

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

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

**RECITALS**

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

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

C. Levy County Health Department (“CHD”) is one of the created County Health Departments.

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

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

1. **RECITALS**. The parties mutually agree that the foregoing recitals are true and correct and incorporated herein by reference.
2. **TERM**. The parties mutually agree that this contract shall be effective from October 1, 2020, through September 30, 2021, or until a written contract replacing this contract is entered into between the parties, whichever is later, unless this contract is otherwise terminated pursuant to the termination provisions set forth in paragraph 8. below.
3. **SERVICES MAINTAINED BY THE CHD**. The parties mutually agree that the CHD shall provide those services as set forth on Part III of Attachment II hereof, in order to maintain the following three levels of service pursuant to section 154.01(2), Florida Statutes, as defined below:

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

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

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

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

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

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

- i. The State's appropriated responsibility (*direct contribution excluding any state fees, Medicaid contributions or any other funds not listed on the Schedule C*) as provided in Attachment II, Part II is an amount not to exceed \$ 1,487,953 (*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 \$ 165,500 (*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  
Levy County  
65 W Main Street  
Bronson, FL 32621

- 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 Levy County.

- e. That any surplus/deficit funds, including fees or accrued interest, remaining in the County Health Department Trust Fund account at the end of the contract year shall be credited/debited to the State or County, as appropriate, based on the funds contributed by each and the expenditures incurred by each. Expenditures will be charged to the program accounts by State and County based on the ratio of planned expenditures in this contract and funding from all sources is credited to the program accounts by State and County. The equity share of any surplus/deficit funds accruing to the State and County is determined each month and at contract year-end. Surplus funds may be applied toward the funding requirements of each participating governmental entity in the following year. However, in each such case, all surplus funds, including fees and accrued interest, shall remain in the trust fund until accounted for in a manner which clearly illustrates the amount which has been credited to each participating governmental entity. The planned use of surplus funds shall be reflected in Attachment II, Part I of this contract, with special capital projects explained in Attachment V.
- f. There shall be no transfer of funds between the three levels of services without a contract amendment unless the CHD director/administrator determines that an emergency exists wherein a time delay would endanger the public's health and the Deputy Secretary for County Health Systems has approved the transfer. The Deputy Secretary for County Health Systems shall forward written evidence of this approval to the CHD within 30 days after an emergency transfer.
- g. The CHD may execute subcontracts for services necessary to enable the CHD to carry out the programs specified in this contract. Any such subcontract shall include all aforementioned audit and record keeping requirements.
- h. At the request of either party, an audit may be conducted by an independent CPA on the financial records of the CHD and the results made available to the parties within 180 days after the close of the CHD fiscal year. This audit will follow requirements contained in OMB Circular A-133 and may be in conjunction with audits performed by County government. If audit exceptions are found, then the director/administrator of the CHD will prepare a corrective action plan and a copy of that plan and monthly status reports will be furnished to the contract managers for the parties.
- i. The CHD shall not use or disclose any information concerning a recipient of services except as allowed by federal or state law or policy.
- j. The CHD shall retain all client records, financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to this contract for a period of five (5) years after termination of this contract. If an audit has been initiated and audit findings have not been resolved at

the end of five (5) years, the records shall be retained until resolution of the audit findings.

