

Meeting Date
October 24, 2017



AGENDA	
Section	Consent
Item No.	II-B.1

**AGENDA REPORT
BREVARD COUNTY BOARD OF COUNTY COMMISSIONERS**

SUBJECT:	APPROVAL, RE: EXECUTION OF FY 2017-2018 AGREEMENT WITH STATE OF FLORIDA DEPARTMENT OF HEALTH, BREVARD COUNTY HEALTH DEPARTMENT AND THE HEALTH DEPARTMENT FEE RESOLUTION (FISCAL IMPACT: \$467,415)
DEPT/OFFICE:	Community Services Group / Housing & Human Services

Requested Action:

It is requested that the Board of County Commissioners approve and authorize the Chairman to execute: 1) the annual agreement with the State of Florida, Department of Health for operation of the Brevard County Health Department for FY 2017-2018; 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; and 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.

Summary Explanation & 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 – 2575 N. Courtenay Pkwy, Merritt Island; 2725 Judge Fran Jamieson Way, Bldg. A, Viera; 1748 Cedar St., Rockledge; 611 Singleton Ave., Titusville; 2555 Judge Fran Jamieson Way, Viera; 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.

(Continued on next page)

Clerk to the Board Instructions: Please have Chair sign agreements, then return to HHS for further execution

Exhibits Attached: 1) AO-29s; 2) Annual Agreement w/Brevard County Health Department; 3) BCHD Fee Resolution Summary; 4) BCHD Fee Resolution w/strike-thru; 5) BCHD Fee Resolution

Contract /Agreement (If attached): Reviewed by County Attorney		Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	PR	<input checked="" type="checkbox"/>
County Manager	Interim Assistant County Manager	Department/Director / Extension					
Frank Abbate	Jim Liesenfeld	Ian Golden, Director (X52007)					

PUBLIC HEALTH VACCINATIONS

- Pneumococcal Vaccination (Pneumonia Shot) - from \$75.00 to \$80.00
- Hepatitis A Vaccination - Adult, Initial/Booster - from \$54.00 to \$56.00
- Measles/Mumps/Rubella - from \$82.00 to \$86.00
- Tetanus (Td) (Decavac) - from \$50.00 to \$53.00
- Typhoid Fever - from \$80.00 to \$83.00
- Varicella - from \$130.00 to \$204.00
- Yellow Fever - \$141.00 to \$159.00

PRIMARY CARE

- Initial/Annual Family Planning Pkg (visit, lab, condoms) - from \$0.00 to \$40.00
- Pregnancy Test - from \$20.00 to \$25.00
- Sexually Transmitted Diseases (STD) screen w/Urine Test - from \$35.00 to \$40.00
- Sexually Transmitted Diseases (STD) screen w/o Urine Test - from \$25.00 to \$30.00
- TB Screening Test - from \$25.00 to \$30.00

ENVIRONMENTAL HEALTH

- Late Fee for: Public Swimming Pools, Mobile Home Parks, Migrant Labor Camps, Tanning Facilities, Drinking Water, Animal Care Facilities - from \$25.00 to \$35.00
- Reinspection Fee for: Public Swimming Pools, Mobile Home Parks, Migrant Labor Camps, Biomedical Waste Generators, Tanning Facilities, Body Piercing, Tattooing, Drinking Water, Adult Entertainment, Animal Care, Other Public Building - from \$50.00 to \$60.00
- Tanning Facilities - Plan Review Fee For New Tanning Facilities or Modifications - from \$0.00 to \$40.00
- Movie Theatres - Annual Permit - State Fee - from \$190.00 to \$40.00
- Food Service - Plan Review For New Facilities - from \$40.00/hour to a \$40.00 flat fee plus a BCC resolution fee - from \$0.00 to \$35.00 (revenue neutral)
- Food Service - Plan Review For Modifications Only - from \$40.00/hour to a \$40.00 flat fee plus a BCC resolution fee - from \$0.00 to \$10.00 (revenue neutral)
- Food Service - Temporary Event establishment inspection - from \$20.00 to \$40.00
- Well Construction Program - Emergency Well Permanent - from \$0.00 to \$25.00

Contact: Juanita Davis, Assistant Director (633-2007)

Fiscal Impact: FY17/18 – The impact to General Fund will be \$467,415. Funds are budgeted in Fund 0001, Cost Center 201470.

FY 18/19– There will be a fiscal impact to the General Fund, if approved by the BOCC.



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

Telephone: (321) 637-2001
Fax: (321) 264-6972
Tammy.Rowe@brevardclerk.us

October 25, 2017

MEMORANDUM

TO: Ian Golden, Housing and Human Services Director Attn: Juanita Davis

RE: Item II.B.1., Fee Resolution and Agreement with State of Florida, Department of Health, for Operation of the Brevard County Health Department for FY 2017-2018

The Board of County Commissioners, in regular session on October 24, 2017, adopted Resolution No. 17-212, 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; executed Agreement with State of Florida, Department of Health, for operation of the Brevard County Health Department for FY 2017-2018; and authorized the Chairman, and/or County Manager, or his designee, to execute any future amendments or agreements contingent upon approval of Risk Management and the County Attorney. Enclosed are three fully-executed Resolutions and four executed Agreements.

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

Your continued cooperation is always appreciated.

