

**SEMINOLE COUNTY GOVERNMENT  
AGENDA MEMORANDUM**

**SUBJECT:** FY 2005/2006 Contract Between the State of Florida Department of Health and Seminole County

**DEPARTMENT:** Community Services    **DIVISION:** Administration

**AUTHORIZED BY:** Phillip C. Stalvey     **CONTACT:** Mike Napier    **EXT.** 3200

Agenda Date 09/27/05    Regular     Consent     Work Session     Briefing   
Public Hearing – 1:30     Public Hearing – 7:00

**MOTION/RECOMMENDATION:**

Approval of the FY 2005/2006 contract between the State of Florida Department of Health and Seminole County and authorization for the Chairman of the Board of County Commissioners to execute the contract.

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**BACKGROUND:**

Each year Seminole County enters into a contract with the State of Florida Department of Health which specifies the funding and health services to be delivered to the residents of Seminole County. Appropriation by Seminole County for FY 2005/2006 is an amount not to exceed \$1,019,882. This funding agreement has not increased and remains identical to the amount appropriated for FY 2004/2005.

Reviewed by:  
Co Atty: \_\_\_\_\_  
DFS: \_\_\_\_\_  
Other: \_\_\_\_\_  
DCM:  \_\_\_\_\_  
CM:  \_\_\_\_\_  
File No. CCS01

**CONTRACT BETWEEN  
SEMINOLE COUNTY  
AND  
STATE OF FLORIDA DEPARTMENT OF HEALTH  
FOR OPERATION OF  
THE SEMINOLE COUNTY HEALTH DEPARTMENT  
CONTRACT YEAR 2005-2006**

This agreement ("Agreement") is made and entered into between the State of Florida, Department of Health ("State") and the Seminole County Board of County Commissioners ("County"), through their undersigned authorities, effective October 1, 2005.

**RECITALS**

A. Pursuant to Chapter 154, F.S., 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. Seminole County Health Department ("CHD") is one of the County Health Departments created throughout Florida. It is necessary for the parties hereto to enter into this Agreement in order to assure 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 forgoing recitals are true and correct and incorporated herein by reference.

2. TERM. The parties mutually agree that this Agreement shall be effective from October 1, 2005, through September 30, 2006, or until a written agreement replacing this Agreement is entered into between the parties, whichever is later, unless this Agreement 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, 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 are 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 \$ 5,192,528 (State General Revenue, Other State Funds and Federal Funds listed on the Schedule C). The State's obligation to pay under this contract is contingent upon an annual appropriation by the Legislature.*

*ii. The County's appropriated responsibility (direct contribution excluding any fees, other cash or local contributions) as provided in Attachment II, Part II is an amount not to exceed \$ 1,019,882 (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 Agreement 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 Agreement 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, Bureau of Budget 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, Bureau of Budget Management.

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

County Health Department Trust Fund  
Seminole County  
400 W. Airport Blvd.  
Sanford, FL 32773

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 State Health Officer. The director/administrator shall be selected by the State with the concurrence of the County. The director/administrator of the CHD shall insure that non-categorical sources of funding are used to fulfill public health priorities in the community and the Long Range Program Plan. A report detailing the status of public health as measured by outcome measures and similar indicators will be sent by the CHD director/administrator to the parties no later than October 1 of each year *(This is the standard quality assurance "County Health Profile" report located on the Office of Planning, Evaluation & Data Analysis Intranet site).*

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 Client Information System/Health Management Component 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 Agreement. 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 those promulgated by the Generally Accepted Accounting Principles (GAAP) and 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 paragraph 6.i., 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 System Information Resource (FLAIR).
- 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 Seminole 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 the core 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 State Health Officer has approved the transfer. The Deputy State Health Officer 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 Agreement. 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 Agreement for a period of five (5) years after termination of this Agreement. 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, dated September 1997, as amended, the terms of which are incorporated herein by reference. 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. hereof.

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 Agreement.

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 DE385L1 report if the variance exceeds or falls below 25 percent of the planned expenditure

amount. 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, Bureau of Budget 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, 2006 for the report period October 1, 2005 through December 31, 2005;
- ii.* June 1, 2006 for the report period October 1, 2005 through March 31, 2006;
- iii.* September 1, 2006 for the report period October 1, 2005 through June 30, 2006; and
- iv.* December 1, 2006 for the report period October 1, 2005 through September 30, 2006.

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 assure 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 assure 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 Agreement 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 Agreement become unavailable, either party may terminate this Agreement 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 Agreement 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 Agreement 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 Agreement.

9. MISCELLANEOUS. The parties further agree:

a. Availability of Funds. If this Agreement, any renewal hereof, or any term, performance or payment hereunder, extends beyond the fiscal year beginning July 1, 2005, it is agreed that the performance and payment under this Agreement 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 Agreement are as follows:

For the State:  
**Mike Napier**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Administrator

\_\_\_\_\_  
Title

\_\_\_\_\_  
400 W. Airport Blvd.

\_\_\_\_\_  
Sanford, FL 32773

\_\_\_\_\_  
Address

\_\_\_\_\_  
407-665-3200

\_\_\_\_\_  
Telephone

For the County:

**Philip C. Stalvey**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Director, Dept. of Community Services

\_\_\_\_\_  
Title

\_\_\_\_\_  
400 W. Airport Blvd.

\_\_\_\_\_  
Sanford, FL 32773

\_\_\_\_\_  
Address

\_\_\_\_\_  
407-665-3202

\_\_\_\_\_  
Telephone

If different contract managers are designated after execution of this Agreement, 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 Agreement.

c. Captions. The captions and headings contained in this Agreement 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 38 page agreement to be executed by their undersigned officials as duly authorized effective the 1<sup>st</sup> day of October, 2005.

**SEMINOLE COUNTY**

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

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

NAME: Carlton Henley

TITLE: Chairman, Board of County  
Commissioners

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

ATTESTED TO:

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

NAME: Maryanne Morse

TITLE: Clerk of the Curcuit Court

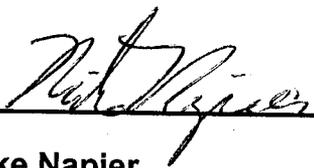
DATE: \_\_\_\_\_

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

NAME: John O. Agwunobi, M.D., M.B.A., M.P.H.

