



# Agenda Report

2725 Judge Fran Jamieson  
Way  
Viera, FL 32940

## Consent

F.11.

10/22/2024

### Subject:

Approval, Re: Fiscal Year 2024-2025 Annual Agreement and Associated Health Department Fee Resolution between the Brevard County Board of County Commissioners and the Brevard County Health Department

### Fiscal Impact:

Fiscal Year 24-25: The impact to the General Fund will be \$616,419 for the annual appropriation.

### Dept/Office:

Housing and Human Services

### Requested Action:

It is requested that the Board of County Commissioners approve:

- The draft Annual Agreement with the State of Florida, Department of Health for the operation of the Brevard County Health Department for Fiscal Year 2024-2025;
- The Chair executing the Fiscal Year 2024-2025 Resolution establishing and revising certain fees and charges for the Brevard County Health Department and Environmental Services;
- The County Manager to execute the Fiscal Year 2024-2025 Annual Agreement upon approval from the County Attorney's Office and Risk Management;
- The County Manager to execute any future amendments or modifications to the Fiscal Year 2024-2025 Annual Agreement upon approval of the County Attorney's Office and Risk Management; and,
- Authorize the County Manager to execute any necessary budget amendments.

### Summary Explanation and Background:

The County Health Departments were created pursuant to Chapter 154F.S. 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." To assure coordination between the State and the County in the operation of the Brevard County Health Department (CHD), the State and the County enter into an annual agreement.

The agreement with the Florida Department of Health stipulates Public Health services that will be provided by the Brevard County Health Department, and identifies the County's contribution as \$616,419 (3% increase) for the costs of Public Health Services for low-income residents (includes an annual adjustment based on the Consumer Price Index for All Urban Customers: Medical Care (3.2%) or 3%, whichever is lower, as approved by the Board of County Commissioners on August 22, 2023). The agreement also sets out the County's responsibility as it relates to facilities, maintenance, and equipment, as well as environmental health fee

revenues anticipated to be received by the County Health Department. The attached Fee Resolution outlines the proposed establishment and revision of local fees and provides justification for each. Below is a summary of the changes:

**ENVIRONMENTAL HEALTH SERVICES**

- Removed the Animal Care Facility permit fee and the Animal Shelter permit fee
- Removed the Adult Congregate Living Facility fee, the Foster Home fee, and the Intermediate Care Facility fee.
- Renamed the Residential Facility (Private) fee to Group Care Facility Sanitation Inspection (fee remained the same)
- Changed Drinking Water Bacteriological Test (Not sampled by DOH) from Lab cost to Lab Cost + \$10.00
- Added a Plan Review Fee (Not covered under program/hour) from \$0.00 to \$40.00

**PRIMARY CARE SERVICES**

- Clarified that the fee for International Travel was for Vaccines/Immunizations and per vaccine
- Incorporated Section 10 (Immunizations/Vaccinations) into Section 9 to state that the charge for vaccines is the cost of the vaccine plus a fee.

The resolution also contains corrections for scrivener errors (including renumbering associated with deletions).

**Clerk to the Board Instructions:**

Please have the Chair endorse four original Brevard County Health Department contracts and two Fee Resolutions and return to the Housing and Human Services Department.

**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 the Nation

**Ron DeSantis**  
Governor

**Joseph A Ladapo, MD, PhD**  
State Surgeon General

## INTEROFFICE MEMORANDUM

**DATE:** 8/23/24

**TO:** Curtis Barker, Director  
Office of Budget and Revenue Management

**FROM:** Kristine Zonka DNP, APRN, FNP-C  
Administrator/Director  
Brevard County Health Department

**SUBJECT:** Core Contract Certification for 2024-2025

### INFORMATION ONLY

- ☐ I certify that no changes have been made to the Core Contract document or attachments by the \_\_\_\_\_ County Health Department.
- ☒ I certify that the following changes have been made to the Core Contract document or attachments by the Brevard County Health Department (requires Deputy General Counsel review and signature below):

Page	Paragraph	Document Changes
6	7.a	CHD will contribute towards the planned maintenance and improvements at the County owned facility at 2555 Judge Jamieson Way, Viera Florida. The County will take the lead on this project as contract manager and contribute \$500,000. The CHD agrees as the sole occupier of the facility, to contribute towards the cost and reimburse the County up to \$910,000

Page	Section	Attachment Changes
		(State exact changes to language or format.)

- ☒ I certify that Attachment IV is complete and lists all facilities currently utilized by the \_\_\_\_\_ County Health Department.

Signature (Administrator/Director)

Date

August 26, 2024

Signature (Deputy General Counsel)

Date

**Florida Department of Health**  
in Brevard County  
2565 Judge Fran Jamieson Way • Viera, Florida 32940  
PHONE: 321/454-7111  
**FloridaHealth.gov**



**Accredited Health Department**  
Public Health Accreditation Board



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Fax: (321) 264-6972

Kimberly.Powell@brevardclerk.us

October 23, 2024

**M E M O R A N D U M**

**TO:** Ian Golden, Housing and Human Services Director

**RE:** Item F.11., Adoption of Fiscal Year 2024-2025 Annual Agreement and Associated Health Department Fee Resolution Between the Brevard County Board of County Commissioners and Brevard County Health Department

The Board of County Commissioners, in regular session on October 22, 2024, adopted Resolution No. 24-117, establishing and revising certain fees and charges for the Brevard County Health Department and Environmental Services; approved the Annual Agreement with the State of Florida, Department of Health for the operation of the Brevard County Health Department for Fiscal Year 2024-2025; authorized the County Manager to execute the Fiscal Year 2024-2025 Annual Agreement upon approval by the County Attorney's Office and Risk Management; authorized the County Manager to execute any future amendments or modifications to the Fiscal Year 2024-2025 Annual Agreement upon approval of the County Attorney's Office and Risk Management; and authorized the County Manager to execute any necessary budget amendments. Enclosed is the fully-executed Resolutions and the executed Contracts.

**Upon execution by all parties, please return a fully-executed Contract to this office for inclusion of the minutes.**

Your continued cooperation is always appreciated.

Sincerely,

BOARD OF COUNTY COMMISSIONERS  
RACHEL M. SADOFF, CLERK

A handwritten signature in cursive script, reading "Kimberly Powell", is written over the typed name and title.

Kimberly Powell, Clerk to the Board

Encls. (6)

cc: County Manager  
County Attorney  
Risk Management  
Finance  
Budget

**RESOLUTION 24-117**

**BREVARD COUNTY, FLORIDA**

**THE FOLLOWING RESOLUTION ESTABLISHING AND REVISING CERTAIN FEES AND CHARGES FOR HEALTH AND ENVIRONMENTAL SERVICES OF THE BREVARD COUNTY HEALTH DEPARTMENT AND REPEALING PAST RESOLUTIONS INCONSISTENT WITH THIS RESOLUTION WAS ADOPTED AT THE REGULAR MEETING OF THE BOARD OF COUNTY COMMISSIONERS OF BREVARD COUNTY, FLORIDA ON THE<sup>22</sup> DAY OF OCTOBER, 2024.**

**WHEREAS**, Chapter 154, Florida Statutes, authorizes the Board of County Commissioners to establish public health service fees; and

**WHEREAS**, the Board of County Commissioners has entered into a contract with the State of Florida Department of Health, and

**WHEREAS**, the Board of County Commissioners of Brevard County, Florida, in order to support and expand existing public health services to the community at large, finds it appropriate to establish such fees and revise them as needed from time to time; and

**WHEREAS**, the current fee and service schedule is in need of revision in order to accurately reflect services and charges offered as directed under the revised Florida Administrative Code; and

**WHEREAS**, except as provided by law, fees remain in Brevard County to help offset the cost of public health services, and

**WHEREAS**, the Board of County Commissioners of Brevard County, Florida has determined that the fees and charges hereinafter specified are reasonable.

**NOW, THEREFORE, BE IT RESOLVED** that the Board of County Commissioners of Brevard County, Florida, hereby establishes the following fees for the Brevard County Health Department.

## **SECTION 1. FLORIDA DEPARTMENT OF HEALTH IN BREVARD COUNTY**

### **FEE SCHEDULE**

The schedule of fees and charges for review of the Brevard County Health Department shall henceforth be as follows:

#### **SECTION A. ENVIRONMENTAL HEALTH SERVICES**

The following Environmental Health fees are hereby adopted as authorized by State of Florida Administrative Code or Policy, unless otherwise indicated.

##### **A. Public Swimming Pools and Bathing Places**

First year annual permit is prorated semi-annually

1. Annual operating permit - up to and including 25,000 gallons
  - State fee .....\$125.00
  - BCC resolution fee.....\$100.00
  - Total fee.....\$225.00
2. Annual operating permit - more than 25,000 gallons
  - State fee .....\$250.00
  - BCC resolution fee.....\$100.00
  - Total fee.....\$350.00
3. Annual operating permit - Exempted Condo, Co-op Pools, or HOA Pools (over 32 units)
  - State fee .....\$ 50.00
  - BCC resolution fee.....\$100.00
  - Total fee.....\$150.00
4. Re-inspection (no charge for 1<sup>st</sup> reinspection, unless repeat violation(s))
  - BCC resolution fee.....\$60.00
5. Initial Operating Permit
  - State fee .....\$150.00
  - BCC resolution fee.....\$ 50.00
  - Total fee.....\$200.00
6. Exempted Condo or Co-op Pools (32 units or less)
  - BCC resolution fee.....\$100.00
7. Bathing Place Sampling Request per visit
  - BCC resolution fee.....Lab Cost + \$30.00
8. River Sampling Request per visit
  - BCC resolution fee.....Lab Cost + \$30.00

9. Late fee - (on permits paid after June 30)
  - BCC resolution fee.....\$50.00
10. Variance Request (full amount is transferred to Bureau of Water)
  - State fee .....\$300.00

**B. Mobile Home, Lodging & Recreational Vehicle Parks, & Recreational Camps**

Initial permit fees are prorated on a quarterly basis.

1. Annual permit for 5 – 25 spaces
  - State fee .....\$100.00
  - BCC resolution fee.....\$ 75.00
  - Total fee.....\$175.00
2. Annual permit for 26 – 149 spaces
  - State fee per space.....\$ 4.00
  - BCC resolution fee.....\$ 75.00
3. Annual permit for 150 and above spaces
  - State fee .....\$600.00
  - BCC resolution fee.....\$ 75.00
  - Total fee.....\$675.00
4. Re-Inspection fee (no charge for 1st re-inspection, unless repeat violation(s))
  - BCC resolution fee.....\$60.00
5. Late fee (on permits paid after October 1)
  - BCC resolution fee.....\$ 50.00

**C. Migrant Labor Camps**

No Proration

1. Annual permit for facilities with 5 to 50 occupants
  - State fee .....\$125.00
2. Annual permit for facilities with 51 – 100 occupants
  - State fee .....\$225.00
3. Annual permit for facilities with over 100 occupants
  - State fee .....\$500.00
4. Re-Inspection Fee (no charge for first re-inspection)

- BCC resolution fee.....\$60.00
- 5. Late Fee (on permits paid after October 1)
  - BCC resolution fee.....\$50.00

**D. Biomedical Waste**

State owned and operated facilities are exempt from permit fees.

No Proration

1. Initial permit - Biomedical Waste Generators, Storage or Treatment
  - State fee .....\$ 85.00
  - BCC resolution fee.....\$ 20.00
  - Total fee.....\$105.00
2. Renewal of annual permit (except exempt generator producing less than 25 lbs/30 days) postmarked by October 1
  - State fee .....\$ 85.00
  - BCC resolution fee.....\$ 20.00
  - Total fee.....\$105.00
3. Renewal of annual permit (except exempt generator producing less than 25 lbs/30 days) postmarked after October 1
  - State fee .....\$105.00
  - BCC resolution fee.....\$ 40.00
  - Total fee.....\$145.00
4. Initial Transporter Registration (includes one truck)
  - State fee .....\$85.00
5. Initial Registration of Each Additional Truck
  - State fee .....\$10.00
6. Annual Transporter Registration Renewal (includes one truck) postmarked by 10/01
  - State fee .....\$85.00
7. Annual Transporter Registration Renewal (includes one truck postmarked after 10/01
  - State fee .....\$105.00
8. Annual Registration of Each Additional Truck
  - State fee .....\$10.00
9. Re-Inspection Fee (no charge for 1st re-inspection, unless repeat violation(s))
  - BCC resolution fee.....\$60.00
10. Exemption verification inspection (triennial)
  - BCC resolution fee.....\$50.00



## **E. Tanning Facilities**

Initial permit. Fees are prorated on a quarterly basis

1. Annual operating permit (with one device)
  - State fee .....\$150.00
  - State fee for each additional device.....\$ 55.00
  - BCC resolution fee.....\$ 25.00
2. Late fee (on permits paid after October 1)
  - State fee .....\$25.00
  - BCC resolution fee.....\$25.00
3. Maximum license fee that can be charged for tanning a facility
  - State fee .....\$315.00
  - BCC resolution fee.....\$ 25.00
  - Total Maximum license fee that can be charged.....\$340.00
4. Re-inspection fee (no charge after 1st re-inspection, unless repeat violation(s))
  - BCC resolution fee.....\$60.00
5. Plan Review Fee (For New Facilities or Modifications)
  - BCC resolution fee.....\$40.00

