



Agenda Report

2725 Judge Fran Jamieson
Way
Viera, FL 32940



Consent

F.20.

10/11/2022

Subject:

Approval, Re: 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 22-23: The impact to the General Fund will be \$467,415. Funds are budgeted in Fund 0001, Health Department Cost Center 201470.

Dept/Office:

Housing and Human Services

Requested Action:

It is requested that the Board of County Commissioners approve and authorize the Chair to execute:

1. the annual agreement with the State of Florida, Department of Health for operation of the Brevard County Health Department for FY 2022-2023;
2. the Resolution establishing and revising certain fees and charges for Brevard County Health Department and Health and Environmental Services, as authorized by State of Florida Administrative Code or Policy;
3. to further authorize the Chair, and/or County Manager or designee to execute any future amendments or agreements contingent upon approval of Risk Management and the County Attorney; and,
4. authorize the County Manager to execute all associated budget change requests.

Summary Explanation and Background:

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

Per this agreement, the BCHD agrees to maintain 3 levels of service pursuant to Section 154.01(2) F.S. These include Environmental Health Services, Communicable Disease Control Services, and Primary Care Services.

The County will provide administrative and clinic facilities at the following locations - 2555 Judge Fran Jamieson Way, Viera; 2725 Judge Fran Jamieson Way, Bldg. A, Viera; 1748 Cedar St., Rockledge; 611 Singleton Ave., Titusville; and 601 E. University Blvd, Melbourne, FL 32901.

This contract is a renewal with the Florida Department of Health stipulating Public Health services that will be provided by the Brevard County Health Department. The agreement identifies the County's contributions as

\$467,415 for the cost of Public Health Services for low-income residents. This contract 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.

PUBLIC HEALTH VACCINATIONS

No fee increases requested.

PRIMARY CARE

No fee increases requested.

ENVIRONMENTAL HEALTH

No fee increases requested.

Clerk to the Board Instructions:

Have Chair sign four (4) original agreements and two (2) original fee resolutions, then return to HHS.

**BREVARD COUNTY
BOARD OF COUNTY COMMISSIONERS**

CONTRACT REVIEW AND APPROVAL FORM

SECTION I - GENERAL INFORMATION

| | | |
|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------|
| 1. Contractor: BREVARD COUNTY HEALTH DEPARTMENT | | 2. Amount: \$467,415.00 |
| 3. Fund/Account #: 0001/201470/5340000 | 4. Department Name: Housing and Human Services | |
| 5. Contract Description: Public Health Services, Adult Dental Clinics and Indigent Maternity Programs | | |
| 6. Contract Monitor: Lesley Singleton | | 8. Contract Type: GRANT |
| 7. Dept/Office Director: Ian Golden | | |
| 9. Type of Procurement: Select from pulldown: | | |

SECTION II - REVIEW AND APPROVAL TO ADVERTISE

APPROVAL

| <u>COUNTY OFFICE</u> | <u>YES</u> | <u>NO</u> | <u>SIGNATURE</u> |
|----------------------|-------------------------------------|--------------------------|------------------|
| User Agency | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Purchasing | <input type="checkbox"/> | <input type="checkbox"/> | |
| Risk Management | <input type="checkbox"/> | <input type="checkbox"/> | |
| County Attorney | <input type="checkbox"/> | <input type="checkbox"/> | |

SECTION III - REVIEW AND APPROVAL TO EXECUTE

APPROVAL

| <u>COUNTY OFFICE</u> | <u>YES</u> | <u>NO</u> | <u>SIGNATURE</u> |
|----------------------|-------------------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------|
| User Agency | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Golden, Ian <small>Digitally signed by Golden, Ian Date: 2022.09.12 12:01:30 -04'00'</small> |
| Purchasing | <input type="checkbox"/> | <input type="checkbox"/> | |
| Risk Management | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>Summer K. Wynn</i> <small>Digitally signed by Wynn-Vitt, Summer Date: 2022.09.15 16:51:14 -04'00'</small> |
| County Attorney | <input type="checkbox"/> | <input type="checkbox"/> | |

SECTION IV - CONTRACTS MANAGEMENT DATABASE CHECKLIST

| CM DATABASE REQUIRED FIELDS | Complete <input checked="" type="checkbox"/> |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Department Information | <input type="checkbox"/> |
| Department | <input type="checkbox"/> |
| Program | <input type="checkbox"/> |
| Contact Name | <input type="checkbox"/> |
| Cost Center, Fund, and G/L Account | <input type="checkbox"/> |
| Vendor Information (SAP Vendor #) | <input type="checkbox"/> |
| Contract Status, Title, Type, and Amount | <input type="checkbox"/> |
| Storage Location (SAP) | <input type="checkbox"/> |
| Contract Approval Date, Effective Date, and Expiration Date | <input type="checkbox"/> |
| Contract Absolute End Date (No Additional Renewals/Extensions) | <input type="checkbox"/> |
| Material Group | <input type="checkbox"/> |
| Contract Documents Uploaded in CM database (Contract Form with County Attorney/ Risk Management/ Purchasing Approval; Signed/Executed Contract) | <input type="checkbox"/> |
| "Right To Audit" Clause Included in Contract | <input type="checkbox"/> |
| Monitored items: Uploaded to database (Insurance, Bonds, etc.) | <input type="checkbox"/> |

**BREVARD COUNTY
BOARD OF COUNTY COMMISSIONERS**

CONTRACT REVIEW AND APPROVAL FORM

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| 6. Contract Monitor: Lesley Singleton | | 8. Contract Type: GRANT |
| 7. Dept/Office Director: Ian Golden | | |
| 9. Type of Procurement: Select from pulldown: | | |

SECTION II - REVIEW AND APPROVAL TO ADVERTISE

APPROVAL

COUNTY OFFICE

YES

NO

SIGNATURE

User Agency

☒
☐

Purchasing

☐
☐

Risk Management

☐
☐

County Attorney

☐
☐

SECTION III - REVIEW AND APPROVAL TO EXECUTE

APPROVAL

COUNTY OFFICE

YES

NO

SIGNATURE

User Agency

☒
☐

Golden, Ian

Digitally signed by Golden, Ian
Date: 2022.09.12 12:01:30 -04'00'

Purchasing

☐
☐

Risk Management

☐
☐

County Attorney

☒
☐

Balser, Heather

Digitally signed by Balser, Heather
Date: 2022.09.20 09:14:01 -04'00'

SECTION IV - CONTRACTS MANAGEMENT DATABASE CHECKLIST

| CM DATABASE REQUIRED FIELDS | Complete ✓ |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Department Information | <input type="checkbox"/> |
| Department | <input type="checkbox"/> |
| Program | <input type="checkbox"/> |
| Contact Name | <input type="checkbox"/> |
| Cost Center, Fund, and G/L Account | <input type="checkbox"/> |
| Vendor Information (SAP Vendor #) | <input type="checkbox"/> |
| Contract Status, Title, Type, and Amount | <input type="checkbox"/> |
| Storage Location (SAP) | <input type="checkbox"/> |
| Contract Approval Date, Effective Date, and Expiration Date | <input type="checkbox"/> |
| Contract Absolute End Date (No Additional Renewals/Extensions) | <input type="checkbox"/> |
| Material Group | <input type="checkbox"/> |
| Contract Documents Uploaded in CM database (Contract Form with County Attorney/ Risk Management/ Purchasing Approval; Signed/Executed Contract) | <input type="checkbox"/> |
| "Right To Audit" Clause Included in Contract | <input type="checkbox"/> |
| Monitored items: Uploaded to database (Insurance, Bonds, etc.) | <input type="checkbox"/> |



Kimberly Powell, Clerk to the Board, 400 South Street • P.O. Box 999, Titusville, Florida 32781-0999

Telephone: (321) 637-2001

Fax: (321) 264-6972

Kimberly.Powell@brevardclerk.us

October 12, 2022

MEMORANDUM

TO: Ian Golden, Housing and Human Services Director

RE: Item F.20., Approval for Annual Agreement and Associated Health Department Fee Resolution between the Brevard County Board of County Commissioners and the Brevard County Health Department

The Board of County Commissioners, in regular session on October 11, 2022, adopted Resolution No. 22-138, establishing and revising certain fees and charges for Brevard County Health Department and Health and Environmental Services, as authorized by the State of Florida Administrative Code or Policy; approved and authorized the Chair to execute the annual Agreement with the State of Florida, Department of Health for operation of the Brevard County Health Department for Fiscal Year 2022-2023; authorized the Chair and/or County Manager, or designee, to execute any future amendments or agreements, contingent upon approval of Risk Management and the County Attorney; and authorized the County Manager to execute all associated Budget Change Requests. Enclosed are two fully-executed Resolutions and four executed Agreements.

