240	0	177,240

**ATTACHMENT II.**

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

**October 1, 2009 to September 30, 2010**

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>2. NON GENERAL REVENUE - STATE</b>					
015010	CHD PROGRAM SUPPORT	0	0	0	0
015010	SUPERACT	3,800	0	3,800	3,800
015010	FOOD AND WATERBORNE DISEASE PROGRAM ADM TF/DACS	0	0	0	0
015010	FULL SERVICE SCHOOLS - TOBACCO TF	115,571	0	115,571	115,571
015020	ALG/CONTR. TO CHDS-BIOMEDICAL WASTE/DEP ADM TF	0	0	0	0
015020	ALG/CONTR. TO CHDS-SAFE DRINKING WATER PRG/DEP ADM	0	0	0	0
015020	FOOD AND WATERBORNE DISEASE PROGRAM ADM TF/DACS	0	0	0	0
<b>NON GENERAL REVENUE TOTAL</b>		<b>536,041</b>	<b>0</b>	<b>536,041</b>	<b>536,041</b>
<b>3. FEDERAL FUNDS - State</b>					
007000	CHILDHOOD LEAD POISONING PREVENTION	0	0	0	0
007000	DIABETES PREVENTION & CONTROL PROGRAM	0	0	0	0
007000	FAMILY PLANNING EXPANSION FUNDS 2008-09	0	0	0	0
007000	FGTF/BREAST & CERVICAL CANCER-ADMIN/CASE MAN	0	0	0	0
007000	FGTF/FAMILY PLANNING-TITLE X	99,800	0	99,800	99,800
007000	FGTF/WIC ADMINISTRATION	1,108,423	0	1,108,423	1,108,423
007000	HEALTHY PEOPLE HEALTHY COMMUNITIES	19,155	0	19,155	19,155
007000	H1N1 MASS VACCINATION IMPLEMENTATION	159,955	0	159,955	159,955
007000	PUBLIC HEALTH EMERGENCY RESPONSE FOCUS AREA 3	364,276	0	364,276	364,276
007000	MCH BGTG-GADSDEN SCHOOL CLINIC	0	0	0	0
007000	PHP - CITIES READINESS INITIATIVE	0	0	0	0
007000	RAPE PREVENTION & EDUCATION GRANT	0	0	0	0
007000	RYAN WHITE	0	0	0	0
007000	BIOTERRORISM PLANNING & READINESS	9,981	0	9,981	9,981
007000	AFRICAN AMERICAN TESTING INITIATIVE (AATI)	0	0	0	0
007000	AIDS SURVEILLANCE	0	0	0	0
007000	RYAN WHITE-AIDS DRUG ASSIST PROG-ADMIN	16,477	0	16,477	16,477
007000	STD PROGRAM -	0	0	0	0
007000	STD PROGRAM - PHYSICIANS TRAINING CENTER	0	0	0	0
007000	STD PROGRAM-INFERTILITY PREVENTION PROJECT (IPP)	0	0	0	0
007000	TITLE X HIV/AIDS PROJECT	0	0	0	0
007000	WIC BREASTFEEDING PEER COUNSELING	0	0	0	0
007000	TUBERCULOSIS CONTROL - FEDERAL GRANT	0	0	0	0
007000	SYPHILIS ELIMINATION	0	0	0	0
007000	STD PROGRAM INFERTILITY PREVENTION PROJECT (IPP)	0	0	0	0
007000	STD PROGRAM - PHYSICIAN TRAINING CENTER	0	0	0	0
007000	RYAN WHITE-CONSORTIA	0	0	0	0
007000	BIOTERRORISM HOSPITAL PREPAREDNESS	27,749	0	27,749	27,749
007000	VOLUNTEER SCREENING-MCR	3,855	0	3,855	3,855
007000	BIOTERRORISM SURVEILLANCE & EPIDEMIOLOGY	9,540	0	9,540	9,540
007000	COASTAL BEACH MONITORING PROGRAM	19,174	0	19,174	19,174
007000	FGTF/IMMUNIZATION ACTION PLAN	31,000	0	31,000	31,000
007000	FGTF/FAMILY PLANNING TITLE X SPECIAL INITIATIVES	0	0	0	0
007000	FGTF/AIDS MORBIDITY	0	0	0	0
007000	ENVIRONMENTAL & HEALTH EFFECT TRACKING	0	0	0	0
007000	RYAN WHITE - EMERGING COMMUNITIES	0	0	0	0
007000	RISK COMMUNICATIONS	0	0	0	0
007000	PUBLIC HEALTH PREPAREDNESS BASE	118,659	0	118,659	118,659

**ATTACHMENT II**

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

October 1, 2009 to September 30, 2010

		State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>3. FEDERAL FUNDS - State</b>						
007000	MCH BGTf-HEALTHY START IPO	0	0	0	0	0
007000	IMMUNIZATION-WIC LINKAGES	0	0	0	0	0
007000	IMMUNIZATION SUPPLEMENTAL	0	0	0	0	0
007000	HIV INCIDENCE SURVEILLANCE	0	0	0	0	0
007000	HEALTH PROGRAM FOR REFUGEES	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	SCHOOL HEALTH/SUPPLEMENTAL	0	0	0	0	0
015075	Summer Feeding Program	0	0	0	0	0
007055	ARRA Federal Grant - Schedule C	21,404	0	21,404	0	21,404
<b>FEDERAL FUNDS TOTAL</b>		<b>2,009,448</b>	<b>0</b>	<b>2,009,448</b>	<b>0</b>	<b>2,009,448</b>
<b>4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE</b>						
001020	PERMIT - FOOD HYGIENE	33,849	0	33,849	0	33,849
001020	PERMIT - MOBILE HOME AND PARKS	13,525	0	13,525	0	13,525
001020	PERMIT - PRIVATE WATER SYSTEM	2,058	0	2,058	0	2,058
001020	PERMIT - SWIMMING POOLS/BATHING PLACES	74,903	0	74,903	0	74,903
001020	PERMIT - TANNING FACILITIES	6,518	0	6,518	0	6,518
001020	BIOHAZARD WASTE PERMIT	0	0	0	0	0
001020	PRIVATE WATER CONSTR PERMIT	0	0	0	0	0
001020	PUBLIC WATER ANNUAL OPER PERMIT	0	0	0	0	0
001020	PUBLIC WATER CONSTR PERMIT	0	0	0	0	0
001020	NON-SDWA SYSTEM PERMIT	0	0	0	0	0
001020	SAFE DRINKING WATER	0	0	0	0	0
001020	SWIMMING POOLS	0	0	0	0	0
001092	EH FEE STATE - FOOD HYGIENE	1,780	0	1,780	0	1,780
001092	EH FEE STATE - SWIMMING POOLS/BATHING PLACES	2,080	0	2,080	0	2,080
001092	EH FEE STATE - INDIVIDUAL SEWAGE	149,114	0	149,114	0	149,114
001092	SEPTIC TANK SITE EVALUATION	0	0	0	0	0
001092	NON SDWA LAB SAMPLE	0	0	0	0	0
001092	OSDS VARIANCE FEE	0	0	0	0	0
001092	ENVIRONMENTAL HEALTH FEES	0	0	0	0	0
001092	OSDS REPAIR PERMIT	0	0	0	0	0
001170	LAB FEE CHEMICAL ANALYSIS	0	0	0	0	0
001170	WATER ANALYSIS-POTABLE	0	0	0	0	0
001170	NONPOTABLE WATER ANALYSIS	0	0	0	0	0
010304	MQA INSPECTION FEE	2,380	0	2,380	0	2,380
<b>FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL</b>		<b>286,207</b>	<b>0</b>	<b>286,207</b>	<b>0</b>	<b>286,207</b>
<b>5. OTHER CASH CONTRIBUTIONS - STATE</b>						
010304	STATIONARY POLLUTANT STORAGE TANKS	0	0	0	0	0
090001	DRAW DOWN FROM PUBLIC HEALTH UNIT	55,772	0	55,772	0	55,772
<b>OTHER CASH CONTRIBUTIONS TOTAL</b>		<b>55,772</b>	<b>0</b>	<b>55,772</b>	<b>0</b>	<b>55,772</b>
<b>6. MEDICAID - STATE/COUNTY</b>						
001056	MEDICAID PHARMACY	0	0	0	0	0
001076	MEDICAID TB	0	0	0	0	0



**ATTACHMENT II.**

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

**October 1, 2009 to September 30, 2010**

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total	
<b>6. MEDICAID - STATE/COUNTY</b>						
001078	MEDICAID ADMINISTRATION OF VACCINE	17,500	17,500	35,000	0	35,000
001079	MEDICAID CASE MANAGEMENT	0	0	0	0	0
001081	MEDICAID CHILD HEALTH CHECK UP	0	0	0	0	0
001082	MEDICAID DENTAL	231,594	484,086	715,680	0	715,680
001083	MEDICAID FAMILY PLANNING	38,000	342,000	380,000	0	380,000
001087	MEDICAID STD	17,798	37,202	55,000	0	55,000
001089	MEDICAID AIDS	5,178	10,822	16,000	0	16,000
001147	MEDICAID HMO RATE	0	0	0	0	0
001191	MEDICAID MATERNITY	0	0	0	0	0
001192	MEDICAID COMPREHENSIVE CHILD	2,427	5,073	7,500	0	7,500
001193	MEDICAID COMPREHENSIVE ADULT	2,912	6,088	9,000	0	9,000
001194	MEDICAID LABORATORY	0	0	0	0	0
001208	MEDIPASS \$3.00 ADM. FEE	0	0	0	0	0
001059	MEDICAID LOW INCOME POOL	250,790	524,210	775,000	0	775,000
001051	Emergency Medicaid	0	0	0	0	0
001058	Medicaid - Behavioral Health	0	0	0	0	0
001071	Medicaid - Orthopedic	0	0	0	0	0
001072	Medicaid - Dermatology	0	0	0	0	0
001075	Medicaid - School Health Certified March	0	0	0	0	0
001069	Medicaid - Refugee Health	0	0	0	0	0
001055	Medicaid - Hospital	0	0	0	0	0
<b>MEDICAID TOTAL</b>		<b>566,199</b>	<b>1,426,981</b>	<b>1,993,180</b>	<b>0</b>	<b>1,993,180</b>
<b>7. ALLOCABLE REVENUE - STATE</b>						
018000	REFUNDS	0	0	0	0	0
037000	PRIOR YEAR WARRANT	0	0	0	0	0
038000	12 MONTH OLD WARRANT	0	0	0	0	0
<b>ALLOCABLE REVENUE TOTAL</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE</b>						
	PHARMACY SERVICES	0	0	0	150,060	150,060
	LABORATORY SERVICES	0	0	0	88,672	88,672
	TB SERVICES	0	0	0	0	0
	IMMUNIZATION SERVICES	0	0	0	549,358	549,358
	STD SERVICES	0	0	0	0	0
	CONSTRUCTION/RENOVATION	0	0	0	0	0
	WIC FOOD	0	0	0	4,500,940	4,500,940
	ADAP	0	0	0	399,954	399,954
	DENTAL SERVICES	0	0	0	0	0
	OTHER (SPECIFY)	0	0	0	0	0
	OTHER (SPECIFY)	0	0	0	0	0
<b>OTHER STATE CONTRIBUTIONS TOTAL</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>5,688,984</b>	<b>5,688,984</b>
<b>9. DIRECT LOCAL CONTRIBUTIONS - COUNTY</b>						
008030	Contribution from Health Care Tax	0	0	0	0	0
008034	BCC Contribution from General Fund	0	526,234	526,234	0	526,234