## **F. Body Piercing**

Fees are prorated on a quarterly basis – Initial permit only

1. Initial permit
  - State fee .....\$150.00
  - BCC resolution fee.....\$ 20.00
  - Total fee.....\$170.00
2. Temporary Establishment permit
  - State fee .....\$ 75.00
  - BCC resolution fee.....\$ 20.00
  - Total fee.....\$ 95.00
3. Annual Renewal License Fee
  - State fee .....\$150.00
  - BCC resolution fee.....\$ 20.00
  - Total fee.....\$170.00
4. Late fee (on permits paid after October 1)
  - State fee .....\$100.00
5. Re-Inspection fee (no charge after 1st re-inspection, unless repeat violation(s))
  - BCC resolution fee.....\$ 60.00

**G. Tattooing**  
No Proration

1. Initial Establishment License
  - State fee .....\$200.00
  - BCC resolution fee.....\$ 20.00
  - Total fee.....\$220.00
2. Temporary Establishment License
  - State fee .....\$200.00
  - BCC resolution fee.....\$ 20.00
  - Total fee.....\$220.00
3. Annual Establishment Renewal License
  - State fee .....\$200.00
  - BCC resolution fee.....\$ 20.00
  - Total fee.....\$220.00
4. Tattoo Artist License
  - State fee .....\$60.00
  - BCC resolution fee.....\$10.00
  - Total fee.....\$70.00
5. Tattoo Artist Renewal License
  - State fee .....\$60.00
  - BCC resolution fee.....\$10.00
  - Total fee.....\$70.00
6. Guest Tattoo Artist Registration State fee .....\$35.00
7. Guest Tattoo Artist Re-registration
  - State fee .....\$35.00
8. Reactivation Tattoo Establishment License (Late Fee)
  - State fee .....\$75.00
9. Reactivation of Tattoo Artist License (Late Fee)
  - State fee .....\$25.00
  - BCC resolution fee.....\$25.00
  - Total fee.....\$50.00
10. Re-Inspection fee (no charge for 1st re-inspection, unless repeat violation(s))
  - BCC resolution fee.....\$60.00

## H. Food Service

Initial permit fees are prorated on a quarterly basis

1. Annual Permit for Fraternal/Civic organizations
  - State fee .....\$190.00
  - BCC resolution fee.....\$ 40.00
  - Total fee.....\$230.00
2. Annual permit for School Cafeteria: operating for 9 months or less  
(Requiring 3 routine inspections)
  - State fee .....\$170.00
  - BCC resolution fee.....\$ 20.00
  - Total fee.....\$190.00
3. Annual Permit School Cafeteria: operating for more than 9 months  
(Requiring 4 routine inspections)
  - State fee .....\$200.00
  - BCC resolution fee.....\$ 20.00
  - Total fee.....\$220.00
4. Movie Theater Inspection
  - State fee .....\$190.00
  - BCC resolution fee.....\$ 40.00
  - Total fee.....\$230.00
5. Annual Permit for Detention Facility
  - State fee .....\$250.00
6. Annual Permit for Bars/Lounges (Drink Service Only)
  - State fee .....\$190.00
  - BCC resolution fee.....\$ 40.00
  - Total fee.....\$230.00
7. Annual permit for Community Based Residential Facilities
  - State fee .....\$135.00
  - BCC resolution fee.....\$ 40.00
  - Total fee.....\$175.00
8. Annual permit for Limited Food Service Operation
  - State fee .....\$110.00
9. Annual permit Other Food Service
  - State fee .....\$190.00
  - BCC resolution fee.....\$ 40.00
  - Total fee.....\$230.00
10. Annual permit for Catering Service
  - State fee .....\$180.00

11. Annual permit for Mobile Food Unit  
– State fee .....\$180.00
12. Annual permit for Vending Machine dispensing  
Time/Temperature Control for Food Safety  
– State fee .....\$85.00
13. Annual permit for multiple food operations operating in the same building  
– State fee .....\$300.00
14. Plan Review for New Facilities (fee per hour)  
– State fee .....\$40.00  
– BCC resolution fee.....\$35.00
15. Plan Review for Modifications Only (fee per hour)  
– State fee .....\$40.00  
– BCC resolution fee.....\$10.00
16. Food Worker Training (per person)  
– State fee .....\$10.00
17. Request for Inspection  
– State fee .....\$40.00
18. Re-inspection Fee (no charge for first re-inspection)  
– State fee .....\$75.00
19. Late fee (on permits paid after October 1)  
– State fee .....\$25.00  
– BCC resolution fee.....\$25.00  
Total fee.....\$50.00
20. Alcoholic Beverage Inspection Approval  
– State fee .....\$30.00
21. Temporary event at a DOH permitted food establishment with a  
sponsor without an existing sanitation certificate  
– State fee .....\$100.00  
– BCC resolution fee.....\$ 20.00  
Total fee.....\$120.00
22. Temporary Event at a DOH permitted food establishment with a  
vendor or booth without an existing sanitation certificate  
– State fee (each vendor or booth) .....\$50.00
23. Temporary Event when the DOH permitted food establishment is the  
sponsor.  
– BCC resolution fee.....\$60.00

24. Temporary Event when the DOH permitted food establishment is the sponsor and the vendor or booth holds a food license issued by another State Agency
  - BCC resolution fee (each vendor or booth).....\$10.00
25. Annual operating permit for Afterschool Meal Program
  - State fee.....\$170.00
26. Annual operating permit for Prescribed Pediatric Extended Care Center
  - State fee.....\$110.00
27. Annual operating permit for concession stand
  - State fee.....\$100.00

**I. Onsite Sewage Treatment and Disposal Systems – OSTDS (Septic Tanks)**

No Proration (except OSTDS Service – prorated quarterly for initial permit only)

1. Application fee – includes application and plan review for new systems (including holding tanks but not including new performance-based treatment systems).
  - State fee .....\$100.00
  - BCC resolution fee.....\$ 15.00
  - Total fee.....\$115.00
2. Application and approval for existing system (does not include system inspection)
  - State fee .....\$ 35.00
  - BCC resolution fee.....\$ 35.00
  - Total fee.....\$ 60.00
3. Application and Existing System evaluation for Repairs and modifications)/Inspection of existing system
  - State fee .....\$ 50.00
4. Application for permitting of a new Performance-Based Treatment System
  - State fee .....\$125.00
5. Site evaluation
  - State fee .....\$115.00
6. Site re-evaluation
  - State fee .....\$50.00

7. Permit for a new system or system repair
  - State fee .....\$ 55.00
  - State research and training surcharge fee.....\$ 5.00
  - BCC resolution fee.....\$135.00
  - Total fee.....\$195.00
8. Permit for modification of a system
  - State fee .....\$ 55.00
  - BCC resolution fee.....\$135.00
  - Total fee.....\$190.00
9. Permit for holding tank (s)
  - State fee .....\$ 55.00
  - State research fee.....\$ 5.00
  - Total fee.....\$ 60.00
10. Initial system inspection
  - State fee .....\$ 75.00
  - BCC resolution fee.....\$ 10.00
  - Total fee.....\$ 85.00
11. Mound stabilization inspection fee
  - BCC resolution fee.....\$ 25.00
12. Excavation inspection fee
  - BCC resolution fee.....\$ 10.00
13. Re-inspection fee per each non-compliance re-inspection
  - State fee .....\$ 50.00
  - BCC resolution fee.....\$ 25.00
  - Total fee.....\$ 75.00
14. System abandonment permit (includes permit issuance and inspection)
  - State fee .....\$ 50.00
  - BCC resolution fee.....\$ 20.00
  - Total fee.....\$ 70.00
15. Annual operating permit fee for systems in Industrial Manufacturing and equivalent areas, and for systems receiving commercial waste
  - State fee .....\$150.00
16. Amendments or changes to the operating permit during the permit period per change or amendment
  - State fee .....\$ 50.00

17. Aerobic treatment unit operating Permit (every 2 years)
  - State fee .....\$100.00
  - BCC resolution fee.....\$ 50.00
  - Total fee.....\$150.00
18. Biennial operating permit fee for performance-based treatment systems. A prorated fee is to be charged, beginning with second year of operation
  - State fee .....\$100.00
  - BCC resolution fee.....\$ 50.00
  - Total fee.....\$150.00
19. Review of application due to proposed amendments or changes after initial operating permit issuance for a performance-based treatment system
  - State fee .....\$75.00
20. Septic tank manufacturer's inspection per year
  - State fee .....\$100.00
  - BCC resolution fee.....\$ 75.00
  - Total fee.....\$175.00
21. Septic disposal service permit (annual)
  - State fee .....\$ 75.00
  - BCC resolution fee.....\$100.00
  - Total fee.....\$175.00
22. Portable or temporary toilet service permit (annual)
  - State fee .....\$ 75.00
  - BCC resolution fee.....\$100.00
  - Total fee.....\$175.00
23. Additional charge per pump-out vehicle as it relates to items 21 and 22 above
  - State fee .....\$ 35.00
  - BCC resolution fee.....\$ 25.00
  - Total fee.....\$ 60.00
24. Septage stabilization facility inspection fee per year
  - State fee .....\$150.00
25. Septage disposal site evaluation fee per year
  - State fee .....\$200.00
26. Aerobic treatment unit maintenance entity annual permit
  - State fee .....\$ 25.00
  - BCC resolution - each additional unit or component.....\$ 10.00

27. Variance application for a single-family residence per each lot or building site (State variance)
  - State fee .....\$200.00
  - BCC resolution fee.....\$100.00
  - Total fee.....\$300.00
28. Variance application for a multi-family or commercial building per each building site (State variance)
  - State fee .....\$300.00
  - BCC resolution fee.....\$125.00
  - Total fee.....\$425.00
29. Block Density Review for Brevard County Code Requirements
  - BCC resolution fee.....\$90.00
30. Land Development Application review fee
  - BCC resolution fee.....\$50.00
31. Late Fees for Delinquent Onsite Sewage Operating Permits
  - BCC resolution fee.....\$50.00
32. Scheduling Fee – Voluntary requests  
Pre-Scheduling of inspection times by appointment
  - BCC resolution fee.....\$30.00

**J. Drinking Water**

Initial permit fee prorated on a quarterly basis for Community and Commercial systems constructed prior to 1/1/1993 only.

1. Initial construction permit for Community Commercial, and Family Day Care systems constructed on or after 1/1/1993 (includes first year of operation)
  - State fee .....\$90.00
  - BCC resolution fee.....\$30.00
  - Total fee.....\$120.00
2. Annual permit for Community and Commercial Systems (prorated for change of ownership after March 31<sup>st</sup>)
  - State fee .....\$90.00
  - BCC resolution fee.....\$30.00
  - Total fee.....\$120.00
3. Multi-Family Water System Construction Permit
  - State fee .....\$75.00



4. Initial operating permit for Community and Commercial systems constructed prior to 01/01/1993 (construction permit not required) (prorated after March 31<sup>st</sup>)
  - State fee .....\$90.00
  - BCC resolution fee.....\$30.00
  - Total fee.....\$120.00
  
5. Non-SDWA Lab Sample (Sample collection/Review of analytical results / Health risk interpretation):
  - Microbiological Sample Collection
    - State fee .....\$50.00
    - BCC resolution fee.....Lab Cost + \$10.00
  - Chemical Sample Collection
    - State fee .....\$60.00
    - BCC resolution fee.....Lab Cost + \$10.00
  - Combined Microbiological and Chemical Collection
    - State fee .....\$70.00
    - BCC resolution fee.....Lab Cost + \$10.00
  
6. Re-Inspection of Multi-family water system
  - State fee .....\$40.00
  - BCC resolution fee.....\$20.00
  - Total fee.....\$60.00
  
7. Re-inspection of Limited Use Public water system
  - State fee .....\$40.00
  - BCC resolution fee.....\$20.00
  - Total fee.....\$60.00
  
8. Delineated Area clearance fee
  - State fee .....\$50.00
  
9. Limited use commercial Public Water system registration or re-registration
  - State fee .....\$15.00
  
10. Annual operating permit - Family Day Care establishment (prorated for change of ownership after March 31<sup>st</sup>)
  - State fee .....\$30.00
  
11. Initial operating permit for Family Day Care establishment constructed prior to 01/01/1993. (Construction permit not required) (prorated after March 31<sup>st</sup>)
  - State fee .....\$30.00

12. SDWA Lab Sample (Sample collection/Review of Analytical Results / Health risk interpretation):

Microbiological water sampling per site visit

- BCC resolution fee.....Lab Cost + \$50.00

Chemical water sampling per site visit

- BCC resolution fee.....Lab Cost + \$60.00

Combined Microbiological and Chemical Collection per site visit

- BCC resolution fee.....Lab Cost + \$70.00

13. Chemical sampling per site visit for delineated areas

- BCC resolution fee.....Lab Cost + \$60.00

14. Late Fee (on permits paid after October 1)

- BCC resolution fee.....\$50.00

15. Re-registration exemption for commercial systems due to any change in business activity or upon change of system ownership

- State fee (operation).....\$ 90.00
- State fee (registration exemption) .....\$ 15.00
- BCC resolution fee.....\$ 30.00
- Total fee.....\$135.00