Sincerely,

BOARD OF COUNTY COMMISSIONERS
SCOTT ELLIS, CLERK

Tammy Rowe, Deputy Clerk

Encls. (7)

cc: Contracts Administration
Finance
Budget

**BREVARD COUNTY
BOARD OF COUNTY COMMISSIONERS**



INITIAL CONTRACT REVIEW AND APPROVAL FORM

SECTION I - GENERAL INFORMATION

1. Contractor: Brevard County Health Department State and Core County Contract	
2. Fund/Account #: 001-201470-5340000	3. Department Name: Housing & Human Services
4. Contract Description: Public Health Services, Adult Dental Clinics and Indigent Maternity Programs	
5. Contract Monitor: Lesley Singleton, ext. 5-2695	7. Contract Type: SERVICES
6. Dept/Office Director: Ian Golden	

SECTION II - REVIEW AND APPROVAL TO ADVERTISE

<u>COUNTY OFFICE</u>	<u>APPROVAL</u>		<u>SIGNATURE</u>	<u>DATE</u>
	<u>YES</u>	<u>NO</u>		
User Agency	<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

<u>COUNTY OFFICE</u>	<u>APPROVAL</u>		<u>SIGNATURE</u>	<u>DATE</u>
	<u>YES</u>	<u>NO</u>		
User Agency	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Risk Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lairsey, Matt <small>Director of Contract Management Brevard County Health Department 1000 E. US Highway 1 Deer Creek, FL 32911-1200</small>	10/10/2017
County Attorney	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

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	<input type="checkbox"/>
Contract Title	<input type="checkbox"/>
Contract Type	<input type="checkbox"/>
Contract Amount	<input type="checkbox"/>
Storage Location (SAP)	<input type="checkbox"/>
Contract Approval Date	<input type="checkbox"/>
Contract Effective Date	<input type="checkbox"/>
Contract 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 (Initial Contract Form with County Attorney/ Risk Management 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**



INITIAL CONTRACT REVIEW AND APPROVAL FORM

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SECTION II - REVIEW AND APPROVAL TO ADVERTISE

COUNTY OFFICE	APPROVAL		SIGNATURE	DATE
	YES	NO		
User Agency	<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

COUNTY OFFICE	APPROVAL		SIGNATURE	DATE
	YES	NO		
User Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>[Signature]</i>	10/03/17
Risk Management	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
County Attorney	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>[Signature]</i>	10/9/17

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	<input type="checkbox"/>
Contract Title	<input type="checkbox"/>
Contract Type	<input type="checkbox"/>
Contract Amount	<input type="checkbox"/>
Storage Location (SAP)	<input type="checkbox"/>
Contract Approval Date	<input type="checkbox"/>
Contract Effective Date	<input type="checkbox"/>
Contract Expiration Date	<input type="checkbox"/>
Contract Absolute End Data (No Additional Renewals/Extensions)	<input type="checkbox"/>
Material Group	<input type="checkbox"/>
Contract Documents Uploaded in CM database (Initial Contract Form with County Attorney/ Risk Management 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"/>

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**Fee Resolution for Brevard County Health Department
Recommended Changes for FY 2017-2018**

<u>Service</u>	<u>Current County Fee</u>	<u>Proposed County Fee</u>	<u>Amount of Change</u>	<u>Reason for Change</u>
<u>PUBLIC HEALTH VACCINATIONS</u>				
Pneumococcal Vaccination (Pneumonia Shot)	\$75.00	\$80.00	\$5.00	To cover the increased cost of the vaccine from the vendor
Hepatitis A Vaccination - Adult, Initial / Booster	\$54.00	\$56.00	\$2.00	To cover the increased cost of the vaccine from the vendor
Measles / Mumps / Rubella	\$82.00	\$86.00	\$4.00	To cover the increased cost of the vaccine from the vendor
Tetanus (Td) (Decavac)	\$50.00	\$53.00	\$3.00	To cover the increased cost of the vaccine from the vendor
Typhoid Fever	\$80.00	\$83.00	\$3.00	To cover the increased cost of the vaccine from the vendor
Varicella	\$130.00	\$204.00	\$74.00	To cover the increased cost of the vaccine from the vendor
Yellow Fever	\$141.00	\$159.00	\$18.00	To cover the increased cost of the vaccine from the vendor
<u>PRIMARY CARE</u>				
Initial/Annual Family Planning Pkg (visit, lab, condoms)	\$0.00	\$40.00	\$40.00	New Service - To provide new family planning services for males
Pregnancy Test	\$20.00	\$25.00	\$5.00	To cover the increased cost of the lab tests from the vendor
STD (Sexually Transmitted Diseases) screen w Urine Test	\$35.00	\$40.00	\$5.00	To cover the increased cost of the lab tests from the vendor
STD (Sexually Transmitted Diseases) screen wo Urine Tes	\$25.00	\$30.00	\$5.00	To cover the increased cost of the lab tests from the vendor
TB Screening Test	\$25.00	\$30.00	\$5.00	To cover the increased cost of the screening test from the vendor

Fee Resolution for Brevard County Health Department Recommended Changes for FY 2017-2018