Upon execution by Florida Department of Health, please return a fully-executed Agreement to this office for inclusion in the official minutes.

Your continued cooperation is always appreciated.

Sincerely,

BOARD OF COUNTY COMMISSIONERS
RACHEL M. SADOFF, CLERK

A handwritten signature in cursive script that reads "Kimberly Powell".
Kimberly Powell, Clerk to the Board

/sm

Encls.(6)

**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 2022-2023**

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, 2022. 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, 2022, through September 30, 2023, 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 \$ 9,624,811 (*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 \$467,415 (*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
2565 Judge Fran Jamieson Way
Viera, FL 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 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, 2023, for the reporting period of October 1, 2022, through December 31, 2022; and
- ii.* June 1, 2023, for the reporting period of October 1, 2022, through March 31, 2023; and
- iii.* September 1, 2023, for the reporting period of October 1, 2022 through June 30, 2023; and
- iv.* December 1, 2023, for the reporting period of October 1, 2022 through September 30, 2023.

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

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

b. The County shall ensure adequate fire and casualty insurance coverage for County-owned CHD offices and buildings and 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 fiscal year beginning July 1, 2022, it is agreed that the performance and payment under this contract are contingent upon an annual appropriation by the Legislature, 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:

Aaron Kissler MPH
Name
Interim Administrator/Health Officer
Title
2565 Judge Fran Jamieson Way

Viera, FL 32940
Address

Aaron.Kissler@flhealth.gov
Email Address
321 454-7111
Telephone

For the County:

Frank Abbate
Name
County Manager
Title
2725 Judge Fran Jamieson Way

Viera, FL 32940
Address

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 (7 pages), Attachment III (1 pages), Attachment IV (2 pages), and Attachment V (1 pages), to be executed by their undersigned officials as duly authorized effective the 1st day of October 2022.

**BOARD OF COUNTY COMMISSIONERS
FOR BREVARD COUNTY**

SIGNED BY: 

NAME: Kristine Zonka

TITLE: Chair

DATE: 10/11/22

ATTESTED TO:

SIGNED BY: 

NAME: Rachel M. Sadoff

TITLE: Clerk

DATE: 10/11/22

Reviewed for Legal form and content

By:  9-22-2022
Heather Balser, Esq.
Assistant County Attorney

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

SIGNED BY: _____

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

TITLE: State Surgeon General

DATE: _____

SIGNED BY: 

NAME: Aaron Kissler MPH

TITLE: Interim CHD Director/Administrator

DATE: 9/1/2022

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 |

ATTACHMENT I (Continued)

- | | | |
|-----|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | levels as documented in Florida SHOTS and supported by CHD Guidebook policies and technical assistance guidance. |
| 7. | Environmental Health | Requirements as specified in Environmental Health Programs Manual 150-4* and DHP 50-21* |
| 8. | HIV/AIDS Program | <p>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.</p> <p>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.</p> |
| 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 09/30/22 | 0 | 1692684 | 1692684 |
| 2. Drawdown for Contract Year October 1, 2022 to September 30, 2023 | 0 | -187489 | -187489 |
| 3. Special Capital Project use for Contract Year October 1, 2022 to September 30, 2023 | 0 | 0 | 0 |
| 4. Balance Reserved for Contingency Fund October 1, 2022 to September 30, 2023 | 0 | 1505195 | 1505195 |

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, 2022 to September 30, 2023

| | State CHD Trust Fund (cash) | County CHD Trust Fund | Total CHD Trust Fund (cash) | Other Contribution | Total |
|-----------------------------------------------------------|-----------------------------------|-----------------------------|-----------------------------------|-----------------------|-------------------|
| 1. GENERAL REVENUE - STATE | | | | | |
| 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 | 130,192 | 0 | 130,192 | 0 | 130,192 |
| 015040 DENTAL SPECIAL INITIATIVE PROJECTS | 6,932 | 0 | 6,932 | 0 | 6,932 |
| 015040 FAMILY PLANNING GENERAL REVENUE | 307,881 | 0 | 307,881 | 0 | 307,881 |
| 015040 PRIMARY CARE PROGRAM | 518,419 | 0 | 518,419 | 0 | 518,419 |
| 015040 RACIAL & ETHNIC DISPARITIES - CHD EXPENSES | 62,000 | 0 | 62,000 | 0 | 62,000 |
| 015040 SCHOOL HEALTH SERVICES - GENERAL REVENUE | 374,640 | 0 | 374,640 | 0 | 374,640 |
| 015050 CHD GENERAL REVENUE NON-CATEGORICAL | 4,086,469 | 0 | 4,086,469 | 0 | 4,086,469 |
| GENERAL REVENUE TOTAL | 5,656,487 | 0 | 5,656,487 | 0 | 5,656,487 |
| 2. NON GENERAL REVENUE - STATE | | | | | |
| 015010 ENVIRONMENTAL BIOMEDICAL WASTE PROGRAM | 20,785 | 0 | 20,785 | 0 | 20,785 |
| 015010 TOBACCO STATE & COMMUNITY HEALTHY BABY | 10,000 | 0 | 10,000 | 0 | 10,000 |
| NON GENERAL REVENUE TOTAL | 30,785 | 0 | 30,785 | 0 | 30,785 |
| 3. FEDERAL FUNDS - STATE | | | | | |
| 007000 AIDS DRUG ASSISTANCE PROGRAM ADMIN HQ | 134,367 | 0 | 134,367 | 0 | 134,367 |
| 007000 BREAST & CERVICAL CANCER - ADMIN/CASE MANAGEMENT | 115,000 | 0 | 115,000 | 0 | 115,000 |
| 007000 WIC BREASTFEEDING PEER COUNSELING PROG | 96,342 | 0 | 96,342 | 0 | 96,342 |
| 007000 COASTAL BEACH WATER QUALITY MONITORING | 8,980 | 0 | 8,980 | 0 | 8,980 |
| 007000 COMPREHENSIVE COMMUNITY CARDIO - PHBG | 35,000 | 0 | 35,000 | 0 | 35,000 |
| 007000 STRENGTHENING STD PREVENTION AND CONTROL | 29,811 | 0 | 29,811 | 0 | 29,811 |
| 007000 ELC COVID ENHANCED DETECTION EXPANSION GRANT | 7,826,234 | 0 | 7,826,234 | 0 | 7,826,234 |
| 007000 EPIDEMIOLOGY FOODBORNE CAPACITY | 792 | 0 | 792 | 0 | 792 |
| 007000 FAMILY PLANNING TITLE X - GRANT | 264,242 | 0 | 264,242 | 0 | 264,242 |
| 007000 HEALTH DISPARITIES GRANT COVID-19 | 75,758 | 0 | 75,758 | 0 | 75,758 |
| 007000 INFANT MORTALITY | 51,980 | 0 | 51,980 | 0 | 51,980 |
| 007000 IMMUNIZATION ACTION PLAN | 81,200 | 0 | 81,200 | 0 | 81,200 |
| 007000 MCH SPECIAL PRJCT UNPLANNED PREGNANCY | 51,980 | 0 | 51,980 | 0 | 51,980 |
| 007000 BASE COMMUNITY PREPAREDNESS CAPABILITY | 128,798 | 0 | 128,798 | 0 | 128,798 |
| 007000 BASE PUB HLTH SURVEILLANCE & EPI INVESTIGATION | 245,418 | 0 | 245,418 | 0 | 245,418 |
| 007000 CRI MEDICAL COUNTERMEASURES DISPENSING | 87,993 | 0 | 87,993 | 0 | 87,993 |
| 007000 AIDS PREVENTION | 79,498 | 0 | 79,498 | 0 | 79,498 |
| 007000 RYAN WHITE TITLE II CARE GRANT | 39,120 | 0 | 39,120 | 0 | 39,120 |
| 007000 WIC PROGRAM ADMINISTRATION | 2,126,793 | 0 | 2,126,793 | 0 | 2,126,793 |
| 015075 SUPPLEMENTAL SCHOOL HEALTH | 257,578 | 0 | 257,578 | 0 | 257,578 |
| 015075 SNAP ED - NUTRITION | 50,000 | 0 | 50,000 | 0 | 50,000 |
| 015075 REFUGEE HEALTH SCREENING REIMBURSEMENT ADMIN | 700 | 0 | 700 | 0 | 700 |
| 015075 REFUGEE HEALTH SCREENING REIMBURSEMENT SERVICES | 6,000 | 0 | 6,000 | 0 | 6,000 |
| FEDERAL FUNDS TOTAL | 11,793,584 | 0 | 11,793,584 | 0 | 11,793,584 |
| 4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE | | | | | |
| 001020 CHD STATEWIDE ENVIRONMENTAL FEES | 482,113 | 0 | 482,113 | 0 | 482,113 |