16. Annual registration exemption fee

- BCC resolution fee.....\$20.00

**K. Miscellaneous Program Facilities**

No Proration

1. Adult Entertainment fee (no bar)

- BCC resolution fee.....\$35.00

2. Other Public Building fee

- BCC resolution fee.....\$40.00

3. Re-Inspection fee (no charge for first re-inspection, unless repeat violation(s))

- BCC resolution fee.....\$60.00

**L. Group Care and Residential Facilities**

No Proration (public schools, colleges, and universities are exempt from state fees)

1. Group Care Facility Sanitation Inspection

- BCC resolution fee.....\$35.00

2. Re-Inspection fee (no charge for first re-inspection)
  - BCC resolution fee.....\$50.00

**M. Well Construction Program – St. Johns River Water Management District**

1. Public Well Construction permit (D.E.P. 62-555)
  - BCC resolution fee.....\$300.00
2. Public Well Construction permit (D.O.H. Limited Use 64E-8)
  - BCC resolution fee.....\$200.00
3. Private Residential Potable Well and Alternative Emergency Use Well Construction Permit
  - BCC resolution fee.....\$150.00
4. Irrigation Well Construction Permit
  - BCC resolution fee.....\$75.00
5. Monitoring Well Construction Permits
  - BCC resolution fee (for one) .....\$50.00
  - BCC resolution fee (for 2 – 10 on same property) .....\$100.00
6. Well Abandonment Permit
  - BCC resolution fee.....\$35.00
7. Re-inspection for construction inspection or Reinvestigation of Complaint
  - BCC resolution fee.....\$50.00
8. Late Fee / No Application for Public Well Construction D.E.P. 62-555 (Includes permit fee)
  - BCC resolution fee.....\$600.00
9. Late Fee / No Application for Public Well Construction D.O.H. Limited Use 64E-8 (Includes permit fee)
  - BCC resolution fee..... \$400.00
10. Late Fee / No Application for Portable Well Construction And Alternative Emergency Use Wells (Includes permit fee)
  - BCC resolution fee..... \$300.00
11. Late Fee / No Application for Irrigation Well Construction (Includes permit fee)
  - BCC resolution fee..... \$150.00
12. Late Fee / No Application for Monitoring Well Construction (for one) (Includes permit fee)
  - BCC resolution fee..... \$100.00

13. Late Fee / No Application for Monitoring Well Construction  
(2 to 10 on same property) (Includes permit fee)
  - BCC resolution fee ..... \$200.00
14. Late Fee / No Application for Well Abandonment  
(Includes permit fee)
  - BCC resolution fee..... \$70.00
15. Drinking Water Bacteriological Test (not sampled by D.O.H)
  - BCC resolution fee.....\$ \$10 + Lab Cost
16. Well Variance Request
  - BCC resolution fee.....\$150.00
17. Requested Site evaluation
  - BCC resolution fee.....\$50.00
18. Emergency Well Permit
  - BCC resolution fee.....\$25.00
19. Late fee for completion report submitted 60 days after construction
  - BCC resolution fee.....\$10.00
20. Late fee for completion report submitted >30 after permit expiration
  - BCC resolution fee.....\$15.00

## **N. Other Services**

1. Review and revision of Plot Plan or Septic Plan for commercial sites,  
single-family residence, private mobile home installations or septic installs.
  - BCC resolution fee.....\$30.00
2. Permit reviews for house decks, screen enclosures, glass rooms,  
car ports canopies, sheds, pools and related structures
  - BCC resolution fee.....\$30.00
3. Water to air (HVAC) plan review
  - BCC resolution fee.....\$20.00
4. Copying of Public Records
  - BCC resolution fee (per page) .....\$0.25
5. Processing fee for application when a client can submit application  
electronically
  - BCC resolution fee.....\$25.00

6. Plan Review Fee – Not Covered under a Program/per hour  
– BCC resolution fee.....\$40.00

## **SECTION B. PRIMARY CARE SERVICES**

### **A. Primary Care Services:**

1. Acute/Episodic Illness - Primary care services will be charged on a fee-for-service basis using the current Medicare fee schedule for each service unless otherwise indicated. The fee will be derived by considering the type of visit, the client sliding fee group based on Federal OMB Guidelines, and the current Medicare rate. Medicaid insurance will be accepted as full payment.
2. Family Planning - The fee will be derived by considering the type of visit, the client sliding fee group based on Federal OMB Guidelines, and the current Medicare rate unless otherwise indicated. Medicaid insurance will be accepted as full payment.
3. Well Child Services - The fee will be derived by considering the client sliding fee group, which is calculated at eligibility determination, based on Federal OMB Guidelines. The fee group will be applied to the rate established by the Medicare program unless otherwise indicated. Medicaid insurance will be accepted as full payment.
4. Maternity Services - The fee will be derived by considering the client sliding fee group, which is calculated at eligibility determination, based on Federal OMB Guidelines. Clients who are presumed eligible will receive continued prenatal care through delivery and postpartum care. Eligible uninsured Prenatal care clients will be placed on a self-pay global maternity payment package. Medicaid insurance will be accepted as full payment.
5. Dental Services - The fee is based on the Medicare rate unless otherwise indicated. Brevard County residents between the ages of 4 -18 who do not have insurance will qualify for the Uninsured Pediatric Dental Care program. The Adult Indigent Dental Program is available for eligible adult visits.
6. Pharmacy – The Brevard County Health Department does not operate an in-house retail Pharmacy.
7. P.A.T.H. (Primary Access to Health) services, in collaboration with Space Coast Volunteers in Medicine, are available to indigent adults who are uninsured and whose income meets the eligibility guidelines. These services are available at specific locations during specific days and times on an appointment basis.

### **B. Flat Fee Services**

Services that do not appear on the Medicaid fee schedule are assigned a flat fee. These services are itemized below:

1. Initial/Annual Family Planning Package (Includes visit, contraception method and basic lab) .....\$175.00
2. Initial/Annual Family Planning Package (Includes visit, Condoms and basic lab).....\$40.00
3. Supply Visit for Family Planning (Includes visit and contraception method).....\$60.00
4. Pregnancy test and Counseling..... \$25.00
5. STD (Sexually Transmitted Diseases) screening w/ Urine Test..... \$40.00
6. TB Screening Test and Assessment for pre-employment, continued employment or school/college/university entry requirement. This includes the screening assessment form (if indicated) or the Tuberculin (TB) skin test, with reading, Nurse counseling, education and follow up (if needed)...\$30.00
7. Laboratory specimen collection draw fee (Lab Only Visits), per patient.....\$12.00
8. Tuberculosis (TB) Sputum Culture for suspected, confirmed or symptomatic contact or case.....No Charge
9. Vaccines/Immunizations: International Travel, Adult and Non VFC Vaccinations  
The charge is based upon the sum of a and b below:
  - a. Vaccine administration, counseling and education fees per vaccine, per person, per visit .....\$27.00
  - b. Actual Cost of vaccine (vaccine cost(s) can vary throughout the year)
10. Required Immunizations for eligible children up to age 18 -  
From VFC (Vaccine For Children) stock.....No Charge
11. Administrative fees for Vaccine Certification Form 680 (with vaccines)....No Charge  
Administrative fees for Vaccine Certification Form 680 (without vaccines)....\$ 10.00  
Administrative fees for Vaccine Exemption Form 681.....\$ 10.00
12. Global Maternity Package for eligible self-pay patients
 

Prenatal visits, labs, ultrasound.....	\$1,000.00
Delivery.....	\$ 848.00
Post partum visit.....	<u>\$ 52.00</u>

Total.....\$1,900.00

### **SECTION C - VITAL STATISTICS**

1. Birth Certificates:
  - State fee.....\$ 9.00
  - Fee pursuant to BCC Resolution.....\$ 3.00
  - Total Fee for Birth Certificates.....\$12.00
2. Additional Copies of Birth Certificates when ordered at the same time
  - State fee.....\$ 4.00
  - Fee pursuant to BCC Resolution.....\$ 8.00
  - Total Fee for Additional Copies of Birth Certificates.....\$12.00
3. Death Certificates - Certified Copy
  - State fee.....\$ 5.00
  - Fee pursuant to BCC Resolution.....\$ 7.00
  - Total Fee for Death Certificate .....\$12.00
4. Additional copies of Death Certificates when ordered at the same time
  - a. State fee.....\$ 4.00
  - b. Fee pursuant to BCC Resolution.....\$ 8.00
  - Total Fee for Additional Copies of Death Certificates.....\$12.00
5. On-line processing, overnight mail, expedite fee
  - Fee pursuant to BCC Resolution.....\$ 30.00
6. Birth or Death Certificate protective covers
  - Fee pursuant to BCC Resolution.....\$ 2.00
7. Notary Public Fee
  - Fee pursuant to BCC Resolution.....\$ 10.00

#### **D. Records:**

1. Copying of Medical Record (per one sided copy).....\$0.15
2. Copying of Medical Record (per two sided copy).....\$0.20
3. Certified copy of Medical Record, per page.....\$1.00

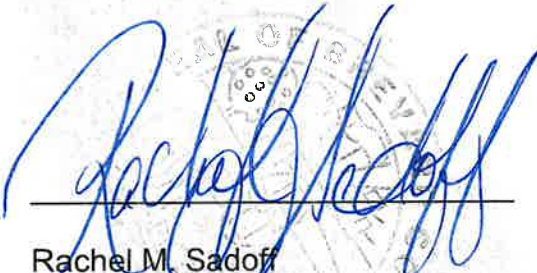
4. Copying of Public Record (per page).....\$0.25

**BE IT FURTHER RESOLVED** that Resolution Number 24-117 and all other resolutions or parts of resolutions in conflict herewith by establishing fees inconsistent with those established herein, are hereby appealed. All fees established herein shall go into effect immediately.


DONE, ORDERED AND ADOPTED, in regular session, this 22 day of October, 2024.

ATTEST:

BOARD OF COUNTY COMMISSIONERS  
BREVARD COUNTY, FLORIDA



Rachel M. Sadoff  
Clerk of the  
Board of County Commissioners  
of Brevard County, Florida

BY:   
Jason Steele  
Chairperson

Review for legal form and content

By: \_\_\_\_\_  
L. Becky Behl-Hill, Esq.  
Assistant County Attorney

Approved by the Board 10/22/2024.



**CONTRACT BETWEEN  
BREVARD COUNTY BOARD OF COUNTY COMMISSIONERS  
AND  
STATE OF FLORIDA DEPARTMENT OF HEALTH  
FOR OPERATION OF THE  
BREVARD COUNTY HEALTH DEPARTMENT  
CONTRACT YEAR 2024-2025**

This contract is made and entered into between the State of Florida, Department of Health ("State"), and the Brevard County Board of County Commissioners ("County"), through their undersigned authorities, effective October 1, 2024. State and County are jointly referred to as the "parties".

**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 the "promotion of the public's health, the control and eradication of preventable diseases, and the provision of primary health care for special populations."

C. Brevard 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 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 is 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, 2024, through September 30, 2025, or until a written contract replacing this contract is entered into between the parties, whichever is later, unless this contract is otherwise terminated according to the termination provisions outlined in paragraph 8. below.

3. SERVICES MAINTAINED BY THE CHD. The parties mutually agree that the CHD shall provide those services as outlined in Part III of Attachment II hereof, 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 that are organized and operated to protect the health of the general public by monitoring and regulating activities in the environment that 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 that protect the health of the general public through the detection, control, and eradication of diseases that 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 outlined 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 \$ 11,512,837 *(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 \$ 616,419 *(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 the 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 or decrease, the CHD will revise Attachment II and send a copy of the revised pages to the County and the State's Office of Budget and Revenue Management. If the County initiates the increase or decrease, the County shall notify the CHD in writing. The CHD will then revise Attachment II and send a copy of the revised pages to the State's 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  
Brevard County Health Department  
2565 Judge Fran Jamieson Way  
Viera, Florida 32940

5. CHD DIRECTOR or ADMINISTRATOR. Both parties agree the director or 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 State's Deputy Secretary for County Health Systems. The director or administrator shall be selected by the State with the concurrence of the County. The director or 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 outlined in subparagraph b., below. All CHD employees shall be State or State-contract personnel subject to State personnel laws, 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 purchasing contract has been implemented for those goods or services. In such cases, the CHD director or 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 following 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 following the Generally Accepted Accounting Principles, as promulgated by the Governmental Accounting Standards Board, and the requirements of federal or state law. These records shall be maintained as

required by the State's 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 is 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 System; and
- 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; and
- iii. Financial procedures specified in the State's Accounting Procedures Manuals, Accounting memoranda, and Comptroller's memoranda; and
- 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 Brevard County.

e. That any surplus or 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 or 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 or deficit funds accruing to the State and County is determined each month and at the contract year-end. Surplus funds may be applied toward the funding requirements of each party 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 that clearly illustrates the amount which has been credited to each party. 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 or administrator determines that an emergency exists wherein a time delay would endanger the public's health and the State's Deputy Secretary for County Health Systems have approved the transfer. The State's 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 certified public accountant 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, as revised, and may be in conjunction with audits performed by the County government. If audit exceptions are found, then the director or 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 five years after termination of this contract. If an audit has been initiated and audit findings have not been resolved at the end of five years, the records shall be retained until the resolution of the audit findings.

k. The CHD shall maintain the 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 State's 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 concerning 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.