TITLE: Secretary

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

SIGNED BY: 

NAME: Mike Napier

TITLE: CHD Director/Administrator

DATE: 8/24/05

## ATTACHMENT I

### SEMINOLE 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 FAC 64D-3, F.S. 381 and F.S. 384 and the CHD Guidebook.
2.	Dental Health	Monthly reporting on DH Form 1008*.
3.	Special Supplemental Nutrition Program for Women, Infants and Children.	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 Healthy Start Standards and Guidelines 1998 and as specified by the Health Start Coalitions in contract with each county health department.
5.	Family Planning	Periodic financial and programmatic reports as specified by the program office and in the CHD Guidebook, Internal Operating Policy FAMPLAN 14*
6.	Immunization	Periodic reports as specified by the department regarding the surveillance/investigation of reportable vaccine preventable diseases, vaccine usage accountability, the assessment of various immunization levels and forms reporting adverse events following immunization and Immunization Module quarterly quality audits and duplicate data reports.
7.	Chronic Disease Program	Requirements as specified in the Community Intervention Program (CIP) and the CHD Guidebook.
8.	Environmental Health	Requirements as specified in DHP 50-4* and 50-21*
9.	HIV/AIDS Program	Requirements as specified in Florida Statute 384.25 and 64D-3.016 and 3.017 F.A.C. and the CHD Guidebook. Case reporting on CDC Forms 50.42B (Adult/ Adolescent) and 50.42A (Pediatric). Socio-demographic data on persons tested for HIV in CHD clinics should be reported on Lab Request Form 1628 or Post-Test Counseling Form 1633. These reports are to be sent to the Headquarters HIV/AIDS office within 5 days of the initial post-test counseling appointment or within 90 days of the missed post-test counseling appointment.

ATTACHMENT I (Continued)

10. School Health Services

HRSM 150-25\*, including the requirement for an annual plan as a condition for funding.

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

**ATTACHMENT II**

**SEMINOLE COUNTY HEALTH DEPARTMENT**

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

	Estimated State Share of CHD Trust Fund Balance as of 09/30/05	Estimated County Share of CHD Trust Fund Balance as of 09/30/05	Total
1. CHD Trust Fund Ending Balance 09/30/05	\$ 891,104	\$ 501,246	\$ 1,392,350
2. Drawdown for Contract Year October 1, 2005 to September 30, 2006	\$ 284,068	\$ 127,440	\$ 411,508
3. Special Capital Project use for Contract Year October 1, 2005 to September 30, 2006			\$ -
4. Balance Reserved for Contingency Fund October 1, 2005 to September 30, 2006	\$ 607,036	\$ 373,806	\$ 980,842

Note: The total of items 2, 3 and 4 must equal the ending balance in item 1.

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

Pursuant to 154.02, F.S., At a minimum, the trust fund shall consist of: an operating reserve, consisting of 8.5 percent of the annual operating budget, maintained to ensure adequate cash flow from nonstate revenue sources.

ATTACHMENT II

SEMINOLE COUNTY HEALTH DEPARTMENT  
Part II. Sources of Contributions to County Health Department

(October 1, 2005 to September 30, 2006)

	State CHD Trust Fund (cash)	County CHD Trust Fund (cash)	Total CHD Trust Fund (cash)	Other Contributions	Total
<b>1. GENERAL REVENUE - STATE</b>					
015050	ALG/CESSPOOL IDENTIFICATION AND ELIMINATION	0	0	0	0
015050	ALG/CONTR TO CHDS	2,771,118	0	2,771,118	0
015050	ALG/CONTR TO CHDS-AIDS PATIENT CARE	100,000	0	100,000	0
015050	ALG/CONTR TO CHDS-AIDS PREV & SURV & FIELD STAFF	51,861	0	51,861	0
015050	ALG/CONTR TO CHDS-MIGRANT LABOR CAMP SANITATION	354	0	354	0
015050	ALG/CONTR. TO CHDS-DENTAL PROGRAM	27,900	0	27,900	0
015050	ALG/CONTR. TO CHDS-IMMUNIZATION OUTREACH TEAMS	27,279	0	27,279	0
015050	ALG/CONTR. TO CHDS-INDOOR AIR ASSIST PROG	0	0	0	0
015050	ALG/CONTR. TO CHDS-MCH HEALTH - FIELD STAFF COST	0	0	0	0
015050	ALG/CONTR. TO CHDS-SOVEREIGN IMMUNITY	0	0	0	0
015050	ALG/CONTRIBUTION TO CHDS-PRIMARY CARE	10,087	0	10,087	0
015050	ALG/FAMILY PLANNING	84,871	0	84,871	0
015050	ALG/IPO - OUTREACH SOCIAL WORKERS CAT. 050707	0	0	0	0
015050	ALG/IPO HEALTHY START	0	0	0	0
015050	ALG/IPO HEALTHY START/IPO CAT 050707	0	0	0	0
015050	ALG/IPO-INFANT MORTALITY PROJECT CAT 050707	0	0	0	0
015050	ALGMCH HEALTHY START/IPO CAT 050870	0	0	0	0
015050	ALGMCH-INFANT MORTALITY PROJECT CAT 050870	0	0	0	0
015050	ALGMCH-OUTREACH SOCIAL WORKERS CAT050870	0	0	0	0
015050	ALG/PRIMARY CARE	130,525	0	130,525	0
015050	ALG/SCHOOL HEALTH/SUPPLEMENTAL	0	0	0	0
015050	CHD SUPPORT SERVICES	0	0	0	0
015050	COMMUNITY INTERVENTION PROGRAM	0	0	0	0
015050	COMMUNITY TB PROGRAM	85,009	0	85,009	0
015050	CONTR TO CHDS - DUVAL TEEN PREGNANCY PREVENTION	0	0	0	0
015050	ENHANCED DENTAL SERVICES	0	0	0	0
015050	FL HEPATITIS & LIVER FAILURE PREVENTIONCONTROL	0	0	0	0
015050	HEALTH PROMOTION & EDUCATION INITIATIVES	29,411	0	29,411	0
015050	HEALTHY BEACHES MONITORING	0	0	0	0
015050	HEALTHY START - DATA COLLECTION PROJECT STAFF	0	0	0	0
015050	LA LIGA CONTRA EL CANCER	0	0	0	0
015050	MEDIVAN PROJECT	0	0	0	0
015050	METRO ORLANDO URBAN LEAGUE TEENAGE PREG PREV	0	0	0	0
015050	RED LEGISLATION - GAP GRANT (CAT 050310)	0	0	0	0
015050	SPECIAL NEEDS SHELTER PROGRAM	81,000	0	81,000	0
015050	STD GENERAL REVENUE	0	0	0	0
015050	VOLUNTEER SCHOOL HEALTH NURSE GRANT	0	0	0	0
<b>GENERAL REVENUE TOTAL</b>		<b>3,399,415</b>	<b>0</b>	<b>3,399,415</b>	<b>0</b>
<b>2. NON GENERAL REVENUE - STATE</b>					
015010	ALG/CONTR TO CHDS-REBASING TOBACCO TF	83,175	0	83,175	0
015010	BASIC SCHOOL HEALTH - TOBACCO TF	272,851	0	272,851	0
015010	CHD SUPPORT SERVICES	0	0	0	0
015010	FL HEPATITIS & LIVER FAILURE PREVENTIONCONTROL	77,420	0	77,420	0
015010	FULL SERVICE SCHOOLS - TOBACCO TF	186,934	0	186,934	0
015010	ONSITE SEWAGE RESEARCH FUND	0	0	0	0
015010	PACE EH	0	0	0	0
015010	SUPER ACT PROGRAM ADM TF	44,000	0	44,000	0