ATTACHMENT II

BREVARD COUNTY HEALTH DEPARTMENT

Part II, Sources of Contributions to County Health Department

October 1, 2022 to September 30, 2023

| | State CHD Trust Fund (cash) | County CHD Trust Fund | Total CHD Trust Fund (cash) | Other Contribution | Total |
|-----------------------------------------------------------------------|-----------------------------------|-----------------------------|-----------------------------------|-----------------------|-------------------|
| 001092 ON SITE SEWAGE DISPOSAL PERMIT FEES | 40,100 | 0 | 40,100 | 0 | 40,100 |
| 001092 CHD STATEWIDE ENVIRONMENTAL FEES | 38,608 | 0 | 38,608 | 0 | 38,608 |
| 001206 SANITATION CERTIFICATES (FOOD INSPECTION) | 7,920 | 0 | 7,920 | 0 | 7,920 |
| 001206 SEPTIC TANK RESEARCH SURCHARGE | 11,130 | 0 | 11,130 | 0 | 11,130 |
| 001206 SEPTIC TANK VARIANCE FEES 50% | 3,100 | 0 | 3,100 | 0 | 3,100 |
| 001206 PUBLIC SWIMMING POOL PERMIT FEES-10% HQ TRANSFER | 20,144 | 0 | 20,144 | 0 | 20,144 |
| 001206 DRINKING WATER PROGRAM OPERATIONS | 1,232 | 0 | 1,232 | 0 | 1,232 |
| 001206 REGULATION OF BODY PIERCING SALONS | 230 | 0 | 230 | 0 | 230 |
| 001206 TANNING FACILITIES | 825 | 0 | 825 | 0 | 825 |
| 001206 ONSITE SEWAGE TRAINING CENTER | 1,200 | 0 | 1,200 | 0 | 1,200 |
| 001206 TATTO PROGRAM ENVIRONMENTAL HEALTH | 8,107 | 0 | 8,107 | 0 | 8,107 |
| 001206 MOBILE HOME & RV PARK FEES | 6,562 | 0 | 6,562 | 0 | 6,562 |
| FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL | 621,271 | 0 | 621,271 | 0 | 621,271 |
| 5. OTHER CASH CONTRIBUTIONS - STATE: | | | | | |
| | 0 | 0 | 0 | 0 | 0 |
| 090001 DRAW DOWN FROM PUBLIC HEALTH UNIT | 0 | 0 | 0 | 0 | 0 |
| OTHER CASH CONTRIBUTION TOTAL | 0 | 0 | 0 | 0 | 0 |
| 6. MEDICAID - STATE/COUNTY: | | | | | |
| 001057 CHD CLINIC FEES | 0 | 645,755 | 645,755 | 0 | 645,755 |
| 001148 CHD CLINIC FEES | 0 | 1,697,785 | 1,697,785 | 0 | 1,697,785 |
| 001148 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES | 0 | 1,500 | 1,500 | 0 | 1,500 |
| MEDICAID TOTAL | 0 | 2,345,040 | 2,345,040 | 0 | 2,345,040 |
| 7. ALLOCABLE REVENUE - STATE: | | | | | |
| 001004 CHD STATEWIDE ENVIRONMENTAL FEES | 26,949 | 0 | 26,949 | 0 | 26,949 |
| 018000 CHD CLINIC FEES | 1,000 | 0 | 1,000 | 0 | 1,000 |
| 031005 STATE UNDERGROUND PETROLEUM RESPONSE ACT | 110 | 0 | 110 | 0 | 110 |
| 031005 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES | 64,000 | 0 | 64,000 | 0 | 64,000 |
| ALLOCABLE REVENUE TOTAL | 92,059 | 0 | 92,059 | 0 | 92,059 |
| 8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE | | | | | |
| ADAP | 0 | 0 | 0 | 2,069,221 | 2,069,221 |
| PHARMACY DRUG PROGRAM | 0 | 0 | 0 | 34,001 | 34,001 |
| WIC PROGRAM | 0 | 0 | 0 | 9,021,511 | 9,021,511 |
| BUREAU OF PUBLIC HEALTH LABORATORIES | 0 | 0 | 0 | 67,479 | 67,479 |
| IMMUNIZATIONS | 0 | 0 | 0 | 519,677 | 519,677 |
| OTHER STATE CONTRIBUTIONS TOTAL | 0 | 0 | 0 | 11,711,889 | 11,711,889 |
| 9. DIRECT LOCAL CONTRIBUTIONS - BCC/TAX DISTRICT | | | | | |
| 008005 CHD LOCAL REVENUE & EXPENDITURES | 0 | 467,415 | 467,415 | 0 | 467,415 |
| DIRECT COUNTY CONTRIBUTIONS TOTAL | 0 | 467,415 | 467,415 | 0 | 467,415 |
| 10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY | | | | | |
| 001077 CHD CLINIC FEES | 0 | 172,066 | 172,066 | 0 | 172,066 |