- k. The CHD shall maintain confidentiality of all data, files, and records that are confidential under the law or are otherwise exempted from disclosure as a public record under Florida law. The CHD shall implement procedures to ensure the protection and confidentiality of all such records and shall comply with sections 384.29, 381.004, 392.65 and 456.057, Florida Statutes, and all other state and federal laws regarding confidentiality. All confidentiality procedures implemented by the CHD shall be consistent with the Department of Health Information Security Policies, Protocols, and Procedures. The CHD shall further adhere to any amendments to the State's security requirements and shall comply with any applicable professional standards of practice with respect to client confidentiality.
- l. The CHD shall abide by all State policies and procedures, which by this reference are incorporated herein as standards to be followed by the CHD, except as otherwise permitted for some purchases using County procedures pursuant to paragraph 6.b.
- m. The CHD shall establish a system through which applicants for services and current clients may present grievances over denial, modification or termination of services. The CHD will advise applicants of the right to appeal a denial or exclusion from services, of failure to take account of a client's choice of service, and of his/her right to a fair hearing to the final governing authority of the agency. Specific references to existing laws, rules or program manuals are included in Attachment I of this contract.
- n. The CHD shall comply with the provisions contained in the Civil Rights Certificate, hereby incorporated into this contract as Attachment III.
- o. The CHD shall submit quarterly reports to the County that shall include at least the following:
  - i. The DE385L1 Contract Management Variance Report and the DE580L1 Analysis of Fund Equities Report;
  - ii. A written explanation to the County of service variances reflected in the year end DE385L1 report if the variance exceeds or falls below 25 percent of the planned expenditure amount for the contract year. However, if the amount of the service specific variance between actual and planned expenditures does not exceed three percent of the total planned expenditures for the level of service in which the type of service is included, a variance explanation is not required. A copy of the written explanation shall be sent to the Department of Health, Office of Budget and Revenue Management.

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

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

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

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

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

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

8. TERMINATION.

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

b. Termination Because of Lack of Funds. In the event funds to finance this contract become unavailable, either party may terminate this contract upon no less than

twenty-four (24) hours notice. Said notice shall be delivered by certified mail, return receipt requested, or in person to the other party's contract manager with proof of delivery.

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

9. MISCELLANEOUS. The parties further agree:

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

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

For the State:

For the County:

Barbara L. Locke  
Name  
Administrator  
Title  
66 W Main Street  
Bronson, FL 32621  
Address  
(352) 577-6056  
Telephone

Wilbur Dean  
Name  
County Coordinator  
Title  
310 School Street  
Bronson, FL 32621  
Address  
(352) 486-5218  
Telephone

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

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



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

**BOARD OF COUNTY COMMISSIONERS  
FOR LEVY COUNTY**

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

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

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

**NAME:** Matt Brooks

**NAME:** Scott A. Rivkees, MD

**TITLE:** Chairman

**TITLE:** State Surgeon General

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

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

**ATTESTED TO:**

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

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

**NAME:** Danny J Shipp

**NAME:** Barbara L. Locke, MPH

**TITLE:** Clerk of Court

**TITLE:** CHD Director/Administrator

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

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

APPROVED AS TO FORM AND LEGAL  
SUFFICIENCY Anne Bast Brown  
Anne Bast Brown, County Attorney

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

	Estimated State Share of CHD Trust Fund Balance	Estimated County Share of CHD Trust Fund Balance	Total
1. CHD Trust Fund Ending Balance 09/30/20	87920	374976	462896
2. Drawdown for Contract Year October 1, 2020 to September 30, 2021	-87920	16182	-71738
3. Special Capital Project use for Contract Year October 1, 2020 to September 30, 2021	0	0	0
4. Balance Reserved for Contingency Fund October 1, 2020 to September 30, 2021	0	391158	391158

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



**1. GENERAL REVENUE - STATE**

015040	CHD - TB COMMUNITY PROGRAM	12,524	0	12,524	0	12,524
015040	CORONAVIRUS GENERAL REVENUE	244,260	0	244,260	0	244,260
015040	DENTAL SPECIAL INITIATIVE PROJECTS	6,191	0	6,191	0	6,191
015040	EPIDEMIOLOGY SURVEILLANCE GENERAL REVENUE	79,035	0	79,035	0	79,035
015040	FAMILY PLANNING GENERAL REVENUE	39,855	0	39,855	0	39,855
015040	FLORIDA SPRINGS AND AQUIFER PROTECTION ACT	12,182	0	12,182	0	12,182
015040	PRIMARY CARE PROGRAM	112,960	0	112,960	0	112,960
015040	SCHOOL HEALTH SERVICES - GENERAL REVENUE	74,782	0	74,782	0	74,782
015050	CHD GENERAL REVENUE NON-CATEGORICAL	507,308	0	507,308	0	507,308
<b>GENERAL REVENUE TOTAL</b>		<b>1,089,097</b>	<b>0</b>	<b>1,089,097</b>	<b>0</b>	<b>1,089,097</b>