**ATTACHMENT III**

**SEMINOLE COUNTY HEALTH DEPARTMENT  
Partial Sources of Contributions to County Health Department**

October 1, 2005 to September 30, 2006

		Local CHD Grant Fund (cash)	County CHD Grant Fund (cash)	Federal CHD Grant Fund (cash)	Other Contributions	Total
<b>2. NON GENERAL REVENUE - STATE</b>						
015010	SUPPLEMENTAL/COMPREHENSIVE SCHOOL HEALTH - TOB TF	0	0	0	0	0
015010	VARICELLA IMMUNIZATION REQUIREMENT TOBACCO TF	14,600	0	14,600	0	14,600
015020	ALG/CONTR. TO CHDS-BIOMEDICAL WASTE/DEP ADM TF	13,303	0	13,303	0	13,303
015020	ALG/CONTR. TO CHDS-SAFE DRINKING WATER PRG/DEP ADM	0	0	0	0	0
015020	FOOD AND WATERBORNE DISEASE PROGRAM ADM TRFDACS	0	0	0	0	0
<b>NON GENERAL REVENUE TOTAL</b>		<b>692,283</b>	<b>0</b>	<b>692,283</b>	<b>0</b>	<b>692,283</b>
<b>3. FEDERAL FUNDS - State</b>						
007000	AIDS PREVENTION	0	0	0	0	0
007000	AIDS SEROPREVALENCE	0	0	0	0	0
007000	AIDS SURVEILLANCE	0	0	0	0	0
007000	BIOTERR SURVEILLANCE & EPIDEMIOLOGY	167,474	0	167,474	0	167,474
007000	BIOTERRORISM HOSPITAL PREPAREDNESS	0	0	0	0	0
007000	BIOTERRORISM NETWORK COMMUNICATIONS	0	0	0	0	0
007000	BIOTERRORISM PLANNING & READINESS	84,747	0	84,747	0	84,747
007000	CHD SUPPORT SERVICES	0	0	0	0	0
007000	CHILDHOOD LEAD POISONING PREVENTION	0	0	0	0	0
007000	COASTAL BEACH MONITORING PROGRAM	0	0	0	0	0
007000	COMP COMMUNITY CARDIO - PHBG 2004-2005	0	0	0	0	0
007000	COMPREHENSIVE CARDIOVASCULAR PROGRAM	0	0	0	0	0
007000	FGTF/AIDS MORBIDITY	0	0	0	0	0
007000	FGTF/BREAST & CERVICAL CANCER-ADMIN/CASE MAN	58,500	0	58,500	0	58,500
007000	FGTF/FAMILY PLANNING TITLE X SPECIAL INITIATIVES	0	0	0	0	0
007000	FGTF/FAMILY PLANNING-TITLE X	116,143	0	116,143	0	116,143
007000	FGTF/IMMUNIZATION ACTION PLAN	43,096	0	43,096	0	43,096
007000	FGTF/WIC ADMINISTRATION	794,198	0	794,198	0	794,198
007000	HEALTH PROGRAM FOR REFUGEES	13,024	0	13,024	0	13,024
007000	HOUSING OPPORTUNITIES FOR PEOPLE WITH AIDS(HOPWA)	0	0	0	0	0
007000	IMMUNIZATION SUPPLEMENTAL	0	0	0	0	0
007000	IMMUNIZATION-WIC LINKAGES	0	0	0	0	0
007000	MCH BGTF-GADSDEN SCHOOL CLINIC	0	0	0	0	0
007000	MCH BGTF-HEALTHY START IPO	0	0	0	0	0
007000	MCH BGTF-INFANT MORTALITY PROJECT	0	0	0	0	0
007000	MCH BGTF-MCH/CHILD HEALTH	14,701	0	14,701	0	14,701
007000	MCH BGTF-MCH/DENTAL PROJECTS	0	0	0	0	0
007000	MCH BGTF-OUTREACH SOCIAL WORKERS	0	0	0	0	0
007000	PHP-CITIES RESPONSE INITIATIVE2004-2005	0	0	0	0	0
007000	REDUCING BURDEN OF ARTHRITIS & RHEUMATIC CONDITNS	0	0	0	0	0
007000	REFUGEE HEALTH TB TARGETED TESTING	0	0	0	0	0
007000	RISK COMMUNICATIONS	0	0	0	0	0
007000	RYAN WHITE	0	0	0	0	0
007000	RYAN WHITE - EMERGING COMMUNITIES	0	0	0	0	0
007000	RYAN WHITE-AIDS DRUG ASSIST PROG-ADMIN	35,000	0	35,000	0	35,000
007000	RYAN WHITE-CONSORTIA	0	0	0	0	0
007000	STATE PROGRAMS TO PREVENT OBESITY2003-04	0	0	0	0	0
007000	STD FEDERAL GRANT - CSPS	42,560	0	42,560	0	42,560
007000	STD PROGRAM - PHYSICIAN TRAINING CENTER	0	0	0	0	0
007000	STD PROGRAM - SYPHILIS ELIMINATION(SE)	0	0	0	0	0