ATTACHMENT II

BREVARD COUNTY HEALTH DEPARTMENT

Part II, Sources of Contributions to County Health Department

October 1, 2022 to September 30, 2023

| | State CHD Trust Fund (cash) | County CHD Trust Fund | Total CHD Trust Fund (cash) | Other Contribution | Total |
|----------------------------------------------------------------------|-----------------------------------|-----------------------------|-----------------------------------|-----------------------|-----------|
| 001077 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES | 0 | 1,400 | 1,400 | 0 | 1,400 |
| 001094 CHD LOCAL ENVIRONMENTAL FEES | 0 | 2,194,438 | 2,194,438 | 0 | 2,194,438 |
| 001110 VITAL STATISTICS CERTIFIED RECORDS | 0 | 695,645 | 695,645 | 0 | 695,645 |
| FEES AUTHORIZED BY COUNTY TOTAL | 0 | 3,063,549 | 3,063,549 | 0 | 3,063,549 |
| 11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY | | | | | |
| 001029 CHD CLINIC FEES | 0 | 180,302 | 180,302 | 0 | 180,302 |
| 001029 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES | 0 | 16,320 | 16,320 | 0 | 16,320 |
| 001090 CHD CLINIC FEES | 0 | 1,334 | 1,334 | 0 | 1,334 |
| 001090 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES | 0 | 4,505 | 4,505 | 0 | 4,505 |
| 008050 SCHOOL HEALTH CLINICS FUNDED BY SCHOOL BOARD | 0 | 3,811,613 | 3,811,613 | 0 | 3,811,613 |
| 010300 STATE UNDERGROUND PETROLEUM RESPONSE ACT | 0 | 1,716 | 1,716 | 0 | 1,716 |
| 010300 MIGRANT LABOR HOUSING INSPECTION H-2A PROGRAM | 0 | 934 | 934 | 0 | 934 |
| 010400 CHD SALE OF SERVICES IN OR OUTSIDE OF STATE GOVT | 0 | 11,715 | 11,715 | 0 | 11,715 |
| 011000 SUSAN G KOMEN BREAST CANCER FOUNDATION | 0 | 6,800 | 6,800 | 0 | 6,800 |
| 011000 NURSE FAMILY PARTNERSHIP | 0 | 26,054 | 26,054 | 0 | 26,054 |
| 011000 UNITED WAY CONTRACTS WITH CHDS | 0 | 78,750 | 78,750 | 0 | 78,750 |
| 011001 CHD HEALTHY START COALITION CONTRACT | 0 | 65,000 | 65,000 | 0 | 65,000 |
| 011001 NURSE FAMILY PARTNERSHIP | 0 | 69,313 | 69,313 | 0 | 69,313 |
| 090002 DRAW DOWN FROM PUBLIC HEALTH UNIT | 0 | 187,489 | 187,489 | 0 | 187,489 |
| OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL | 0 | 4,461,845 | 4,461,845 | 0 | 4,461,845 |
| 12. ALLOCABLE REVENUE - COUNTY | | | | | |
| 001004 CHD STATEWIDE ENVIRONMENTAL FEES | 0 | 26,950 | 26,950 | 0 | 26,950 |
| 018000 CHD CLINIC FEES | 0 | 1,000 | 1,000 | 0 | 1,000 |
| 031005 STATE UNDERGROUND PETROLEUM RESPONSE ACT | 0 | 110 | 110 | 0 | 110 |
| 031005 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES | 0 | 64,000 | 64,000 | 0 | 64,000 |
| COUNTY ALLOCABLE REVENUE TOTAL | 0 | 92,060 | 92,060 | 0 | 92,060 |
| 13. BUILDINGS - COUNTY | | | | | |
| 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 | 28,000 | 28,000 |
| 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 |
| BUILDINGS TOTAL | 0 | 0 | 0 | 28,000 | 28,000 |
| 14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY | | | | | |
| EQUIPMENT / VEHICLE PURCHASES | 0 | 0 | 0 | 0 | 0 |
| VEHICLE INSURANCE | 0 | 0 | 0 | 0 | 0 |
| VEHICLE MAINTENANCE | 0 | 0 | 0 | 0 | 0 |
| OTHER COUNTY CONTRIBUTION (SPECIFY) | 0 | 0 | 0 | 0 | 0 |
| OTHER COUNTY CONTRIBUTION (SPECIFY) | 0 | 0 | 0 | 0 | 0 |

ATTACHMENT II

BREVARD COUNTY HEALTH DEPARTMENT

Part II, Sources of Contributions to County Health Department

October 1, 2022 to September 30, 2023

| | State CHD Trust Fund (cash) | County CHD Trust Fund | Total CHD Trust Fund (cash) | Other Contribution | Total |
|----------------------------------|-----------------------------------|-----------------------------|-----------------------------------|-----------------------|------------|
| OTHER COUNTY CONTRIBUTIONS TOTAL | 0 | 0 | 0 | 0 | 0 |
| GRAND TOTAL CHD PROGRAM | 18,194,186 | 10,429,909 | 28,624,095 | 11,739,889 | 40,363,984 |

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, 2022 to September 30, 2028**