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 right to a fair hearing to the final governing authority of the CHD. 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 Compliance and Non-Discrimination 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; and
- 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 State's 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 are delayed due to circumstances beyond the CHD's control:

- i. March 1, 2025, for the reporting period of October 1, 2024, through December 31, 2024; and
- ii. June 1, 2025, for the reporting period of October 1, 2024, through March 31, 2025; and
- iii. September 1, 2025, for the reporting period of October 1, 2024 through June 30, 2025; and
- iv. December 1, 2025, for the reporting period of October 1, 2024 through September 30, 2025.

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.

CHD will contribute towards the planned maintenance and improvements at the County owned facility at 2555 Judge Jamieson Way, Viera Florida. The County will take the lead on this project as contract manager and contribute \$500,000. The CHD agrees as the sole occupier of the facility, to contribute towards the cost and reimburse the County up to \$910,000.

- b. The County shall ensure adequate fire and casualty insurance coverage for County-owned CHD offices and buildings and 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 180 calendar days' notice in writing to the other party unless a lesser time is mutually agreed upon in writing by both parties.

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 24 hours' notice.

c. Termination for Breach. This contract may be terminated by either party for a material breach of an obligation hereunder, upon no less than 30 days' notice. Waiver of a 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 CHD fiscal year beginning July 1, 2024, it is agreed that the performance and payment under this contract are contingent upon an annual appropriation by the Legislature, under section 287.0582, Florida Statutes.

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

For the State:

Kristine Zonka DNP, APRN, FNP-C

Title

Administrator/Health Officer

2565 Judge Fran Jamieson Way

Viera, FL 32940

Address

Kristine.Zonka@flhealth.gov

Email Address

321 454-7111

Telephone

For the County:

Frank Abbate

Title

County Manager

2725 Judge Fran Jamieson Way

Viera, FL 32940

Address

Frank.Abbate@Brevardfl.gov

Email Address

321 633-2115

Telephone



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

d. Notices. Any notices provided under this contract must be delivered by certified mail, return receipt requested, in person with proof of delivery, or by email to the email address of the respective party identified in Section 9.b., above.

In WITNESS THEREOF, the parties hereto have caused this 8 page contract, with its attachments as referenced, including Attachment I (two pages), Attachment II (6 pages), Attachment III (1 pages), Attachment IV (1 pages), and Attachment V (1 pages), to be executed by their undersigned officials as duly authorized effective the 1st day of October 2024.

**BOARD OF COUNTY COMMISSIONERS  
FOR BREVARD COUNTY**

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

SIGNED BY: Frank Abbate

NAME: Frank Abbate

TITLE: County Manager

DATE: OCT 22 2024

ATTESTED TO:

SIGNED BY: Rachel M. Sadoff

NAME: Rachel M. Sadoff

TITLE: Clerk

DATE: OCT 25 2024

Reviewed for Legal form and content

BY: \_\_\_\_\_

L. Becky Behl-Hill, Esq  
Assistant County Attorney

SIGNED BY: \_\_\_\_\_

NAME: Joseph A. Ladapo, M.D., Ph.D.

TITLE: State Surgeon General

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

SIGNED BY: Kristine Zonka

NAME: Kristine Zonka, DNP, APRN, FNP-C

TITLE: CHD Director or Administrator

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

As approved by the Board 10/22/2024.



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

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**BOARD OF COUNTY COMMISSIONERS  
FOR BREVARD COUNTY**

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

SIGNED BY: \_\_\_\_\_

NAME: Frank Abbate

TITLE: County Manager

DATE: OCT 22 2024

SIGNED BY: \_\_\_\_\_

NAME: Joseph A. Ladapo, M.D., Ph.D.

TITLE: State Surgeon General

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

ATTESTED TO: \_\_\_\_\_

SIGNED BY: \_\_\_\_\_

NAME: Rachel M. Sadoff

TITLE: Clerk

DATE: OCT 25 2024

SIGNED BY: \_\_\_\_\_

NAME: Kristine Zonka, DNP, APRN, FNP-C

TITLE: CHD Director or Administrator

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

Reviewed for Legal form and content

BY: \_\_\_\_\_

L. Becky Behl-Hill, Esq  
Assistant County Attorney

As approved by the Board 10/22/2024.

**ATTACHMENT I**  
**BREVARD 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**  
**BREVARD 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 09/30/24	3151207	413764	3564971
2. Drawdown for Contract Year October 1, 2024 to September 30, 2025	0	-1218405	-1218405
3. Special Capital Project use for Contract Year October 1, 2024 to September 30, 2025	0	-910000	-910000
4. Balance Reserved for Contingency Fund October 1, 2024 to September 30, 2025	3151207	-1714641	1436566

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

## ATTACHMENT II

### BREVARD COUNTY HEALTH DEPARTMENT

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

October 1, 2024 to September 30, 2025

	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	69,954	0	69,954	0	69,954
015040 CHD - TB COMMUNITY PROGRAM	101,257	0	101,257	0	101,257
015040 DENTAL SPECIAL INITIATIVE PROJECTS	6,303	0	6,303	0	6,303
015040 FAMILY PLANNING GENERAL REVENUE	351,975	0	351,975	0	351,975
015040 PRIMARY CARE PROGRAM	531,511	0	531,511	0	531,511
015040 RACIAL & ETHNIC DISPARITIES - CHD EXPENSES	52,000	0	52,000	0	52,000
015040 SCHOOL HEALTH SERVICES	475,772	0	475,772	0	475,772
015050 CHD GENERAL REVENUE NON-CATEGORICAL	4,947,708	0	4,947,708	0	4,947,708
<b>GENERAL REVENUE TOTAL</b>	<b>6,636,480</b>	<b>0</b>	<b>6,636,480</b>	<b>0</b>	<b>6,636,480</b>
<b>2. NON GENERAL REVENUE - STATE</b>					
015010 ENVIRONMENTAL BIOMEDICAL WASTE PROGRAM	20,052	0	20,052	0	20,052
015010 TOBACCO STATE & COMMUNITY HEALTHY BABY	10,000	0	10,000	0	10,000
<b>NON GENERAL REVENUE TOTAL</b>	<b>30,052</b>	<b>0</b>	<b>30,052</b>	<b>0</b>	<b>30,052</b>
<b>3. FEDERAL FUNDS - STATE</b>					
007000 AIDS DRUG ASSISTANCE PROGRAM ADMIN HQ	134,367	0	134,367	0	134,367
007000 BREAST & CERVICAL CANCER - ADMIN/CASE MANAGEMENT	92,863	0	92,863	0	92,863
007000 WIC BREASTFEEDING PEER COUNSELING PROG	86,737	0	86,737	0	86,737
007000 COASTAL BEACH WATER QUALITY MONITORING	7,781	0	7,781	0	7,781
007000 COMPREHENSIVE COMMUNITY CARDIO - PHBG	35,000	0	35,000	0	35,000
007000 ELC COVID ENHANCED DETECTION EXPANSION GRANT	254,160	0	254,160	0	254,160
007000 FAMILY PLANNING TITLE X - GRANT	318,137	0	318,137	0	318,137
007000 PUBLIC HLTH INFRASTRUCTURE & WORKFORCE/CENTRAL 1	259,852	0	259,852	0	259,852
007000 IMMUNIZATION & VACCINES CHILDREN COVID 19 RESPON	181,440	0	181,440	0	181,440
007000 INFANT MORTALITY	41,584	0	41,584	0	41,584
007000 IMMUNIZATION ACTION PLAN	95,285	0	95,285	0	95,285
007000 MATERNAL MORTALITY	41,584	0	41,584	0	41,584
007000 MCH SPECIAL PROJECTS DENTAL	9,340	0	9,340	0	9,340
007000 BASE COMMUNITY PREPAREDNESS CAPABILITY	128,732	0	128,732	0	128,732
007000 BASE PUB HLTH SURVEILLANCE & EPI INVESTIGATION	237,860	0	237,860	0	237,860
007000 CRI MEDICAL COUNTERMEASURES DISPENSING	85,205	0	85,205	0	85,205
007000 AIDS PREVENTION	79,498	0	79,498	0	79,498
007000 RYAN WHITE TITLE II CARE GRANT	36,121	0	36,121	0	36,121
007000 WIC PROGRAM ADMINISTRATION	2,524,409	0	2,524,409	0	2,524,409
015075 SCHOOL HEALTH SERVICES	156,446	0	156,446	0	156,446
015075 REFUGEE HEALTH SCREENING REIMBURSEMENT ADMIN	6,480	0	6,480	0	6,480
015075 REFUGEE HEALTH SCREENING REIMBURSEMENT SERVICES	29,520	0	29,520	0	29,520
<b>FEDERAL FUNDS TOTAL</b>	<b>4,842,401</b>	<b>0</b>	<b>4,842,401</b>	<b>0</b>	<b>4,842,401</b>
<b>4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE</b>					
001020 CHD STATEWIDE ENVIRONMENTAL FEES	390,553	0	390,553	0	390,553
001092 ON SITE SEWAGE DISPOSAL PERMIT FEES	1,030,000	0	1,030,000	0	1,030,000

# ATTACHMENT II

## BREVARD COUNTY HEALTH DEPARTMENT

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

October 1, 2024 to September 30, 2025

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
001092 CHD STATEWIDE ENVIRONMENTAL FEES	8,600	0	8,600	0	8,600
001206 ON SITE SEWAGE DISPOSAL PERMIT FEES	70,300	0	70,300	0	70,300
001206 SANITATION CERTIFICATES (FOOD INSPECTION)	10,000	0	10,000	0	10,000
001206 SEPTIC TANK RESEARCH SURCHARGE	13,000	0	13,000	0	13,000
001206 SEPTIC TANK VARIANCE FEES 50%	6,000	0	6,000	0	6,000
001206 PUBLIC SWIMMING POOL PERMIT FEES-10% HQ TRANSFER	14,000	0	14,000	0	14,000
001206 DRINKING WATER PROGRAM OPERATIONS	2,000	0	2,000	0	2,000
001206 REGULATION OF BODY PIERCING SALONS	3,020	0	3,020	0	3,020
001206 TANNING FACILITIES	3,000	0	3,000	0	3,000
001206 ONSITE SEWAGE TRAINING CENTER	1,225	0	1,225	0	1,225
001206 TATTO PROGRAM ENVIRONMENTAL HEALTH	7,000	0	7,000	0	7,000
001206 MOBILE HOME & RV PARK FEES	6,000	0	6,000	0	6,000
<b>FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL</b>	<b>1,564,698</b>	<b>0</b>	<b>1,564,698</b>	<b>0</b>	<b>1,564,698</b>
<b>5. OTHER CASH CONTRIBUTIONS - STATE:</b>					
031005 STATE UNDERGROUND PETROLEUM RESPONSE ACT	700	0	700	0	700
031005 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES	242,284	0	242,284	0	242,284
031005 MIGRANT LABOR HOUSING INSPECTION H-2A PROGRAM	400	0	400	0	400
090001 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	0	0	0	0
<b>OTHER CASH CONTRIBUTION TOTAL</b>	<b>243,384</b>	<b>0</b>	<b>243,384</b>	<b>0</b>	<b>243,384</b>
<b>6. MEDICAID - STATE/COUNTY:</b>					
001057 CHD CLINIC FEES	0	354,940	354,940	0	354,940
001148 CHD CLINIC FEES	0	1,225,112	1,225,112	0	1,225,112
<b>MEDICAID TOTAL</b>	<b>0</b>	<b>1,580,052</b>	<b>1,580,052</b>	<b>0</b>	<b>1,580,052</b>
<b>7. ALLOCABLE REVENUE - STATE:</b>					
001004 CHD STATEWIDE ENVIRONMENTAL FEES	900	0	900	0	900
038000 CHD LOCAL ENVIRONMENTAL FEES	50	0	50	0	50
<b>ALLOCABLE REVENUE TOTAL</b>	<b>950</b>	<b>0</b>	<b>950</b>	<b>0</b>	<b>950</b>
<b>8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE</b>					
ADAP	0	0	0	1,323,655	1,323,655
PHARMACY DRUG PROGRAM	0	0	0	23,204	23,204
WIC PROGRAM	0	0	0	10,717,030	10,717,030
BUREAU OF PUBLIC HEALTH LABORATORIES	0	0	0	67,479	67,479
IMMUNIZATIONS	0	0	0	639,421	639,421
<b>OTHER STATE CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>12,770,789</b>	<b>12,770,789</b>
<b>9. DIRECT LOCAL CONTRIBUTIONS - BCC/TAX DISTRICT</b>					
008005 CHD LOCAL REVENUE & EXPENDITURES	0	616,419	616,419	0	616,419
<b>DIRECT COUNTY CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>616,419</b>	<b>616,419</b>	<b>0</b>	<b>616,419</b>
<b>10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY</b>					
001077 CHD CLINIC FEES	0	330,378	330,378	0	330,378
001094 CHD LOCAL ENVIRONMENTAL FEES	0	1,201,667	1,201,667	0	1,201,667