**ATTACHMENT III**

**SEMINOLE COUNTY HEALTH DEPARTMENT  
Part II - Sources of Contributions to County Health Department**

October 1, 2005 to September 30, 2006

	STIC CHD Fund Fund (cash)	County CHD Fund Fund (cash)	Port CHD Fund Fund (cash)	Other Contributions	Total
<b>3. FEDERAL FUNDS - State</b>					
007000	STD PROGRAM INFERTILITY PREVENTION PROJECT(IPP)	0	0	0	0
007000	STD PROGRAM-INFERTILITY PREVENTION PROJECT(IPP)	0	0	0	0
007000	STRATEGIC NATIONAL STOCKPILE	0	0	0	0
007000	TRAINING AND EDUCATION	0	0	0	0
007000	TUBERCULOSIS CONTROL - FEDERAL GRANT	41,156	0	41,156	41,156
007000	WIC BREASTFEEDING PEER COUNSELING PROG FFY2004	35,000	0	35,000	35,000
007000	WIC INFRASTRUCTURE GRANT2005-2006	0	0	0	0
015009	MEDIPASS WAIVER-HLTHY STRT CLIENT SERVICES	0	0	0	0
015009	MEDIPASS WAIVER-SOBRA	0	0	0	0
015009	SCHOOL HEALTH-SUPPLEMENT-TANF	0	0	0	0
015075	CHD SUPPORT SERVICES	0	0	0	0
015075	Refugee Screening Reimbursement	61,000	0	61,000	61,000
<b>FEDERAL FUNDS TOTAL</b>		<b>1,506,599</b>	<b>0</b>	<b>1,506,599</b>	<b>1,506,599</b>
<b>4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE</b>					
001020	Migrant Housing Permit	0	0	0	0
001020	Mobile Home and Parks	5,707	0	5,707	5,707
001020	Food Hygiene Permit	26,000	0	26,000	26,000
001020	Biohazard Waste Permit	12,000	0	12,000	12,000
001020	Swimming Pools	85,000	0	85,000	85,000
001020	Private Water Constr Permit	0	0	0	0
001020	Public Water Annual Oper Permit	3,250	0	3,250	3,250
001020	Public Water Constr Permit	0	0	0	0
001020	Non-SDWA System Permit	0	0	0	0
001020	Safe Drinking Water	0	0	0	0
001021	Tanning Facilities	13,000	0	13,000	13,000
001021	Body Piercing	400	0	400	400
001092	Non SDWA Lab Sample	0	0	0	0
001092	OSDS Variance Fee	225	0	225	225
001092	Environmental Health Fees	242,900	0	242,900	242,900
001092	OSDS Repair Permit	0	0	0	0
001092	OSDS Permit Fee	0	0	0	0
001092	I & M Zoned Operating Permit	0	0	0	0
001092	Aerobic Operating Permit	0	0	0	0
001092	Septic Tank Site Evaluation	0	0	0	0
001170	Lab Fee Chemical Analysis	0	0	0	0
001170	Nonpotable Water Analysis	0	0	0	0
001170	Water Analysis-Potable	0	0	0	0
010304	MQA Inspection Fee	9,000	0	9,000	9,000
010403	Fees-Copy of Public Doc	0	0	0	0
<b>FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL</b>		<b>397,482</b>	<b>0</b>	<b>397,482</b>	<b>397,482</b>
<b>5. OTHER CASH CONTRIBUTIONS - STATE</b>					
010304	Stationary Pollutant Storage Tanks	0	0	0	0
090001	Draw down from Public Health Unit	284,068	0	284,068	284,068
<b>OTHER CASH CONTRIBUTIONS TOTAL</b>		<b>284,068</b>	<b>0</b>	<b>284,068</b>	<b>284,068</b>

**ATTACHMENT III**

**SEMINOLE COUNTY HEALTH DEPARTMENT  
Part III Sources of Contributions to County Health Department**

October 1, 2005 to September 30, 2006

	State CHD Trust Fund (cash)	County CHD Trust Fund (cash)	Total CHD Trust Fund (cash)	Other Contributions	Total
<b>6. MEDICAID - STATE/COUNTY</b>					
001080 CHD Incm:Medicaid-Nursing	0	0	0	0	0
001080 CHD Incm:Medicaid-STD	0	0	0	0	0
001080 Medicaid AIDS	12,330	17,670	30,000	0	30,000
001080 Medicaid HMO Rate	0	0	0	0	0
001080 CHD Incm:Medicaid Maternity	184,950	265,050	450,000	0	450,000
001080 CHD Incm:Medicaid Comp. Child	39,045	55,955	95,000	0	95,000
001080 CHD Incm:Medicaid Comp. Adult	12,330	17,670	30,000	0	30,000
001080 Medicaid-LAB	0	0	0	0	0
001080 CHD Incm:Medicaid-Pharmacy	103,572	148,428	252,000	0	252,000
001080 Medicaid-TB	3,494	5,007	8,500	0	8,500
001080 Medicaid-Administration Vaccine	5,549	7,952	13,500	0	13,500
001080 Medicaid-Case Management	0	0	0	0	0
001080 CHD Incm:Medicaid-Other	14,796	21,204	36,000	0	36,000
001080 CHD Incm:Medicaid-Child Health Checkup	41,100	58,900	100,000	0	100,000
001080 CHD Incm:Medicaid-Dental	263,040	376,960	640,000	0	640,000
001083 CHD Incm:Medicaid-FP	3,500	31,500	35,000	0	35,000
001208 Medipass \$3.00 Adm. Fee	7,604	10,897	18,500	0	18,500
<b>MEDICAID TOTAL</b>	<b>691,309</b>	<b>1,017,192</b>	<b>1,708,500</b>	<b>0</b>	<b>1,708,500</b>
<b>7. ALLOCABLE REVENUE - STATE</b>					
018000 Refunds, Salary	0	0	0	0	0
018000 Refunds, other Personal Services	0	0	0	0	0
018000 Refunds, Expenses	0	0	0	0	0
018000 Refunds, Operating Capital Outlay	0	0	0	0	0
018000 Refunds, Special Category	0	0	0	0	0
018000 Refunds, Other	0	0	0	0	0
018000 DMS Refunds by Journal Transfer-65900	0	0	0	0	0
018000 Refunds, Certified Forward	0	0	0	0	0
037000 Prior Year Warrant	0	0	0	0	0
038000 12 Month Old Warrant	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>
<b>8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE</b>					
State Pharmacy Services	0	0	0	83,926	83,926
State Laboratory Services	0	0	0	429,067	429,067
State TB Services	0	0	0	0	0
State Immunization Services	0	0	0	452,049	452,049
State STD Services	0	0	0	0	0
State Construction/Renovation	0	0	0	0	0
WIC Food	0	0	0	3,747,567	3,747,567
Other (ADAP)	0	0	0	693,305	693,305
Other (specify)	0	0	0	0	0
Other (specify)	0	0	0	0	0
Other (specify)	0	0	0	0	0
<b>OTHER STATE CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5,405,914</b>	<b>5,405,914</b>
<b>9. DIRECT COUNTY CONTRIBUTIONS - COUNTY</b>					