| | Quarterly Expenditure Plan | | | | | | | | | Grand Total |
|------------------------------------------|----------------------------|------------------|---------------------|-----------|-----------------------------|-----------|-----------|-----------|-----------|-------------|
| | FTE's (0.00) | Clients Units | Services/ Visits | 1st | 2nd (Whole dollars only) | 3rd | 4th | State | County | |
| A. COMMUNICABLE DISEASE CONTROL: | | | | | | | | | | |
| IMMUNIZATION (101) | 3.82 | 2,220 | 2,794 | 100,503 | 86,167 | 100,503 | 86,166 | 204,742 | 168,597 | 373,339 |
| SEXUALLY TRANS. DIS. (102) | 8.86 | 2,001 | 2,728 | 172,706 | 148,070 | 172,706 | 148,069 | 34,206 | 607,345 | 641,551 |
| HIV/AIDS PREVENTION (03A1) | 1.73 | 0 | 17 | 38,609 | 33,101 | 38,609 | 33,101 | 143,420 | 0 | 143,420 |
| HIV/AIDS SURVEILLANCE (03A2) | 0.56 | 0 | 1 | 10,531 | 9,029 | 10,531 | 9,030 | 39,121 | 0 | 39,121 |
| HIV/AIDS PATIENT CARE (03A3) | 3.76 | 1 | 136 | 66,545 | 57,053 | 66,545 | 57,054 | 168,447 | 78,750 | 247,197 |
| ADAP (03A4) | 3.03 | 1 | 201 | 47,062 | 40,349 | 47,062 | 40,348 | 174,821 | 0 | 174,821 |
| TUBERCULOSIS (104) | 3.24 | 7 | 8 | 62,158 | 53,292 | 62,158 | 53,292 | 206,507 | 24,393 | 230,900 |
| COMM. DIS. SURV. (106) | 22.12 | 0 | 530 | 2,278,304 | 1,953,316 | 2,278,304 | 1,953,317 | 8,463,241 | 0 | 8,463,241 |
| HEPATITIS (109) | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| PREPAREDNESS AND RESPONSE (116) | 4.13 | 0 | 3 | 99,981 | 85,720 | 99,981 | 85,720 | 371,402 | 0 | 371,402 |
| REFUGEE HEALTH (118) | 1.02 | 326 | 544 | 18,900 | 16,204 | 18,900 | 16,204 | 70,208 | 0 | 70,208 |
| VITAL RECORDS (180) | 4.45 | 17,733 | 63,536 | 110,046 | 94,349 | 110,046 | 94,348 | 0 | 408,789 | 408,789 |
| COMMUNICABLE DISEASE SUBTOTAL | 58.72 | 22,289 | 70,498 | 3,005,345 | 2,576,650 | 3,005,345 | 2,576,649 | 9,876,115 | 1,287,874 | 11,163,989 |
| B. PRIMARY CARE: | | | | | | | | | | |
| CHRONIC DISEASE PREVENTION PRO (210) | 4.55 | 0 | 0 | 106,474 | 91,286 | 106,474 | 91,285 | 393,626 | 1,893 | 395,519 |
| WIC (21W1) | 36.52 | 16,837 | 99,980 | 665,871 | 570,888 | 665,871 | 570,889 | 2,458,312 | 15,207 | 2,473,519 |
| TOBACCO USE INTERVENTION (212) | 0.00 | 0 | 0 | 2,692 | 2,308 | 2,692 | 2,308 | 10,000 | 0 | 10,000 |
| WIC BREASTFEEDING PEER COUNSELING (21W2) | 1.27 | 0 | 3,058 | 29,167 | 25,006 | 29,167 | 25,007 | 107,820 | 527 | 108,347 |
| FAMILY PLANNING (223) | 24.78 | 2,740 | 5,530 | 459,087 | 393,601 | 459,087 | 393,601 | 1,187,927 | 517,449 | 1,705,376 |
| IMPROVED PREGNANCY OUTCOME (225) | 31.95 | 1,654 | 10,201 | 618,037 | 529,877 | 618,037 | 529,876 | 571,245 | 1,724,582 | 2,295,827 |
| HEALTHY START PRENATAL (227) | 0.00 | 0 | 0 | 58 | 50 | 58 | 49 | 0 | 215 | 215 |
| COMPREHENSIVE CHILD HEALTH (229) | 0.02 | 0 | 0 | 464 | 398 | 464 | 399 | 0 | 1,725 | 1,725 |
| HEALTHY START CHILD (231) | 0.26 | 6,326 | 22,893 | 5,285 | 4,531 | 5,285 | 4,530 | 0 | 19,631 | 19,631 |
| SCHOOL HEALTH (234) | 102.60 | 0 | 1,021,903 | 1,454,222 | 1,246,785 | 1,454,222 | 1,246,786 | 1,547,688 | 3,854,327 | 5,402,015 |
| COMPREHENSIVE ADULT HEALTH (237) | 7.11 | 901 | 1,208 | 128,579 | 110,238 | 128,579 | 110,237 | 306,217 | 171,416 | 477,633 |
| COMMUNITY HEALTH DEVELOPMENT (238) | 0.61 | 0 | 0 | 79,818 | 68,432 | 79,818 | 68,432 | 296,500 | 0 | 296,500 |
| DENTAL HEALTH (240) | 10.04 | 3,111 | 4,779 | 186,803 | 160,157 | 186,803 | 160,156 | 270,512 | 423,407 | 693,919 |
| PRIMARY CARE SUBTOTAL | 219.71 | 31,569 | 1,169,652 | 3,736,557 | 3,203,557 | 3,736,557 | 3,203,555 | 7,149,847 | 6,730,379 | 13,880,226 |
| C. ENVIRONMENTAL HEALTH: | | | | | | | | | | |
| Water and Onsite Sewage Programs | | | | | | | | | | |
| COSTAL BEACH MONITORING (347) | 0.19 | 295 | 295 | 5,889 | 5,049 | 5,889 | 5,050 | 21,240 | 637 | 21,877 |
| LIMITED USE PUBLIC WATER SYSTEMS (357) | 0.45 | 143 | 854 | 35,342 | 30,301 | 35,342 | 30,300 | 126,657 | 4,628 | 131,285 |
| PUBLIC WATER SYSTEM (358) | 0.06 | 0 | 0 | 1,218 | 1,044 | 1,218 | 1,045 | 4,337 | 188 | 4,525 |
| PRIVATE WATER SYSTEM (359) | 5.24 | 18 | 14,558 | 123,324 | 105,732 | 123,324 | 105,732 | 17,424 | 440,688 | 458,112 |
| ONSITE SEWAGE TREATMENT & DISPOSAL (361) | 21.63 | 9,419 | 19,118 | 449,460 | 385,346 | 449,460 | 385,346 | 61,594 | 1,608,018 | 1,669,612 |
| Group Total | 27.57 | 9,875 | 34,825 | 615,233 | 527,472 | 615,233 | 527,473 | 231,252 | 2,054,159 | 2,285,411 |
| Facility Programs | | | | | | | | | | |
| TATTOO FACILITY SERVICES (344) | 0.85 | 1,118 | 364 | 16,364 | 14,029 | 16,364 | 14,029 | 53,460 | 7,326 | 60,786 |
| FOOD HYGIENE (348) | 2.79 | 409 | 1,496 | 56,570 | 48,501 | 56,570 | 48,501 | 85,770 | 124,372 | 210,142 |

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, 2022 to September 30, 2023**

| | 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) | 0.23 | 25 | 30 | 5,718 | 4,902 | 5,718 | 4,903 | 20,084 | 1,167 | 21,241 |
| GROUP CARE FACILITY (351) | 0.40 | 234 | 337 | 5,347 | 4,584 | 5,347 | 4,585 | 17,956 | 1,907 | 19,863 |
| MIGRANT LABOR CAMP (352) | 0.07 | 18 | 35 | 1,541 | 1,321 | 1,541 | 1,322 | 4,534 | 1,191 | 5,725 |
| HOUSING & PUB. BLDG. (353) | 0.00 | 0 | 0 | 2,692 | 2,308 | 2,692 | 2,308 | 0 | 10,000 | 10,000 |
| MOBILE HOME AND PARK (354) | 1.06 | 288 | 770 | 25,516 | 21,876 | 25,516 | 21,875 | 77,983 | 16,800 | 94,783 |
| POOLS/BATHING PLACES (360) | 4.64 | 1,376 | 4,251 | 141,702 | 121,489 | 141,702 | 121,490 | 370,067 | 156,316 | 526,383 |
| BIOMEDICAL WASTE SERVICES (364) | 1.80 | 1,166 | 1,248 | 38,656 | 33,142 | 38,656 | 33,143 | 122,278 | 21,319 | 143,597 |
| TANNING FACILITY SERVICES (369) | 0.19 | 49 | 125 | 3,780 | 3,241 | 3,780 | 3,241 | 12,381 | 1,661 | 14,042 |
| Group Total | 12.03 | 4,683 | 8,656 | 297,886 | 255,393 | 297,886 | 255,397 | 764,513 | 342,049 | 1,106,562 |
| Groundwater Contamination | | | | | | | | | | |
| STORAGE TANK COMPLIANCE SERVICES (355) | 0.01 | 0 | 0 | 265 | 227 | 265 | 228 | 944 | 41 | 985 |
| SUPER ACT SERVICES (356) | 0.20 | 520 | 680 | 3,724 | 3,192 | 3,724 | 3,192 | 11,317 | 2,515 | 13,832 |
| Group Total | 0.21 | 520 | 680 | 3,989 | 3,419 | 3,989 | 3,420 | 12,261 | 2,556 | 14,817 |
| Community Hygiene | | | | | | | | | | |
| COMMUNITY ENVIR. HEALTH (345) | 0.21 | 0 | 3 | 4,731 | 4,056 | 4,731 | 4,056 | 16,830 | 744 | 17,574 |
| INJURY PREVENTION (346) | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| LEAD MONITORING SERVICES (350) | 0.00 | 0 | 0 | 39 | 33 | 39 | 34 | 137 | 8 | 145 |
| PUBLIC SEWAGE (362) | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| SOLID WASTE DISPOSAL SERVICE (363) | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| SANITARY NUISANCE (365) | 0.36 | 557 | 1,144 | 7,675 | 6,580 | 7,675 | 6,579 | 27,240 | 1,269 | 28,509 |
| RABIES SURVEILLANCE (366) | 0.03 | 0 | 0 | 916 | 785 | 916 | 785 | 3,301 | 101 | 3,402 |
| ARBORVIRUS SURVEIL. (367) | 0.02 | 0 | 0 | 414 | 355 | 414 | 354 | 1,476 | 61 | 1,537 |
| RODENT/ARTHROPOD CONTROL (368) | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| WATER POLLUTION (370) | 0.15 | 0 | 150 | 3,235 | 2,774 | 3,235 | 2,773 | 1,490 | 10,527 | 12,017 |
| INDOOR AIR (371) | 0.02 | 0 | 0 | 510 | 437 | 510 | 437 | 1,833 | 61 | 1,894 |
| RADIOLOGICAL HEALTH (372) | 0.03 | 0 | 0 | 846 | 725 | 846 | 725 | 3,021 | 121 | 3,142 |
| TOXIC SUBSTANCES (373) | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Group Total | 0.82 | 557 | 1,297 | 18,366 | 15,745 | 18,366 | 15,743 | 55,328 | 12,892 | 68,220 |
| ENVIRONMENTAL HEALTH SUBTOTAL | 40.63 | 15,635 | 45,458 | 935,474 | 802,029 | 935,474 | 802,033 | 1,063,354 | 2,411,656 | 3,475,010 |
| D. NON-OPERATIONAL COSTS: | | | | | | | | | | |
| NON-OPERATIONAL COSTS (599) | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ENVIRONMENTAL HEALTH SURCHARGE (399) | 0.00 | 0 | 0 | 27,068 | 23,207 | 27,068 | 23,207 | 100,550 | 0 | 100,550 |
| MEDICAID BUYBACK (611) | 0.00 | 0 | 0 | 1,163 | 997 | 1,163 | 997 | 4,320 | 0 | 4,320 |
| NON-OPERATIONAL COSTS SUBTOTAL | 0.00 | 0 | 0 | 28,231 | 24,204 | 28,231 | 24,204 | 104,870 | 0 | 104,870 |
| TOTAL CONTRACT | 317.06 | 69,493 | 1,285,508 | 7,705,607 | 6,606,440 | 7,705,607 | 6,606,441 | 18,194,186 | 10,429,909 | 28,624,095 |