**2. NON GENERAL REVENUE - STATE**

		0	0	0	0	0
<b>NON GENERAL REVENUE TOTAL</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**3. FEDERAL FUNDS - STATE**

007000	EPID & LAB FOR INFECTIOUS DISEASE COVID-19	3,666	0	3,666	0	3,666
007000	FAMILY PLANNING TITLE X - GRANT	52,757	0	52,757	0	52,757
007000	IMMUNIZATION ACTION PLAN	4,574	0	4,574	0	4,574
007000	MCH SPECIAL PROJECT DENTAL	11,928	0	11,928	0	11,928
007000	MCH BLOCK GRANT FLORIDA'S HEALTHY BABIES	13,225	0	13,225	0	13,225
007000	BASE COMMUNITY PREPAREDNESS CAPABILITY	156,409	0	156,409	0	156,409
007000	CESSATION TREATMENT AND COUNSELING	7,760	0	7,760	0	7,760
015075	SUPPLEMENTAL SCHOOL HEALTH	148,537	0	148,537	0	148,537
<b>FEDERAL FUNDS TOTAL</b>		<b>398,856</b>	<b>0</b>	<b>398,856</b>	<b>0</b>	<b>398,856</b>

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

001020	CHD STATEWIDE ENVIRONMENTAL FEES	20,600	0	20,600	0	20,600
001092	CHD STATEWIDE ENVIRONMENTAL FEES	114,800	0	114,800	0	114,800
001206	ON SITE SEWAGE DISPOSAL PERMIT FEES	11,200	0	11,200	0	11,200
001206	SANITATION CERTIFICATES (FOOD INSPECTION)	550	0	550	0	550
001206	SEPTIC TANK RESEARCH SURCHARGE	1,300	0	1,300	0	1,300
001206	SEPTIC TANK VARIANCE FEES 50%	250	0	250	0	250
001206	PUBLIC SWIMMING POOL PERMIT FEES-10% HQ TRANSFER	200	0	200	0	200
001206	DRINKING WATER PROGRAM OPERATIONS	380	0	380	0	380
001206	TANNING FACILITIES	100	0	100	0	100
001206	ONSITE SEWAGE TRAINING CENTER	700	0	700	0	700
001206	MOBILE HOME & RV PARK FEES	700	0	700	0	700
<b>FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL</b>		<b>150,780</b>	<b>0</b>	<b>150,780</b>	<b>0</b>	<b>150,780</b>

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

		0	0	0	0	0
--	--	---	---	---	---	---



090001 DRAW DOWN FROM PUBLIC HEALTH UNIT	87,920	0	87,920	0	87,920
<b>OTHER CASH CONTRIBUTION TOTAL</b>	<b>87,920</b>	<b>0</b>	<b>87,920</b>	<b>0</b>	<b>87,920</b>

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

001057 CHD CLINIC FEES	0	28,650	28,650	0	28,650
001148 CHD CLINIC FEES	0	194,700	194,700	0	194,700
<b>MEDICAID TOTAL</b>	<b>0</b>	<b>223,350</b>	<b>223,350</b>	<b>0</b>	<b>223,350</b>

**7. ALLOCABLE REVENUE - STATE:**

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

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

ADAP	0	0	0	11,586	11,586
PHARMACY DRUG PROGRAM	0	0	0	5,409	5,409
WIC PROGRAM	0	0	0	610,967	610,967
BUREAU OF PUBLIC HEALTH LABORATORIES	0	0	0	4,656	4,656
IMMUNIZATIONS	0	0	0	89,737	89,737
<b>OTHER STATE CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>722,355</b>	<b>722,355</b>