**ATTACHMENT II**

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

October 1, 2009 to September 30, 2010

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>DIRECT COUNTY CONTRIBUTION TOTAL</b>	0	526,234	526,234	0	526,234
<b>10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY</b>					
001060 CHD SUPPORT POSITION	0	0	0	0	0
001077 RABIES VACCINE	0	0	0	0	0
001077 CHILD CAR SEAT PROG	0	0	0	0	0
001077 PERSONAL HEALTH FEES	0	87,300	87,300	0	87,300
001077 AIDS CO-PAYS	0	0	0	0	0
001094 ADULT ENTER. PERMIT FEES	0	0	0	0	0
001094 EH FEE - COUNTY	0	167,362	167,362	0	167,362
001114 NEW BIRTH CERTIFICATES	0	39,500	39,500	0	39,500
001115 Vital Statistics - Death Certificate	0	128,800	128,800	0	128,800
001117 VITAL STATS-ADM. FEE 50 CENTS	0	3,300	3,300	0	3,300
001073 Co-Pay for the AIDS Care Program	0	0	0	0	0
001025 Client Revenue from GRC	0	0	0	0	0
001040 Cell Phone Administrative Fee	0	0	0	0	0
<b>FEES AUTHORIZED BY COUNTY TOTAL</b>	0	426,262	426,262	0	426,262
<b>11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY</b>					
001009 RETURNED CHECK ITEM	0	0	0	0	0
001029 THIRD PARTY REIMBURSEMENT	0	51,180	51,180	0	51,180
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	4,645	4,645	0	4,645
001190 Health Maintenance Organization	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 - RW PART C	0	292,500	292,500	0	292,500
008010 Contribution from City Government	0	0	0	0	0
008020 Contribution from Health Care Tax not thru BCC	0	0	0	0	0
008050 School Board Contribution	0	35,087	35,087	0	35,087
008060 Special Project Contribution	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	0	0	0	0
010409 SALE OF GOODS OUTSIDE STATE GOVERNMENT	0	0	0	0	0
011000 GRANT DIRECT-NOVA UNIVERSITY CHD TRAINING	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
011001 HEALTHY START COALITION CONTRIBUTIONS	0	481,107	481,107	0	481,107
011007 CASH DONATIONS PRIVATE	0	0	0	0	0
012020 FINES AND FORFEITURES	0	0	0	0	0
012021 RETURN CHECK CHARGE	0	0	0	0	0
028020 INSURANCE RECOVERIES-OTHER	0	0	0	0	0
090002 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	32,545	32,545	0	32,545
011000 GRANT-DIRECT - EMS MEDICAL DIRECTOR SOW	0	12,000	12,000	0	12,000
011000 GRANT-DIRECT - RW PART C CLIENT PAYMENTS	0	3,555	3,555	0	3,555
011000 GRANT-DIRECT - TOBACCO COMMUNITY INTERVENTION	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0

**ATTACHMENT II**

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

October 1, 2009 to September 30, 2010

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY</b>					
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT DIRECT-ARROW	0	0	0	0	0
011000 GRANT DIRECT-QUANTUM DENTAL	0	0	0	0	0
011000 GRANT DIRECT-HEALTH CARE DISTRICT PAHOKEE	0	0	0	0	0
010402 Recycled Material Sales	0	0	0	0	0
010303 FDLE Fingerprinting	0	0	0	0	0
007050 ARRA Federal Grant	0	0	0	0	0
001010 Recovery of Bad Checks	0	0	0	0	0
008065 FCO Contribution	0	0	0	0	0
011006 Restricted Cash Donation	0	0	0	0	0
028000 Insurance Recoveries	0	0	0	0	0
001033 CMS Management Fee - PMPMPC	0	0	0	0	0
010400 Sale of Goods Outside State Government	0	0	0	0	0
010500 Refugee Health	0	0	0	0	0
005045 Interest Earned-Third Party Provider	0	0	0	0	0
005043 Interest Earned-Contract/Grant	0	0	0	0	0
010306 DOH/DOC Interagency Agreement	0	0	0	0	0
008040 BCC Grant/Contract	0	0	0	0	0
<b>OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>937,619</b>	<b>937,619</b>	<b>0</b>	<b>937,619</b>
<b>12. ALLOCABLE REVENUE - COUNTY</b>					
018000 REFUNDS	0	0	0	0	0
037000 PRIOR YEAR WARRANT	0	0	0	0	0
038000 12 MONTH OLD WARRANT	0	0	0	0	0
<b>COUNTY ALLOCABLE REVENUE TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>13. BUILDINGS - COUNTY</b>					
ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	440,412	440,412
GROUNDS MAINTENANCE	0	0	0	0	0
OTHER (SPECIFY)	0	0	0	0	0
INSURANCE	0	0	0	0	0
UTILITIES	0	0	0	0	0
OTHER (SPECIFY) - JANITORIAL SERVICES	0	0	0	51,180	51,180
BUILDING MAINTENANCE	0	0	0	0	0
<b>BUILDINGS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>491,592</b>	<b>491,592</b>
<b>14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY</b>					
EQUIPMENT/VEHICLE PURCHASES	0	0	0	0	0
VEHICLE INSURANCE	0	0	0	0	0
VEHICLE MAINTENANCE	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0

**ATTACHMENT II.**

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

**October 1, 2009 to September 30, 2010**

	<b>State CHD Trust Fund (cash)</b>	<b>County CHD Trust Fund</b>	<b>Total CHD Trust Fund (cash)</b>	<b>Other Contribution</b>	<b>Total</b>
<b>OTHER COUNTY CONTRIBUTIONS TOTAL</b>	0	0	0	0	0
<b>GRAND TOTAL CHD PROGRAM</b>	5,683,718	3,317,096	9,000,814	6,180,576	15,181,390



**ATTACHMENT II  
OKALOOSA COUNTY HEALTH DEPARTMENT**

**Part III. Planned Staffing, Clients, Services, And Expenditures By Program Service Area Within Each Level Of Service  
October 1, 2009 to September 30, 2010**

	FTE's (0.00)	Clients Units	Services	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd	3rd	4th			
				(Whole dollars only)						
<b>C. ENVIRONMENTAL HEALTH:</b>										
<b>Facility Programs</b>										
TANNING FACILITY SERVICES(369)	0.13	45	106	1,630	1,548	1,908	1,550	4,479	2,157	6,636
<b>Group Total</b>	<b>6.79</b>	<b>1,273</b>	<b>3,381</b>	<b>92,056</b>	<b>56,722</b>	<b>126,286</b>	<b>72,225</b>	<b>222,969</b>	<b>124,320</b>	<b>347,289</b>
<b>Groundwater Contamination</b>										
STORAGE TANK COMPLIANCE(355)	0.00	0	0	0	0	0	0	0	0	0
SUPER ACT SERVICE (356)	0.12	3	94	1,114	1,868	1,740	1,313	5,527	508	6,035
<b>Group Total</b>	<b>0.12</b>	<b>3</b>	<b>94</b>	<b>1,114</b>	<b>1,868</b>	<b>1,740</b>	<b>1,313</b>	<b>5,527</b>	<b>508</b>	<b>6,035</b>
<b>Community Hygiene</b>										
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)	0.00	0	0	0	0	0	0	0	0	0
CONSUMER PRODUCT SAFETY (345)	0.00	0	0	0	1,028	3,631	7,512	12,171	0	12,171
INJURY PREVENTION (346)	0.00	0	0	0	0	0	0	0	0	0
LEAD MONITORING SERVICES(350)	0.00	0	0	0	0	0	0	0	0	0
PUBLIC SEWAGE (362)	0.00	0	0	0	0	0	0	0	0	0
SOLID WASTE DISPOSAL(363)	0.00	0	0	0	0	0	0	0	0	0
SANITARY NUISANCE(365)	0.15	31	70	1,375	1,614	1,799	1,462	4,591	1,659	6,250
RABIES SURVEILLANCE/CONTROL SERVICES (366)	0.44	366	923	24,131	25,811	30,018	24,385	76,819	27,526	104,345
ARBOVIRUS SURVEILLANCE(367)	0.00	0	0	0	0	0	0	0	0	0
RODENT/ARTHROPOD CONTROL (368)	0.00	0	0	0	0	0	0	0	0	0
WATER POLLUTION(370)	0.00	0	0	0	0	0	0	0	0	0
AIR POLLUTION(371)	0.00	0	0	0	0	0	0	0	0	0
<b>Group Total</b>	<b>1.59</b>	<b>397</b>	<b>993</b>	<b>25,506</b>	<b>28,453</b>	<b>35,448</b>	<b>33,359</b>	<b>93,581</b>	<b>29,185</b>	<b>122,766</b>
<b>ENVIRONMENTAL HEALTH SUBTOTAL</b>	<b>14.11</b>	<b>3,653</b>	<b>7,712</b>	<b>225,585</b>	<b>173,015</b>	<b>259,976</b>	<b>201,619</b>	<b>638,305</b>	<b>221,896</b>	<b>860,195</b>
<b>D. SPECIAL CONTRACTS:</b>										
SPECIAL CONTRACTS (599)	0.00	0	0	0	0	0	0	0	0	0
<b>SPECIAL CONTRACTS SUBTOTAL</b>	<b>0.00</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTAL CONTRACT</b>	<b>135.51</b>	<b>38,546</b>	<b>244,847</b>	<b>2,264,960</b>	<b>2,162,232</b>	<b>2,572,449</b>	<b>2,001,173</b>	<b>5,683,718</b>	<b>3,317,096</b>	<b>9,000,814</b>

**ATTACHMENT V**  
**OKALOOSA 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>
2006-2007	\$ _____	\$ _____	\$ _____ -
2007-2008	\$ _____	_____	_____ -
2008-2009	\$ 353,640	\$ 206,360	\$ 560,000
2009-2010	\$ 517,419	\$ 301,930	\$ 819,349
2010-2011	\$ _____	\$ _____	\$ _____ -
<b>PROJECT TOTAL</b>	<b>\$ 871,059</b>	<b>\$ 508,290</b>	<b>\$ 1,379,349</b>

**SPECIAL PROJECT CONSTRUCTION/RENOVATION PLAN**

PROJECT NAME: FWB Dental Clinic/Public Health Offices  
 LOCATION/ ADDRESS: Existing county building next door to 221 Hospital Dr NE, FWB  
 PROJECT TYPE: NEW BUILDING  ROOFING   
 RENOVATION  PLANNING STUDY   
 NEW ADDITION  OTHER   
 SQUARE FOOTAGE: 12000

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

Clean asbestos from building and renovate it for a dental clinic & office space.