<u>Service</u>	<u>Current County Fee</u>		<u>Proposed County Fee</u>		<u>Amount of Change</u>	<u>Reason for Change</u>
	Fee		Fee			
<u>ENVIRONMENTAL HEALTH</u>						
Late Fee for: Public Swimming Pools, Mobile Home Parks, Migrant Labor Camps, Tanning Facilities, Drinking Water, Animal Care Facilities	\$25.00		\$35.00		\$10.00	Penalty Charge - To cover the increased costs of re-processing inspection documents when the original invoice is not paid by the due date. Late invoice payment penalty fee.
Reinspection Fee for: Public Swimming Pools, Mobile Home Parks, Migrant Labor Camps, Biomedical Waste Gen. Tanning Facilities, Body Piercing, Tattooing, Drinking Water, Adult Entertainment, Animal Care, Other Public Building	\$50.00		\$60.00		\$10.00	Penalty Charge - To cover the increased cost of re-processing inspection documents and performing field re-inspections when the vendor's work was not performed in accordance with permit regulations after the first two inspection visits. (Note: There is no charge for the first re-inspection)
Tanning Facilities - Plan Review Fee For New Tanning Facilities or Modifications	\$0.00		\$40.00		\$40.00	Establish New Fee - To cover the costs incurred by reviewing submitted plans for new Tanning facilities or plans for modifications of existing Tanning facilities.
Movie Theatres - Annual permit - State Fee	\$190.00		\$40.00		(\$150.00)	Fee Decrease - Decrease in State Permit fees for this service.
Food Service - Plan Review For New Facilities - BCC resolution fee	\$40.00/hour \$0.00		\$40.00/ flat fee \$35.00		\$35.00	Fee Simplification - To simplify charges from hourly rate to flat rate To recoup fee decrease from simplifying from hourly to flat fees (Note: The net result to the vendor is budget neutral or less)
Food Service - Plan Review For Modifications Only - BCC resolution fee	\$40.00/hour \$0.00		\$40.00/ flat fee \$10.00		\$10.00	Fee Simplification - To simplify charges from hourly rate to flat rate To recoup fee decrease from simplifying from hourly to flat fees (Note: The net result to the vendor is budget neutral or less)
Food Service - Temporary Event establishment inspection	\$20.00		\$40.00		\$20.00	To cover the full costs of performing Temporary Event food inspections
Well Construction Program - Emergency Well Permit	\$0.00		\$25.00		\$25.00	Establish New Fee - To cover the cost of performing emergency well permit inspections on reported broken flowing wells.

RESOLUTION 17-212

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 24 DAY OF OCTOBER, 2017.

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	<u>100.00</u>
	Total	\$ 225.00
2.	Annual operating permit - more than 25,000 gallons	
	- State fee	\$ 250.00
	- BCC resolution fee	<u>100.00</u>
	Total	\$ 350.00
3.	Exempted Condo or Co-op Pools (over 32 units)	
	- State fee	\$ 50.00
	- BCC resolution fee	<u>100.00</u>
	Total	\$ 150.00
4.	Re-inspection (no charge for 1 st reinspection)	
	- BCC resolution fee	<u>\$ 60.00</u>
	Total	\$ 60.00
5.	Initial Operating Permit	
	- State fee	\$ 150.00
	- BCC resolution fee	<u>50.00</u>
	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	<u>75.00</u>
	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	<u>75.00</u>
	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 10.00
 - 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 10.00
 - 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 10.00
 - 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
2.	Temporary Establishment	
	- State fee	\$ 75.00
3.	Annual Renewal License Fee	
	- State fee	\$ 150.00
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

2.	Temporary Establishment License	
	- State fee	\$ 200.00
3.	Annual Establishment Renewal License	
	- State fee	\$ 200.00
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

4.	Annual permit for Movie Theatres	
	- State fee	\$ 40.00
	- BCC resolution fee	<u>40.00</u>
	Total Annual Permit Fee	\$ <u>80.00</u>
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	\$ <u>230.00</u>
7.	Annual permit for Residential Facilities	
	- State fee	\$ 135.00
	- BCC resolution fee	<u>40.00</u>
	Total Annual Permit Fee	\$ <u>175.00</u>
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	\$ <u>230.00</u>
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	\$ <u>75.00</u>

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
2.	Application and approval for existing system (does not include system inspection)	
	- State fee	\$ 35.00
	- BCC resolution fee	<u>25.00</u>
	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	<u>135.00</u>
	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
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.	Variance application 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

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 20.00
 - 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 20.00
 - 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 10.00
 - 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 + 10.00
- Total Lab cost + \$ 60.00

Chemical Sample Collection

- State fee \$ 60.00
- BCC resolution fee Lab cost + 10.00
- 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 Medicaid 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 State Medicaid 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 State Medicaid 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 State Medicaid program unless otherwise indicated. Medicaid insurance will be accepted as full payment.
4. Maternity Services - 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 Medicaid rate for pediatric patients unless otherwise indicated. Brevard County residents between the ages of 4 -18 who do not have Medicaid insurance will qualify for the Uninsured Pediatric Dental Care program. The Volunteer Adult 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 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) \$ 82.00
(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) \$ 25.00
Medicare will be accepted as full payment where applicable
- c. Hepatitis A - Adult (age 19+) Initial / Booster,
cost per each \$ 36.00
Vaccine administration fees 20.00
Total \$ 56.00
- 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 \$ 66.00
Vaccine administration fees 20.00
Total \$ 86.00

h.	Meningococcal (Menactra/Menomune), cost per each	\$ 120.00
	Vaccine administration fees	<u>20.00</u>
	Total	\$ 140.00
i.	Polio, Injectable, cost per each	\$ 31.00
	Vaccine administration fees	<u>20.00</u>
	Total	\$ 51.00
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	\$ 63.00
	Vaccine administration fees	<u>20.00</u>
	Total	\$ 83.00
n.	Varicella, cost per each.	\$ 184.00
	Vaccine administration fees.	<u>20.00</u>
	Total	\$ 204.00
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	\$ 77.00
	Vaccine administration fees.	<u>20.00</u>
	Total	\$ 97.00
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

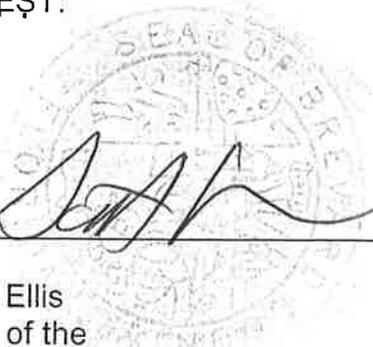
D. Records:

- 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 24 day of October, 2017.