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

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 - 2022 - 2023

Brevard County Health Department

Facilities Utilized by the County Health Department

| Complete Location (Street Address, City, Zip) | Facility Description And Official Building Name (if applicable) (Admin, Clinic, Envrn Hlth, etc.) | Lease/ Agreement Number | Type of Agreement (Private Lease thru State or County, other - please define) | Complete Legal Name of Owner | SQ Feet | Employee Count (FTE/OPS/ Contract) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------|---------------------------------------------|
| Administrative Headquarters 2565 Judge Fran Jamieson Way Viera, Florida 32940 | Facility (Administration, Admin Services, Epidemiology, Vital Statistics, School Health, Public Health Preparedness) | 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. | | | | | | |

**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> |
|----------------------|--------------|---------------|--------------|
| 2021-2022* | \$ <u>0</u> | \$ <u>0</u> | \$ <u>0</u> |
| 2022-2023** | \$ <u>0</u> | \$ <u>0</u> | \$ <u>0</u> |
| 2023-2024*** | \$ <u>0</u> | \$ <u>0</u> | \$ <u>0</u> |
| 2024-2025*** | \$ <u>0</u> | \$ <u>0</u> | \$ <u>0</u> |
| PROJECT TOTAL | \$ <u>0</u> | \$ <u>0</u> | \$ <u>0</u> |

SPECIAL PROJECTS CONSTRUCTION/RENOVATION PLAN

PROJECT NUMBER: _____

PROJECT NAME: _____

LOCATION/ADDRESS: _____

PROJECT TYPE: NEW BUILDING ROOFING
 RENOVIATION PLANNING STUDY
 NEW ADDITION OTHER

SQUARE FOOTAGE: 0

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

START DATE (initial expenditure of funds) : _____

COMPLETION DATE: _____

DESIGN FEES: \$ 0

CONSTRUCTION COSTS: \$ 0

FURNITURE/EQUIPMENT: \$ 0

TOTAL PROJECT COST: \$ 0

COST PER SQ FOOT: \$ 0

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

* Cash balance as of 9/30/22

** Cash to be transferred to FCO account.

*** Cash anticipated for future contract years.

RESOLUTION 2022-138

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 OCTOBER, 2022.

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

Annual permits are prorated semi-annually

1. Annual operating permit - up to and including 25,000 gallons
 - State fee \$ 125.00
 - BCC resolution fee 100.00
 - Total \$ 225.00
2. Annual operating permit - more than 25,000 gallons
 - State fee \$ 250.00
 - BCC resolution fee 100.00
 - Total \$ 350.00
3. Exempted Condo or Co-op Pools (over 32 units)
 - State fee \$ 50.00
 - BCC resolution fee 100.00
 - Total \$ 150.00
4. Re-inspection (no charge for 1st reinspection)
 - BCC resolution fee \$ 60.00
 - Total \$ 60.00
5. Initial Operating Permit
 - State fee \$ 150.00
 - BCC resolution fee 50.00
 - Total \$ 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 \$ 35.00
- 10. Variance Request
(full amount is transferred to Bureau of Water)
 - State Fee \$300.00

B. Mobile Home & Recreational Vehicle Parks

Fees are prorated on a quarterly basis

- 1. Annual permit for 5 – 25 spaces
 - State Fee \$ 100.00
 - BCC resolution fee 75.00
 - Total \$ 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 \$ 675.00
- 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 \$ 35.00

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 | \$ 35.00 |
|--------------------------------|----------|

D. Biomedical Waste Generators
No Proration

- | | | |
|----|------------------------------------------------------------------------------------------------------------------------|--------------|
| 1. | Initial permit - Biomedical Waste Generators, Storage or Treatment | |
| | - State fee | \$ 85.00 |
| | - BCC resolution fee | <u>10.00</u> |
| | Total | \$ 95.00 |
| 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 | <u>10.00</u> |
| | Total | \$ 95.00 |
| 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 | <u>10.00</u> |
| | Total | \$ 115.00 |
| 4. | Initial Transporter Registration (includes one truck) | |
| | - State fee | \$ 85.00 |
| 5. | Initial Registration of Each Additional Truck | |
| | - State fee | \$ 10.00 |
| 6. | Annual Registration Renewal (postmarked by 10/01, includes one truck) | |
| | - State fee | \$ 85.00 |
| 7. | Annual Registration Renewal (postmarked after 10/01, Includes one truck) | |
| | - State fee | \$ 105.00 |
| 8. | Annual Registration of Each Additional Truck | |
| | - State fee | \$ 10.00 |
| 9. | Re-Inspection Fee (no charge for first re-inspection) | |
| | - BCC resolution fee | \$ 60.00 |

E. Tanning Facilities

Fees are prorated on a quarterly basis

| | | |
|----|----------------------------------------------------------------|--------------|
| 1. | Annual License State fee-Facility (with one device) . | \$ 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 | \$ 35.00 |
| 3. | Maximum license fee that can be charged for tanning Facilities | |
| | - State fee | \$ 315.00 |
| | - BCC resolution fee | <u>25.00</u> |
| | Total Maximum license fee that can be charged . . . | \$ 340.00 |
| 4. | Re-inspection fee (no charge after first re-inspection) | |
| | - 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 license only

| | | |
|----|---------------------------------------------------------|--------------|
| 1. | Initial License | |
| | - - State fee | \$ 150.00 |
| | - BCC resolution fee | <u>20.00</u> |
| | | \$ 170.00 |
| 2. | Temporary Establishment | |
| | - State fee | \$ 75.00 |
| | - BCC resolution fee | <u>20.00</u> |
| | | \$ 95.00 |
| 3. | Annual Renewal License Fee | |
| | - State fee | \$ 150.00 |
| | - BCC resolution fee | <u>20.00</u> |
| | | \$ 170.00 |
| 4. | Late fee (on permits paid after October 1) | |
| | - State fee | \$ 100.00 |
| 5. | Re-Inspection fee (no charge after first re-inspection) | |
| | - BCC resolution fee | \$ 60.00 |