ESTIMATED PROJECT INFORMATION:

START DATE *(initial expenditure of funds)*: October-10  
 COMPLETION DATE: December-13  
 DESIGN FEES: \$ 90,000  
 CONSTRUCTION COSTS: \$ 1,010,000  
 FURNITURE/EQUIPMENT \$ 400,000  
 TOTAL PROJECT COST: \$ 1,500,000  
 COST PER SQ FOOT: \$ 91.66666667

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

**ATTACHMENT V**  
**OKALOOSA 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>
2006-2007	\$ _____ -	\$ _____ -	\$ _____ -
2007-2008	\$ _____ -	\$ _____ -	\$ _____ -
2008-2009	\$ <u>8,437</u>	\$ <u>4,923</u>	\$ <u>13,360</u>
2009-2010	\$ _____ -	\$ _____ -	\$ _____ -
2010-2011	\$ _____ -	\$ _____ -	\$ _____ -
PROJECT TOTAL	\$ <u><u>8,437</u></u>	\$ <u><u>4,923</u></u>	\$ <u><u>13,360</u></u>

**SPECIAL PROJECT CONSTRUCTION/RENOVATION PLAN**

PROJECT NAME: Facility Renovations

LOCATION/ ADDRESS: 221 Hospital Dr NE, FWB

PROJECT TYPE:      NEW BUILDING           ROOFING       
                           RENOVATION   X        PLANNING STUDY       
                           NEW ADDITION           OTHER     

SQUARE FOOTAGE:                   31818

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

FWB facility: Renovate buildings and provide equipment to accommodate generator.  
 FWB facility: Harden the building against wind damage by installing window mesh screening.

**\*\*\*Project Completed 02/10\*\*\***

ESTIMATED PROJECT INFORMATION:  
 START DATE *(initial expenditure of funds)*:                   July-08  
 COMPLETION DATE:                   February-10

DESIGN FEES: \$ \_\_\_\_\_  
 CONSTRUCTION COSTS: \$ \_\_\_\_\_  
 FURNITURE/EQUIPMENT \$                   217,360  
 TOTAL PROJECT COST: \$                   217,360

COST PER SQ FOOT: \$                   0

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



**ATTACHMENT V**  
**OKALOOSA 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>
2006-2007	\$ _____	\$ _____	\$ _____
2007-2008	\$ _____	\$ _____	_____ -
2008-2009	\$ _____	\$ _____	\$ _____ -
2009-2010	\$ _____ 178,935	\$ _____ 104,414	\$ _____ 283,349
2010-2011	\$ _____	\$ _____	\$ _____ -
<b>PROJECT TOTAL</b>	<b>\$ _____ 178,935</b>	<b>\$ _____ 104,414</b>	<b>\$ _____ 283,349</b>

**SPECIAL PROJECT CONSTRUCTION/RENOVATION PLAN**

PROJECT NAME: Mobile Dental Van

LOCATION/ ADDRESS: 810 E James Lee Blvd, Crestview

PROJECT TYPE:      NEW BUILDING       ROOFING   
                           RENOVATION       PLANNING STUDY   
                           NEW ADDITION       OTHER

SQUARE FOOTAGE: \_\_\_\_\_

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

~~Acquire a mobile dental van and needed infrastructure to support it.~~

**\*\*\*Project Abandoned 5/10\*\*\***

ESTIMATED PROJECT INFORMATION:

START DATE (initial expenditure of funds): \_\_\_\_\_

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

DESIGN FEES: \$ \_\_\_\_\_

CONSTRUCTION COSTS: \$ \_\_\_\_\_

FURNITURE/EQUIPMENT \$ \_\_\_\_\_ -

TOTAL PROJECT COST: \$ \_\_\_\_\_ -

COST PER SQ FOOT: \$ \_\_\_\_\_

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

STANDARD CONTRACT BETWEEN

OKALOOSA COUNTY  
BOARD OF COUNTY COMMISSIONERS

AND

STATE OF FLORIDA  
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

Pursuant to Chapter 154, Florida Statutes this contract is entered into between the Department of Health and Rehabilitative Services, hereinafter referred to as the "department", and Okaloosa County, hereinafter referred to as the "county". This contract stipulates the services that will be provided by the county public health unit, hereinafter referred to as the CPHU, the sources and amount of funds that will be committed to the provision of these services, the administrative and programmatic requirements which will govern the use of these funds, and the respective responsibilities of the department and the county in enabling the CPHU "to promote, protect, maintain, and improve the health and safety of the citizens and visitors through promotion of the public health, the control and eradication of preventable diseases, and the provision of primary health care for special populations."

"Department", the State of Florida, Department of Health and Rehabilitative Services, or its successor in interest and is specifically intended to include the officers, agents, and employees of the Department. It is expressly understood by the parties that governmental reorganization occurs within the State of Florida and that named entity which is responsible for the operation of the County Public Health Units would change upon the formation of the new Department of Health during the duration of this contract. Upon the formation of the new Department of Health, the name "County Public Health Units" shall be changed to "County Health Departments" as amended in Section 154.02, F.S.

The word, "Department", as used herein, is intended to subtend and include the entity which is responsible for the County Public Health Units in the State of Florida, regardless of name.

I. General Provision:

Both parties agree that the CPHU shall:

- A. Provide services according to the conditions specified in Attachment I and all other attachments to this contract; and
- B. Fund the services specified in Attachment II, Part III, at the funding level specified for each program service area in that attachment.

II. Federal State Laws and Regulations:

Both parties agree that the CPHU shall:

- A. Comply with the provisions contained in the Civil Rights Certificate, hereby incorporated into this contract as Attachment III;
- B. Comply with the provisions of 45 CFR, Part 74, and other applicable regulations if this contract contains federal funds;
- C. Comply with all applicable standards, orders, or regulations issued pursuant to the Clear Air Act as amended (42 USC 1857 et seq.) and the Federal Water Pollution Control Act as amended (33 USC 1368 et seq.), if this contract contains federal funds and the total contract amount is over \$100,000; and
- D. Comply with applicable sections of Chapter 427, Florida Statutes, (Transportation Services) and Chapter 41-2, Florida Administrative Code, (Coordinated Community Transportation Services) regarding the provision of transportation services for the transportation disadvantaged if this contract contains any state, federal or local funds which are used to provide for direct or indirect (ancillary) transportation services.

III. Records, Reports and Audits:

Both parties agree that the CPHU shall:

- A. Maintain books, records and documents in accordance with accounting procedures and practices which sufficiently and properly reflect all expenditures of funds provided by the department, the county and other sources under this contract. Books, records and documents must be adequate to enable the CPHU to comply with the following reporting requirements:
  1. The revenue and expenditure requirements in the State Automated Management Accounting Subsystem;
  2. The client registration and services reporting requirements of the minimum data set as specified in the Client Information System/Health Management Component Manual and any revisions subsequent to the January 1, 1984 version, or the equivalent as approved by the State Health Office. Any reporting system used by or on behalf of the CPHU to produce the above information must provide data in a machine readable format approved by the

department which can be transferred electronically to the Client Information System;

3. The CPHU is responsible for assuring that all contracts with service providers include provisions that all subcontracted services be reported back to the CPHU 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 Manual and any revisions subsequent to the January 1, 1984 version;
  4. Financial procedures specified in the department's Accounting Procedures Manuals, Accounting memoranda's, and Comptrollers memoranda's;
  5. All appropriate CPHU employees shall report time in the Client Information System/Health Management Component compatible format by program component for at least the sample periods specified by the department; and
  6. Any other state and county program specific reporting requirements detailed in attachments to this contract.
- B. Assure these records shall be subject during normal business hours to inspection, review or audit by state or county personnel duly authorized by the department or the county, as well as by federal personnel;
  - C. Retain all financial records, supporting documents, statistical records, and any other documents pertinent to this contract in conformance with the retention schedules required in HRSM 15-1, "Records Management Manual";
  - D. Allow persons duly authorized by state or county, and federal auditors, pursuant to 45 CFR, Part 74.24(a), (b), and (d) to have full access to, and the right to examine said records and documents during said retention period; and
  - E. Include these aforementioned audit and record-keeping requirements in all approved subcontracts and assignments.

#### IV. Purchasing Procedures:

All county public health units will adhere to the State of Florida purchasing rules and regulations except when purchasing through the county to obtain a better price or service. When purchases are more cost effective through the

county, the county procedures and regulations will be followed. Copies of the State Purchasing Rules and Regulations shall be maintained at the CPHU and if any purchases are made through the county system, the County Procurement procedures must also be in place for audit and management purposes. When purchasing through the County system, the order and payment must be documented to note the county procedures were used because they were more cost effective. The CPHU may use the County Purchasing Department for purchasing and be reimbursed through the trust fund.

V. Monitoring:

Both parties agree that, as either determines necessary, the department and/or the county shall monitor the budget and services as detailed in Attachment II and operated by the CPHU or its subcontractor or assignee.

VI. Safeguarding Information:

Both parties agree that the CPHU shall not use or disclose any information concerning a recipient of services under this contract for any purpose not in conformity with the state law, regulations or manual (HRSM 50-2 Security of Data and Information Technology) and federal regulation (45 CFR, part 205.50), except by written consent of the recipient, or his/her responsible parent or guardian when authorized by law.

