CONTRACT BETWEEN ALACHUA COUNTY BOARD OF COUNTY COMMISSIONERS AND

STATE OF FLORIDA DEPARTMENT OF HEALTH FOR OPERATION OF THE ALACHUA 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 <u>Alachua</u> 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. <u>Alachua</u> 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. <u>RECITALS</u>. The parties mutually agree that the foregoing recitals are true and correct and incorporated herein by reference.
- 2. <u>TERM.</u> 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. <u>SERVICES MAINTAINED BY THE CHD</u>. 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. <u>FUNDING</u>. 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 \$ 9,858,800 (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 \$1,109,875.00 (amount listed under the "Board of County Commissioners Annual Appropriations section of the revenue attachment).
- b. Overall expenditures will not exceed available funding or budget authority, whichever is less, (either current year or from surplus trust funds) in any service category. Unless requested otherwise, any surplus at the end of the term of this 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

<u>Alachua</u> County

224 SE 24th St.

Gainesville, FL 32641

- 5. <u>CHD DIRECTOR/ADMINISTRATOR</u>. 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. <u>ADMINISTRATIVE POLICIES AND PROCEDURES</u>. 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:
 - 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 Alachua 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.
- I. 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:
 - 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. <u>FACILITIES AND EQUIPMENT</u>. 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. <u>Termination at Will</u>. 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. <u>Termination Because of Lack of Funds</u>. 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. <u>Termination for Breach</u>. 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. <u>Availability of Funds</u>. 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. <u>Contract Managers</u>. The name and address of the contract managers for the parties under this contract are as follows:

For the State:	For the County:
Randall Jarmon	Michele L. Lieberman
Name	Name
Sr. Public Health Manager	County Manager
Title	Title
224 SE 24 th St.	12 SE 1st St.
Gainesville, Fl 32641	Gainesville, FI
Address	Address

352-334-8815	<u>352-374-5204</u>
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. <u>Captions</u>. 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 <u>8</u> page contract, with its attachments as referenced, including Attachment I (two pages), Attachment II (<u>7</u> pages), Attachment III (<u>1</u> pages), Attachment IV (<u>1</u> pages), and Attachment V (<u>1</u> pages), to be executed by their undersigned officials as duly authorized effective the 1st day of October, 2019.

BOARD OF COUNTY COMMISSIONERS FOR ALACHUACOUNTY	
SIGNED BY:	SIGNED BY:
NAME:	NAME: Scott A. Rivkees, MD
TITLE:	TITLE: State Surgeon General
DATE:	DATE:
ATTESTED TO:	
SIGNED BY:	SIGNED BY:
NAME:	NAME: Paul Myers, MS
TITLE:	TITLE: CHD Director/Administrator
DATE:	DATE:

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ALACHUA 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:

	Service	Requirement
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 64-D-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.

ALACHUA 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	77907	1	251500	1030571
2.	Drawdown for Contract Year October 1, 2019 to September 30, 2020	-71487	8	696371	-18507
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	6419	3	947871	1012064