ATTEST:



[Handwritten Signature]

Scott Ellis
Clerk of the
Board of County Commissioners
of Brevard County, Florida

BOARD OF COUNTY COMMISSIONERS
BREVARD COUNTY, FLORIDA

By: *[Handwritten Signature]*
_____ RITA PRITCHETT VICE CHAIRWOMAN

Date: October 24, 2017

As approved by the Board on: 10/24/17

Reviewed for legal form and content:

By: *[Handwritten Signature]*
_____ Assistant County Attorney

**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 2017-2018**

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, 2017.

RECITALS

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

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

C. 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 in order to ensure coordination between the State and the County in the operation of the CHD.

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

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

2. TERM. The parties mutually agree that this contract shall be effective from October 1, 2017, through September 30, 2018, or until a written contract replacing this contract is entered into between the parties, whichever is later, unless this contract is otherwise terminated pursuant to the termination provisions set forth in paragraph 8. below.

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

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

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

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

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

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

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

i. The State's appropriated responsibility (*direct contribution excluding any state fees, Medicaid contributions or any other funds not listed on the Schedule C*) as provided in Attachment II, Part II is an amount not to exceed \$ 8,571,162 (*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 current year or from surplus trust funds) in any service category. Unless requested otherwise, any surplus at the end of the term of this contract in the County Health

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

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

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

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

County Health Department Trust Fund
Brevard County
2575 N. Courtenay Parkway
Merritt Island, FL 32953

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- i.* March 1, 2018 for the report period October 1, 2017 through December 31, 2017;
- ii.* June 1, 2018 for the report period October 1, 2017 through March 31, 2018;
- iii.* September 1, 2018 for the report period October 1, 2017 through June 30, 2018; and
- iv.* December 1, 2018 for the report period October 1, 2017 through September 30, 2018.

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

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

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

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

8. TERMINATION.

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

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

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

9. MISCELLANEOUS. The parties further agree:

a. Availability of Funds. If this contract, any renewal hereof, or any term, performance or payment hereunder, extends beyond the fiscal year beginning July 1, 2018, it is agreed that the performance and payment under this contract are contingent upon an annual appropriation by the Legislature, in accordance with section 287.0582, Florida Statutes.

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

For the State:

Maria Stahl, D.N.P., R.N.
Name
Administrator / Health Officer
Title
2575 N. Courtenay Parkway
Merritt Island, FL 32953

Address

For the County:

Frank Abbate
Name
County Manager
Title
2725 Judge Fran Jamieson Way, Bldg. C
Viera, FL 32940

Address

321-454-7112
Telephone

321-633-2001
Telephone

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

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

In WITNESS THEREOF, the parties hereto have caused this twenty page contract, with its attachments as referenced, including Attachment I (two pages), Attachment II (six pages), Attachment III (one page), Attachment IV (two pages), and Attachment V (one page), to be executed by their undersigned officials as duly authorized effective the 1st day of October, 2017.

**BOARD OF COUNTY COMMISSIONERS
OF BREVARD COUNTY, FLORIDA**

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

SIGNED BY: 

SIGNED BY: _____

NAME: Rita Pritchett

NAME: Celeste Philip, MD, MPH

TITLE: Vice Chair Woman

TITLE: Surgeon General and Secretary

DATE: October 24, 2017

DATE: _____

As approved by Board on: 10/24/2017

ATTEST:

SIGNED BY: 

SIGNED BY: 

NAME: Scott Ellis

NAME: Maria Stahl, D.N.P., R.N.

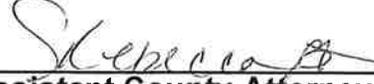
TITLE: Clerk of the Court

TITLE: CHD Director/Administrator

DATE: October 24, 2017

DATE: 08/28/2017

Reviewed for legal form and content

By: 
Assistant County Attorney

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

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

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

- levels as documented in Florida SHOTS and supported by CHD Guidebook policies and technical assistance guidance.
7. Environmental Health Requirements as specified in Environmental Health Programs Manual 150-4* and DHP 50-21*
 8. HIV/AIDS Program Requirements as specified in F.S. 384.25 and F.A.C. 64D-3.030 and 64D-3.031. Case reporting should be on Adult HIV/AIDS Confidential Case Report CDC Form DH2139 and Pediatric HIV/AIDS Confidential Case Report CDC Form DH2140.

Requirements as specified in F.A.C. 64D-2 and 64D-3, F.S. 381 and F.S. 384. Socio-demographic and risk data on persons tested for HIV in CHD clinics should be reported on Lab Request DH Form 1628 in accordance with the Forms Instruction Guide. Requirements for the HIV/AIDS Patient Care programs are found in the Patient Care Contract Administrative Guidelines.
 9. School Health Services Requirements as specified in the Florida School Health Administrative Guidelines (May 2012). Requirements as specified in F.S. 381.0056, F.S. 381.0057, F.S. 402.3026 and F.A.C. 64F-6.
 10. Tuberculosis Tuberculosis Program Requirements as specified in F.A.C. 64D-3 and F.S. 392.
 11. General Communicable Disease Control Carry out surveillance for reportable communicable and other acute diseases, detect outbreaks, respond to individual cases of reportable diseases, investigate outbreaks, and carry out communication and quality assurance functions, as specified in F.A.C. 64D-3, F.S. 381, F.S. 384 and the CHD Epidemiology Guide to Surveillance and Investigations.
 12. Refugee Health Program Programmatic and financial requirements as specified by the program office.