**ATTACHMENT II**

**SEMINOLE COUNTY HEALTH DEPARTMENT  
Part II Sources of Contributions to County Health Department**

October 1, 2005 to September 30, 2006

	State CHD Fund Fund (61b)	County CHD Trust Fund (61c)	Total CHD Fund Fund (cash)	Other Contributions	Total	
<b>9. DIRECT COUNTY CONTRIBUTIONS - COUNTY</b>						
008030	Grants-County Tax Direct	0	0	0	0	
008034	Grants Cnty Commsn Other	0	1,019,882	1,019,882	0	1,019,882
<b>BOARD OF COUNTY COMMISSIONERS TOTAL</b>		0	1,019,882	1,019,882	0	1,019,882
<b>10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY</b>						
001060	Vital Statistics Fees Other	0	0	0	0	0
001077	Rabies Vaccine	0	8,500	8,500	0	8,500
001077	Child Car Seat Prog	0	0	0	0	0
001077	Primary Care Fees	0	79,120	79,120	0	79,120
001077	Communicable Disease Fees	0	344,790	344,790	0	344,790
001094	Environmental Health Fees	0	56,000	56,000	0	56,000
001094	Adult Enter. Permit Fees	0	0	0	0	0
001114	New Birth Certificates	0	51,000	51,000	0	51,000
001115	Death Certificates	0	104,000	104,000	0	104,000
001117	Vital Stats-Adm. Fee 50 cents	0	2,100	2,100	0	2,100
<b>FEES AUTHORIZED BY COUNTY TOTAL</b>		0	645,510	645,510	0	645,510
<b>11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY</b>						
001009	Debit Memo-Bad Checks	0	0	0	0	0
001009	Recovery-Bad Checks	0	0	0	0	0
001009	Recovery of Collection of Agency Placements	0	0	0	0	0
001009	Returned Check Fee	0	200	200	0	200
001029	Third Party Reimbursement	0	85,495	85,495	0	85,495
001029	Health Maintenance Organ. (HMO)	0	102,900	102,900	0	102,900
001077	Ryan White Local Revenues	0	50,000	50,000	0	50,000
001077	Ryan White Title II	0	0	0	0	0
001090	Medicare	0	16,100	16,100	0	16,100
005040	Interest Earned	0	0	0	0	0
005041	Interest Earned-State Investment Account	0	10,000	10,000	0	10,000
007010	U.S. Grants Direct	0	0	0	0	0
010300	Sale of Goods and Services	0	0	0	0	0
010301	Exp Witness Fee Consultmt Charges	0	0	0	0	0
010403	Fees-Copies of Documents	0	130	130	0	130
010405	Sale of pharmaceuticals	0	40,000	40,000	0	40,000
010409	Sale of Goods Outside State Government	0	0	0	0	0
010500	Sales of Services Outside State Government	0	0	0	0	0
011000	Grants - Direct	0	568,812	568,812	0	568,812
011001	Healthy Start Coalition Contributions	0	225,602	225,602	0	225,602
011007	Cash Donations Private	0	0	0	0	0
012020	Fines and Forfeitures	0	0	0	0	0
012021	Return Check Charge	0	0	0	0	0
028020	Insurance Recoveries-Other	0	0	0	0	0
090002	Draw down from Public Health Unit	0	127,440	127,440	0	127,440
011000	RAPID AIDS TESTING	0	0	0	0	0
<b>OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL</b>		0	1,226,679	1,226,679	0	1,226,679
<b>12. ALLOCABLE REVENUE - COUNTY</b>						

**ATTACHMENT II**

**SEMINOLE COUNTY HEALTH DEPARTMENT  
Part II. Sources of Contributions to County Health Department**

October 1, 2005 to September 30, 2006

	State CHD Trust Fund (cash)	County CHD Trust Fund (cash)	Total CHD Trust Fund (cash)	Other Contributions	Total
<b>12. ALLOCABLE REVENUE - COUNTY</b>					
018000 Refunds, Salary	0	0	0	0	0
018000 Refunds, other Personal Services	0	0	0	0	0
018000 Refunds, Expenses	0	0	0	0	0
018000 Refunds, Operating Capital Outlay	0	0	0	0	0
018000 Refunds, Special Category	0	0	0	0	0
018000 Refunds, Other	0	0	0	0	0
018000 DMS Refunds by Journal Transfer-65900	0	0	0	0	0
018000 Refunds, Certified Forward	0	0	0	0	0
037000 Prior Year Warrant	0	0	0	0	0
038000 12 Month Old Warrant	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>
<b>13. BUILDINGS - COUNTY</b>					
Annual Rental Equivalent Value	0	0	0	787,169	787,169
Maintenance	0	0	0	70,819	70,819
Other (specify)	0	0	0	0	0
Other (specify)	0	0	0	0	0
Other (specify)	0	0	0	0	0
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>857,988</b>	<b>857,988</b>
<b>14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY</b>					
Other County Contribution of some unknow origin	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 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>0</b>	<b>0</b>
<b>GRAND TOTAL CHD PROGRAM</b>	<b>6,971,156</b>	<b>3,909,263</b>	<b>10,880,418</b>	<b>6,263,902</b>	<b>17,144,320</b>