VII. Assignments:

Both parties agree that the CPHU shall not assign the responsibility of this contract to another party without prior written approval of the department and the county. No such approval by the department and the county of any assignment shall be deemed in any event or in any manner to provide for the occurrence of any obligation of the department or the county in addition to the dollar amount agreed upon in this contract. All such assignments shall be subject to the conditions of this contract and to any conditions of approval that the department and the county shall deem necessary.

VIII. Subcontracts:

Both parties agree that the CPHU shall be permitted to execute subcontracts with the approval of the delegated authority in the department for services necessary to enable the CPHU to carry out the programs specified in this contract, provided that the amount of any such subcontract shall not be for more than ten (10) percent of the total value of this contract.

In the event that the CPHU needs to execute a subcontract for an amount greater than ten (10) percent of the value for this contract, both parties to this contract must agree in writing to such a subcontract prior to its execution.

No subcontracts shall be deemed in any manner to provide for the occurrence of any obligation of the department or the county in addition to the total dollar amount agreed upon in this contract. All such subcontracts shall be subject to the conditions of this contract and to any conditions of approval that the department and the county shall deem necessary.

IX. Insurance:

The County agrees to provide adequate fire and casualty insurance coverage for all furnishings and equipment in health unit offices and buildings. Buildings used by the health unit that are owned by the County, and all furnishings and equipment owned by the County, shall be insured through the County's insurance program, which shall be either a self-insurance program or insurance purchased by the County. For any buildings, furnishings and equipment used by the health unit but not owned or insured through the County, it is the responsibility of the health unit to obtain adequate insurance coverage either through the County, the state, or private insurance.

X. Payment for Services:

A. The department agrees:

To pay for services identified in Schedule "C" of the operating budget (General Revenue and Federal), and reflected in Attachment II, Part II, as the State's appropriated responsibility in an amount not to exceed \$2,534,398; and the State share of all state authorized fees in an anticipated amount of \$230,135. In addition, all "OTHER" state revenues from whatever sources to be appropriated to the HRS County Public Health Unit Trust Fund for services to be provided by the county health unit in an amount of \$853,559, for a grand total State cash contribution of \$3,618,092. The State's obligation to pay under this contract is contingent upon an annual appropriation by the legislature.

B. The county agrees:

To pay for services identified in Attachment II, Part II, as the county's responsibility in an appropriated amount not to exceed \$336,627. In addition, the county shall provide its share of all county authorized fees in an anticipated amount of \$314,909. These amounts,

plus any "OTHER" local revenues in the amount of \$101,215, includes all revenues from whatever sources to be appropriated to the HRS County Public Health Unit Trust Fund for services to be provided by the county health unit for a grand total county cash contribution of \$752,751.

XI. The department and the county mutually agree:

A. Effective date:

1. This contract shall begin on October 1, 1996 or the date on which the contract has been signed by both parties, whichever is later.
2. This contract shall end on September 30, 1997.

B. Termination:

1. Termination because of lack of funds:

In the event funds to finance this contract become unavailable, either party may terminate the contract upon no less than twenty-four hours notice in writing to the other party. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery. The department or the county shall be the final authority as to the availability of funds, staffing and services shall be reduced appropriately.

2. Termination for breach:

Unless breach is waived by either party in writing, either party may, by written notice to the other party, terminate this contract upon no less than twenty-four (24) hours notice. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery. If applicable, either party may employ the default provisions in Chapter 13A-1, Florida Administrative Code. Waiver of breach of any provision of this contract shall not be deemed to be a waiver of any other breach and shall not be construed to be a modification of the terms of the contract. The provisions herein do not limit either party's right to remedies at law or to damages.

3. Termination at will:

This contract may be terminated by either party upon no less than thirty (30) days notice, without

cause. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery.

C. Notice and contact:

The contract manager for the department for this contract is George Stedman. The representative of the county for this contract is Robert D. McGuire. In the event that different representatives are designated by either party after execution of this contract, notice of the name and address of the new representative will be rendered in writing to the other party and said notification attached to originals of this contract.

D. Modification:

Modifications of provisions of this contract shall, unless otherwise specified in Attachment I, be enforceable only when they have been reduced to writing and duly signed by both parties to this contract.

E. Name and address of payee:

The name and address of the official payee to whom the payment shall be made is: Public Health Unit Trust Fund, Okaloosa County, 221 Hospital Drive, NE Ft. Walton Beach, Florida 32548.

F. All terms and conditions included:

This contract and its attachments as referenced, (Attachment I through IX), contain all the terms and conditions agreed upon by the parties.



In WITNESS THEREOF, the parties hereto have caused this 51 page contract to be executed by their undersigned officials as duly authorized.

BOARD OF COUNTY COMMISSIONERS  
FOR Okaloosa COUNTY

SIGNED BY: Dennis D. Nicholson

NAME: Dennis D. Nicholson

TITLE: Chairman

DATE: 9/25/96

ATTESTED TO:  
SIGNED BY: Robert D. McGuire

NAME: Robert D. McGuire

TITLE: Deputy Clerk of Courts

DATE: 9/25/96

STATE OF FLORIDA  
DEPARTMENT OF HEALTH AND  
REHABILITATIVE SERVICES

SIGNED BY: Man. Allopatis  
(Department Authority)

NAME: Charles W. Bates

TITLE: District Administrator

DATE: 9/20/96

SIGNED BY: Matthew G. Kinzelman  
CPHU Director/Administrator

NAME: Matthew G. Kinzelman, M.D.

TITLE: CPHU Director

DATE: 9/25/96

ATTACHMENT I

SPECIAL PROVISIONS

I. County Public Health Unit Trust Fund:

Both parties agree:

- A. That all funds to be expended by the CPHU shall be deposited in the County Public Health Unit Trust Fund (CPHUTF) maintained by the state treasurer.
- B. That all funds deposited in the County Public Health Unit Trust Fund shall be expended by the department solely for services rendered by the CPHU as specified in this contract. Nothing shall prohibit the rendering of additional services not specified in this contract.
- C. That funds deposited in the County Public Health Unit Trust Fund for the CPHU in Okaloosa County shall be accounted for separately from funds deposited for other CPHUs, and shall be used only for public health unit services in Okaloosa County. If actual expenditures should exceed the total planned expenditure amount for either the county or the state as agreed to in this contract, the HRS county public health unit will, by agreement between the department and the county, draw down from the trust fund balance, if any, to cover the excess expenditures, or will cut back services to come within budget.
- D. That any surplus/deficit funds, including fees or accrued interest, remaining in the CPHUTF 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, then 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 and shall be 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 projects explained in Attachment VIII:

1) Funds designated for Special Projects must go for capital projects and durable goods without significant recurring costs. Examples of projects meeting this criteria include construction and renovation of facilities and associated infrastructure; purchase of information system hardware/software and purchase of telecommunications equipment. Examples of items not meeting this criteria include grant funds for direct services such as tobacco prevention and provision of child safety seats; staff salaries; retirement obligations; rent/leases and funds held in anticipation of Medicaid paybacks and/or budget reductions. Special project amounts in "3" above should reflect the total amount of funds anticipated to be expended for special projects during the contract year. This includes funds to complete unfinished projects from previous years as well as for projects initiated during the contract year. More detailed Special Project information, including description and cost by each project, should be listed in Attachment VIII.

2) A cash reserve of 12 percent represents approximately six weeks of operating funds. Ongoing cash reserves in excess of 12 percent should be programmed to services.

- E. There shall be no transfers of funds between the three levels of services without a contract amendment duly signed by both parties to this contract and the proper budget amendments unless the CPHU director/administrator determines that an emergency exists wherein a time delay would endanger the public's health and the Deputy Secretary for Health has approved the transfer. The Deputy Secretary for Health shall forward written evidence of this approval to the CPHU within 30 days after an emergency transfer.
- F. That either party may increase or decrease funds to this contract by notifying the other party in writing of the amount and purpose for the increased/decreased funding, and allowing 30 days for written objection before the additional funds are released for expenditure or the state allocation is decreased. A decrease in funds must be related to a reduction, shortfall, or sequestering of anticipated appropriations.

G. That the contract shall include as Part III of Attachment II a section entitled "Planned Staffing, Clients, Service and Expenditures by Type of Service Within Each Level of Service". This section shall include the following information for each type of service area within each level of service:

- the planned number of full-time equivalents (FTE's) by level of service;
- the planned number of services to be provided;
- the planned number of individuals/units to be served; and
- the planned state and county expenditures.

Expenditure information shall be displayed in a quarterly plan to facilitate monitoring of contract performance.

H. That adjustments in the planned expenditure of funds for each type of service within each level of service are permitted without an amendment to this contract.

I. That the CPHU shall submit quarterly reports to the county and the department which shall include at least the following sections:

1. A transmittal letter briefly summarizing CPHU activity year-to-date;
2. DE385L1 - "CPHU Contract Management Variance Report;
3. DE580L1 - "Analysis of Fund Equities"; and
4. A written explanation of the variances reflected in the DE385L1 report for each quarter of the contract year if the CPHU exceeds the tolerance levels as specified below as of the end of the quarterly report period:
  - a. The cumulative percent variance cannot exceed by more than 25 percent the planned expenditures for a particular type of service or fall below planned expenditures by more than 25 percent.
  - b. However, if the cumulative amount of variance between actual and planned expenditures for the report period for a program service area does not exceed one percent of the cumulative planned expenditures for the level of service in which the type of service is included, a variance explanation is not required.

5. The CPHU Contract Management Variance Report shall:
  - a. Explain the reason for the variances in expenditures in any program service area which exceeds the tolerance levels established above;
  - b. Specify steps that will be taken to comply with the contract expenditure plan, including a contract amendment, if necessary; and
  - c. Provide a time table for completing the steps necessary to comply with the plan. Failure of the CPHU to accomplish the planned steps by the dates established in the written explanation shall constitute non-performance under the contract and the county or the department may withhold funds from the contract or take other appropriate administrative action to achieve compliance.

J. The required dates for the CPHU director's/ administrator's quarterly report to the county and the department shall be as follows:

1. March 1, 1997 for the report period October 1, 1996 through December 31, 1996;
2. June 1, 1997 for the report period October 1, 1996 through March 31, 1997;
3. September 1, 1997 for the report period October 1, 1996 through June 30, 1997; and
4. December 1, 1997 for the report period October 1, 1996 through September 30, 1997.