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

ALACHUA COUNTY HEALTH DEPARTMENT

		State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
1. GENE	RAL REVENUE · STATE	10000	111001,1114	100000	COMMICHICA	101111
	AIDS PATIENT CARE	210,000	0	210,000	0	210,000
015040	AIDS PREVENTION & SURVEILLANCE · GENERAL REVENUE	138,375	0	138,375	0	138,378
015040	CHD · TB COMMUNITY PROGRAM	63,468	0	63,468	0	63,468
015040	SEXUALLY TRANSMITTED DISEASE CONTROL PROGRAM GR	102,713	0	102,713	0	102,713
015040	DENTAL SPECIAL INITIATIVE PROJECTS	5,977	0	5,977	0	5,977
015040	EPIDEMIOLOGY SURVEILLANCE GENERAL REVENUE	79,035	0	79,035	0	79,035
015040	FAMILY PLANNING GENERAL REVENUE	45,464	0	45,464	0	45,464
015040	FLORIDA SPRINGS AND AQUIFER PROTECTION ACT	36,542	0	36,542	0	36,542
015040	HEPATITIS AND LIVER FAILURE PREVENTION & CONTROL	37,063	0	37,063	0	37,063
015040	PRIMARY CARE PROGRAM	685,895	0	685,895	0	685,895
015040	SCHOOL HEALTH SERVICES - GENERAL REVENUE	224,948	0	224,948	0	224,948
015040	DOH RESPONSE TO TERRORISM	73,422	0	73,422	0	73,422
015050	CHD GENERAL REVENUE NON-CATEGORICAL	1,337,146	0	1,337,146	0	1,337,146
GENERA	AL REVENUE TOTAL	3,040,048	0	3,040,048	0	3,040,048
2. NON (GENERAL REVENUE - STATE					
015010	ENVIRONMENTAL BIOMEDICAL WASTE PROGRAM	16,040	0	16,040	0	16,040
015010	CHD GENERAL REVENUE NON-CATEGORICAL	1,206,682	0	1,206,682	0	1,206,682
015010	TOBACCO STATE AND COMMUNITY INTERVENTIONS	177,453	0	177,453	0	177,453
015010	TOBACCO NON PILOT EXPENDITURES	8,000	0	8,000	0	8,000
NON GE	NERAL REVENUE TOTAL	1,408,175	0	1,408,175	0	1,408,175
B. FEDE	RAL FUNDS - STATE					
007000	AIDS SURVEILLANCE · CORE	37,584	0	37,584	0	37,584
007000	WIC BREASTFEEDING PEER COUNSELING PROG	67,951	0	67,951	0	67,951
007000	COLORECTAL CANCER SCREENING	54,763	0	54,763	0	54,763
007000	COMPREHENSIVE COMMUNITY CARDIO - PHBG	35,000	0	35,000	0	35,000
007000	IMPROVING THE HLTH OF FLORIDIANS \cdot PREVENT & MGT	32,044	0	32,044	0	32,044
007000	FAMILY PLANNING TITLE X · GRANT	121,788	0	121,788	0	121,788
007000	HPP MEDICAL LOGISTICS (MED MATERIAL MGMT & DIST)	259,065	0	259,065	0	259,065
007000	IMMUNIZATION ACTION PLAN	52,279	0	52,279	0	52,279
007000	MCH SPECIAL PRJCT UNPLANNED PREGNANCY	71,077	0	71,077	0	71,077
007000	BASE COMMUNITY PREPAREDNESS CAPABILITY	136,227	0	136,227	0	136,227
007000	BASE REGIONAL PREPAREDNESS CAPABILITY	196,727	0	196,727	0	196,727
007000	AIDS PREVENTION	510,122	0	510,122	0	510,122
007000	SEXUAL ASSAULT VICTIMS SERVICES PHBG	85,000	0	85,000	0	85,000
007000	STATE INDOOR RADON GRANT PROGRAM	4,600	0	4,600	0	4,600
007000	SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM · ED	45,502	0	45,502	0	45,502
007000	REFUGEE HEALTH SCREENING REIMBURSEMENT ADMIN	720	0	720	0	720
007000	REFUGEE HEALTH SCREENING REIMBURSEMENT SERVICES	4,000	0	4,000	0	4,000
007000	IMPROVING STD PROGRAMS	230,139	0	230,139	0	230,139
007000	FLORIDA STD SURVEILLANCE NETWORK PART A	4,551	0	4,551	0	4,551
007000	TB CONTROL PROJECT	88,287	0	88,287	0	88,287
007000	WIC PROGRAM ADMINISTRATION	2,647,389	0	2,647,389	0	2,647,389
007000 007000	FLORIDA STD SURVEILLANCE NETWORK PART A TB CONTROL PROJECT	4,551 88,287	0	4,551 88,287	0	