# ATTACHMENT II

## BREVARD COUNTY HEALTH DEPARTMENT

### Part II, Sources of Contributions to County Health Department October 1, 2024 to September 30, 2025

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
001110 VITAL STATISTICS CERTIFIED RECORDS	0	700,000	700,000	0	700,000
<b>FEES AUTHORIZED BY COUNTY TOTAL</b>	0	2,232,045	2,232,045	0	2,232,045
<b>11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY</b>					
001029 CHD CLINIC FEES	0	133,119	133,119	0	133,119
001029 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES	0	30,000	30,000	0	30,000
001090 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES	0	3,000	3,000	0	3,000
005000 CHD CLINIC FEES	0	100	100	0	100
008050 SCHOOL HEALTH CLINICS FUNDED BY SCHOOL BOARD	0	5,108,431	5,108,431	0	5,108,431
010300 STATE UNDERGROUND PETROLEUM RESPONSE ACT	0	8,000	8,000	0	8,000
010300 MIGRANT LABOR HOUSING INSPECTION H-2A PROGRAM	0	800	800	0	800
010400 VITAL STATISTICS CERTIFIED RECORDS	0	80	80	0	80
010400 CHD SALE OF SERVICES IN OR OUTSIDE OF STATE GOVT	0	19,000	19,000	0	19,000
011000 UNITED WAY CONTRACTS WITH CHDS	0	79,000	79,000	0	79,000
011001 CHD HEALTHY START COALITION CONTRACT	0	81,000	81,000	0	81,000
011001 NURSE FAMILY PARTNERSHIP	0	80,000	80,000	0	80,000
090002 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	1,218,405	1,218,405	0	1,218,405
<b>OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL</b>	0	6,760,935	6,760,935	0	6,760,935
<b>12. ALLOCABLE REVENUE - COUNTY</b>					
001004 CHD STATEWIDE ENVIRONMENTAL FEES	0	900	900	0	900
038000 CHD LOCAL ENVIRONMENTAL FEES	0	50	50	0	50
<b>COUNTY ALLOCABLE REVENUE TOTAL</b>	0	950	950	0	950
<b>13. BUILDINGS - COUNTY</b>					
ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	0	0
OTHER (Specify)	0	0	0	0	0
UTILITIES	0	0	0	0	0
BUILDING MAINTENANCE	0	0	0	528,000	528,000
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	528,000	528,000
<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>	13,317,965	11,190,401	24,508,366	13,298,789	37,807,155

**ATTACHMENT II**

**BREVARD COUNTY HEALTH DEPARTMENT**

**Part III, Planned Staffing, Clients, Services and Expenditures By Program Service Area Within Each Level of Service**  
**October 1, 2024 to September 30, 2025**

	Quarterly Expenditure Plan				1st	2nd	3rd	4th	State	County	Grand
	FTEs (0.00)	Clients Units	Services/ Visits	(Whole dollars only)							
A. COMMUNICABLE DISEASE CONTROL:											
IMMUNIZATION (101)	3.78	2,759	3,443	243,736	208,929	243,736	212,382	623,954	284,829	908,783	
SEXUALLY TRANS. DIS. (102)	5.37	1,171	1,563	117,586	100,795	117,586	102,461	0	438,428	438,428	
HIV/AIDS PREVENTION (03A1)	1.62	0	0	39,997	34,285	39,997	34,852	149,131	0	149,131	
HIV/AIDS SURVEILLANCE (03A2)	1.29	0	0	29,536	25,318	29,536	25,737	110,127	0	110,127	
HIV/AIDS PATIENT CARE (03A3)	3.13	0	0	78,823	67,567	78,823	68,684	214,897	79,000	293,897	
ADAP (03A4)	3.19	1	247	58,560	50,198	58,560	51,027	218,345	0	218,345	
TUBERCULOSIS (104)	3.66	57	1,746	79,363	68,030	79,363	69,155	265,980	29,931	295,911	
COMM. DIS. SURV. (106)	6.72	0	1,651	187,715	160,909	187,715	163,568	699,907	0	699,907	
HEPATITIS (109)	0.00	0	0	0	0	0	0	0	0	0	
PREPAREDNESS AND RESPONSE (116)	3.98	0	0	107,437	92,094	107,437	93,616	400,584	0	400,584	
REFUGEE HEALTH (118)	3.44	449	1,365	62,302	53,405	62,302	54,286	232,295	0	232,295	
VITAL RECORDS (180)	5.59	19,284	65,074	106,253	91,079	106,253	92,585	0	396,170	396,170	
COMMUNICABLE DISEASE SUBTOTAL	41.77	23,721	75,089	1,111,308	952,609	1,111,308	968,353	2,915,220	1,228,358	4,143,578	
B. PRIMARY CARE:											
CHRONIC DISEASE PREVENTION PRO (210)	0.68	0	0	17,076	14,638	17,076	14,880	63,609	61	63,670	
WIC (21W1)	38.71	14,141	119,234	818,548	701,656	818,548	713,253	3,048,553	3,452	3,052,005	
TOBACCO USE INTERVENTION (212)	0.12	0	0	3,238	2,776	3,238	2,821	12,062	11	12,073	
WIC BREASTFEEDING PEER COUNSELING (21W2)	1.97	0	4,368	28,552	24,475	28,552	24,880	106,283	176	106,459	
FAMILY PLANNING (223)	25.39	2,624	5,080	559,138	479,291	559,138	487,212	1,800,638	284,141	2,084,779	
IMPROVED PREGNANCY OUTCOME (225)	25.07	1,530	9,248	632,668	542,321	632,668	551,284	1,141,407	1,217,534	2,358,941	
HEALTHY START PRENATAL (227)	0.01	781	2,270	267	229	267	232	0	995	995	
COMPREHENSIVE CHILD HEALTH (229)	0.02	0	0	593	508	593	516	0	2,210	2,210	
HEALTHY START CHILD (231)	0.25	6,895	16,090	6,514	5,584	6,514	5,677	0	24,289	24,289	
SCHOOL HEALTH (234)	116.16	0	1,314,577	2,002,396	1,716,440	2,002,396	1,744,818	2,232,254	5,233,802	7,466,056	
COMPREHENSIVE ADULT HEALTH (237)	6.68	872	1,078	148,115	126,964	148,115	129,063	92,863	459,394	552,257	
COMMUNITY HEALTH DEVELOPMENT (238)	2.69	0	5	102,698	88,032	102,698	89,487	294,852	88,063	382,915	
DENTAL HEALTH (240)	9.31	3,872	6,509	210,484	180,426	210,484	183,407	15,643	769,158	784,801	
PRIMARY CARE SUBTOTAL	227.06	30,715	1,478,459	4,530,287	3,883,346	4,530,287	3,947,530	8,808,164	8,083,286	16,891,450	
C. ENVIRONMENTAL HEALTH:											
Water and Onsite Sewage Programs											
COSTAL BEACH MONITORING (347)	0.46	846	846	10,257	8,793	10,257	8,938	7,791	30,454	38,245	
LIMITED USE PUBLIC WATER SYSTEMS (357)	0.57	154	872	15,973	13,692	15,973	13,920	14,163	45,395	59,558	
PUBLIC WATER SYSTEM (358)	0.07	0	0	1,597	1,369	1,597	1,393	1	5,955	5,956	
PRIVATE WATER SYSTEM (359)	3.10	6	6,564	72,692	62,312	72,692	63,342	527	270,511	271,038	
ONSITE SEWAGE TREATMENT & DISPOSAL (361)	23.55	10,918	20,113	534,206	457,919	534,206	465,487	1,030,842	960,976	1,991,818	
Group Total	27.75	11,924	28,395	634,725	544,085	634,725	553,080	1,053,324	1,313,291	2,366,615	
Facility Programs											
TATTOO FACILITY SERVICES (344)	0.70	697	158	16,276	13,951	16,276	14,182	52,016	8,669	60,685	
FOOD HYGIENE (348)	2.19	321	1,205	49,996	42,856	49,996	43,564	53,650	132,762	186,412	



**ATTACHMENT II**  
**BREVARD COUNTY HEALTH DEPARTMENT**

**Part III, Planned Staffing, Clients, Services and Expenditures By Program Service Area Within Each Level of Service**  
**October 1, 2024 to September 30, 2025**

	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)	0.11	27	28	3,001	2,573	3,001	2,616	3,503	7,688	11,191
GROUP CARE FACILITY (351)	0.22	89	146	5,610	4,809	5,610	4,888	5	20,912	20,917
MIGRANT LABOR CAMP (352)	0.19	48	128	4,689	4,020	4,689	4,087	404	17,081	17,485
HOUSING & PUB. BLDG. (353)	0.09	0	0	2,339	2,005	2,339	2,039	2	8,720	8,722
MOBILE HOME AND PARK (354)	0.65	163	375	15,260	13,081	15,260	13,296	40,015	16,882	56,897
POOLS/BATHING PLACES (360)	3.05	772	2,660	68,500	58,718	68,500	59,688	155,570	99,836	265,406
BIOMEDICAL WASTE SERVICES (364)	1.36	655	555	30,578	26,211	30,578	26,644	95,083	18,928	114,011
TANNING FACILITY SERVICES (369)	0.19	35	97	4,346	3,725	4,346	3,786	5,004	11,199	16,203
<b>Group Total</b>	<b>8.75</b>	<b>2,797</b>	<b>5,352</b>	<b>200,595</b>	<b>171,949</b>	<b>200,595</b>	<b>174,790</b>	<b>405,252</b>	<b>342,677</b>	<b>747,929</b>
<b>Groundwater Contamination</b>										
STORAGE TANK COMPLIANCE SERVICES (355)	0.02	0	0	592	507	592	515	1	2,205	2,206
SUPER ACT SERVICES (356)	0.26	7	211	5,528	4,738	5,528	4,816	706	19,904	20,610
<b>Group Total</b>	<b>0.28</b>	<b>7</b>	<b>211</b>	<b>6,120</b>	<b>5,245</b>	<b>6,120</b>	<b>5,331</b>	<b>707</b>	<b>22,109</b>	<b>22,816</b>
<b>Community Hygiene</b>										
COMMUNITY ENVIR. HEALTH (345)	0.65	0	35	13,788	11,819	13,788	12,013	15	51,393	51,408
INJURY PREVENTION (346)	0.00	0	0	0	0	0	0	0	0	0
LEAD MONITORING SERVICES (350)	0.01	0	0	453	388	453	394	0	1,688	1,688
PUBLIC SEWAGE (362)	0.51	0	0	10,310	8,837	10,310	8,983	12	38,428	38,440
SOLID WASTE DISPOSAL SERVICE (363)	0.00	0	0	0	0	0	0	0	0	0
SANITARY NUISANCE (365)	0.83	1,022	2,547	20,786	17,817	20,786	18,112	19	77,482	77,501
RABIES SURVEILLANCE (366)	0.03	0	0	970	832	970	846	1	3,617	3,618
ARBORVIRUS SURVEIL. (367)	0.02	0	0	383	328	383	334	0	1,428	1,428
RODENT/ARTHROPOD CONTROL (368)	0.01	0	0	204	174	204	177	0	759	759
WATER POLLUTION (370)	0.22	0	0	5,200	4,458	5,200	4,531	5	19,384	19,389
INDOOR AIR (371)	0.02	0	0	522	447	522	454	0	1,945	1,945
RADIOLOGICAL HEALTH (372)	0.04	0	0	1,222	1,048	1,222	1,065	1	4,556	4,557
TOXIC SUBSTANCES (373)	0.00	0	0	0	0	0	0	0	0	0
<b>Group Total</b>	<b>2.34</b>	<b>1,022</b>	<b>2,582</b>	<b>53,838</b>	<b>46,148</b>	<b>53,838</b>	<b>46,909</b>	<b>53</b>	<b>200,680</b>	<b>200,733</b>
<b>ENVIRONMENTAL HEALTH SUBTOTAL</b>	<b>39.12</b>	<b>15,750</b>	<b>36,540</b>	<b>895,278</b>	<b>767,427</b>	<b>895,278</b>	<b>780,110</b>	<b>1,459,336</b>	<b>1,878,757</b>	<b>3,338,093</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	36,273	31,093	36,273	31,606	135,245	0	135,245
MEDICAID BUYBACK (611)	0.00	0	0	0	0	0	0	0	0	0
<b>NON-OPERATIONAL COSTS SUBTOTAL</b>	<b>0.00</b>	<b>0</b>	<b>0</b>	<b>36,273</b>	<b>31,093</b>	<b>36,273</b>	<b>31,606</b>	<b>135,245</b>	<b>0</b>	<b>135,245</b>
<b>TOTAL CONTRACT</b>	<b>307.95</b>	<b>70,186</b>	<b>1,590,088</b>	<b>6,573,146</b>	<b>5,634,475</b>	<b>6,573,146</b>	<b>5,727,599</b>	<b>13,317,965</b>	<b>11,190,401</b>	<b>24,508,366</b>

### ATTACHMENT III

#### BREVARD COUNTY HEALTH DEPARTMENT

#### CIVIL RIGHTS COMPLIANCE AND NON-DISCRIMINATION CERTIFICATE

1. The CHD 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.
2. The CHD assures that it will comply with 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.
3. Assurance of Civil Rights Compliance: The CHD hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.); Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.); Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794); the Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.); Title II and Title III of the Americans with Disabilities Act (ADA) of 1990, as amended by the ADA Amendment Act of 2008 (42 U.S.C. 12131-12189) and as implemented by Department of Justice regulations at 28 CFR Parts 35 and 36; Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency" (August 11, 2000); all provisions required by the implementing regulations of the U.S. Department of Agriculture (7 CFR Part 15 et seq.); and FNS directives and guidelines to the effect that no person shall, on the ground of race, color, national origin, age, sex, or disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity for which the agency receives Federal financial assistance from FNS; and hereby gives assurance that it will immediately take measures necessary to effectuate this agreement.