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

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

	Estimated State Share of CHD Trust Fund Balance	Estimated County Share of CHD Trust Fund Balance	Total
1. CHD Trust Fund Ending Balance 09/30/17		1306043	1279200
2. Drawdown for Contract Year October 1, 2017 to September 30, 2018	-26843		
3. Special Capital Project use for Contract Year October 1, 2017 to September 30, 2018	0	-402355	-402355
4. Balance Reserved for Contingency Fund October 1, 2017 to September 30, 2018	0	0	0
	-26843	903688	876845

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, 2017 to September 30, 2018

	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	142,534	0	142,534	0	142,534
015040 DENTAL SPECIAL INITIATIVE PROJECTS	6,200	0	6,200	0	6,200
015040 FAMILY PLANNING GENERAL REVENUE	217,743	0	217,743	0	217,743
015040 PRIMARY CARE PROGRAM	518,419	0	518,419	0	518,419
015040 SCHOOL HEALTH SERVICES - GENERAL REVENUE	475,772	0	475,772	0	475,772
015050 CHD GENERAL REVENUE NON-CATEGORICAL	3,563,524	0	3,563,524	0	3,563,524
GENERAL REVENUE TOTAL	5,094,146	0	5,094,146	0	5,094,146
2. NON GENERAL REVENUE - STATE					
015010 STATE UNDERGROUND PETROLEUM RESPONSE ACT	1,200	0	1,200	0	1,200
015010 ENVIRONMENTAL BIOMEDICAL WASTE PROGRAM	28,547	0	28,547	0	28,547
015010 TOBACCO NON PILOT EXPENDITURES	8,000	0	8,000	0	8,000
015010 HURRICAN MATTHEW EXECUTIVE ORDER 16-230	226,714	0	226,714	0	226,714
NON GENERAL REVENUE TOTAL	264,461	0	264,461	0	264,461
3. FEDERAL FUNDS - STATE					
007000 AIDS DRUG ASSISTANCE PROGRAM ADMIN HQ	107,617	0	107,617	0	107,617
007000 BREAST & CERVICAL CANCER - ADMIN/CASE MANAGEMENT	99,375	0	99,375	0	99,375
007000 WIC BREASTFEEDING PEER COUNSELING PROG	65,695	0	65,695	0	65,695
007000 COASTAL BEACH WATER QUALITY MONITORING	10,615	0	10,615	0	10,615
007000 COMPREHENSIVE COMMUNITY CARDIO - PHBG	35,000	0	35,000	0	35,000
007000 CMS-MCH PURCHASED CLIENT SERVICES	20,000	0	20,000	0	20,000
007000 FAMILY PLANNING TITLE X - GRANT	383,306	0	383,306	0	383,306
007000 IMMUNIZATION ACTION PLAN	62,610	0	62,610	0	62,610
007000 MCH SPECIAL PROJECT PRAMS	90,454	0	90,454	0	90,454
007000 BASE COMMUNITY PREPAREDNESS CAPABILITY	132,181	0	132,181	0	132,181
007000 BASE PUB HLTH SURVEILLANCE & EPI INVESTIGATION	219,068	0	219,068	0	219,068
007000 CRI MEDICAL COUNTERMEASURES DISPENSING	52,433	0	52,433	0	52,433
007000 AIDS PREVENTION	78,996	0	78,996	0	78,996
007000 RYAN WHITE TITLE II CARE GRANT	37,400	0	37,400	0	37,400
007000 IMPROVING STD PROGRAMS	650	0	650	0	650
007000 WIC PROGRAM ADMINISTRATION	1,898,929	0	1,898,929	0	1,898,929
015075 INSPECTIONS OF SUMMER FEEDING PROGRAM - DOE	7,500	0	7,500	0	7,500
015075 SUPPLEMENTAL SCHOOL HEALTH	156,446	0	156,446	0	156,446
015075 REFUGEE HEALTH SCREENING REIMBURSEMENT ADMIN	1,039	0	1,039	0	1,039
015075 REFUGEE HEALTH SCREENING REIMBURSEMENT SERVICES	8,655	0	8,655	0	8,655
FEDERAL FUNDS TOTAL	3,467,969	0	3,467,969	0	3,467,969
4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE					
001020 CHD STATEWIDE ENVIRONMENTAL FEES	422,500	0	422,500	0	422,500
001092 CHD STATEWIDE ENVIRONMENTAL FEES	600,651	0	600,651	0	600,651
001206 ON SITE SEWAGE DISPOSAL PERMIT FEES	41,100	0	41,100	0	41,100