ALACHUA COUNTY HEALTH DEPARTMENT

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
015075 SUPPLEMENTAL SCHOOL HEALTH	380,698	0	380,698	0	380,698
015075 REFUGEE HEALTH SCREENING REIMBURSEMENT ADMIN	270	0	270	0	270
015075 REFUGEE HEALTH SCREENING REIMBURSEMENT SERVICES	1,500	0	1,500	0	1,500
018005 RYAN WHITE TITLE II ADAP DRUG REBATES	165,200	0	165,200	0	165,200
018005 AIDS DRUG ASSISTANCE PROGRAM ADMIN HQ	182,349	0	182,349	0	182,349
018005 RYAN WHITE TITLE II CARE GRANT	193,165	0	193,165	0	193,165
FEDERAL FUNDS TOTAL	5,607,997	0	5,607,997	0	5,607,997
4. FEES ASSESSED BY STATE OR FEDERAL RULES · STATE					
001020 CHD STATEWIDE ENVIRONMENTAL FEES	178,202	0	178,202	0	178,202
001092 CHD STATEWIDE ENVIRONMENTAL FEES	174,948	0	174,948	0	174,948
001206 ON SITE SEWAGE DISPOSAL PERMIT FEES	11,813	0	11,813	0	11,813
001206 SANITATION CERTIFICATES (FOOD INSPECTION)	4,869	0	4,869	0	4,869
001206 SEPTIC TANK RESEARCH SURCHARGE	1,060	0	1,060	0	1,060
001206 SEPTIC TANK VARIANCE FEES 50%	550	0	550	0	550
001206 PUBLIC SWIMMING POOL PERMIT FEES: 10% HQ TRANSFER	2,428	0	2,428	0	2,428
001206 DRINKING WATER PROGRAM OPERATIONS	270	0	270	0	270
001206 REGULATION OF BODY PIERCING SALONS	150	0	150	0	150
001206 TANNING FACILITIES	525	0	525	0	525
001206 ONSITE SEWAGE TRAINING CENTER	1,316	0	1,316	0	1,316
001206 TATTO PROGRAM ENVIRONMENTAL HEALTH	1,917	0	1,917	0	1,917
001206 MOBILE HOME & RV PARK FEES	922	0	922	0	922
FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL	378,970	0	378,970	0	378,970
5. OTHER CASH CONTRIBUTIONS · STATE:					
	0	0	0	0	0
090001 DRAW DOWN FROM PUBLIC HEALTH UNIT	714,878	0	714,878	0	714,878
OTHER CASH CONTRIBUTION TOTAL	714,878	0	714,878	0	714,878
6. MEDICAID · STATE/COUNTY:					
001057 CHD CLINIC FEES	0	155,617	155,617	0	155,617
001147 CHD CLINIC FEES	0	66,750	66,750	0	66,750
001148 CHD CLINIC FEES	0	1,561,082	1,561,082	0	1,561,082
MEDICAID TOTAL	0	1,783,449	1,783,449	0	1,783,449
7. ALLC:CABLE REVENUE · STATE:					
018000 CHD CLINIC FEES	225	0	225	0	225
031005 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES	16,000	0	16,000	0	16,000
038000 CHD STATEWIDE ENVIRONMENTAL FEES	133	0	133	0	133
ALLOCABLE REVENUE TOTAL	16,358	0	16,358	0	16,358
8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND · STATE			^	1 400 004	1 496 994
ADAP	0	0	0	1,426,384	1,426,384
PHARMACY DRUG PROGRAM	0	0	0	33,679	33,679
WIC PROGRAM	0	0	0	3,868,843	3,868,843