G. Tattooing

No Proration

| | | |
|-----|-------------------------------------------------------|--------------|
| 1. | Initial Establishment License | |
| | - State fee | \$ 200.00 |
| | - BCC resolution fee | <u>20.00</u> |
| | | \$ 220.00 |
| 2. | Temporary Establishment License | |
| | - State fee | \$ 200.00 |
| | - BCC resolution fee | <u>20.00</u> |
| | | \$ 220.00 |
| 3. | Annual Establishment Renewal License | |
| | - State fee | \$ 200.00 |
| | - BCC resolution fee | <u>20.00</u> |
| | | \$ 220.00 |
| 4. | Tattoo Artist License | |
| | - State fee | \$ 60.00 |
| 5. | Tattoo Artist Renewal License | |
| | - State fee | \$ 60.00 |
| 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 |
| 10. | Re-Inspection fee (no charge for first re-inspection) | |
| | - BCC resolution fee | \$ 60.00 |

H. Food Service

Fees are prorated on a quarterly basis

| | | |
|----|--------------------------------------------------|--------------|
| 1. | Annual Permit for Fraternal/Civic organizations, | |
| | - State fee | \$ 190.00 |
| | - BCC resolution fee | <u>40.00</u> |
| | Total Annual Permit Fee | \$ 230.00 |
| 2. | Annual permit for School Cafeteria: | |

| | | |
|-----|-------------------------------------------------------------------------------|--------------|
| | operating for 9 months or less | |
| | - State fee | \$ 170.00 |
| | - BCC resolution fee | <u>20.00</u> |
| | Total Annual Permit Fee | \$ 190.00 |
| 3. | Annual Permit School Cafeteria Operating for more than 9 months | |
| | - State fee | \$ 200.00 |
| | - BCC resolution fee | <u>20.00</u> |
| | | \$ 220.00 |
| 4. | Annual permit for Movie Theatres | |
| | - State fee | \$ 40.00 |
| | - BCC resolution fee | <u>40.00</u> |
| | Total Annual Permit Fee | \$ 80.00 |
| 5. | Annual Permit for Jails/Prisons | |
| | - State fee | \$ 250.00 |
| 6. | Annual Permit for Bars/Lounges (Drink Service Only) | |
| | - State Fee | \$ 190.00 |
| | - BCC resolution fee | <u>40.00</u> |
| | Total Annual Permit Fee | \$ 230.00 |
| 7. | Annual permit for Residential Facilities | |
| | - State fee | \$ 135.00 |
| | - BCC resolution fee | <u>40.00</u> |
| | Total Annual Permit Fee | \$ 175.00 |
| 8. | Annual permit for Limited Food Service | |
| | - State fee | \$ 110.00 |
| 9. | Annual permit Other Food Service | |
| | - State fee | \$ 190.00 |
| | - BCC resolution fee | <u>40.00</u> |
| | Total Annual Permit 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 Potentially Hazardous Food (PHF) | |
| | - 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 | |
| | - State fee | \$ 40.00 |
| | - BCC resolution fee | <u>35.00</u> |
| | Total Plan Review Fee for New Facilities | \$ 75.00 |
| 15. | Plan Review For Modifications Only | |
| | - State fee | \$ 40.00 |
| | - BCC resolution fee | <u>10.00</u> |
| | Total Plan Review Fee for Modifications | \$ 50.00 |
| 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 | <u>10.00</u> |
| | Total Late Fee | \$ 35.00 |
| 20. | Alcoholic Beverage Inspection Approval | |
| | - State fee | \$ 30.00 |
| 21. | Temporary event for Food Service establishment for Sponsor without an existing sanitation certificate (serving non-PHF for 4 or more days or serving PHF for any number of days) | |
| | - State fee | \$ 100.00 |
| | - BCC resolution fee | <u>20.00</u> |
| | Total fee | \$ 120.00 |
| 22. | Temporary Event for Food Service establishment vendor or booth w/o existing sanitation certificate (if serving PHF and not licensed by a State agency for food service, serving non-PHF for 4 or more days, or currently State licensed for food service by another agency and serving PHF for 4 or more days) | |
| | - State fee | \$ 50.00 |

23. Temporary Event for Food Service establishment for Sponsor with an existing sanitation certificate serving Any type of food or w/o existing sanitation certificate and serving non-PHF for 3 days or less) for any number of days)
 - BCC resolution fee \$ 40.00

H. Onsite Sewage Treatment and Disposal Systems – OSTDS (Septic Tanks)
 No Proration (except OSTED Service – prorated quarterly)

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 \$ 115.00**
2. Application and approval for existing system (does not include system inspection)
 - State fee \$ 35.00
 - BCC resolution fee 25.00
 - Total \$ 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 \$ 195.00**
8. Permit for modification of a system

| | | |
|-----|--------------------------------------------------------------------------------------------------------------------------------------|---------------|
| | - State fee | \$ 55.00 |
| | - BCC resolution fee | <u>135.00</u> |
| | Total | \$ 190.00 |
| 9. | Permit for holding tank (s) | |
| | - State Fee | \$ 55.00 |
| | - State research fee | <u>5.00</u> |
| | Total | \$ 60.00 |
| 10. | Initial system inspection | |
| | - State fee | \$ 75.00 |
| | - BCC resolution fee | <u>10.00</u> |
| | | \$ 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 | <u>25.00</u> |
| | Total | \$ 75.00 |
| 14. | System abandonment permit (includes permit issuance and inspection) | |
| | - State fee. | \$ 50.00 |
| | - BCC resolution fee | <u>20.00</u> |
| | Total | \$ 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 oper. Permit (every 2 years) | |
| | - State fee | \$ 100.00 |
| | - BCC resolution fee | <u>50.00</u> |
| | Total | \$ 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 | <u>50.00</u> |
| | Total | \$ 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 | <u>75.00</u> |
| | Total | \$ 175.00 |
| 21. | Septic disposal service permit (annual) | |
| | - State fee | \$ 75.00 |
| | - BCC resolution fee | <u>100.00</u> |
| | Total | \$ 175.00 |
| 22. | Portable or temporary toilet service permit (annual) | |
| | - State fee | \$ 75.00 |
| | - BCC resolution fee | <u>100.00</u> |
| | Total | \$ 175.00 |
| 23. | Additional charge per pump-out vehicle as it relates to items 20 and 21 above | |
| | - State fee | \$ 35.00 |
| | - BCC resolution fee | <u>25.00</u> |
| | Total | \$ 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 |
| 27. | Variance application for a single family residence per each lot or building site (State variance) | |
| | - State fee | \$ 200.00 |
| | - BCC resolution fee | <u>100.00</u> |
| | Total | \$ 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 | <u>125.00</u> |
| | Total | \$ 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 | \$ 35.00 |
| 32. | Scheduling Fee – Voluntary requests | |
| | - Pre-Scheduling of inspection times by appointment | |
| | - BCC resolution fee | \$ 30.00 |

I. Drinking Water

Fees are prorated on a quarterly basis

Except systems constructed on or after 01/01/1993 have no proration

| | | |
|----|--------------------------------------------------------------------------------------------------------------------|--------------|
| 1. | Public water system construction and operation permit fee – Limited use (First year) | |
| | - State fee | \$ 90.00 |
| | - BCC resolution fee | <u>20.00</u> |
| | Total | \$ 110.00 |
| 2. | Public water system annual operation permit fee – Limited use (Second year and beyond or change of owner/business) | |
| | - State fee | \$ 90.00 |
| | - BCC resolution fee | <u>20.00</u> |
| | Total | \$ 110.00 |
| 3. | Multi-Family Water System Construction Permit | |
| | - State fee | \$ 75.00 |
| 4. | Initial operating permit fee after March 31 of any year | |
| | - State fee | \$ 45.00 |
| | - BCC resolution fee | <u>10.00</u> |
| | Total | \$ 55.00 |

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 + <u>10.00</u> |
| Total | Lab cost + \$ 60.00 |

Chemical Sample Collection

| | |
|--------------------------------|-------------------------|
| - State fee | \$ 60.00 |
| - BCC resolution fee | Lab cost + <u>10.00</u> |
| Total | Lab cost + \$ 70.00 |