ATTACHMENT II

BREVARD COUNTY HEALTH DEPARTMENT

Part II, Sources of Contributions to County Health Department

October 1, 2017 to September 30, 2018

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
001206 SANITATION CERTIFICATES (FOOD INSPECTION)	17,100	0	17,100	0	17,100
001206 SEPTIC TANK RESEARCH SURCHARGE	31,000	0	31,000	0	31,000
001206 SEPTIC TANK VARIANCE FEES 50%	15,000	0	15,000	0	15,000
001206 PUBLIC SWIMMING POOL PERMIT FEES-10% HQ TRANSFER	2,000	0	2,000	0	2,000
001206 DRINKING WATER PROGRAM OPERATIONS	1,000	0	1,000	0	1,000
001206 REGULATION OF BODY PIERCING SALONS	100	0	100	0	100
001206 TANNING FACILITIES	800	0	800	0	800
001206 ONSITE SEWAGE TRAINING CENTER	2,500	0	2,500	0	2,500
001206 TATTO PROGRAM ENVIRONMENTAL HEALTH	3,000	0	3,000	0	3,000
001206 MOBILE HOME & RV PARK FEES	4,000	0	4,000	0	4,000
FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL	1,140,751	0	1,140,751	0	1,140,751
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	401,200	401,200	0	401,200
001057 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES	0	1,000	1,000	0	1,000
001148 CHD CLINIC FEES	0	2,679,626	2,679,626	0	2,679,626
MEDICAID TOTAL	0	3,081,826	3,081,826	0	3,081,826
7. ALLOCABLE REVENUE - STATE:					
001004 CHD STATEWIDE ENVIRONMENTAL FEES	950	0	950	0	950
001009 CHD LOCAL ENVIRONMENTAL FEES	900	0	900	0	900
031005 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES	6,500	0	6,500	0	6,500
ALLOCABLE REVENUE TOTAL	8,350	0	8,350	0	8,350
8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE					
ADAP	0	0	0	1,425,207	1,425,207
PHARMACY DRUG PROGRAM	0	0	0	121,005	121,005
WIC PROGRAM	0	0	0	7,810,733	7,810,733
BUREAU OF PUBLIC HEALTH LABORATORIES	0	0	0	82,799	82,799
IMMUNIZATIONS	0	0	0	698,903	698,903
OTHER STATE CONTRIBUTIONS TOTAL	0	0	0	10,138,647	10,138,647
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	363,800	363,800	0	363,800
001094 CHD LOCAL ENVIRONMENTAL FEES	0	677,465	677,465	0	677,465
001110 VITAL STATISTICS CERTIFIED RECORDS	0	550,000	550,000	0	550,000
FEES AUTHORIZED BY COUNTY TOTAL	0	1,591,265	1,591,265	0	1,591,265

ATTACHMENT II

BREVARD COUNTY HEALTH DEPARTMENT

Part II, Sources of Contributions to County Health Department

October 1, 2017 to September 30, 2018

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY					
001029 CHD CLINIC FEES	0	160,000	160,000	0	160,000
001029 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES	0	14,000	14,000	0	14,000
001090 CHD CLINIC FEES	0	400	400	0	400
001090 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES	0	2,000	2,000	0	2,000
005000 CHD LOCAL REVENUE & EXPENDITURES	0	15,000	15,000	0	15,000
008050 SCHOOL HEALTH CLINICS FUNDED BY SCHOOL BOARD	0	2,536,862	2,536,862	0	2,536,862
010400 CHD SALE OF SERVICES IN OR OUTSIDE OF STATE GOVT	0	18,000	18,000	0	18,000
011000 CHD CASH DONATION / NON-SPECIFIC	0	5,000	5,000	0	5,000
011000 UNITED WAY CONTRACTS WITH CHDS	0	103,000	103,000	0	103,000
011001 CHD HEALTHY START COALITION CONTRACT	0	124,000	124,000	0	124,000
090002 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	402,355	402,355	0	402,355
OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL	0	3,380,617	3,380,617	0	3,380,617
12. ALLOCABLE REVENUE - COUNTY					
001004 CHD STATEWIDE ENVIRONMENTAL FEES	0	950	950	0	950
001009 CHD LOCAL ENVIRONMENTAL FEES	0	900	900	0	900
031005 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES	0	6,500	6,500	0	6,500
COUNTY ALLOCABLE REVENUE TOTAL	0	8,350	8,350	0	8,350
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	58,000	58,000
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	58,000	58,000
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
OTHER COUNTY CONTRIBUTIONS TOTAL	0	0	0	0	0
GRAND TOTAL CHD PROGRAM	9,975,677	8,529,473	18,505,150	10,196,647	28,701,797

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, 2017 to September 30, 2018