ALACHUA COUNTY HEALTH DEPARTMENT

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
BUREAU OF PUBLIC HEALTH LABORATORIES	0	0	0	25,521	25,52
IMMUNIZATIONS	0	0	0	633,797	633,79
OTHER STATE CONTRIBUTIONS TOTAL	0	0	0	5,988,224	5,988,22
D. DIRECT LOCAL CONTRIBUTIONS - BCC/TAX DISTRICT					
008040 CHD LOCAL REVENUE & EXPENDITURES	0	1,209,875	1,209,875	0	1,209,87
008040 WE CARE PHYSICIAN REFERRAL NETWORK - CHOICES	0	89,905	89,905	0	89,90
DIRECT COUNTY CONTRIBUTIONS TOTAL	0	1,299,780	1,299,780	0	1,299,78
0. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUN	TY				
001073 CURANT 340B REVENUE AND EXPENSE TRACKING	0	72,000	72,000	0	72,00
001077 CHD CLINIC FEES	0	327,008	327,008	0	327,0
001094 CHD LOCAL ENVIRONMENTAL FEES	0	47,087	47,087	0	47,08
001110 VITAL STATISTICS CERTIFIED RECORDS	0	267,431	267,431	0	267,4
EES AUTHORIZED BY COUNTY TOTAL	0	713,526	713,526	0	713,52
1. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY					
001029 CHD CLINIC FEES	0	421,513	421,513	0	421,5
001090 CHD CLINIC FEES	0	120,874	120,874	0	120,8
005000 CHD LOCAL REVENUE & EXPENDITURES	0	5,000	5,000	0	5,0
10300 INSPECTIONS OF SUMMER FEEDING PROGRAM · DOE	0	2,145	2,145	0	2,1
10300 STATE UNDERGROUND PETROLEUM RESPONSE ACT	0	154,144	154,144	0	154,1
010300 DOC PHARMACY INTERAGENCY AGREEMENT	0	304,735	304,735	0	304,7
10300 CHD SALE OF SERVICES IN OR OUTSIDE OF STATE GOVT	0	280,000	280,000	0	280,0
10500 CHD SALE OF SERVICES IN OR OUTSIDE OF STATE GOVT	0	45,397	45,397	0	45,3
011000 WE CARE PHYSICIAN REFERRAL NETWORK - CHOICES	0	34,553	34,553	0	34,5
011000 RUTGERS-IMPROVING STI SCREENING & TREATMENT	0	102,684	102,684	0	102,6
011000 RAYN WHITE TITLE II CONSORTIA SERVICES	0	437,862	437,862	0	437,8
011000 RAYN WHITE TITLE II CONSORTIA SERVICES	0	145,954	145,954	0	145,9
011000 RW II CONSORTIA CLIENT SERVICES	0	461,000	461,000	0	461,0
011000 CHD SALE OF SERVICES IN OR OUTSIDE OF STATE GOVT	0	35,000	35,000	0	35,0
011001 CHD SALE OF SERVICES IN OR OUTSIDE OF STATE GOVT	0	5,722	5,722	0	5,7
990002 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	-696,371	-696,371	0	-696,3
THER CASH AND LOCAL CONTRIBUTIONS TOTAL	0	1,860,212	1,860,212	0	1,860,2
2. ALLOCABLE REVENUE - COUNTY					
018000 CHD CLINIC FEES	0	225	225	0	2
031005 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES	0	16,000	16,000	0	16,0
038000 CHD STATEWIDE ENVIRONMENTAL FEES	0	133	133	0	13
OUNTY ALLOCABLE REVENUE TOTAL	0	16,358	16,358	0	16,3
B. BUILDINGS · COUNTY					
ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	0	
OTHER (Specify)	0	0	0	0	
UTILITIES	0	0	0	0	
BUILDING MAINTENANCE	0	0	0	19,467	19,4
GROUNDS MAINTENANCE	0	0	0	4,380	4,3

ALACHUA COUNTY HEALTH DEPARTMENT

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
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	23,847	23,847
14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY					
EQUIPMENT / VEHICLE PURCHASES	0	0	0	0	0
VEHICLE INSURANCE	0	0	0	12,168	12,168
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	12,168	12,168
GRAND TOTAL CHD PROGRAM	11,166,426	5,673,325	16,839,751	6,024,239	22,863,990