## II. Fees:

### A. Environmental regulatory fees:

The department shall establish by administrative rule, fees for environmental regulatory functions designated in Attachment IV of this contract and conducted by the CPHU. Such fees shall supersede any environmental regulatory fees existing prior to the effective date of the department's rule. The county may, however, establish fees pursuant to section 381.0016, Florida Statutes, which are not inconsistent with department rules and to the statutes, after consultation with the department.

B. Communicable disease service fees:

The department may establish by administrative rule, fees for communicable disease services, other than environmental regulatory services, designated in this contract and conducted by the CPHU. The county may establish fees pursuant to section 381.0016, Florida Statutes, which are not inconsistent with department rules and other statutes. All state or federally authorized communicable disease services fees shall be listed in Attachment IV of this contract. All county authorized communicable disease services fees shall be listed in Attachment V of this contract.

C. Primary Care Fees:

The county may establish fees for primary care services designated in this contract and conducted by the CPHU except for those services for which fee schedules are specified in federal or state law or regulations.

Both parties further agree:

1. That such fees shall be established by resolution of the Board of County Commissioners, if promulgated by the county, or by administrative rule, if promulgated by the department;
2. That there shall be no duplication of fees by the department and the county for communicable disease or primary care services provided by the CPHU;
3. That primary care fees shall be listed in Attachment V (county) of this contract.

D. Communicable disease and primary care fees shall automatically be established by the department and the county at the Medicaid rate upon signature of this contract unless otherwise specified by either party according to procedures set forth in II, B and C of this section.

E. Collection and use of fees:

Both parties agree that:

1. Proceeds from all fees collected by or on behalf of the CPHU, whether for environmental, communicable disease, or primary care services, shall only be used to fund services provided by the CPHU;

2. All fees collected by or on behalf of the CPHU shall be deposited with the State Treasury and credited to the County Public Health Unit Trust Fund or other appropriate state account if required by Florida Statute or the State Comptroller.

### III. Service Policies and Standards:

Both parties agree that the CPHU shall adhere to the service policies and standards published by the department in program manuals and other guidelines provided by the department, where they exist, as a guide for providing each funded service specified in Attachment II, Part III of this contract.

### IV. Fair Hearing Guidelines:

The provider shall establish a system through which applicants for services and current clients may present grievances over denial, modification or termination of services. The contractor 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 IX of this contract.

The provider shall post in a readily accessible location and visible to all clients either procedures or a poster informing clients how they may contact the Human Rights Advocacy Committee (HRAC).

### V. Personnel:

Both parties agree:

#### A. The CPHU shall have at least the following employees:

1. A director or administrator appointed by the Secretary of the department after consultation with the Deputy Secretary for Health and with the concurrence of the Board of County Commissioners;
2. A full-time community health nurse;
3. An environmental health specialist; and
4. A clerk.

- B. That all department employees working in the CPHU shall be supervised by the department and subject to Department of Management Services rules.
- C. Staffing levels shall be established in this contract in Attachment II, Part III as FTE's, and may be changed in accordance with the availability of funds and/or program needs.
- D. The number and classification of employees working in the CPHU that are county employees rather than department employees shall be listed in Attachment VI of this contract.

VI. Facilities:

Both parties agree that:

- A. CPHU facilities shall be provided as specified in Attachment VII of this contract. This attachment shall include a description of all the facilities used by the CPHU, including the location of the facility and by whom the facility is owned;
- B. The county shall own the facilities used by the CPHU unless otherwise provided in Attachment VII of this contract; and
- C. Facilities and equipment provided by either party for the CPHU shall be used for public health services provided that the county shall have the right to use such facilities and equipment, owned or leased by the county, as the need arises, to the extent that such use would not impose an unwarranted interference with the operation of the CPHU.

VII. Use of Funds for Lobbying Prohibited:

The CPHU agrees to comply with the provisions of section 216.347, Florida Statutes, which prohibits the expenditure of contract funds for the purpose of lobbying the legislature or a state agency.

VIII. Method of payment:

- A. The county shall deposit its annual contribution to the County Public Health Unit Trust Fund as specified below.
  - 1. Contributions will be deposited into the County Public Health Unit Trust Fund in twelve (12) equal monthly deposits, by the 10th of each following month.



2. The County maintains the Janitorial Contract. The State will release 39,303.00 in October 1996 in a single payment to the Okaloosa County Board of County Commissioners to have associated costs reflected in Contract Management Reports with minimal bookkeeping transactions.

B. The department shall release state contributions to this contract as follows:

1. Funds appropriated as "Aid to Local Government" shall be released in four quarterly amounts, at the beginning of each quarter of the contract year;
2. WIC and other state funds appropriated in a cost reimbursement category (e.g. expense and special) shall be released on the basis of invoices documenting expenditures.

IX. Laboratory and Pharmacy Support:

The department agrees to supply laboratory and pharmacy support services for the CPHU at least at the level provided in the prior state fiscal year if funds are available.

X. Emergencies:

Both parties agree, to the extent of their respective resources, that they may assist each other in meeting public health emergencies.

XI. Sponsorship:

In compliance with section 286.25, Florida Statutes, the provider assures that all notices, informational pamphlets, press releases, advertisements, descriptions of the sponsorship of the program, research reports, and similar public notices prepared and released by the provider shall include the statement:

Sponsored by Okaloosa County Public Health Department  
Provider

and the State of Florida, Department of Health and Rehabilitative Services." If the sponsorship reference is in written material, the words, "State of Florida, Department of Health and Rehabilitative Services" shall appear in the same size letters or type as the name of the organization.

XII. Indicate in the space below the income eligibility limit for comprehensive primary care clients.

100% of OMB Poverty Guidelines.

XIII. Program Specific Reporting Requirements:

Specific information not available through CIS/HMC or SAMAS must be supplied by completing the following:

- A. Specify in the space below the minimum number of clients who will receive comprehensive primary care services (clients registered in Program Component 88 who will receive services during this contract period).  
1,300.
- B. Specify in the space below the amount of any county funds earmarked by the Board of County Commissioners for hospitalization in the Improved Pregnancy Outcome program if such funds are deposited in the CPHU Trust Fund and included in the IPO line on Attachment II, Part III, of this contract.  
\$ N/A.
- C. Complete the planned Family Planning budget information on the following page for this contract period.

XIV. County Fees:

Those individual fees established by the county per ordinance or resolution and listed in Attachment V shall automatically be adjusted to, at least, the Medicaid reimbursement rate without formal amendment to this contract in accordance with F.S. 154.06 should said reimbursement rate be increased or decreased. See Page 12, Section D.

COUNTY PUBLIC HEALTH UNIT PLANNED FAMILY PLANNING BUDGET FOR CONTRACT YEAR

Schedule C

Object Class	Title X	State FP General Revenue	Title XIX	Other (include G.R. non-categorical for FP)	Fees & 3rd Party	Total
Personnel Salaries	50,377	75,974	35,400	199,589		361,340
Fringe Benefits	0			145,306		145,306
Other	0			20,000	28,020	48,020
Contracts (excluding sterilizations)	<u>0</u>	<u>11,505</u>				<u>11,505</u>
SUBTOTAL (must equal Schedule C Title X and/or State FP general revenue)	50,377	87,479	35,400	364,895	28,020	566,171
Sterilizations (if funds are in CPHU trust fund)	35,149					35,149
TOTAL*	85,526	87,479	35,400	364,895	28,020	601,320

\*Must equal family planning grand total on Attachment II, Part III of the contract.

ATTACHMENT II  
PLANNED FUNDING & EXPENDITURES

ATTACHMENT II

Part I. PLANNED USE OF COUNTY PUBLIC HEALTH UNIT TRUST FUND BALANCES

	Estimated State Share of CPHU Trust Fund Balance as of 09/30/96	Estimated County Share of CPHU Trust Fund Balance as of 09/30/96	Total
1. CPHUTF Ending Balance 09/30/96	\$922,503	\$661,565	\$1,584,068
2. Drawdown for Contract Year October 1, 1996 to September 30, 1997	\$600,000	0	\$600,000
3. Special Project use for Contract Year October 1, 1996 to September 30, 1997	\$234,135	\$661,565	\$895,700
4. Balance Reserved for Contingency Fund October 1, 1996 to September 30, 1997 (12% Recommended for Emergency or Cash Flow)	\$88,368	0	\$88,368

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

Funds designated for Special Projects must go for capital projects and durable goods without significant recurring costs. Examples of projects meeting this criteria include construction and renovation of facilities and associated infrastructure; purchase of information system hardware/software and purchase of telecommunications equipment. Examples of items not meeting this criteria include grant funds for direct services such as tobacco prevention and provision of child safety seats; staff salaries; retirement obligations; rent/leases and funds held in anticipation of Medicaid paybacks and/or budget reductions. Special project amounts in "3" above should reflect the total amount of funds anticipated to be expended for special projects during the contract year. This includes funds to complete unfinished projects from previous years as well as for projects initiated during the contract year. More detailed Special Project information, including description and cost by each project, should be listed in Attachment VIII.

A cash reserve of 12 percent represents approximately six weeks of operating funds. Ongoing cash reserves in excess of 12 percent should be programmed to services.