By providing this assurance, the CHD agrees to compile data, maintain records and submit records and reports as required to permit effective enforcement of the nondiscrimination laws, and to permit Department personnel during normal working hours to review and copy such records, books and accounts, access such facilities, and interview such personnel as needed to ascertain compliance with the non-discrimination laws. If there are any violations of this assurance, the Department of Agriculture shall have the right to seek judicial enforcement of this assurance.

This assurance is given in consideration of and for the purpose of obtaining any and all Federal financial assistance, grants, and loans of Federal funds, reimbursable expenditures, grant or donation of Federal property and interest in property, the detail of Federal personnel, the sale and lease of, and the permission to use Federal property or interest in such property or the furnishing of services without consideration or at a nominal consideration, or at a consideration that is reduced for the purpose of assisting the recipient, or in recognition of the public interest to be served by such sale, lease, or furnishing of services to the recipient, or any improvements made with Federal financial assistance extended to the Program applicant by USDA. This includes any Federal agreement, arrangement, or other contract that has as one of its purposes the provision of cash assistance for the purchase of food, and cash assistance for purchase or rental of food service equipment or any other financial assistance extended in reliance on the representations and agreements made in this assurance. This assurance is binding on the CHD, its successors, transferees, and assignees as long as it receives or retains possession of any assistance from the Department. The person or persons whose signatures appear below are authorized to sign this assurance on the behalf of the CHD.

4. Confidentiality of Data, Files, and Records: The CHD agrees to restrict the use and disclosure of confidential USDA, Women, Infant, and Children (WIC) applicant and participant information as specified in 7 CFR § 246.26(d)(1)(i) in accordance with 7 CFR § 246.26(d)(1)(ii), as applicable.

**Attachment IV**  
**Fiscal Year - 2024 - 2025**  
**Brevard 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/</b> <b>Agreement</b> <b>Number</b>	<b>Type of</b> <b>Agreement</b> (Private Lease thru State or County, other - please define)	<b>Complete</b> <b>Legal Name</b> <b>of Owner</b>	<b>SQ</b> <b>Feet</b>	<b>Employee</b> <b>Count</b> (FTE/OPS/ Contract)
Administrative Headquarters 2565 Judge Fran Jamieson Way Viera, Florida 32940	Facility (Administration, Admin Services, Epidemiology, Vital Statistics, School Health, Public Health Preparedness) Viera Administration etc.)	n/a	- State Owned Building -County Land Lease 20 Years - 12/12/2006	-Building - State of Florida Board of County Commissioners	25,513	58
Melbourne Health Facility 601 East University Blvd Melbourne, FL 32901	Clinic (Maternity, Dental, Family Planning, WIC, Community Health)	4703	Lease between State of Florida DEP and DOH 50 Years - 01/11/2013	State of Florida Department of Environmental Protection	12,850	40
Titusville Health Facility 611 Singleton Avenue Titusville, FL 32796	Clinic (Maternity, Dental, Family Planning, WIC, Community Health)	n/a	County Owned	Brevard County Board of County Commissioners	15,900	27
Viera Health Facility 2555 Judge Fran Jamieson Way Viera, FL 32940	Clinic (Maternity, Dental, Family Planning, WIC, Community Health)	n/a	County Owned	Brevard County Board of County Commissioners	53,900	78
Environmental Health 2725 Judge Fran Jamieson Way Viera, FL 32940	Brevard County Government Center Building A	n/a	County Owned	Brevard County Board of County Commissioners	5,600	32
The County will maintain the structures and grounds of all non- State public health facilities. The Health Department will provide routine maintenance, custodial service and alarm services to those facilities fully occupied by the Brevard County Health Department.						
The Health Department will provide lawn care for the Viera Health and CMS Facilities and the Melbourne Health Facility. To the extent budget allows, the County will provide improvement, expansion, land or replacement of any facility determined to be inadequate.						

**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  
BREVARD 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>
2023-2024*	\$ 0	\$ 0	\$ 0
2024-2025**	\$ 0	\$ 910000	\$ 910000
2025-2026***	\$ 0	\$ 0	\$ 0
2026-2027***	\$ 0	\$ 0	\$ 0
PROJECT TOTAL	\$ 0	\$ 910000	\$ 910000

**SPECIAL PROJECTS CONSTRUCTION/RENOVATION PLAN**

PROJECT NUMBER: 72205100

PROJECT NAME: Brevard (Viera) CHD - 2nd Floor Build Out

LOCATION/ADDRESS: Brevard (Viera) CHD -2555 Judge Fran Jamieson Way, Viera Florida 32940

PROJECT TYPE: NEW BUILDING        ROOFING       

RENOVATION        PLANNING STUDY       

NEW ADDITION        OTHER        X

SQUARE FOOTAGE: 5000

PROJECT SUMMARY: *Describe scope of work in reasonable detail.*  
Build-out of approximately 5000 square feet of vacant shell space on the second floor of the Brevard County Health Department - Viera facility. This expansion will provide office and training space located in the Central County area. This project will allow for greater staff accessibility to training space ultimately impacting program improvement to services provided to the residents of Brevard County.

START DATE (Initial expenditure of funds) 10/1/2024

COMPLETION DATE: 6/30/2025

DESIGN FEES: \$ TBD

CONSTRUCTION COSTS: \$ TBD

FURNITURE/EQUIPMENT: \$ 0

TOTAL PROJECT COST: \$ 910000

COST PER SQ FOOT: \$ 182

**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 9/30/24

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

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

**RESOLUTION \_\_\_\_\_**

**BREVARD COUNTY, FLORIDA**

**THE FOLLOWING RESOLUTION ESTABLISHING AND REVISING CERTAIN FEES AND CHARGES FOR HEALTH AND ENVIRONMENTAL SERVICES OF THE BREVARD COUNTY HEALTH DEPARTMENT AND REPEALING PAST RESOLUTIONS INCONSISTENT WITH THIS RESOLUTION WAS ADOPTED AT THE REGULAR MEETING OF THE BOARD OF COUNTY COMMISSIONERS OF BREVARD COUNTY, FLORIDA ON THE     DAY OF     , 2024.**

**WHEREAS**, Chapter 154, Florida Statutes, authorizes the Board of County Commissioners to establish public health service fees; and

**WHEREAS**, the Board of County Commissioners has entered into a contract with the State of Florida Department of Health, and

**WHEREAS**, the Board of County Commissioners of Brevard County, Florida, in order to support and expand existing public health services to the community at large, finds it appropriate to establish such fees and revise them as needed from time to time; and

**WHEREAS**, the current fee and service schedule is in need of revision in order to accurately reflect services and charges offered as directed under the revised Florida Administrative Code; and

**WHEREAS**, except as provided by law, fees remain in Brevard County to help offset the cost of public health services, and

**WHEREAS**, the Board of County Commissioners of Brevard County, Florida has determined that the fees and charges hereinafter specified are reasonable.

**NOW, THEREFORE, BE IT RESOLVED** that the Board of County Commissioners of Brevard County, Florida, hereby establishes the following fees for the Brevard County Health Department.

## **SECTION 1. FLORIDA DEPARTMENT OF HEALTH IN BREVARD COUNTY**

### **FEE SCHEDULE**

The schedule of fees and charges for review of the Brevard County Health Department shall henceforth be as follows:

#### **SECTION A. ENVIRONMENTAL HEALTH SERVICES**

The following Environmental Health fees are hereby adopted as authorized by State of Florida Administrative Code or Policy, unless otherwise indicated.

##### **A. Public Swimming Pools and Bathing Places**

First year annual permit is prorated semi-annually

1. Annual operating permit - up to and including 25,000 gallons
  - State fee .....\$125.00
  - BCC resolution fee.....\$100.00
  - Total fee.....\$225.00
2. Annual operating permit - more than 25,000 gallons
  - State fee .....\$250.00
  - BCC resolution fee.....\$100.00
  - Total fee.....\$350.00
3. Annual operating permit - Exempted Condo, Co-op Pools, or HOA Pools (over 32 units)
  - State fee .....\$ 50.00
  - BCC resolution fee.....\$100.00
  - Total fee.....\$150.00
4. Re-inspection (no charge for 1<sup>st</sup> reinspection, unless repeat violation(s))
  - BCC resolution fee.....\$60.00
5. Initial Operating Permit
  - State fee .....\$150.00
  - BCC resolution fee.....\$ 50.00
  - Total fee.....\$200.00
6. Exempted Condo or Co-op Pools (32 units or less)
  - BCC resolution fee.....\$100.00
7. Bathing Place Sampling Request per visit
  - BCC resolution fee.....Lab Cost + \$30.00
8. River Sampling Request per visit
  - BCC resolution fee.....Lab Cost + \$30.00

9. Late fee - (on permits paid after June 30)
  - BCC resolution fee.....\$50.00
10. Variance Request (full amount is transferred to Bureau of Water)
  - State fee .....\$300.00

**B. Mobile Home, Lodging & Recreational Vehicle Parks, & Recreational Camps**

Initial permit fees are prorated on a quarterly basis.

1. Annual permit for 5 – 25 spaces
  - State fee .....\$100.00
  - BCC resolution fee.....\$ 75.00
  - Total fee.....\$175.00
2. Annual permit for 26 – 149 spaces
  - State fee per space.....\$ 4.00
  - BCC resolution fee.....\$ 75.00
3. Annual permit for 150 and above spaces
  - State fee .....\$600.00
  - BCC resolution fee.....\$ 75.00
  - Total fee.....\$675.00
4. Re-Inspection fee (no charge for 1st re-inspection, unless repeat violation(s))
  - BCC resolution fee.....\$60.00
5. Late fee (on permits paid after October 1)
  - BCC resolution fee.....\$ 50.00

**C. Migrant Labor Camps**

No Proration

1. Annual permit for facilities with 5 to 50 occupants
  - State fee .....\$125.00
2. Annual permit for facilities with 51 – 100 occupants
  - State fee .....\$225.00
3. Annual permit for facilities with over 100 occupants
  - State fee .....\$500.00
4. Re-Inspection Fee (no charge for first re-inspection)

- BCC resolution fee.....\$60.00
- 5. Late Fee (on permits paid after October 1)
  - BCC resolution fee.....\$50.00

**D. Biomedical Waste**

State owned and operated facilities are exempt from permit fees.

No Proration

1. Initial permit - Biomedical Waste Generators, Storage or Treatment
  - State fee .....\$ 85.00
  - BCC resolution fee.....\$ 20.00
  - Total fee.....\$105.00
2. Renewal of annual permit (except exempt generator producing less than 25 lbs/30 days) postmarked by October 1
  - State fee .....\$ 85.00
  - BCC resolution fee.....\$ 20.00
  - Total fee.....\$105.00
3. Renewal of annual permit (except exempt generator producing less than 25 lbs/30 days) postmarked after October 1
  - State fee .....\$105.00
  - BCC resolution fee.....\$ 40.00
  - Total fee.....\$145.00
4. Initial Transporter Registration (includes one truck)
  - State fee .....\$85.00
5. Initial Registration of Each Additional Truck
  - State fee .....\$10.00
6. Annual Transporter Registration Renewal (includes one truck) postmarked by 10/01
  - State fee .....\$85.00
7. Annual Transporter Registration Renewal (includes one truck postmarked after 10/01
  - State fee .....\$105.00
8. Annual Registration of Each Additional Truck
  - State fee .....\$10.00
9. Re-Inspection Fee (no charge for 1st re-inspection, unless repeat violation(s))
  - BCC resolution fee.....\$60.00
10. Exemption verification inspection (triennial)
  - BCC resolution fee.....\$50.00



## **E. Tanning Facilities**

Initial permit. Fees are prorated on a quarterly basis

1. Annual operating permit (with one device)
  - State fee .....\$150.00
  - State fee for each additional device.....\$ 55.00
  - BCC resolution fee.....\$ 25.00
2. Late fee (on permits paid after October 1)
  - State fee .....\$25.00
  - BCC resolution fee.....\$25.00
3. Maximum license fee that can be charged for tanning a facility
  - State fee .....\$315.00
  - BCC resolution fee.....\$ 25.00
  - Total Maximum license fee that can be charged.....\$340.00
4. Re-inspection fee (no charge after 1st re-inspection, unless repeat violation(s))
  - BCC resolution fee.....\$60.00
5. Plan Review Fee (For New Facilities or Modifications)
  - BCC resolution fee.....\$40.00