**ATTACHMENT II  
SEMINOLE COUNTY HEALTH DEPARTMENT**

Budget Planned Staffing, Clinical Services, and Expenditures, By Program, Service Area, Within Each Level Of Service  
October 1, 2006 to September 30, 2006

	FTE (000)	Clinical Services		Outreach Expenditures (in \$)				County	State	Grand Total
		Units	Services	1st	2nd	3rd	4th			
				(Whole dollar only)						
<b>A. COMMUNICABLE DISEASE CONTROL:</b>										
Immunization (101)	12.87	19,500	43,000	232,357	265,313	229,622	270,782	359,307	638,767	998,074
STD (102)	13.63	1,831	12,517	169,233	193,237	167,241	197,220	261,695	465,236	726,931
A.I.D.S. (103)	7.06	502	14,846	154,626	176,558	152,806	180,197	199,256	464,931	664,187
TB Control Services (104)	6.40	1,817	10,640	84,303	96,260	83,311	98,245	108,636	253,483	362,119
Comm. Disease Surv. (106)	0.04	0	1,373	440	502	435	513	680	1,210	1,890
Hepatitis Prevention (109)	2.96	1,500	4,300	33,695	38,476	33,300	39,269	43,422	101,318	144,740
Public Health Prep and Resp (116)	6.10	0	2,300	100,975	115,297	99,787	117,674	0	433,733	433,733
Vital Statistics (180)	1.92	0	0	29,250	33,399	28,906	34,087	125,642	0	125,642
<b>COMMUNICABLE DISEASE SUBTOTAL</b>	<b>50.98</b>	<b>25,150</b>	<b>88,976</b>	<b>804,879</b>	<b>919,042</b>	<b>795,408</b>	<b>937,987</b>	<b>1,098,638</b>	<b>2,358,678</b>	<b>3,457,316</b>
<b>B. PRIMARY CARE:</b>										
Chronic Disease Services (210)	0.11	67	349	7,730	8,827	7,639	9,009	11,954	21,251	33,205
Tobacco Prevention (212)	0.00	0	0	0	0	0	0	0	0	0
Home Health (215)	0.00	0	0	0	0	0	0	0	0	0
W.I.C. (221)	24.15	12,436	71,716	287,427	328,195	284,044	334,960	0	1,234,626	1,234,626
Family Planning (223)	10.91	3,531	11,053	170,364	194,528	168,359	198,538	263,444	468,345	731,789
Improved Pregnancy Outcome (225)	13.92	1,341	9,405	205,202	234,307	202,787	239,137	317,316	564,117	881,433
Healthy Start Prenatal (227)	13.40	3,575	70,227	175,792	200,725	173,723	204,863	755,103	0	755,103
Comprehensive Child Health (229)	8.42	4,343	13,015	113,609	129,723	112,272	132,397	175,680	312,321	488,001
Healthy Start Infant (231)	6.72	1,674	33,270	81,321	92,856	80,364	94,770	349,311	0	349,311
School Health (234)	7.08	0	776,964	131,252	149,868	129,707	152,957	0	563,784	563,784
Comprehensive Adult Health (237)	7.88	1,800	3,199	101,859	116,306	100,660	118,704	157,511	280,018	437,529
Dental Health (240)	14.61	3,900	35,000	270,492	251,747	217,934	256,956	358,966	638,163	997,129
<b>PRIMARY CARE SUBTOTAL</b>	<b>107.20</b>	<b>32,667</b>	<b>1,024,198</b>	<b>1,545,048</b>	<b>1,707,082</b>	<b>1,477,489</b>	<b>1,742,291</b>	<b>2,389,285</b>	<b>4,082,625</b>	<b>6,471,910</b>
<b>C. ENVIRONMENTAL HEALTH:</b>										
<b>Water and Onsite Sewage Programs</b>										
Coastal Beach Monitoring (347)	0.00	0	0	0	0	0	0	0	0	0
Limited Use Public Water Systems (357)	0.38	40	90	5,214	5,954	5,153	6,077	8,063	14,335	22,398
Public Water System (358)	0.09	0	25	1,339	1,528	1,323	1,560	2,070	3,680	5,750
Private Water System (359)	0.10	0	25	1,461	1,668	1,444	1,702	2,259	4,016	6,275
Individual Sewage Disp. (361)	6.35	1,300	5,000	83,527	95,374	82,544	97,340	129,163	229,622	358,785
<b>Group Total</b>	<b>6.92</b>	<b>1,340</b>	<b>5,140</b>	<b>91,541</b>	<b>104,524</b>	<b>90,464</b>	<b>106,679</b>	<b>141,555</b>	<b>251,653</b>	<b>393,208</b>
<b>Facility Programs</b>										
Food Hygiene (348)	1.33	270	1,040	16,393	18,718	16,200	19,105	0	70,416	70,416
Body Art (349)	0.06	8	10	768	876	759	895	0	3,298	3,298
Group Care Facility (351)	1.63	470	735	23,426	26,749	23,150	27,300	100,625	0	100,625
Migrant Labor Camp (352)	0.04	0	0	681	778	673	794	0	2,926	2,926
Housing, Public Bldg Safety, Sanitation (353)	0.00	0	0	0	0	0	0	0	0	0
Mobile Home and Parks Services (354)	0.12	21	42	1,620	1,851	1,601	1,888	0	6,960	6,960
Swimming Pools/Bathing (360)	1.70	545	1,250	26,862	30,672	26,546	31,302	0	115,382	115,382
Biomedical Waste Services (364)	0.66	350	350	8,428	9,623	8,329	9,821	0	36,201	36,201
Tanning Facility Services (369)	0.26	60	120	3,349	3,824	3,310	3,903	0	14,386	14,386