	FTE's (0.00)	Clients Units	Services/ Visits	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd (Whole dollars only)	3rd	4th			
A. COMMUNICABLE DISEASE CONTROL:										
IMMUNIZATION (101)	7.24	4,800	6,297	132,680	154,755	132,680	154,754	287,283	287,586	574,869
SEXUALLY TRANS. DIS. (102)	8.55	1,606	2,247	119,863	139,806	119,863	139,807	1,300	518,039	519,339
HIV/AIDS PREVENTION (03A1)	1.90	0	1,664	26,596	31,021	26,596	31,020	115,233	0	115,233
HIV/AIDS SURVEILLANCE (03A2)	1.15	0	1	15,596	18,191	15,596	18,190	67,573	0	67,573
HIV/AIDS PATIENT CARE (03A3)	5.93	1	272	97,216	113,391	97,216	113,392	237,400	183,815	421,215
ADAP (03A4)	2.52	1	1	31,977	37,298	31,977	37,298	138,550	0	138,550
TUBERCULOSIS (104)	2.83	2,100	3,012	40,300	47,005	40,300	47,006	142,108	32,503	174,611
COMM. DIS. SURV. (106)	5.07	0	4,343	82,183	95,856	82,183	95,857	356,079	0	356,079
HEPATITIS (109)	0.00	0	0	0	0	0	0	0	0	0
PREPAREDNESS AND RESPONSE (116)	3.76	0	1	67,511	78,743	67,511	78,742	292,507	0	292,507
REFUGEE HEALTH (118)	0.24	60	115	3,285	3,832	3,285	3,832	14,234	0	14,234
VITAL RECORDS (180)	5.52	20,100	65,000	66,658	77,749	66,658	77,749	0	288,814	288,814
COMMUNICABLE DISEASE SUBTOTAL	44.71	28,668	82,953	683,865	797,647	683,865	797,647	1,652,267	1,310,757	2,963,024
B. PRIMARY CARE:										
CHRONIC DISEASE PREVENTION PRO (210)	0.99	0	0	10,605	12,369	10,605	12,368	45,947	0	45,947
WIC (21W1)	40.86	23,500	131,000	530,233	618,453	530,233	618,453	2,297,372	0	2,297,372
TOBACCO USE INTERVENTION (212)	0.00	0	0	1,846	2,154	1,846	2,154	8,000	0	8,000
WIC BREASTFEEDING PEER COUNSELING (21W2)	2.99	0	3,800	28,744	33,526	28,744	33,526	124,540	0	124,540
FAMILY PLANNING (223)	21.75	3,622	7,162	347,535	405,357	347,535	405,358	1,183,384	322,401	1,505,785
IMPROVED PREGNANCY OUTCOME (225)	36.96	2,100	17,014	727,667	848,735	727,667	848,735	1,065,478	2,087,326	3,152,804
HEALTHY START PRENATAL (227)	0.08	700	1,056	1,214	1,416	1,214	1,417	5,261	0	5,261
COMPREHENSIVE CHILD HEALTH (229)	0.00	0	0	111	129	111	129	0	480	480
HEALTHY START CHILD (231)	0.64	1	1	7,502	8,750	7,502	8,750	32,504	0	32,504
SCHOOL HEALTH (234)	90.11	0	850,000	959,430	1,119,058	959,430	1,119,058	1,620,115	2,536,861	4,156,976
COMPREHENSIVE ADULT HEALTH (237)	5.37	720	1,140	94,946	110,742	94,946	110,742	171,571	239,805	411,376
COMMUNITY HEALTH DEVELOPMENT (238)	0.00	0	0	4,616	5,384	4,616	5,384	20,000	0	20,000
DENTAL HEALTH (240)	19.31	5,800	9,703	348,352	406,311	348,352	406,311	314,092	1,195,234	1,509,326
PRIMARY CARE SUBTOTAL	219.06	36,443	1,020,876	3,062,801	3,572,384	3,062,801	3,572,385	6,888,264	6,382,107	13,270,371
C. ENVIRONMENTAL HEALTH:										
Water and Onsite Sewage Programs										
COSTAL BEACH MONITORING (347)	0.16	130	130	3,855	4,497	3,855	4,497	16,151	553	16,704
LIMITED USE PUBLIC WATER SYSTEMS (357)	0.25	110	510	5,216	6,084	5,216	6,083	18,719	3,880	22,599
PUBLIC WATER SYSTEM (358)	0.01	2	2	603	703	603	703	2,481	131	2,612
PRIVATE WATER SYSTEM (359)	3.06	17	4,300	42,772	49,889	42,772	49,889	149	185,173	185,322
ONSITE SEWAGE TREATMENT & DISPOSAL (361)	19.91	4,800	13,100	266,619	310,978	266,619	310,978	755,691	399,503	1,155,194
Group Total	23.39	5,059	18,042	319,065	372,151	319,065	372,150	793,191	589,240	1,382,431
Facility Programs										
TATTOO FACILITY SERVICES (344)	0.23	0	113	3,285	3,831	3,285	3,831	13,825	407	14,232
FOOD HYGIENE (348)	2.27	384	1,314	34,942	40,755	34,942	40,755	139,156	12,238	151,394

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, 2017 to September 30, 2018

	FTE's (0.00)	Clients Units	Services/ Visits	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd	3rd	4th			
				(Whole dollars only)						
BODY PIERCING FACILITIES SERVICES (349)	0.03	7	13	514	600	514	599	2,107	120	2,227
GROUP CARE FACILITY (351)	0.77	290	510	10,953	12,775	10,953	12,775	21	47,435	47,456
MIGRANT LABOR CAMP (352)	0.00	0	0	0	0	0	0	0	0	0
HOUSING & PUB. BLDG. (353)	0.00	0	0	46	54	46	54	0	200	200
MOBILE HOME AND PARK (354)	0.87	140	360	13,265	15,473	13,265	15,473	41,431	16,045	57,476
POOLS/BATHING PLACES (360)	3.40	987	2,776	63,738	74,342	63,738	74,342	186,188	89,972	276,160
BIOMEDICAL WASTE SERVICES (364)	2.85	900	800	37,048	43,212	37,048	43,211	125,173	35,346	160,519
TANNING FACILITY SERVICES (369)	0.14	20	72	2,108	2,458	2,108	2,458	8,162	970	9,132
Group Total	10.56	2,728	5,958	165,899	193,500	165,899	193,498	516,063	202,733	718,796
Groundwater Contamination										
STORAGE TANK COMPLIANCE SERVICES (355)	0.00	0	0	0	0	0	0	0	0	0
SUPER ACT SERVICES (356)	0.06	10	70	929	1,083	929	1,083	3,827	197	4,024
Group Total	0.06	10	70	929	1,083	929	1,083	3,827	197	4,024
Community Hygiene										
COMMUNITY ENVIR. HEALTH (345)	0.01	0	0	154	179	154	179	621	45	666
INJURY PREVENTION (346)	0.00	0	0	0	0	0	0	0	0	0
LEAD MONITORING SERVICES (350)	0.03	27	30	577	673	577	673	2,385	115	2,500
PUBLIC SEWAGE (362)	0.00	0	0	3	3	3	2	0	11	11
SOLID WASTE DISPOSAL SERVICE (363)	0.00	0	0	0	0	0	0	0	0	0
SANITARY NUISANCE (365)	0.24	330	590	3,946	4,602	3,946	4,602	7	17,089	17,096
RABIES SURVEILLANCE (366)	0.00	0	0	4	5	4	5	0	18	18
ARBOVIRUS SURVEIL. (367)	0.00	0	0	0	0	0	0	0	0	0
RODENT/ARTHROPOD CONTROL (368)	0.00	0	0	0	0	0	0	0	0	0
WATER POLLUTION (370)	0.00	0	0	4	5	4	5	17	1	18
INDOOR AIR (371)	0.00	0	0	50	58	50	57	205	10	215
RADIOLOGICAL HEALTH (372)	0.01	0	0	200	233	200	234	828	39	867
TOXIC SUBSTANCES (373)	0.02	0	0	349	406	349	406	402	1,108	1,510
Group Total	0.31	357	620	5,287	6,164	5,287	6,163	4,465	18,436	22,901
ENVIRONMENTAL HEALTH SUBTOTAL	34.32	8,154	24,690	491,180	572,898	491,180	572,894	1,317,546	810,606	2,128,152
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	27,142	31,658	27,142	31,658	117,600	0	117,600
MEDICAID BUYBACK (611)	0.00	0	0	6,001	6,999	6,001	6,999	0	26,000	26,000
NON-OPERATIONAL COSTS SUBTOTAL	0.00	0	0	33,143	38,657	33,143	38,657	117,600	26,000	143,600
TOTAL CONTRACT	298.09	73,265	1,128,519	4,270,989	4,981,586	4,270,989	4,981,583	9,975,677	8,529,470	18,505,147