## **F. Body Piercing**

Fees are prorated on a quarterly basis – Initial permit only

1. Initial permit
  - State fee .....\$150.00
  - BCC resolution fee.....\$ 20.00
  - Total fee.....\$170.00
2. Temporary Establishment permit
  - State fee .....\$ 75.00
  - BCC resolution fee.....\$ 20.00
  - Total fee.....\$ 95.00
3. Annual Renewal License Fee
  - State fee .....\$150.00
  - BCC resolution fee.....\$ 20.00
  - Total fee.....\$170.00
4. Late fee (on permits paid after October 1)
  - State fee .....\$100.00
5. Re-Inspection fee (no charge after 1st re-inspection, unless repeat violation(s))
  - BCC resolution fee.....\$ 60.00

**G. Tattooing**  
No Proration

1. Initial Establishment License
  - State fee .....\$200.00
  - BCC resolution fee.....\$ 20.00
  - Total fee.....\$220.00
2. Temporary Establishment License
  - State fee .....\$200.00
  - BCC resolution fee.....\$ 20.00
  - Total fee.....\$220.00
3. Annual Establishment Renewal License
  - State fee .....\$200.00
  - BCC resolution fee.....\$ 20.00
  - Total fee.....\$220.00
4. Tattoo Artist License
  - State fee .....\$60.00
  - BCC resolution fee.....\$10.00
  - Total fee.....\$70.00
5. Tattoo Artist Renewal License
  - State fee .....\$60.00
  - BCC resolution fee.....\$10.00
  - Total fee.....\$70.00
6. Guest Tattoo Artist Registration State fee .....\$35.00
7. Guest Tattoo Artist Re-registration
  - State fee .....\$35.00
8. Reactivation Tattoo Establishment License (Late Fee)
  - State fee .....\$75.00
9. Reactivation of Tattoo Artist License (Late Fee)
  - State fee .....\$25.00
  - BCC resolution fee.....\$25.00
  - Total fee.....\$50.00
10. Re-Inspection fee (no charge for 1st re-inspection, unless repeat violation(s))
  - BCC resolution fee.....\$60.00

## H. Food Service

Initial permit fees are prorated on a quarterly basis

1. Annual Permit for Fraternal/Civic organizations
  - State fee .....\$190.00
  - BCC resolution fee.....\$ 40.00
  - Total fee.....\$230.00
2. Annual permit for School Cafeteria: operating for 9 months or less  
(Requiring 3 routine inspections)
  - State fee .....\$170.00
  - BCC resolution fee.....\$ 20.00
  - Total fee.....\$190.00
3. Annual Permit School Cafeteria: operating for more than 9 months  
(Requiring 4 routine inspections)
  - State fee .....\$200.00
  - BCC resolution fee.....\$ 20.00
  - Total fee.....\$220.00
4. Movie Theater Inspection
  - State fee .....\$190.00
  - BCC resolution fee.....\$ 40.00
  - Total fee.....\$230.00
5. Annual Permit for Detention Facility
  - State fee .....\$250.00
6. Annual Permit for Bars/Lounges (Drink Service Only)
  - State fee .....\$190.00
  - BCC resolution fee.....\$ 40.00
  - Total fee.....\$230.00
7. Annual permit for Community Based Residential Facilities
  - State fee .....\$135.00
  - BCC resolution fee.....\$ 40.00
  - Total fee.....\$175.00
8. Annual permit for Limited Food Service Operation
  - State fee .....\$110.00
9. Annual permit Other Food Service
  - State fee .....\$190.00
  - BCC resolution fee.....\$ 40.00
  - Total fee.....\$230.00
10. Annual permit for Catering Service
  - State fee .....\$180.00

11. Annual permit for Mobile Food Unit
  - State fee .....\$180.00
12. Annual permit for Vending Machine dispensing  
Time/Temperature Control for Food Safety
  - State fee .....\$85.00
13. Annual permit for multiple food operations operating in the same building
  - State fee .....\$300.00
14. Plan Review for New Facilities (fee per hour)
  - State fee .....\$40.00
  - BCC resolution fee.....\$35.00
15. Plan Review for Modifications Only (fee per hour)
  - State fee .....\$40.00
  - BCC resolution fee.....\$10.00
16. Food Worker Training (per person)
  - State fee .....\$10.00
17. Request for Inspection
  - State fee .....\$40.00
18. Re-inspection Fee (no charge for first re-inspection)
  - State fee .....\$75.00
19. Late fee (on permits paid after October 1)
  - State fee .....\$25.00
  - BCC resolution fee.....\$25.00
  - Total fee.....\$50.00
20. Alcoholic Beverage Inspection Approval
  - State fee .....\$30.00
21. Temporary event at a DOH permitted food establishment with a  
sponsor without an existing sanitation certificate
  - State fee .....\$100.00
  - BCC resolution fee.....\$ 20.00
  - Total fee.....\$120.00
22. Temporary Event at a DOH permitted food establishment with a  
vendor or booth without an existing sanitation certificate
  - State fee (each vendor or booth) .....\$50.00
23. Temporary Event when the DOH permitted food establishment is the  
sponsor.
  - BCC resolution fee.....\$60.00

24. Temporary Event when the DOH permitted food establishment is the sponsor and the vendor or booth holds a food license issued by another State Agency
  - BCC resolution fee (each vendor or booth).....\$10.00
25. Annual operating permit for Afterschool Meal Program
  - State fee.....\$170.00
26. Annual operating permit for Prescribed Pediatric Extended Care Center
  - State fee.....\$110.00
27. Annual operating permit for concession stand
  - State fee.....\$100.00

**I. Onsite Sewage Treatment and Disposal Systems – OSTDS (Septic Tanks)**

No Proration (except OSTDS Service – prorated quarterly for initial permit only)

1. Application fee – includes application and plan review for new systems (including holding tanks but not including new performance-based treatment systems).
  - State fee .....\$100.00
  - BCC resolution fee.....\$ 15.00
  - Total fee.....\$115.00
2. Application and approval for existing system (does not include system inspection)
  - State fee .....\$ 35.00
  - BCC resolution fee.....\$ 35.00
  - Total fee.....\$ 60.00
3. Application and Existing System evaluation for Repairs and modifications/Inspection of existing system
  - State fee .....\$ 50.00
4. Application for permitting of a new Performance-Based Treatment System
  - State fee .....\$125.00
5. Site evaluation
  - State fee .....\$115.00
6. Site re-evaluation
  - State fee .....\$50.00

7. Permit for a new system or system repair
  - State fee .....\$ 55.00
  - State research and training surcharge fee.....\$ 5.00
  - BCC resolution fee.....\$135.00
  - Total fee.....\$195.00
8. Permit for modification of a system
  - State fee .....\$ 55.00
  - BCC resolution fee.....\$135.00
  - Total fee.....\$190.00
9. Permit for holding tank (s)
  - State fee .....\$ 55.00
  - State research fee.....\$ 5.00
  - Total fee.....\$ 60.00
10. Initial system inspection
  - State fee .....\$ 75.00
  - BCC resolution fee.....\$ 10.00
  - Total fee.....\$ 85.00
11. Mound stabilization inspection fee
  - BCC resolution fee.....\$ 25.00
12. Excavation inspection fee
  - BCC resolution fee.....\$ 10.00
13. Re-inspection fee per each non-compliance re-inspection
  - State fee .....\$ 50.00
  - BCC resolution fee.....\$ 25.00
  - Total fee.....\$ 75.00
14. System abandonment permit (includes permit issuance and inspection)
  - State fee .....\$ 50.00
  - BCC resolution fee.....\$ 20.00
  - Total fee.....\$ 70.00
15. Annual operating permit fee for systems in Industrial Manufacturing and equivalent areas, and for systems receiving commercial waste
  - State fee .....\$150.00
16. Amendments or changes to the operating permit during the permit period per change or amendment
  - State fee .....\$ 50.00

17. Aerobic treatment unit operating Permit (every 2 years)
  - State fee .....\$100.00
  - BCC resolution fee.....\$ 50.00
  - Total fee.....\$150.00
18. Biennial operating permit fee for performance-based treatment systems. A prorated fee is to be charged. beginning with second year of operation
  - State fee .....\$100.00
  - BCC resolution fee.....\$ 50.00
  - Total fee.....\$150.00
19. Review of application due to proposed amendments or changes after initial operating permit issuance for a performance-based treatment system
  - State fee .....\$75.00
20. Septic tank manufacturer's inspection per year
  - State fee .....\$100.00
  - BCC resolution fee.....\$ 75.00
  - Total fee.....\$175.00
21. Septic disposal service permit (annual)
  - State fee .....\$ 75.00
  - BCC resolution fee.....\$100.00
  - Total fee.....\$175.00
22. Portable or temporary toilet service permit (annual)
  - State fee .....\$ 75.00
  - BCC resolution fee.....\$100.00
  - Total fee.....\$175.00
23. Additional charge per pump-out vehicle as it relates to items 21 and 22 above
  - State fee .....\$ 35.00
  - BCC resolution fee.....\$ 25.00
  - Total fee.....\$ 60.00
24. Septage stabilization facility inspection fee per year
  - State fee .....\$150.00
25. Septage disposal site evaluation fee per year
  - State fee .....\$200.00
26. Aerobic treatment unit maintenance entity annual permit
  - State fee .....\$ 25.00
  - BCC resolution - each additional unit or component.....\$ 10.00

27. Variance application for a single-family residence per each lot or building site (State variance)
  - State fee .....\$200.00
  - BCC resolution fee.....\$100.00
  - Total fee.....\$300.00
28. Variance application for a multi-family or commercial building per each building site (State variance)
  - State fee .....\$300.00
  - BCC resolution fee.....\$125.00
  - Total fee.....\$425.00
29. Block Density Review for Brevard County Code Requirements
  - BCC resolution fee.....\$90.00
30. Land Development Application review fee
  - BCC resolution fee.....\$50.00
31. Late Fees for Delinquent Onsite Sewage Operating Permits
  - BCC resolution fee.....\$50.00
32. Scheduling Fee – Voluntary requests  
Pre-Scheduling of inspection times by appointment
  - BCC resolution fee.....\$30.00

**J. Drinking Water**

Initial permit fee prorated on a quarterly basis for Community and Commercial systems constructed prior to 1/1/1993 only.

1. Initial construction permit for Community Commercial, and Family Day Care systems constructed on or after 1/1/1993 (includes first year of operation)
  - State fee .....\$90.00
  - BCC resolution fee.....\$30.00
  - Total fee.....\$120.00
2. Annual permit for Community and Commercial Systems (prorated for change of ownership after March 31<sup>st</sup>)
  - State fee .....\$90.00
  - BCC resolution fee.....\$30.00
  - Total fee.....\$120.00
3. Multi-Family Water System Construction Permit
  - State fee .....\$75.00



4. Initial operating permit for Community and Commercial systems constructed prior to 01/01/1993 (construction permit not required) (prorated after March 31<sup>st</sup>)
  - State fee .....\$90.00
  - BCC resolution fee.....\$30.00
  - Total fee.....\$120.00
  
5. Non-SDWA Lab Sample (Sample collection/Review of analytical results / Health risk interpretation):
  - Microbiological Sample Collection
    - State fee .....\$50.00
    - BCC resolution fee.....Lab Cost + \$10.00
  
  - Chemical Sample Collection
    - State fee .....\$60.00
    - BCC resolution fee.....Lab Cost + \$10.00
  
  - Combined Microbiological and Chemical Collection
    - State fee .....\$70.00
    - BCC resolution fee.....Lab Cost + \$10.00
  
6. Re-Inspection of Multi-family water system
  - State fee .....\$40.00
  - BCC resolution fee.....\$20.00
  - Total fee.....\$60.00
  
7. Re-inspection of Limited Use Public water system
  - State fee .....\$40.00
  - BCC resolution fee.....\$20.00
  - Total fee.....\$60.00
  
8. Delineated Area clearance fee
  - State fee .....\$50.00
  
9. Limited use commercial Public Water system registration or re-registration
  - State fee .....\$15.00
  
10. Annual operating permit - Family Day Care establishment (prorated for change of ownership after March 31<sup>st</sup>)
  - State fee .....\$30.00
  
11. Initial operating permit for Family Day Care establishment constructed prior to 01/01/1993. (Construction permit not required) (prorated after March 31<sup>st</sup>)
  - State fee .....\$30.00

12. SDWA Lab Sample (Sample collection/Review of Analytical Results / Health risk interpretation):

Microbiological water sampling per site visit  
– BCC resolution fee.....Lab Cost + \$50.00

Chemical water sampling per site visit  
– BCC resolution fee.....Lab Cost + \$60.00

Combined Microbiological and Chemical Collection  
per site visit  
– BCC resolution fee.....Lab Cost + \$70.00

13. Chemical sampling per site visit for delineated areas  
– BCC resolution fee.....Lab Cost + \$60.00

14. Late Fee (on permits paid after October 1)  
– BCC resolution fee.....\$50.00

15. Re-registration exemption for commercial systems due to any change in business activity or upon change of system ownership  
– State fee (operation).....\$ 90.00  
– State fee (registration exemption) .....\$ 15.00  
– BCC resolution fee.....\$ 30.00  
Total fee.....\$135.00