ALACHUA 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

				Qu	arterly Expe	nditure Plan	n			
	FTE's	Clients S	ervices/	1st	2nd	3rd	4th		13.15	Grand
	(0.00)	Units	Visits	e all-	(Whole doll	ars only)	-	State	County	Total
A. COMMUNICABLE DISEASE CONTROL:										
IMMUNIZATION (101)	14.24	16,394	19,467	244,520	285,202	285,202	244,520	285,581	773,863	1,059,44
SEXUALLY TRANS. DIS. (102)	21.24	5,736	8,435	334,072	389,654	389,654	334,073	1,194,192	253,261	1,447,45
HIV/AIDS PREVENTION (03A1)	11.61	0	4,941	173,607	202,491	202,491	173,606	680,195	72,000	752,19
HIV/AIDS SURVEILLANCE (03A2)	1.20	0	7	21,807	25,435	25,435	21,806	94,483	0	94,48
HIV/AIDS PATIENT CARE (03A3)	25.63	688	2,097	451,034	526,077	526,077	451,034	606,839	1,347,383	1,954,22
ADAP (03A4)	3.56	4	4	47,894	55,862	55,862	47,894	207,512	0	207,51
TUBERCULOSIS (104)	3.95	667	1,486	72,214	84,229	84,229	72,214	283,199	29,687	312,88
COMM. DIS. SURV. (106)	1.99	0	5,187	51,322	59,861	59,861	51,323	210,869	11,498	222,36
HEPATITIS (109)	0.71	1	1	9,747	11,368	11,368	9,747	42,230	0	42,23
PREPAREDNESS AND RESPONSE (116)	7.81	0	0	185,578	216,453	216,453	185,578	804,062	0	804,06
REFUGEE HEALTH (118)	0.09	0	0	1,645	1,918	1,918	1,645	7,126	0	7,12
VITAL RECORDS (180)	2.43	12,179	28,304	32,786	38,240	38,240	32,786	0	142,052	142,05
COMMUNICABLE DISEASE SUBTOTAL	94.46	35,669	69,929	1,626,226	1,896,790	1,896,790	1,626,226	4,416,288	2,629,744	7,046,03
B. PRIMARY CARE:										
CHRONIC DISEASE PREVENTION PRO (210)	2.34	5,513	206	41,230	48,090	48,090	41,229	93,763	84,876	178,63
WIC (21W1)	45.60	8,713	159,391	685,885	800,001	800,001	685,884	2,971,771	0	2,971,77
TOBACCO USE INTERVENTION (212)	3.59	0	0	48,164	56,177	56,177	48,163	208,681	0	208,68
WIC BREASTFEEDING PEER COUNSELING (21W2)	1.77	0	1,968	18,587	21,679	21,679	18,586	80,531	0	80,53
FAMILY PLANNING (223)	11.29	1,704	3,082	192,945	225,047	225,047	192,945	634,834	201,150	835,98
IMPROVED PREGNANCY OUTCOME (225)	0.00	0	0	0	0	0	0	0	0	
HEALTHY START PRENATAL (227)	0.14	13	76	2,037	2,376	2,376	2,038	0	8,827	8,82
COMPREHENSIVE CHILD HEALTH (229)	8.31	2,100	2,927	124,883	145,661	145,661	124,882	296,157	244,930	541,08
HEALTHY START CHILD (231)	0.00	0	0	0	0	0	0	0	0	
SCHOOL HEALTH (234)	10.05	0	88,487	163,341	190,517	190,517	163,341	707,716	0	707,71
COMPREHENSIVE ADULT HEALTH (237)	27.37	5,212	9,866	504,641	588,602	588,602	504,641	343,790	1,842,696	2,186,48
COMMUNITY HEALTH DEVELOPMENT (238)	8.31	0	134	113,671	132,584	132,584	113,671	492,510	0	492,51
DENTAL HEALTH (240)	9.48	2,124	3,533	173,409	202,260	202,260	173,410	263,221	488,118	751,33
PRIMARY CARE SUBTOTAL	128.25	25,379	269,670	2,068,793	2,412,994	2,412,994	2,068,790	6,092,974	2,870,597	8,963,57
C. ENVIRONMENTAL HEALTH:										
Water and Onsite Sewage Programs										
COSTAL BEACH MONITORING (347)	0.01	0	0	334	390	390	334	1,448	0	1,44
LIMITED USE PUBLIC WATER SYSTEMS (357)	0.26	35	682	9,806	11,437	11,437	9,805	41,200	1,285	42,48
PUBLIC WATER SYSTEM (358)	0.14	0	1,091	2,095	2,444	2,444	2,096	9,079	0	9,07
PRIVATE WATER SYSTEM (359)	1.01	0	4,213	12,481	14,557	14,557	12,481	17,301	36,775	54,07
ONSITE SEWAGE TREATMENT & DISPOSAL (361)	3.07	681	1,453	59,644	69,567	69,567	59,645	258,423	0	258,42
Group Total	4.49	716	7,439	84,360	98,395	98,395	84,361	327,451	38,060	365,51
Facility Programs										
TATTOO FACILITY SERVICES (344)	0.24	62	38	3,275	3,819	3,819	3,275	14,088	100	14,18
FOOD HYGIENE (348)	1.60	334	1,280	21,870	25,509	25,509	21,869	92,227	2,530	94,75