ATTACHMENT II                      Okaloosa  
 Part II. SOURCES OF CONTRIBUTIONS TO CPHU

STATE	CPHU Trust Fund (Cash)	Other Contributions	Total
<hr/>			
1. GENERAL REVENUE			
Revenue ALG/Contributions to CPHU			
Object (Cat. 050329)			
Code			
015050 Contribution To CPHU (050329)	957,661	0	957,661
015011 Primary Care (050329/050331)	296,726	0	296,726
015065 AIDS Prev & Surveillance (050329)	30,093	0	30,093
015050 Mig Lbr Camp Sanitation (050329)	0	0	0
015050 Home Health Svc Pilot (050329)	0	0	0
015050 Immunization Outreach Teams (050329)	13,899	0	13,899
015050 Community TB Program (050329)	33,501	0	33,501
015050 Indoor Air Assist (050329)	0	0	0
015048 STD Program (050329)	0	0	0
015065 AIDS Patient Care (050026)	0	0	0
015115 School Health Serv (051106)	80,985	0	80,985
015140 School Health Suppl. (051106)	0	0	0
015124 Imp. Pregnancy Outcome (050707)	95,223	0	95,223
015124 Imp. Pregnancy Outcome (050870)	11,788	0	11,788
015137 IPO/Healthy Start (050707)	134,731	0	134,731
015137 IPO/Healthy Start (050870)	0	0	0
015123 Family Planning (050001)	75,974	0	75,974
Other General Revenue: (Specify by Object Code)			
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
<hr/>			
Total State General Revenue	1,730,581	0	1,730,581

ATTACHMENT II                      Okaloosa  
Part II. SOURCES OF CONTRIBUTIONS TO CPHU

STATE	CPHU Trust Fund (Cash)	Other Contributions	Total
-----			
2.        Other State Funds (Non General Revenue Funds)			
015121    Superact Reimbursement	0	0	0
010304    Stationary Pollutant Storage-DER	0	0	0
015026    Bio-Medical Waste (DER)	0	0	0
015029    X-Ray Inspection - Transfer	0	0	0
015029    Radioactive License Fee Transfer	0	0	0
015072    Safe Drinking Water-DER	0	0	0
Other Non General Revenue (Specify by Object Code)			
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
-----			
Total State Non General Revenue	0	0	0
3.        Federal Funds			
015049    STD Program (050329)	0	0	0
015067    Community TB (050329)	0	0	0
015084    Immunization Action Plan (050329)	62,112	0	62,112
015073    Immun/Project Field Staff (180000)	0	0	0
015127    MCH Grt. Child Health (050870)	12,549	0	12,549
015127    MCH Grt. Child Hlth (0-1), (050870)	4,861	0	4,861
015132    MCH Grt. Dental Projects (050870)	48,688	0	48,688
015133    Family Planning (050001)	50,377	0	50,377
015134    MCH Grt. IPO (050707)	34,317	0	34,317

ATTACHMENT II                      Okaloosa  
Part II. SOURCES OF CONTRIBUTIONS TO CPHU

STATE	CPHU Trust Fund (Cash)	Other Contributions	Total
015134 MCH Grt. IPO (050870)	25,432	0	25,432
015138 MCH Grt. Healthy Start (050707)	5,267	0	5,267
015138 MCH Grt. Healthy Start (050870)	13,315	0	13,315
015051 WIC Administration Transfer	546,899	0	546,899
015064 AIDS Prevention (050329)	0	0	0
015064 AIDS Surv/Serop	0	0	0
015064 Ryan White	0	0	0
015064 AIDS Epid research Study	0	0	0
015071 Water Quality Assurance	0	0	0
015071 OSHA Field Sanit Insp.	0	0	0
015058 PREV HLTH BLK GRT-Hypertension (180000)	0	0	0
015125 PREV HLTH BLK GRT-HERR (101505)	0	0	0
015063 PREV HLTH BLK GRT-Chronic Disease Init	0	0	0
015058 PREV HLTH BLK GRT-Svs to the Elderly	0	0	0
015030 PREV HLTH BLK GRT-Migrant Labor (180000)	0	0	0
015044 PREV HLTH BLK GRT-Rape Awareness	0	0	0
015045 PREV HLTH BLK GRT-Minority Wellness	0	0	0
Other Federal Funds (Specify by Object Code)	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
<b>Total Federal Funds</b>	<b>803,817</b>	<b>0</b>	<b>803,817</b>



ATTACHMENT II                      Okaloosa  
Part II.    SOURCES OF CONTRIBUTIONS TO CPHU

STATE	CPHU Trust Fund (Cash)	Other Contributions	Total
4.            Fees Assessed by State or Federal Rules or Regulations			
001091    Communicable Disease Fees	0	0	0
001092    Environmental Health Fees	61,390	0	61,390
001113    Mobile Home and Parks	11,960	0	11,960
001117    Vital Stats-Adm. Fee 50 cents	0	0	0
001132    Food Hygiene Permit	20,515	0	20,515
001133    OSDS Repair Permit	14,000	0	14,000
001134    OSDS Permit Fee	37,200	0	37,200
001135    OSDS Variance Fee	700	0	700
001136    I & M Zoned Operating Permit	300	0	300
001137    Aerobic Operating Permit	300	0	300
001138    Septic Tank Site Evaluation	40,400	0	40,400
001139    Migrant Housing Permit	0	0	0
001140    Biohazard Waste Permit	0	0	0
001141    Non-SDWA System Permit	0	0	0
001142    Non SDWA Lab Sample	0	0	0
001144    Tanning Facilities	8,575	0	8,575
001145    Swimming Pools	30,855	0	30,855
001164    Public Water Constr Permit	0	0	0
001165    Private Water Constr Permit	0	0	0
001166    Public Water Annual Oper Permit	285	0	285
015053    Bottled Water Trans Fees	0	0	0
Other State Fees (Specify by Object Code)			
	0	0	0
001026    Returned Check Ser Fees	45	0	45
010403    Fees-Copy of Public Doc	250	0	250
001170    Lab Fee Bacterial Analysis	160	0	160
001201    Research Fee-OSTDS	3,200	0	3,200
<b>Total State Fees</b>	<b>230,135</b>	<b>0</b>	<b>230,135</b>

ATTACHMENT II                      Okaloosa  
Part II. SOURCES OF CONTRIBUTIONS TO CPHU

STATE	CPHU Trust Fund (Cash)	Other Contributions	Total
<hr/>			
5.      Other Cash Contributions			
090001    Draw down from Public Health Unit Trust Fund, if any.	600,000	0	600,000
6.      Medicaid			
001056    CHU Incm:Medicd-Pharmacy	0	0	0
001080    CHU Incm:Medicd-Other	0	0	0
001081    CHU Incm:Medicd-EPSDT	21,621	0	21,621
001082    CHU Incm:Medicd-Dental	0	0	0
001083    CHU Incm:Medicd-FP	35,400	0	35,400
001084    CHU Incm:Medicd-Physician	0	0	0
001085    CHU Incm:Medicd-Nursing	0	0	0
001089    CHU Incm:Medicd-Aids	146	0	146
001191    CHU Incm: Medicaid Maternity	39,286	0	39,286
001192    CHU Incm: Medicaid Comp. Child	34,100	0	34,100
001193    CHU Incm: Medicaid Comp. Adult	58,058	0	58,058
001208    Medipass \$3.00 Adm. Fee	15,156	0	15,156
Other Medicaid (Specify by Object Code)			
001087    CHU Incm:Medicaid-STD	2,992	0	2,992
	0	0	0
	0	0	0
	0	0	0
<hr/>			
Total Medicaid	206,759	0	206,759

ATTACHMENT II                      Okaloosa  
Part II. SOURCES OF CONTRIBUTIONS TO CPHU

STATE	CPHU Trust Fund (Cash)	Other Contributions	Total
<hr/>			
7.      Allocable Revenue (Specify by Object Code)			
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
005040    Interest Earned State Investment	46,800	0	46,800
<hr/>			
Total Allocable Revenue	46,800	0	46,800

ATTACHMENT II                      Okaloosa  
Part II. SOURCES OF CONTRIBUTIONS TO CPHU

STATE	CPHU Trust Fund (Cash)	Other Contributions	Total
8. Other State Contributions not Deposited in the CPHU Trust Fund	0	0	0
State Pharmacy Services	0	117,681	117,681
State Laboratory Services	0	158,433	158,433
State TB Services	0	0	0
State Immunization Services	0	143,222	143,222
State STD Services	0	18,369	18,369
State Construction/Renovation	0	0	0
WIC Food	0	2,708,231	2,708,231
Other (Specify)	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
<b>Total Other Non Cash Contributions</b>	<b>0</b>	<b>3,145,936</b>	<b>3,145,936</b>
<b>Total State Contributions</b>	<b>3,618,092</b>	<b>3,145,936</b>	<b>6,764,028</b>

ATTACHMENT II                      Okaloosa  
Part II. SOURCES OF CONTRIBUTIONS TO CPHU

COUNTY	CPHU Trust Fund (Cash)	Other Contributions	Total
-----			
1.      Board of County Commissioners Annual Appropriation:			
008030   Grants-County Tax Direct	0	0	0
008034   Grants Cnty Commsn Other	336,627	0	336,627
2.      Fees Authorized by County Ordinance or Resolution:			
001077   Primary Care Fees	165,120	0	165,120
001093   Communicable Disease Fees	35,634	0	35,634
001094   Environmental Health Fees	0	0	0
001114   New Birth Certificates	26,000	0	26,000
001115   Death Certificates	71,452	0	71,452
001116   Computer Access Fee	1,362	0	1,362
001060   Vital Statistics Fees Other	250	0	250
Other County Fees (Specify by Object Code)			
	0	0	0
001004   Child Car Seat Prog	4,000	0	4,000
001117   Vital Stats-Adm. Fee 50 Cents	1,691	0	1,691
001074   Adult Entertainment	9,400	0	9,400
	0	0	0
-----			
Total County Fees	314,909	0	314,909

ATTACHMENT II                      Okaloosa  
Part II. SOURCES OF CONTRIBUTIONS TO CPHU

COUNTY	CPHU Trust Fund (Cash)	Other Contributions	Total
<hr/>			
3.      Other Cash and Local Contributions			
090002    Draw down from Public Health Unit Trust Fund if any: (non revenue)	0	0	0
001090    Medicare	1,500	0	1,500
008050    Grants-Cnty Sch Board Direct	49,000	0	49,000
Other Local Contributions (Specify by Object Code)			
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
<hr/>			
Total Cash and Other Local Contributions	50,500	0	50,500

ATTACHMENT II                      Okaloosa  
Part II. SOURCES OF CONTRIBUTIONS TO CPHU

COUNTY	CPHU Trust Fund (Cash)	Other Contributions	Total
4. Allocable Revenue (Specify by Object Code)			
001029 Third Party Reimbursement	0 37,515 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 37,515 0 0 0 0 0 0 0 0
005040 Interest Earned State Investment	13,200	0	13,200
----- Total County Allocable Revenue	----- 50,715	----- 0	----- 50,715
----- Total County Cash Contributions	----- 752,751	----- 0	----- 752,751

ATTACHMENT II                      Okaloosa  
Part II. SOURCES OF CONTRIBUTIONS TO CPHU

COUNTY	CPHU Trust Fund (Cash)	Other Contributions	Total
<hr/>			
5. BUILDINGS:			
Annual Rental Equivalent Value	0	578,630	578,630
Maintenance	0	55,000	55,000
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
<hr/>			
Total Buildings	0	633,630	633,630
<hr/>			
6. OTHER COUNTY CONTRIBUTIONS, NOT DEPOSITED IN THE CPHU TRUST FUND (Specify)			
Purchasing and Inventory Support	0	5,000	5,000
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
<hr/>			
Total Other Non-Cash Contributions	0	5,000	5,000
<hr/>			
Total County Contributions	752,751	638,630	1,391,381



ATTACHMENT II                      Okaloosa  
Part II.    SOURCES OF CONTRIBUTIONS TO CPHU

Summary State and County	CPHU Trust Fund (Cash)	Other Contributions	Total
Total State Contributions	3,618,092	3,145,936	6,764,028
Total County Contributions	752,751	638,630	1,391,381
GRAND TOTAL CPHU PROGRAM	4,370,843	3,784,566	8,155,409

## ATTACHMENT III

### 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, HRS Forms 946 A and B, 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 for 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 for federal financial assistance.
5. The Omnibus Budget Reconciliation Act of 1981, P.L. 97-35, which prohibits discrimination on the basis of sex and religion in programs and activities receiving or benefiting from federal financial assistance.
6. All regulations, guidelines and standards lawfully adopted under the above statutes.