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

008005 CHD LOCAL REVENUE & EXPENDITURES	0	165,500	165,500	0	165,500
<b>DIRECT COUNTY CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>165,500</b>	<b>165,500</b>	<b>0</b>	<b>165,500</b>

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

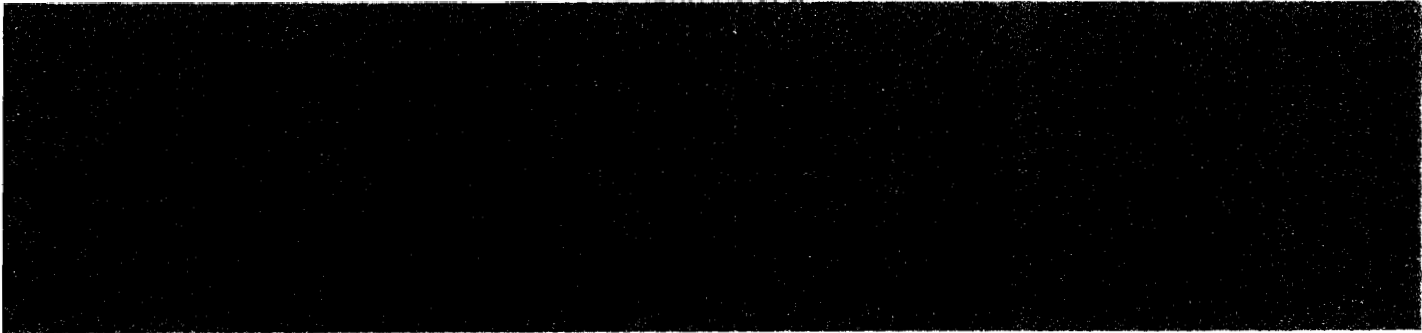
001077 CHD CLINIC FEES	0	32,690	32,690	0	32,690
001094 CHD LOCAL ENVIRONMENTAL FEES	0	37,120	37,120	0	37,120
001110 VITAL STATISTICS CERTIFIED RECORDS	0	28,500	28,500	0	28,500
<b>FEES AUTHORIZED BY COUNTY TOTAL</b>	<b>0</b>	<b>98,310</b>	<b>98,310</b>	<b>0</b>	<b>98,310</b>

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

001029 CHD CLINIC FEES	0	12,600	12,600	0	12,600
001029 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES	0	2,000	2,000	0	2,000
001052 CHD CLINIC FEES	0	550	550	0	550
001090 CHD CLINIC FEES	0	1,450	1,450	0	1,450
008050 SCHOOL HEALTH CLINICS FUNDED BY SCHOOL BOARD	0	87,500	87,500	0	87,500
010300 MIGRANT LABOR HOUSING INSPECTION H-2A PROGRAM	0	130	130	0	130
011000 HEALTHY FAMILIES FLORIDA	0	320,304	320,304	0	320,304
011001 CHD HEALTHY START COALITION CONTRACT	0	357,000	357,000	0	357,000
090002 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	-16,182	-16,182	0	-16,182
<b>OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>765,352</b>	<b>765,352</b>	<b>0</b>	<b>765,352</b>

**12. ALLOCABLE REVENUE - COUNTY**

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



**13. BUILDINGS - COUNTY**

ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	48,000	48,000
OTHER (Specify)	0	0	0	0	0
UTILITIES	0	0	0	0	0
BUILDING MAINTENANCE	0	0	0	0	0
GROUNDS MAINTENANCE	0	0	0	0	0
INSURANCE	0	0	0	10,949	10,949
OTHER (Specify)	0	0	0	0	0
OTHER (Specify)	0	0	0	0	0
<b>BUILDINGS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>58,949</b>	<b>58,949</b>