ALACHUA 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

Quarterly Expenditure Plan

				Qu	arterly Expe	enditure Pla	n			
	FTE's (0.00)	Clients S Units	Services/ Visits	lst	2nd (Whole dol	3rd lars only)	4th	State	County	Grand Total
BODY PIERCING FACILITIES SERVICES (349)	0.08	19	37	1,859	2,169	2,169	1,859	7,664	392	8,05
GROUP CARE FACILITY (351)	0.36	370	409	5,517	6,435	6,435	5,517	21,779	2,125	23,90
MIGRANT LABOR CAMP (352)	0.12	15	76	1,592	1,856	1,856	1,592	6,896	0	6,89
HOUSING & PUB. BLDG. (353)	0.00	0	0	0	0	0	0	0	0	
MOBILE HOME AND PARK (354)	0.14	52	96	2,088	2,435	2,435	2,089	9,014	33	9,04
POOLS/BATHING PLACES (360)	0.89	303	972	12,007	14,005	14,005	12,006	49,096	2,927	52,02
BIOMEDICAL WASTE SERVICES (364)	0.76	228	427	11,318	13,201	13,201	11,318	48,422	616	49,03
FANNING FACILITY SERVICES (369)	0.15	110	10	1,956	2,282	2,282	1,957	8,477	0	8,47
Group Total	4.34	1,493	3,345	61,482	71,711	71,711	61,482	257,663	8,723	266,38
Groundwater Contamination										
STORAGE TANK COMPLIANCE SERVICES (355)	0.00	0	0	0	0	0	0	0	0	(
SUPER ACT SERVICES (356)	1.86	123	966	29,127	33,973	33,973	29,128	0	126,201	126,20
Group Total	1.86	123	966	29,127	33,973	33,973	29,128	0	126,201	126,20
Community Hygiene										
COMMUNITY ENVIR. HEALTH (345)	0.00	0	0	0	0	0	0	0	0	
NJURY PREVENTION (346)	0.00	0	0	0	0	0	0	0	0	
EAD MONITORING SERVICES (350)	0.00	0	0	90	105	105	90	390	0	39
PUBLIC SEWAGE (362)	0.00	0	0	0	0	0	0	0	0	
SOLID WASTE DISPOSAL SERVICE (363)	0.00	0	0	138	162	162	138	600	0	60
SANITARY NUISANCE (365)	0.07	99	84	1,358	1,584	1,584	1,359	5,885	0	5,88
RABIES SURVEILLANCE (366)	0.22	598	1,627	3,672	4,284	4,284	3,672	15,912	0	15,91
ARBORVIRUS SURVEIL. (367)	0.02	0	15	875	1,020	1,020	875	3,790	0	3,790
RODENT/ARTHROPOD CONTROL (368)	0.01	0	0	141	165	165	142	613	0	613
WATER POLLUTION (370)	0.00	0	0	0	0	0	0	0	0	
NDOOR AIR (371)	0.01	0	0	334	390	390	334	1,448	0	1,44
RADIOLOGICAL HEALTH (372)	0.05	0	3	1,190	1,388	1,388	1,191	5,157	0	5,15
OXIC SUBSTANCES (373)	0.00	0	0	0	0	0	0	0	0	
Group Total	0.38	697	1,729	7,798	9,098	9,098	7,801	33,795	0	33,79
INVIRONMENTAL HEALTH SUBTOTAL	11.07	3,029	13,479	182,767	213,177	213,177	182,772	618,909	172,984	791,89
). NON-OPERATIONAL COSTS:										
NON-OPERATIONAL COSTS (599)	0.00	0	0	1,628	1,899	1,899	1,629	7,055	0	7,05
NVIRONMENTAL HEALTH SURCHARGE (399)	0.00	0	0	7,016	8,184	8,184	7,016	30,400	0	30,40
MEDICAID BUYBACK (611)	0.00	0	0	185	215	215	185	800	0	800
ION-OPERATIONAL COSTS SUBTOTAL	0.00	0	0	8,829	10,298	10,298	8,830	38,255	0	38,25
TOTAL CONTRACT	233.78	64,077	353,078	3,886,615	4,533,259	4,533,259	3,886,618	11,166,426	5,673,325	16,839,751