The applicant agrees that compliance with this assurance constitutes a condition of continued receipt of or benefit from federal financial assistance, and that it is binding upon the applicant, its successors, transferees, and assignees for the period during which such assistance is provided. The applicant further assures that all contracts, subcontractors, subgrantees or others with whom it arranges to provide services or benefits to participants or employees in connection with any of its programs and activities are not discriminating against those participants or employees in violation of the above statutes, regulations, guidelines, and standards. In the event of failure to comply, the applicant understands that the grantor may, at its discretion, seek a court order requiring compliance with the terms of this assurance or seek other appropriate judicial or administrative relief, to include assistance being terminated and further assistance being denied.

ATTACHMENT IV  
STATE FEE SCHEDULES, BY SERVICE

<u>LEVEL OF SERVICE/SERVICE:</u>	<u>Fee</u>	<u>Estimated Annual Revenue Accruing To The CPHU Trust Fund</u>
I. <u>COMMUNICABLE DISEASE:</u>		
AIDS, HIV, Alternate Site Testing	\$20 (optional)	
	<u>Subtotal</u>	\$ <u>-0-</u>
II. <u>PRIMARY CARE:</u>		
	<u>Subtotal</u>	\$ <u>-0-</u>

ATTACHMENT IV  
STATE FEE SCHEDULES, BY SERVICE

III. ENVIRONMENTAL HEALTH:

A. ONSITE SEWAGE DISPOSAL (OSTDS) PROGRAM	Fee	Revenue Object Code
---	-----	---------------------------

The following fees are required to accompany application for site evaluations, construction or repair permits, and other services provided by the department.

Application for permitting of an onsite sewage treatment and disposal system which includes application and plan review, except repairs.....	\$ 25 X 645	001092	16,125
Site evaluation for a new system.....	\$ 60 X 660	001138	39,600
Site evaluation for a system repair.....	\$ 40 X 20	001138	800
Site re-evaluation, new or repair.....	\$ 40 X 0	001138	0
Permit for new systems, including standard subsurface, filled or mounded system.....	\$ 55 (1X 640	001134	37,200
New system installation inspection.....	\$ 55 (1X 640	001092	37,200
Research fee to be collected in addition, and concurrent with the permit for a new system installation fee until 6/30/2002.....	\$ 5 (2X 640	001201	3,200
Repair permit issuance which includes inspection.....	\$ 50 (1X 280	001133	14,000
Inspection of system previously in use.....	\$ 50 (1X 80	001092	4,000
Reinspection fee per visit for site inspections after system construction approval.....	\$ 25 X 0	001092	0
Installation reinspection of non-compliant system per each site visit.....	\$ 25 X 21	001092	525
System abandonment permit, includes permit issuance and inspection.....	\$ 40 X 20	001092	800
Annual operating permit fee for systems in industrial, manufacturing, and equivalent areas, and for systems receiving commercial sewage waste.....	\$150 X 2	001136	300
Amendments or changes to the operating permit during the permit period per change or amendment.....	\$ 25 X 0	001092	0
Aerobic treatment unit operating permit per annum.....	\$150 X 2	001137	300
Tank manufacturer's inspection per annum.....	\$100 (4X 0	001092	0
Septage disposal service permit per annum.....	\$ 50 X 12	001092	600
Additional charge per pumpout vehicle.....	\$ 25 X 11	001092	275
Portable or temporary toilet service permit per annum.....	\$ 50 X 9	001092	450
Additional charge per pumpout vehicle.....	\$ 25 X 0	001092	0
Septage stabilization facility inspection fee per annum per facility.....	\$150 X 3	001092	450
Septage disposal site evaluation fee per annum.....	\$100 X 3	001092	300
Aerobic treatment unit maintenance entity permit per annum.....	\$ 25 X 1	001092	25

Variance application for a single family residence per each lot or building site.....\$150 (3)X 2 001135 300  
 Variance application for a multi-family or commercial building per each building site.....\$200 (3)X 2 001135 400

- (1) Includes a \$5 surcharge collected by the CPHUs pursuant to construction permit issuance to be transferred to HSES to provide technical, monitoring, training and administrative assistance for this program using revenue object code 001203.
- (2) \$5 research fee to be transferred to HSES using revenue object code 001201.
- (3) 50% of the variance application fee is placed in the applicable CPHU trust fund; 50% of fee placed in a specific HSES variance account using revenue object code 001204.
- (4) 50% of the septic tank manufacturer inspection fee to be transferred to HSES to provide engineer review of septic tank designs and onsite inspections using revenue object code 001203.

The following fees are required to accompany applications for innovative product approval, registration of individuals or for a certificate of authorization for partnerships and corporations. These fees are deposited by the Onsite Sewage Program Office (HSES).

Application for innovative product approval	\$500
Application for registration including initial examination.....	\$ 75
Initial registration.....	\$ 75
Renewal of registration.....	\$ 75
Renewal of inactive registration.....	\$100
Certificate of authorization each two-year period.....	\$120
Renewal of inactive certificate of authorization.....	\$150

COLLECTED  
BY  
SHO

156,850 GROSS

B. PUBLIC SWIMMING POOLS AND BATHING PLACES	Fee		Revenue Object Code	
Annual Permits:				
Up to (and including) 25,000 gallons.....	\$ 75	(1)X	127 001145	9,525
More than 25,000 gallons.....	\$160	(1)X	133 001145	21,280
Exempted Condo Pools (over 32 units).....	\$ 50	(1)X	1 001145	50
Other Fees:				
Plan Review (New Construction).....	\$275	(2)X	0 001092	0
Plan review for modification of original construction.....	\$100	(2)X	0 001092	0
Plan/Application review fee for bathing place development.....	\$150	(2)X	0 001092	0
Initial operating permit.....	\$125	(2)X	0 001092	0
Variance Applications.....	\$240	(3)X	0 001145	0
				30,855.00

(1) Ten percent (10%) of the permit fee is transferred to HSEH to provide training, monitoring, epidemiological support, program evaluations and technical assistance. Permit fees are prorated on a biannual basis. The 10% must be coded to the Planning and Evaluation Trust Fund in the following manner:

GF = 20, SF = 2, FID = 531003, BE = 60500200, IBI = 00, OCA = K3000,  
Object Code = 001205, State Program = 0402000004, SI = RV

- (2) Fee collected by HSEH, the 12 delegated counties and District I.
- (3) Fee collected by HSEH and the CPHUs then transferred to HSEH.

C. MOBILE HOME & RECREATIONAL VEHICLE PARKS	Fee		Revenue Object Code	
Annual Permits:				
5 - 14 Spaces.....	\$50	(1) X	74 001113	3,700
15 - 171 Spaces.....	\$3.50/space	(1) X	64 001113	8,260
172 and above.....	\$600	(1) X	0 001113	0
				11,960

(1) Ten percent (10%) of the permit fee is transferred to HSEH to provide training, monitoring, epidemiological support, program evaluations and technical assistance. Permit fees are prorated on a quarterly basis. The 10% must be coded to the Administrative Trust Fund in the following manner:

GF = 10, SF = 2, FID = 021042, BE = 60500200, IBI = 00, OCA = UQ000,  
Object Code = 001113, State Program = 0402000004, SI = RV

D. MIGRANT LABOR CAMPS	Fee		Revenue Object Code	
<i>Annual Permits:</i>				
Facilities with 5-50 occupants.....	\$125 X	0	001139	0
Facilities with 51-100 occupants.....	\$225 X	0	001139	0
Facilities with over 100 residents.....	\$500 X	0	001139	0
			<u>TOTAL</u>	<u>0</u>

No fees are transferred to headquarters and the permits are not prorated.

**E. BIOMEDICAL WASTE GENERATORS**

<i>Annual Permits:</i>				
(Except Physician Office Generating less than 25 lbs./30 days).....				
Storage Facilities Permit.....	\$ 55 X	0	001140	0
Treatment Facilities Operating Permit.....	\$200 X	0	001140	0
<i>Other Fees:</i>				
Reinspection (after the first reinspection)...	\$ 25 X	0	001092	0
Late renewal.....	\$ 25 X	0	001092	0
Mobile treatment machine registration.....	\$ 25 X	0	001092	0
			<u>TOTAL</u>	<u>0</u>

No fees are transferred to headquarters and the permits are not prorated.