**ATTACHMENT II  
SEMINOLE COUNTY HEALTH DEPARTMENT**

Part III: Planned Staffing, Clients, Services, and Expenditures, By Program/Service Area Within Each Level Of Service

October 1, 2006 to September 30, 2006

	Planned Staffing			Planned Clients			Planned Expenditures			Grand Total
	FTE (000)	FTE	Services	FTE	Individuals	FTE	County	State		
<b>C. ENVIRONMENTAL HEALTH:</b>										
<b>Group Total</b>	5.80	1,724	3,547	81,527	93,091	80,568	95,008	100,625	249,569	350,194
<b>Groundwater Contamination</b>										
Storage Tank Compliance (355)	0.00	0	0	0	0	0	0	0	0	0
Super Act Service (356)	1.40	70	650	22,374	25,548	22,111	26,075	0	96,108	96,108
<b>Group Total</b>	1.40	70	650	22,374	25,548	22,111	26,075	0	96,108	96,108
<b>Community Hygiene</b>										
Occupational Health (344)	0.23	0	230	3,020	3,449	2,985	3,520	12,974	0	12,974
Consumer Product Safety (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)	0.04	0	0	678	774	670	790	2,912	0	2,912
Public Sewage (362)	0.00	0	0	0	0	0	0	0	0	0
Solid Waste Disposal (363)	0.00	0	0	0	0	0	0	0	0	0
Sanitary Nuisance (365)	0.56	40	110	7,182	8,202	7,099	8,371	30,854	0	30,854
Rabies Surveillance/Control Services (366)	0.07	0	75	1,355	1,549	1,339	1,579	5,822	0	5,822
Arbovirus Surveillance (367)	0.33	0	650	5,072	5,791	5,012	5,912	21,787	0	21,787
Rodent/Arthropod Control (368)	0.47	40	130	5,942	6,784	5,872	6,925	25,523	0	25,523
Water Pollution (370)	0.04	0	0	669	764	661	780	2,874	0	2,874
Air Pollution (371)	0.04	0	0	692	790	684	807	2,973	0	2,973
Radiological Health (372)	0.04	0	0	678	774	670	790	2,912	0	2,912
Toxic Substances (373)	0.04	0	0	710	811	702	828	3,051	0	3,051
<b>Group Total</b>	1.86	80	1,195	25,998	29,688	25,694	30,302	111,682	0	111,682
<b>ENVIRONMENTAL HEALTH SUBTOTAL</b>	15.98	3,214	10,532	221,440	252,851	218,837	258,064	353,862	597,330	951,192
<b>D. SPECIAL CONTRACTS:</b>										
Special Contracts (599)	0.00	0	0	0	0	0	0	0	0	0
<b>SPECIAL CONTRACTS SUBTOTAL</b>	0.00	0	0	0	0	0	0	0	0	0
<b>TOTAL CONTRACT</b>	174.16	61,031	1,123,706	2,571,367	2,878,975	2,491,734	2,938,342	3,841,785	7,038,633	10,880,418

## ATTACHMENT III

### SEMINOLE 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 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  
 SEMINOLE COUNTY HEALTH DEPARTMENT  
 FACILITIES UTILIZED BY THE COUNTY HEALTH DEPARTMENT

<u>Facility Description</u>	<u>Location</u>	<u>Owned By</u>
<u>Main Facility</u>		
Concrete Block Health Unit Design 50,269 Square Feet	400 West Airport Boulevard Sanford, Florida 32773	Seminole County
<u>Satellite Facility</u>		
Store Front in Shopping Center 9,750 Square Feet	132 Sausalito Boulevard Casselberry, Florida 32707	Leased by: Seminole County Owned by: The Greater Construction Corp. a Kensington Park 1105 Kensington Park Altamonte Springs, F 32714
<u>Satellite Facility</u>		
Apartment in an Apartment Building 600 Square Feet	1600 W. 5 <sup>th</sup> St. Apt. 41 Sanford, Florida 32771	Donated by: Seminole Gardens Apartments

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

IDENTIFY THE AMOUNT OF CASH THAT IS ANTICIPATED TO BE SET ASIDE ANNUALLY FOR THE PROJECT.

<u>CONTRACT YEAR</u>	<u>STATE</u>	<u>COUNTY</u>	<u>TOTAL</u>
2003-2004	\$ _____	\$ _____	\$ _____ -
2004-2005	\$ _____	\$ _____	\$ _____ -
2005-2006	\$ _____	\$ _____	\$ _____ -
2006-2007	\$ _____	\$ _____	\$ _____ -
2007-2008	\$ _____	\$ _____	\$ _____ -
PROJECT TOTAL	\$ _____ -	\$ _____ -	\$ _____ -

**SPECIAL PROJECT CONSTRUCTION/RENOVATION PLAN**

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

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

PROJECT TYPE:           NEW BUILDING \_\_\_\_\_   ROOFING \_\_\_\_\_  
                               RENOVATION    \_\_\_\_\_   PLANNING STUDY \_\_\_\_\_  
                               NEW ADDITION \_\_\_\_\_   OTHER                   \_\_\_\_\_

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

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

Not Applicable

**ESTIMATED PROJECT INFORMATION:**

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

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

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

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

FURNITURE/EQUIPMENT \$ \_\_\_\_\_

TOTAL PROJECT COST: \$ \_\_\_\_\_ -

COST PER SQ FOOT: \$ \_\_\_\_\_ #DIV/0!

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

## ATTACHMENT VI

### Primary Care

"Primary Care" as conceptualized for the county health departments and for the use of categorical Primary Care funds (revenue object code 015011) is defined as:

*"Health care services for the prevention or treatment of acute or chronic medical conditions or minor injuries of individuals which is provided in a clinic setting and may include family planning and maternity care."*

Indicate below the county health department programs that will be supported at least in part with categorical Primary Care funds this contract year:

- Comprehensive Child Health (229/29)
- Comprehensive Adult Health (237/37)
- Family Planning (223/23)
- Maternal Health/IPO (225/25)
- Laboratory (242/42)
- Pharmacy (241/93)
- Other Medical Treatment Program (please identify) \_\_\_\_\_

Describe the target population to be served with categorical Primary Care funds.