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

EQUIPMENT / VEHICLE PURCHASES	0	0	0	0	0
VEHICLE INSURANCE	0	0	0	7,800	7,800
VEHICLE MAINTENANCE	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
<b>OTHER COUNTY CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7,800</b>	<b>7,800</b>

<b>GRAND TOTAL CHD PROGRAM</b>	<b>1,726,658</b>	<b>1,252,512</b>	<b>2,979,165</b>	<b>789,104</b>	<b>3,768,269</b>
--------------------------------	------------------	------------------	------------------	----------------	------------------

**A. COMMUNICABLE DISEASE CONTROL:**

IMMUNIZATION (101)	0.31	1,000	1,083	10,158	8,709	10,158	8,708	26,483	11,250	37,733
SEXUALLY TRANS. DIS. (102)	0.58	337	491	12,226	10,482	12,226	10,483	22,317	23,100	45,417
HIV/AIDS PREVENTION (03A1)	0.12	0	862	2,500	2,144	2,500	2,144	9,288	0	9,288
HIV/AIDS SURVEILLANCE (03A2)	0.00	0	0	0	0	0	0	0	0	0
HIV/AIDS PATIENT CARE (03A3)	0.01	0	0	260	223	260	223	966	0	966
ADAP (03A4)	0.09	0	0	1,743	1,494	1,743	1,495	6,475	0	6,475
TUBERCULOSIS (104)	0.30	99	139	5,925	5,080	5,925	5,080	20,420	1,590	22,010
COMM. DIS. SURV. (106)	1.46	0	4,511	95,213	81,632	95,213	81,632	353,690	0	353,690
HEPATITIS (109)	0.00	0	0	86	74	86	74	320	0	320
PREPAREDNESS AND RESPONSE (116)	1.81	0	747	48,125	41,260	48,125	41,261	178,771	0	178,771
REFUGEE HEALTH (118)	0.00	0	0	0	0	0	0	0	0	0
VITAL RECORDS (180)	0.60	2,428	4,597	8,839	7,578	8,839	7,579	0	32,835	32,835
<b>COMMUNICABLE DISEASE SUBTOTAL</b>	<b>5.28</b>	<b>3,864</b>	<b>12,430</b>	<b>185,075</b>	<b>158,676</b>	<b>185,075</b>	<b>158,679</b>	<b>618,730</b>	<b>68,775</b>	<b>687,505</b>

**B. PRIMARY CARE:**

CHRONIC DISEASE PREVENTION PRO (210)	0.00	0	0	479	410	479	410	1,778	0	1,778
WIC (21W1)	0.00	0	0	0	0	0	0	0	0	0
TOBACCO USE INTERVENTION (212)	0.00	0	0	0	0	0	0	0	0	0
WIC BREASTFEEDING PEER COUNSELING (21W2)	0.00	0	0	0	0	0	0	0	0	0
FAMILY PLANNING (223)	3.56	700	1,299	80,653	69,149	80,653	69,149	212,404	87,200	299,604
IMPROVED PREGNANCY OUTCOME (225)	0.00	0	0	0	0	0	0	0	0	0
HEALTHY START PRENATAL (227)	3.41	122	1,689	66,033	56,614	66,033	56,614	0	245,294	245,294
COMPREHENSIVE CHILD HEALTH (229)	7.38	116	389	124,483	106,727	124,483	106,727	121,233	341,187	462,420
HEALTHY START CHILD (231)	2.29	76	894	42,077	36,075	42,077	36,074	0	156,303	156,303
SCHOOL HEALTH (234)	6.76	0	110,891	105,994	90,874	105,994	90,875	306,237	87,500	393,737
COMPREHENSIVE ADULT HEALTH (237)	0.26	97	130	5,681	4,871	5,681	4,871	20,719	385	21,104
COMMUNITY HEALTH DEVELOPMENT (238)	0.15	0	13	3,631	3,113	3,631	3,114	13,489	0	13,489
DENTAL HEALTH (240)	4.71	1,367	2,035	111,768	95,825	111,768	95,826	269,287	145,900	415,187
<b>PRIMARY CARE SUBTOTAL</b>	<b>28.52</b>	<b>2,478</b>	<b>117,340</b>	<b>540,799</b>	<b>463,658</b>	<b>540,799</b>	<b>463,660</b>	<b>945,147</b>	<b>1,063,769</b>	<b>2,008,916</b>