F. DRINKING WATER	Fee		Revenue Object Code	
<i>Annual Permits:</i>				
Public Water Annual Operation Permit- Limited Use (Annual Operation Permit First Year).....	\$ 75 (1)X	1	001166	75
Public Water Annual Operation Permit-Limited Use (Annual Operation Permit Second Year and Beyond).....	\$ 70 (1)X	3	001166	210
<i>Other Fees:</i>				
Public Water Construction Permit-Limited Use..	\$ 75 (1)X	0	001164	0
Non-SDWA Lab Sample (Sample Collection/Review of Analytical Results/Health Risk Interpretation):				
Delineated Area.....	\$ 50 X	0	001142	0
Bacterial Sample Collection.....	\$ 40 X	0	001142	0
Chemical Sample Collection.....	\$ 60 X	0	001142	0
.....Combined Chemical/Microbiological.....	\$ 65 X	0	001142	0
Private Water Construction Permit (serving 3 or 4 non-rental residences)....	\$ 40 (1)X	0	001165	0
Reinspection of Private Water System.....	\$ 25 X	0	001092	0
Reinspection of Public Water System.....	\$ 40 X	0	001092	0



Delineated Area Clearance Fee.....	\$ 50	X	0	001092	0
Lab Fee Chemical Analysis.....	\$100	(2)X	0	001170	0
Lab Fee Bacterial Analysis.....	\$ 10	(2)X	16	001170	160

**For Approved CPHUs:**

Safe Drinking Water Fee				001211	0
CPHU retains 80% of the cost and transfers 20% to DEP (DEP will bill the CPHU annually)					
Fines and Forfeitures				012020	0

**Planning and Evaluation Trust Funds:**

Potable Water Analysis Fee.....	\$10	(3)X	0	001197	0
Non-potable Water Analysis Fee.....	\$20	(3)X	0	001197	0

- (1) Ten percent (10%) of the permit fee is transferred to HSEH to provide training, monitoring, epidemiological support, program evaluations and technical assistance. Permit fees are not prorated. The 10% must be coded to the Administrative Trust Fund in the following manner:

GF = 10, SF = 2, FID = 021042, BE = 60500200, IBI = 00, OCA = UQ000,  
Object Code = 001113, State Program = 0402000004, SI = RV

- (2) Fees collected by the CPHUs on behalf of the state lab for chemical and bacterial analysis of water samples shall be deposited to Statewide Health Programs, Planning and Evaluation Trust Fund:

GF = 20, SF = 2, FID = 531003, BE = 60500200, IBI = 00,  
OCA = J5A00, Object Code = 001170, State Program = 0402030001, SI = RV

- (3) These fees are deposited to the Planning and Evaluation Trust Fund, Statewide Health Programs, using the following SAMAS account codes:

GF = 20, SF = 2, FID = 531003, BE = 60500200, IBI = 00, 445.00  
OCA = J5A00, State Program = 0402000004, SI = RV

**G. FOOD ESTABLISHMENTS**

**Annual Permits:**

	Fee			Revenue Object Code	
Fraternal/Civic.....	\$160	(1)X	24	001132	3840
School Cafeteria					
a. Operating for 9 months or less.....	\$130	(1)X	34	001132	4420
b. Operating for more than 9 months.....	\$160	(1)X	2	001132	320
Hospital/Nursing Food Service.....	\$210	(1)X	13	001132	2730
Movie Theaters.....	\$160	(1)X	6	001132	960
Jails/Prisons.....	\$210	(1)X	4	001132	840
Bars/Lounges (Drink Service Only).....	\$160	(1)X	34	001132	5440
Residential Facilities.....	\$110	(1)X	4	001132	440
Child Care Centers.....	\$ 85	(1)X	0	001132	0
Limited Food Service.....	\$ 85	(1)X	1	001132	85
Other Food Service.....	\$160	(1)X	9	001132	1440

**Other Fees:**

Plan Review.....	\$ 35/hr	X 4	001092	140
Food Worker Training.....	\$ 10	X 50	001092	500
Request For Inspection.....	\$ 40	X 0	001092	0
Reinspection (after the first reinspection)...	\$ 30	X 0	001092	0
Late renewal.....	\$ 25	X 0	001092	0
Alcoholic Beverage Inspection Approval.....	\$ 30	X 0	001092	0

21155

- (1) Ten percent (10%) of the permit fee is transferred to HSEH to provide training, monitoring, epidemiological support, program evaluations and technical assistance. Permit fees are prorated on a quarterly basis. The 10% must be coded to the Administrative Trust Fund in the following manner:

GF = 10, SF = 2, FID = 021042, BE = 60500200, IBI = 00, OCA = 10000,  
Object Code = 001132, State Program = 0402000004, SI = RV

	Fee		Revenue Object Code	
<b>H. TANNING FACILITIES</b>				
<i>Annual Permits:</i>				
License Fee.....	\$150 (1)	X 37	001144	5550
Each Additional Device.....	\$ 55	X 55	001144	3025
Total not to exceed \$315.00				
<i>Other Fees:</i>				
Late Fee.....	\$ 25	X 0	001092	0

- (1) Ten percent (10%) of the permit fee is transferred to HSEH to provide training, monitoring, epidemiological support, program evaluations and technical assistance. Permit fees are prorated on a quarterly basis. The 10% must be coded to the Administrative Trust Fund in the following manner:

GF = 10, SF = 2, FID = 021042, BE = 60500200, IBI = 00, OCA = R9000,  
Object Code = 001144, State Program = 0402000004, SI = RV

.8575

TOTAL EXPECTED REVENUE \$229,840

(NOTE: THE ABOVE FIGURES ARE BASED ON GROSS RECEIPTS ANTICIPATED AND INCLUDES ALL APPLICABLE STATE SURCHARGES. ACTUAL REVENUES ARE EXPECTED TO BE APPROXIMATELY \$19,319 LESS. SURCHARGES ARE TRANSFERRED TO STATE VIA SPECIAL OBJECT CODES.)

ATTACHMENT V  
COUNTY FEE SCHEDULES, BY SERVICE

<u>LEVEL OF SERVICE/SERVICE:</u>	<u>Fee/Range</u>	<u>Estimated Annual Revenue Accruing To The CPHU Trust Fund</u>
<b>I. <u>COMMUNICABLE DISEASE:</u></b>		
Vital Statistics:		
Birth	5.00 - 11.00	26,000
Death	7.00	71,452
Administrative Fee	.50	1,600
Computer Access Fee	2.00	1,362
Search Fee	3.00 - 60.00	250
STD	0 - 45.00	4,500
HIV TESTING	0 - 20.00	6,225
Injections	0 - 50.00	25,000
	<u>Subtotal</u>	<u>\$136,389</u>
<b>II. <u>PRIMARY CARE:</u></b>		
Menu Planning for Facilities	150.00	900
Maternity	0 - 1,600.00	2,100
P.E.	0 - 100.00	19,000
Health Cards	0 - 10.00	5,400
Laboratory	0 - 75.00	5,000
Injections	0 - 50.00	75,000
Family Planning	0 - 100.00	28,020
Chronic Disease	0 - 25.00	700
Other Clinical Services	0 - 100.00	29,000
	<u>Subtotal</u>	<u>\$165,120</u>
<b>III. <u>ENVIRONMENTAL HEALTH:</u></b>		
Adult Entertainment		9,400
	<u>Subtotal</u>	<u>\$ 9,400</u>
	<u>Total County Fees</u>	<u>\$310,909</u>

(Note: Complete listing of fees established by Board of County Commissioners on Resolution No. 95-20. The Fee Schedule may be changed at any time by approval of County Commissioners.)

ATTACHMENT VI

CLASSIFICATION AND NUMBER OF EMPLOYEES WORKING IN THE  
COUNTY PUBLIC HEALTH UNIT WHO ARE PAID BY THE  
COUNTY, BY LEVEL OF SERVICE, IF APPLICABLE

<u>LEVEL OF SERVICE/SERVICE:</u>	<u>Position Classification</u>	<u>Number</u>
I. <u>COMMUNICABLE DISEASE:</u>	N/A	
II. <u>PRIMARY CARE:</u>	N/A	
III. <u>ENVIRONMENTAL HEATLH:</u>	N/A	

ATTACHMENT VII  
FACILITIES UTILIZED BY THE CPHU

<u>Facility Description</u>	<u>Location</u>	<u>Owned By</u>
A. Kielman Complex	221 Hospital Drive, NE Ft. Walton Beach, FL 32548	County
B. Crestview Health Clinic	810 James Lee Boulevard Highway 90 East Crestview, FL 32536	County

ATTACHMENT VIII

DESCRIPTION OF USE OF PUBLIC HEALTH UNIT TRUST FUND BALANCES  
FOR SPECIAL PROJECTS, IF APPLICABLE  
(From Attachment II, Part I)

A. Special Projects using organizational code "501" -

1. This special project code is being used for the continuation and tracking of special RTS communication grant for the immunization program for a period of 18 months - \$20,000.

Total Estimated Expenditure this fiscal year - \$20,000.

B. Special Project using Organizational Code "521" -

1. Federal grant - Tobacco Prevention & Control with American Lung Association -

Total Estimated Expenditure: \$25,000

(Note: This Special Project is not utilizing the CPHU Trust Fund and is reflected on Page 18. This fund is not part of the normal CPHU operation and only passes through the Trust Fund. This is a continuation of a 3 year grant.)

C. Special Projects using Organizational Code "517" -

1. The County has approved expansion of the Crestview Facility. Anticipated square footage is 14,000 square feet. This project has crossed over following fiscal years. Anticipated expenditures for FY 96-97 - \$505,700

Total Estimated Expenditures - \$505,700

D. Special Projects using Organizational Code "518" -

1. Expansion/Renovation to 3rd floor of Ft. Walton Beach Facility of 8,000 square feet - \$325,000

Total Estimated Expenditures - \$325,000

E. Special Projects using Organizational Code "519" -

1. Automation enhancements include software upgrades, computer stations, printers, etc. - \$20,000

Total Estimated Expenditures - \$20,000

Grand Total Estimated Expenditures for ALL Special Projects: <u>\$895,700</u>
---

ATTACHMENT IX

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 CIS/HMC minimum data set and the SAMAS 2.2 requirements because of federal or state law, regulation or rule. If a county public health unit 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 HRSM 150-22. Requirements as specified in Policy 87-7-5 regarding State Health Office STD Program review and approval of personnel/budget actions.
2. Dental Health	Monthly reporting on HRSH Form 1008.
3. Special Supplemental Food Program for Women, Infants and Children.	Service documentation and monthly financial reports as specified in HRSM 150-24 and all federal, state and county requirements detailed in the program manuals and published procedures.
4. Improved Pregnancy Outcome	Requirements as specified in HRSM 150-13A. Quarterly reports of services and outcome on HRSH Form 3096. Program Quarterly Progress Report, Quarterly Summary Report, Presumptive Eligibility/Medicaid Determination Log by all providers authorized to determine presumptive eligibility.
5. Family Planning	Periodic financial and programmatic reports as specified in HRSM 150.27.

ATTACHMENT IX (Continued)

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.
7. CPHU Program  
Requirements as specified in HRSM 150-3 and HRSM 50-9.
8. Chronic Disease Program  
Requirements as specified in the Reference Guide to CHIP and HRS forms identified in HRSM 150-8 and 150-12.
9. Environmental Health  
Requirements as specified in HRSM 50-10.
10. AIDS Program  
Requirements in HRSM 150-30 and case reporting on CDC Form 50.42. Socio-demographic data on persons tested for HIV in CPHU clinics should be reported on CDC HIV Counseling & Testing Report Form. These reports are to be sent to the Headquarters AIDS office within 30 days of the initial post-test appointment regardless of clients' return.
11. School Health Services  
HRSM 150-25, including the requirement for an annual plan as a condition for funding.