ALACHUA 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:

- 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.
- 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.
- 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.
- 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

Alachua County Health Department

Facilities Utilized by the County Health Department

Complete Location (Street Address, City, Zip)	Facility Description And Offical Building Name (If applicable) (Admin, Clinic, Envn Hith,	Lease/ Agreement Number	Type of Agreement (Private Lease thru State or County, other -	Complete Legal Name of Owner	SQ Feet	Employee Count (FTE/OPS/ Contract)
224 SE 24th St Gainesville, FL	etc.)		please define)			
32641	Main Clinic, Admin., EH		County	Alachua Cty BOCC	47498	272
816 SW 64th Terr., Gainesville, FL 32607	SW Clinic		County	Alachua Cty BOCC	3300	14
15530 NW US Hwy 441, Alachua 32615	Alachua Clinic	640:0349	Private	Hitchcocks & Sons	2400	8
6520 NW 18th Dr., Gainesville, FL	Warehouse Storage		County	Faye Cole Johnson	6000	2
13800 NW 152nd Pl, Alachua, FL 32615	WIC Clinic		County	Alachua Cty School Brd	1100	3
3600 NE 15th St. Gainesville, FL 32609	WIC Clinic		County	Alachua Cty School Brd	900	3
1801 N Temple Ave., Hwy 301,Starke, FL	WIC Clinic		County	Bradford BOCC	1200	6
217 NE Franklin St., Lake City, FL 32055	WIC Clinic		County	Columbia BOCC	1500	6
149 NE 241 St., Cross City, FL 32628	WIC Clinic		County	Dixle BOCC	720	5
105 NE 1st St., Trenton, FL 32693	WIC Clinic		County	Gilchrist BOCC	900	5
209 SE Central Ave., Jasper, FL 32052	WIC Clinic		County	Hamilton BOCC	600	5
140 SW Virginia Circle, Mayo, FL 32066	WIC Clinic		County	Lafayette BOCC	900	4
495 East Main St., Lake Butler, FL 32054	WIC Clinic		County	Union BOCC	1500	6
66 Main St., Bronson, FL 32621	WIC Clinic		County	Levy BOCC	720	5
915 Nobles Ferry Rd., Live Oak, FL 32054	WIC Clinic		County	Suwannee BOCC	1100	6

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 ALACHUA COUNTY HEALTH DEPARTMENT SPECIAL PROJECTS SAVINGS PLAN

CASH RESERVED OR ANTICIPATED TO BE RESERVED FOR PROJECTS

CONTRACT YEAR	<u>STATE</u>		COUNTY		TOTAL		
2018-2019*	\$	0	\$	0	\$	0	
2019-2020**	\$	0	\$	0	\$	0	
2020-2021***	\$	0	\$	0	\$	0	
2021-2022***	\$	0	\$	0	\$	0	
PROJECT TOTAL	\$	0	\$	0	\$	0	
	SPECIAL PROJECTS COM	NSTRUC	CTION/RENOVATION PLAN				
PROJECT NUMBER:							
PROJECT NAME:							
LOCATION/ADDRESS:							
PROJECT TYPE:	NEW BUILDING		ROOFING				
	RENOVATION		PLANNING STUDY	_			
	NEW ADDITION		OTHER				
SQUARE FOOTAGE:		0					
PROJECT SUMMARY: Desc	ribe scope of work in reasonabl	le detail.					
START DATE (Initial expenditure of funds)	:	_					
COMPLETION DATE:							
DESIGN FEES:	\$	0					
CONSTRUCTION COSTS:	\$	0					
FURNITURE/EQUIPMENT:	\$	0					
TOTAL PROJECT COST:	\$	Ű					

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

COST PER SQ FOOT:

^{*} Cash balance as of 9/30/19

^{**} Cash to be transferred to FCO account.

^{***} Cash anticipated for future contract years.