**C. ENVIRONMENTAL HEALTH:**

**Water and Onsite Sewage Programs**

COSTAL BEACH MONITORING (347)	0.00	0	0	0	0	0	0	0	0	0
LIMITED USE PUBLIC WATER SYSTEMS (357)	0.29	77	154	8,578	7,355	8,578	7,355	4,530	27,336	31,866
PUBLIC WATER SYSTEM (358)	0.00	0	0	71	61	71	61	0	264	264
PRIVATE WATER SYSTEM (359)	0.01	0	0	196	168	196	168	0	728	728
ONSITE SEWAGE TREATMENT & DISPOSAL (361)	2.23	945	2,057	51,559	44,204	51,559	44,203	126,832	64,693	191,525
<b>Group Total</b>	<b>2.53</b>	<b>1,022</b>	<b>2,211</b>	<b>60,404</b>	<b>51,788</b>	<b>60,404</b>	<b>51,787</b>	<b>131,362</b>	<b>93,021</b>	<b>224,383</b>

**Facility Programs**

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



FOOD HYGIENE (348)	0.16	576	2,816	3,337	2,861	3,337	2,862	5,170	7,227	12,397
BODY PIERCING FACILITIES SERVICES (349)	0.00	0	0	0	0	0	0	0	0	0
GROUP CARE FACILITY (351)	0.03	0	0	753	645	753	645	0	2,796	2,796
MIGRANT LABOR CAMP (352)	0.03	0	0	515	442	515	441	0	1,913	1,913
HOUSING & PUB. BLDG. (353)	0.00	0	0	0	0	0	0	0	0	0
MOBILE HOME AND PARK (354)	0.12	126	105	2,409	2,065	2,409	2,066	7,100	1,849	8,949
POOLS/BATHING PLACES (360)	0.03	32	144	672	577	672	577	2,498	0	2,498
BIOMEDICAL WASTE SERVICES (364)	0.00	0	0	0	0	0	0	0	0	0
TANNING FACILITY SERVICES (369)	0.01	0	0	341	292	341	292	1,266	0	1,266
<b>Group Total</b>	<b>0.38</b>	<b>734</b>	<b>3,065</b>	<b>8,027</b>	<b>6,882</b>	<b>8,027</b>	<b>6,883</b>	<b>16,034</b>	<b>13,785</b>	<b>29,819</b>
<b>Groundwater Contamination</b>										
STORAGE TANK COMPLIANCE SERVICES (355)	0.00	0	0	0	0	0	0	0	0	0
SUPER ACT SERVICES (356)	0.00	0	0	0	0	0	0	0	0	0
<b>Group Total</b>	<b>0.00</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Community Hygiene</b>										
COMMUNITY ENVIR. HEALTH (345)	0.00	0	0	0	0	0	0	0	0	0
INJURY PREVENTION (346)	0.00	0	0	0	0	0	0	0	0	0
LEAD MONITORING SERVICES (350)	0.00	0	0	0	0	0	0	0	0	0
PUBLIC SEWAGE (362)	0.00	0	0	106	91	106	91	0	394	394
SOLID WASTE DISPOSAL SERVICE (363)	0.00	0	0	0	0	0	0	0	0	0
SANITARY NUISANCE (365)	0.01	22	4	261	224	261	225	0	971	971
RABIES SURVEILLANCE (366)	0.15	810	2,400	3,176	2,723	3,176	2,722	0	11,797	11,797
ARBORVIRUS SURVEIL. (367)	0.00	0	0	0	0	0	0	0	0	0
RODENT/ARTHROPOD CONTROL (368)	0.00	0	0	0	0	0	0	0	0	0
WATER POLLUTION (370)	0.00	0	0	0	0	0	0	0	0	0
INDOOR AIR (371)	0.00	0	0	0	0	0	0	0	0	0
RADIOLOGICAL HEALTH (372)	0.00	0	0	0	0	0	0	0	0	0
TOXIC SUBSTANCES (373)	0.00	0	0	0	0	0	0	0	0	0
<b>Group Total</b>	<b>0.16</b>	<b>832</b>	<b>2,404</b>	<b>3,543</b>	<b>3,038</b>	<b>3,543</b>	<b>3,038</b>	<b>0</b>	<b>13,162</b>	<b>13,162</b>
<b>ENVIRONMENTAL HEALTH SUBTOTAL</b>	<b>3.07</b>	<b>2,588</b>	<b>7,680</b>	<b>71,974</b>	<b>61,708</b>	<b>71,974</b>	<b>61,708</b>	<b>147,396</b>	<b>119,968</b>	<b>267,364</b>
<b>D. NON-OPERATIONAL COSTS:</b>										
NON-OPERATIONAL COSTS (599)	0.00	0	0	0	0	0	0	0	0	0
ENVIRONMENTAL HEALTH SURCHARGE (399)	0.00	0	0	4,140	3,550	4,140	3,550	15,380	0	15,380
MEDICAID BUYBACK (611)	0.00	0	0	0	0	0	0	0	0	0
<b>NON-OPERATIONAL COSTS SUBTOTAL</b>	<b>0.00</b>	<b>0</b>	<b>0</b>	<b>4,140</b>	<b>3,550</b>	<b>4,140</b>	<b>3,550</b>	<b>15,380</b>	<b>0</b>	<b>15,380</b>
<b>TOTAL CONTRACT</b>	<b>36.87</b>	<b>8,930</b>	<b>137,450</b>	<b>801,988</b>	<b>687,592</b>	<b>801,988</b>	<b>687,597</b>	<b>1,726,653</b>	<b>1,252,512</b>	<b>2,979,165</b>