ATTACHMENT III
BREVARD COUNTY HEALTH DEPARTMENT
CIVIL RIGHTS CERTIFICATE

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

The applicant assures that it will comply with:

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

Attachment IV

Fiscal Year - 2017 - 2018

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, Evrn 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	County Service Complex	n/a	County Owned	Brevard County	12,000	49
2575 N. Courtenay Parkway	Merritt Island			Board of County Commissioners		
Merritt Island, FL 32953						
Melbourne Health Facility	Clinic	4703	Lease between	State of Florida	12,850	56
601 East University Blvd	(Maternity, Dental,		State of Florida	Department of Environmental Protection		
Melbourne, FL 32901	Family Planning, WIC, Community Health)		DEP and DOH 50 Years - 01/11/2013			
(After 11/01/2016)						
Titusville Health Facility	Clinic,	n/a	County Owned	Brevard County	15,900	37
611 Singleton Avenue	(Maternity, Dental,			Board of County Commissioners		
Titusville, FL 32796	Family Planning, WIC, Community Health)					
Viera Health Facility	Clinic	n/a	County Owned	Brevard County	53,900	89
2555 Judge Fran Jamieson Way	(Maternity, Dental,			Board of County Commissioners		
Viera, FL 32940	Family Planning, WIC, Community Health)					

Environmental Health	Brevard County	n/a	County Owned	Brevard County	5,600	28
2725 Judge Fran Jamieson Way	Government Center			Board of County		
Viera, FL 32940	Building A			Commissioners		
Rockledge Annex Facility	Immunizations, STD,	n/a	County Owned	Brevard County	3,164	10
1748 Cedar Street	Disaster Preparedness,			Board of County		
Rockledge, FL 32955	TB			Commissioners		
The County will maintain the structures and grounds of all non-State public health facilities.						
The Health Department will provide routine maintenance, custodial service and alarm services to those facilities fully occupied by the Brevard County Health Department.						
The Health Department will provide lawn care for the Viera Health Facility and the Melbourne Health Facility.						
To the extent budget allows, the County will provide improvement, expansion, land or replacement of any facility determined to be inadequate for its intended use or function.						

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

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

CASH RESERVED OR ANTICIPATED TO BE RESERVED FOR PROJECTS

<u>CONTRACT YEAR</u>	<u>STATE</u>	<u>COUNTY</u>	<u>TOTAL</u>
2016-2017*	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
2017-2018**	\$ <u>0</u>	\$ <u>300,000</u>	\$ <u>300,000</u>
2018-2019***	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
2019-2020***	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
PROJECT TOTAL	\$ <u>0</u>	\$ <u>300,000</u>	\$ <u>300,000</u>

SPECIAL PROJECTS CONSTRUCTION/RENOVATION PLAN

PROJECT NUMBER: 714051000

PROJECT NAME: Melbourne Public Health Replacement Facility - Additional Parking Lot

LOCATION/ADDRESS: 601 E. University Blvd, Melbourne, FL 32901

PROJECT TYPE:

NEW BUILDING	<input type="checkbox"/>	ROOFING	<input type="checkbox"/>
RENOVATION	<input type="checkbox"/>	PLANNING STUDY	<input type="checkbox"/>
NEW ADDITION	<input type="checkbox"/>	OTHER	<input checked="" type="checkbox"/>

SQUARE FOOTAGE: 28,497

PROJECT SUMMARY: *Describe scope of work in reasonable detail.*
 The Melbourne Public Health Replacement Facility project completed its first phase in November 2016 when the main facility and existing parking lot were occupied. The number of parking spaces was inadequate from the beginning to accommodate all the clients and staff receiving and providing services in this public health facility. An additional parking lot with a capacity of 44 parking spaces is Phase 2 of this project. Construction for the additional parking lot is projected to begin in November 2017 and will be completed by September 2018.

START DATE (Initial expenditure of funds) : November 2017

COMPLETION DATE: August 2018

DESIGN & ENGINEERING FEES: \$ 38,000

CONSTRUCTION COSTS: \$ 262,000

FURNITURE/EQUIPMENT: \$ 0

TOTAL PROJECT COST: \$ 300,000

COST PER SQ FOOT: \$ 11

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 9/30/17
 ** Cash to be transferred to FCO account.
 *** Cash anticipated for future contract years.