Combined Microbiological and Chemical Collection

| | |
|--------------------------------|-------------------------|
| - State fee | \$ 70.00 |
| - BCC resolution fee | Lab cost + <u>10.00</u> |
| Total | Lab cost + \$ 80.00 |

6. Re-Inspection of Multi-family water system
(no charge for first re-inspection)

| | |
|--------------------------------|--------------|
| - State fee | \$ 40.00 |
| - BCC resolution fee | <u>20.00</u> |
| Total | \$ 60.00 |

7. Re-inspection of Limited Use Public water system
(no charge for first re-inspection)

| | |
|--------------------------------|--------------|
| - State fee | \$ 40.00 |
| - BCC resolution fee | <u>20.00</u> |
| Total | \$ 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. Family Day Care establishment, Annual operating permit

| | |
|-----------------------|----------|
| - State fee | \$ 30.00 |
|-----------------------|----------|

11. Family Day Care establishment, Initial Operating
Permit fee after March 31

| | |
|-----------------------|----------|
| - State fee | \$ 15.00 |
|-----------------------|----------|

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 \$ 35.00

J. 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
4. Other Public Building fee
 - BCC resolution fee \$ 40.00
5. Re-Inspection fee (no charge for first re-inspection)
 - BCC resolution fee \$ 60.00
6. Late Fee for Animal Care Facility
(on permits paid after expiration date)
 - BCC resolution fee \$ 35.00

K. Group Care Facilities

No Proration

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
4. Residential Facility (Private) fee
 - BCC resolution fee \$ 35.00
5. Re-Inspection fee (no charge for first re-inspection)
 - BCC resolution fee \$ 50.00

L. 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)0.00
 - 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 (2 or more on one site/facility) \$ 100.00
6. Well Abandonment Permit
 - BCC resolution fee \$ 35.00
7. Re-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 (1) (includes permit fee) | |
| - BCC resolution fee | \$ 100.00 |
| 13. Late Fee / No Application for Monitoring Well Construction (2 or more on one site/facility) (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 | 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 |

M. Other Services

1. Review and revision of Plot Plan or Septic Plan for commercial, single family residence, 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 \$.25 per page

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.

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) | \$ 100.00 |
| 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) | \$ 50.00 |
| 4. | Pregnancy test and Counseling | \$ 25.00 |
| 5. | STD (Sexually Transmitted Diseases) screening w/ Urine Test | \$ 40.00 |
| 6. | STD (Sexually Transmitted Diseases) screening w/o Urine Test | \$ 30.00 |
| 7. | 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 |
| 8. | Laboratory specimen collection draw fee (Lab Only Visits), per patient | \$ 12.00 |
| 9. | Tuberculosis (TB) Sputum Culture for suspected, confirmed or symptomatic contact or case | No Charge |

10. 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 shot, per person, per visit
..... \$ 20.00
- b. Cost of vaccine (see list below)

11. 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) \$30.00
Medicare will be accepted as full payment where applicable
- c. Hepatitis A - Adult (age 19+) Initial / Booster,
cost per each \$39.00
Vaccine administration fees 20.00
Total \$59.00
- d. Hepatitis B – Adult Initial / Booster, cost per each . . . \$ 62.00
Vaccine administration fees 20.00
Total \$ 82.00
- e. Hepatitis A / B Twinrix, Recombination,
cost per each \$ 112.00
Vaccine administration fees. 20.00
Total \$ 132.00
- f. IM HIB for Adults, cost per each \$ 22.00
Vaccine administration fees 20.00
Total \$ 42.00
- g. Measles / Mumps / Rubella, cost per each \$81.00
Vaccine administration fees 20.00
Total \$101.00

| | | |
|----|---------------------------------------------------------------------------------------------------------|---------------|
| h. | Meningococcal (Menactra/Menomune), | |
| | cost per each | \$ 129.00 |
| | Vaccine administration fees | <u>20.00</u> |
| | Total | \$ 149.00 |
| i. | Polio, Injectable, cost per each | \$ 32.00 |
| | Vaccine administration fees | <u>20.00</u> |
| | Total | \$ 52.00 |
| j. | Tetanus (Td) (Decavac), cost per each | \$ 33.00 |
| | Vaccine administration fees. | <u>20.00</u> |
| | Total | \$ 53.00 |
| k. | TDAP (Adacel) | \$ 36.00 |
| | Vaccine administration fees | <u>20.00</u> |
| | Total | \$ 56.00 |
| l. | TDAP (Boostrix) | \$ 36.00 |
| | Vaccine administration fees. | <u>20.00</u> |
| | Total | \$ 56.00 |
| m. | Typhoid Fever, cost per each | \$100.00 |
| | Vaccine administration fees | <u>20.00</u> |
| | Total | 120.00 |
| n. | Varicella, cost per each. | \$ 188.00 |
| | Vaccine administration fees. | <u>20.00</u> |
| | Total | \$ 208.00 |
| o. | Yellow Fever, cost per each | \$ 139.00 |
| | Vaccine administration fees. | <u>20.00</u> |
| | Total | \$ 159.00 |
| p. | Gama Stan (2 ml), cost for each | \$ 86.00 |
| | Vaccine administration fees. | <u>20.00</u> |
| | Total | \$ 106.00 |
| q. | H.I.B. (Haemophilus Influenzae Type B) for Adults | |
| | cost per each | \$ 22.00 |
| | Vaccine administration fees | <u>20.00</u> |
| | Total | \$ 42.00 |
| r. | All other immunizations and available vaccines for adults provided at cost of vaccine plus | \$ 20.00 each |

12. Required Immunizations for eligible children up to age 18 -
From VFC (Vaccine For Children) stock No Charge
13. 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 |
14. Class/Seminar attendance registration
Per person charge for non-Brevard CHD employees
- Cost of booklets given to each attendee plus \$ 10.00

SECTION C - VITAL STATISTICS

1. Birth Certificates:

| | |
|--------------------------------------------|-------------|
| - State fee | \$ 9.00 |
| - Fee pursuant to BCC Resolution | <u>3.00</u> |
| 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 | <u>8.00</u> |
| Total Fee for Additional Copies of Birth Certificates | \$ 12.00 |
3. Death Certificates - Certified Copy

| | |
|--------------------------------------------|-------------|
| - State fee | \$5.00 |
| - Fee pursuant to BCC Resolution | <u>4.00</u> |
| Total Fee for Death Certificate | \$ 9.00 |
4. Additional copies of Death Certificates when ordered
at the same time

| | |
|-----------------------------------------------------------------|-------------|
| a. State fee | \$ 4.00 |
| b. Fee pursuant to BCC Resolution | <u>5.00</u> |
| Total Fee for Additional Copies of Death Certificates | \$ 9.00 |
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:

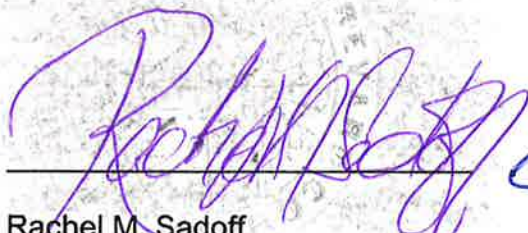
1. Copying of Medical Record (per one sided copy) 15 cents
2. Copying of Medical Record (per two sided copy) 20 cents
3. Certified copy of Medical Record, per page \$ 1.00
4. Copying of Public Record (per page) 25 cents

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 October, 2022.

ATTEST:

BOARD OF COUNTY COMMISSIONERS
BREVARD COUNTY, FLORIDA



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



BY:

Kristine Zonka
Chairperson

Review for legal form and content



Heather Balser, Esq.
Assistant County Attorney

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