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

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

The applicant assures that it will comply with:

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

**Attachment IV**

Fiscal Year - 2020 - 2021

Levy County Health Department

Facilities Utilized by the County Health Department

<b>Complete Location</b> <small>(Street Address, City, Zip)</small>	<b>Facility Description</b> <b>And Official Building</b> <b>Name (if applicable)</b> <small>(Admin, Clinic, Envrn Hlth, etc.)</small>	<b>Lease/ Agreement Number</b>	<b>Type of Agreement</b> <small>(Private Lease thru State or County, other - please define)</small>	<b>Complete Legal Name of Owner</b>	<b>SQ Feet</b>	<b>Employee Count</b> <small>(FTE/OPS/ Contract)</small>
<b>Levy County Health Department 66 West Main St Bronson, FL 32621</b>	<b>Admin, Clinic, EH, Vitals, Dental, Healthy Start</b>		<b>Core Contract</b>	<b>Levy County Board of County Commissioners</b>	<b>5697</b>	<b>29.3/.5</b>
<b>Portable #8 33 Mongo St. Bronson, FL 32621</b>	<b>Healthy Families</b>		<b>Core Contract</b>	<b>Levy County Board of County Commissioners</b>	<b>1754</b>	<b>6</b>
<b>Portable 355 Garner Street Bronson, FL 32621</b>	<b>Preparedness</b>		<b>Core Contract</b>	<b>Levy County Board of County Commissioners</b>	<b>1200</b>	<b>2</b>

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

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

CASH RESERVED OR ANTICIPATED TO BE RESERVED FOR PROJECTS

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

**SPECIAL PROJECTS CONSTRUCTION/RENOVATION PLAN**

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

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

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

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

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

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

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

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

START DATE (initial expenditure of funds)  
: \_\_\_\_\_

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

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

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

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

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

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

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

\* Cash balance as of 9/30/20

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

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