16. Annual registration exemption fee  
– BCC resolution fee.....\$20.00

**K. Miscellaneous Program Facilities**  
No Proration

1. Adult Entertainment fee (no bar)  
– BCC resolution fee.....\$35.00

~~2. Animal Care Facility permit fee~~  
~~– BCC resolution fee.....\$75.00~~

~~3. Animal Shelter permit fee~~  
~~– BCC resolution fee.....\$75.00~~

2 4. Other Public Building fee  
– BCC resolution fee.....\$40.00

3 5. Re-Inspection fee (no charge for first re-inspection, unless repeat violation(s))  
– BCC resolution fee.....\$60.00

6. ~~Late Fee for Animal Care Facility (on permits paid after expiration date)~~  
~~— BCC resolution fee.....\$35.00~~

**L. Group Care and Residential Facilities**

No Proration (public schools, colleges, and universities are exempt from state fees)

1. ~~Adult Congregate Living Facility fee~~  
~~— BCC resolution fee.....\$35.00~~
2. ~~Foster Home fee~~  
~~— BCC resolution fee.....\$25.00~~
3. ~~Intermediate Care Facility fee~~  
~~— BCC resolution fee.....\$35.00~~
1. 4. ~~Residential Facility (Private) fee~~ Group Care Facility Sanitation Inspection  
~~— BCC resolution fee.....\$35.00~~
2. 5. Re-Inspection fee (no charge for first re-inspection)  
~~— BCC resolution fee.....\$50.00~~

**M. Well Construction Program – St. Johns River Water Management District**

1. Public Well Construction permit (D.E.P. 62-555)  
~~— BCC resolution fee.....\$300.00~~
2. Public Well Construction permit (D.O.H. Limited Use 64E-8)  
~~— BCC resolution fee.....\$200.00~~
3. Private Residential Potable Well and Alternative Emergency  
 Use Well Construction Permit  
~~— BCC resolution fee.....\$150.00~~
4. Irrigation Well Construction Permit  
~~— BCC resolution fee.....\$75.00~~
5. Monitoring Well Construction Permits  
~~— BCC resolution fee (for one) .....\$50.00~~  
~~— BCC resolution fee (for 2 – 10 on same property) .....\$100.00~~
6. Well Abandonment Permit  
~~— BCC resolution fee.....\$35.00~~
7. Re-inspection for construction inspection or Reinvestigation of Complaint  
~~— BCC resolution fee.....\$50.00~~

8. Late Fee / No Application for Public Well Construction D.E.P. 62-555  
(Includes permit fee)  
– BCC resolution fee.....\$600.00
9. Late Fee / No Application for Public Well Construction D.O.H. Limited Use 64E-8  
(Includes permit fee)  
– BCC resolution fee..... \$400.00
10. Late Fee / No Application for Portable Well Construction  
And Alternative Emergency Use Wells (Includes permit fee)  
– BCC resolution fee..... \$300.00
11. Late Fee / No Application for Irrigation Well Construction  
(Includes permit fee)  
– BCC resolution fee..... \$150.00
12. Late Fee / No Application for Monitoring Well Construction  
(for one) (Includes permit fee)  
– BCC resolution fee..... \$100.00
13. Late Fee / No Application for Monitoring Well Construction  
(2 to 10 on same property) (Includes permit fee)  
– BCC resolution fee ..... \$200.00
14. Late Fee / No Application for Well Abandonment  
(Includes permit fee)  
– BCC resolution fee..... \$70.00
15. Drinking Water Bacteriological Test (not sampled by D.O.H)  
– BCC resolution fee.....\$ \$10 + Lab Cost
16. Well Variance Request  
– BCC resolution fee.....\$150.00
17. Requested Site evaluation  
– BCC resolution fee.....\$50.00
18. Emergency Well Permit  
– BCC resolution fee.....\$25.00
19. Late fee for completion report submitted 60 days after construction  
– BCC resolution fee.....\$10.00
20. Late fee for completion report submitted >30 after permit expiration  
– BCC resolution fee.....\$15.00

## **N. Other Services**

1. Review and revision of Plot Plan or Septic Plan for commercial sites, single-family residence, private mobile home installations or septic installs.
  - BCC resolution fee.....\$30.00
2. Permit reviews for house decks, screen enclosures, glass rooms, car ports canopies, sheds, pools and related structures
  - BCC resolution fee.....\$30.00
3. Water to air (HVAC) plan review
  - BCC resolution fee.....\$20.00
4. Copying of Public Records
  - BCC resolution fee (per page) .....\$0.25
5. Processing fee for application when a client can submit application electronically
  - BCC resolution fee.....\$25.00
6. Plan Review Fee – Not Covered under a Program/per hour
  - BCC resolution fee.....\$40.00

## **SECTION B. PRIMARY CARE SERVICES**

### **A. Primary Care Services:**

1. Acute/Episodic Illness - Primary care services will be charged on a fee-for-service basis using the current Medicare fee schedule for each service unless otherwise indicated. The fee will be derived by considering the type of visit, the client sliding fee group based on Federal OMB Guidelines, and the current Medicare rate. Medicaid insurance will be accepted as full payment.
2. Family Planning - The fee will be derived by considering the type of visit, the client sliding fee group based on Federal OMB Guidelines, and the current Medicare rate unless otherwise indicated. Medicaid insurance will be accepted as full payment.
3. Well Child Services - The fee will be derived by considering the client sliding fee group, which is calculated at eligibility determination, based on Federal OMB Guidelines. The fee group will be applied to the rate established by the Medicare program unless otherwise indicated. Medicaid insurance will be accepted as full payment.
4. Maternity Services - The fee will be derived by considering the client sliding fee group, which is calculated at eligibility determination, based on Federal OMB Guidelines. Clients who are presumed eligible will receive continued prenatal care through delivery and

postpartum care. Eligible uninsured Prenatal care clients will be placed on a self-pay global maternity payment package. Medicaid insurance will be accepted as full payment.

5. Dental Services - The fee is based on the Medicare rate unless otherwise indicated. Brevard County residents between the ages of 4 -18 who do not have insurance will qualify for the Uninsured Pediatric Dental Care program. The Adult Indigent Dental Program is available for eligible adult visits.
6. Pharmacy – The Brevard County Health Department does not operate an in-house retail Pharmacy.
7. P.A.T.H. (Primary Access to Health) services, in collaboration with Space Coast Volunteers in Medicine, are available to indigent adults who are uninsured and whose income meets the eligibility guidelines. These services are available at specific locations during specific days and times on an appointment basis.

## **B. Flat Fee Services**

Services that do not appear on the Medicaid fee schedule are assigned a flat fee. These services are itemized below:

1. Initial/Annual Family Planning Package (Includes visit, contraception method and basic lab) .....\$175.00
2. Initial/Annual Family Planning Package (Includes visit, Condoms and basic lab).....\$40.00
3. Supply Visit for Family Planning (Includes visit and contraception method).....\$60.00
4. Pregnancy test and Counseling..... \$25.00
5. STD (Sexually Transmitted Diseases) screening w/ Urine Test..... \$40.00
6. TB Screening Test and Assessment for pre-employment, continued employment or school/college/university entry requirement. This includes the screening assessment form (if indicated) or the Tuberculin (TB) skin test, with reading, Nurse counseling, education and follow up (if needed)...\$30.00
7. Laboratory specimen collection draw fee (Lab Only Visits), per patient.....\$12.00
8. Tuberculosis (TB) Sputum Culture for suspected, confirmed or symptomatic contact or case.....No Charge
9. Vaccines/Immunizations: International Travel, Adult and Non VFC Vaccinations  
The charge is based upon the sum of a and b below:
  - a. Vaccine administration, counseling and education fees



per vaccine shot, per person, per visit .....\$27.00

- b. Actual Cost of vaccine (vaccine cost(s) can vary throughout the year)

10. Immunizations / Vaccinations

a.	Pneumococcal Vaccine (Pneumonia shot).....	\$ 123.00
	(Includes vaccine administration fees)	
	Medicare will be accepted as full payment where applicable	
b.	Influenza Vaccine (Flu shot) Cost plus vaccine admin fee	
	(Includes vaccine administration fees).....	\$38.00
	Medicare will be accepted as full payment where applicable	
c.	Hepatitis A Adult (age 19+) Initial/Booster,	
	cost per each.....	\$63.00
	Vaccine administration fees.....	\$27.00
	Total.....	\$90.00
d.	Hepatitis B Adult Initial / Booster, cost per each.....	\$44.00
	Vaccine administration fees.....	\$27.00
	Total.....	\$71.00
e.	Hepatitis A/B Twinrix, Recombination,	
	cost per each.....	\$112.00
	Vaccine administration fees.....	\$ 27.00
	Total.....	\$139.00
f.	IM HIB for Adults, cost per each.....	\$ 98.00
	Vaccine administration fees.....	\$ 27.00
	Total.....	\$125.00
g.	Measles / Mumps / Rubella, cost per each.....	\$ 83.00
	Vaccine administration fees.....	\$ 27.00
	Total.....	\$110.00
h.	Meningococcal (Menactra/Menomune),	
	cost per each.....	\$113.00
	Vaccine administration fees.....	\$ 27.00
	Total.....	\$140.00
i.	Polio, Injectable, cost per each.....	\$36.00
	Vaccine administration fees.....	\$27.00
	Total.....	\$63.00
j.	Tetanus (Td) (Decavac), cost per each.....	\$42.00
	Vaccine administration fees.....	\$27.00
	Total.....	\$69.00
k.	TDAP (Adacel).....	\$37.00

	Vaccine administration fees.....	\$27.00
	Total.....	\$64.00
I.	TDAP (Boostrix).....	\$37.00
	Vaccine administration fees.....	\$27.00
	Total.....	\$64.00
m.	Typhoid Fever, cost per each.....	\$112.00
	Vaccine administration fees.....	\$ 27.00
	Total.....	\$139.00
n.	Varicella, cost per each.....	\$147.00
	Vaccine administration fees.....	\$ 27.00
	Total.....	\$174.00
o.	Yellow Fever, cost per each.....	\$174.00
	Vaccine administration fees.....	\$ 27.00
	Total.....	\$201.00
p.	Gama Stan (2 ml), cost for each.....	\$ 93.00
	Vaccine administration fees.....	\$ 27.00
	Total.....	\$120.00
q.	H.I.B. (Haemophilus Influenzae Type B) for Adults	
	cost per each.....	\$12.00
	Vaccine administration fees.....	\$27.00
	Total.....	\$39.00
r.	All other immunizations and available vaccines for adults provided at	
	actual cost of vaccine plus \$27.00 each	

1044. Required Immunizations for eligible children up to age 18 -  
From VFC (Vaccine For Children) stock.....No Charge

1142. Administrative fees for Vaccine Certification Form 680 (with vaccines)....No Charge  
Administrative fees for Vaccine Certification Form 680 (without vaccines)....\$ 10.00  
Administrative fees for Vaccine Exemption Form 681.....\$ 10.00

1243. Global Maternity Package for eligible self-pay patients

Prenatal visits, labs, ultrasound.....	\$1,000.00
Delivery.....	\$ 848.00
Post partum visit.....	\$ 52.00
Total.....	\$1,900.00



## **SECTION C - VITAL STATISTICS**

1. Birth Certificates:
  - State fee.....\$ 9.00
  - Fee pursuant to BCC Resolution.....\$ 3.00
  - Total Fee for Birth Certificates.....\$12.00
2. Additional Copies of Birth Certificates when ordered at the same time
  - State fee.....\$ 4.00
  - Fee pursuant to BCC Resolution.....\$ 8.00
  - Total Fee for Additional Copies of Birth Certificates.....\$12.00
3. Death Certificates - Certified Copy
  - State fee.....\$ 5.00
  - Fee pursuant to BCC Resolution.....\$ 7.00
  - Total Fee for Death Certificate .....\$12.00
4. Additional copies of Death Certificates when ordered at the same time
  - a. State fee.....\$ 4.00
  - b. Fee pursuant to BCC Resolution.....\$ 8.00
  - Total Fee for Additional Copies of Death Certificates.....\$12.00
5. On-line processing, overnight mail, expedite fee
  - Fee pursuant to BCC Resolution.....\$ 30.00
6. Birth or Death Certificate protective covers
  - Fee pursuant to BCC Resolution.....\$ 2.00
7. Notary Public Fee
  - Fee pursuant to BCC Resolution.....\$ 10.00

### **D. Records:**

1. Copying of Medical Record (per one sided copy).....\$0.15
2. Copying of Medical Record (per two sided copy).....\$0.20
3. Certified copy of Medical Record, per page.....\$1.00
4. Copying of Public Record (per page).....\$0.25

**BE IT FURTHER RESOLVED** that Resolution Number \_\_\_\_\_ and all other resolutions or parts of resolutions in conflict herewith by establishing fees inconsistent with those established herein, are hereby appealed. All fees established herein shall go into effect immediately.

DONE, ORDERED AND ADOPTED, in regular session, this \_\_\_\_ day of \_\_\_\_\_, 2024.

ATTEST:

BOARD OF COUNTY COMMISSIONERS  
BREVARD COUNTY, FLORIDA

\_\_\_\_\_  
Rachel M. Sadoff  
Clerk of the  
Board of County Commissioners  
of Brevard County, Florida

BY: \_\_\_\_\_

Jason Steele  
Chairperson

Review for legal form and content

By: \_\_\_\_\_  
L. Becky Behl-Hill, Esq.  
Assistant County Attorney