**The target population primarily consists of children and young adults under the age of 21. We will serve maternity clients living at or below the poverty level. We also serve all clients for STD services.**

Does the health department intend to contract with other providers for the delivery of primary health care services using categorical (015011) Primary Care funds? If so, please identify the provider(s), describe the services to be delivered, and list the anticipated contractual amount by provider. In addition, contract providers are required to provide data on patients served and the services provided so that the patients may be registered and the service data entered into HCMS.

**No.**



**ENVIRONMENTAL HEALTH FEE SCHEDULE**  
**FISCAL YEAR 2005-2006**  
**EFFECTIVE 07/01/2005**

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	EO	OBJECT CODE	REVENUE CATEGORY	SI	OCA	FUND GF-SF-FID	BUDGET ENTITY	IBI	PROGRAM COMPONENT
<b>PUBLIC SWIMMING POOLS AND BATHING PLACES</b>												
1. Annual Permit - Up to (and including) 25,000 gallons	100.00	90.00	XX-360	DK	001020	000100	CD	8K000	20-2-141001	64200700	**	1306000000
1a. Transfer to headquarters		10.00	XX-910	SM	001206	000100	RV	K3000	10-2-021042	64200600	00	1302000000
2. More than 25,000 gallons	200.00	180.00	XX-360	DK	001020	000100	CD	8K000	20-2-141001	64200700	**	1306000000
2a. Transfer to headquarters		20.00	XX-910	SM	001206	000100	RV	K3000	10-2-021042	64200600	00	1302000000
3. Exempted Condo Pools (over 32 units)	50.00	45.00	XX-360	DK	001020	000100	CD	8K000	20-2-141001	64200700	**	1306000000
3a. Transfer to headquarters		5.00	XX-910	SM	001206	000100	RV	K3000	10-2-021042	64200600	00	1302000000
<b>OTHER FEES</b>												
Collected by the 13 delegated counties												
Broward, Dade, Duval, Hillsborough, Lee, Manatee,												
Collier, Palm Beach, Pinellas, Polk, Sarasota, Volusia, Escambia.												
Permits and variances for Okaloosa, Santa Rosa, Walton, Bay,												
Homes, and Washington Counties are processed by Escambia												
County and variances and permits for Pasco County are processed												
by Pinellas County as follows:												
1. Plan review (new construction)	350.00	350.00	XX-360	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
2. Modification to a construction permit (permit issued and pool not finished with construction)	100.00	100.00	XX-360	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
3. Modification to a completed pool, one that has been in operation	150.00	150.00	XX-360	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
4. Plan/application review for bathing place development	275.00	275.00	XX-360	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
5. Initial operating permit	150.00	150.00	XX-360	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
6. Variance applications	240.00	216.00	XX-360	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
6a. Transfer to Headquarters		24.00	XX-910	SM	001206	000100	RV	K3000	10-2-021042	64200600	00	1302000000
All other counties are to send the fee to Bureau of Water												
Programs in Tallahassee or the Environmental Engineering												
section in Orlando as follows:												
1. Plan review (new construction)	350.00	350.00	XX-360	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
2. Modification to a construction permit (permit issued and pool not finished with construction)	100.00	100.00	XX-360	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
3. Modification to a completed pool, one that has been in operation	150.00	150.00	XX-360	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
4. Plan/application review for bathing place development	275.00	275.00	XX-360	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
5. Initial operating permit	150.00	150.00	XX-360	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
6. Variance applications	240.00	216.00	XX-360	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000

DESCRIPTION	FEE	DEPOSIT	ORG	EO	OBJECT	REVENUE	SI	OCA	FUND	BUDGET	IBI	PROGRAM
	AMOUNT	AMOUNT	L4L5		CODE	CATEGORY			GF-SF-FID	ENTITY		COMPONENT
<b>MOBILE HOME &amp; RECREATIONAL VEHICLE PARKS</b>												
(FEES ARE PRORATED ON A QUARTERLY BASIS)												
1. Annual permit for 5 to 14 spaces	50.00	45.00	XX-354	DK	001020	000100	CD	8K000	20-2-141001	64200700	**	1306000000
1a. Transfer to headquarters		5.00	XX-910	MP	001206	000100	RV	UQ000	10-2-021042	64200600	00	1302000000
2. Annual permit for 15 to 171 spaces	3.50 per space		XX-354	DK	001020	000100	CD	8K000	20-2-141001	64200700	**	1306000000
2a. Transfer to headquarters		10%	XX-910	MP	001206	000100	RV	UQ000	10-2-021042	64200600	00	1302000000
3. Annual permit for 172 and above spaces	600.00	540.00	XX-354	DK	001020	000100	CD	8K000	20-2-141001	64200700	**	1306000000
3a. Transfer to headquarters		60.00	XX-910	MP	001206	000100	RV	UQ000	10-2-021042	64200600	00	1302000000
<b>MIGRANT LABOR CAMPS</b>												
1. Annual permit for facilities with 5-50 occupants	125.00	125.00	XX-352	DK	001020	000100	CD	8K000	20-2-141001	64200700	**	1306000000
2. Annual permit for facilities with 51-100 occupants	225.00	225.00	XX-352	DK	001020	000100	CD	8K000	20-2-141001	64200700	**	1306000000
3. Annual permit for facilities with over 100 occupants	500.00	500.00	XX-352	DK	001020	000100	CD	8K000	20-2-141001	64200700	**	1306000000
<b>BIOMEDICAL WASTE GENERATORS</b>												
1. Initial permit (prorated after 3/31 for generator, storage and treatment)	55.00	55.00	XX-364	DK	001020	000100	CD	8K000	20-2-141001	64200700	**	1306000000
2. Renewal of annual permit except physician office generating less than 25lbs/30 days) postmarked by October 1	55.00	55.00	XX-364	DK	001020	000100	CD	8K000	20-2-141001	64200700	**	1306000000
3. Renewal of annual permit except physician office generating less than 25lbs/30 days) postmarked after October 1	75.00	75.00	XX-364	DK	001020	000100	CD	8K000	20-2-141001	64200700	**	1306000000
4. Initial Transporter Registration (prorated after 3/31, includes 1 truck)	55.00	55.00	XX-364	DK	001020	000100	CD	8K000	20-2-141001	64200700	**	1306000000
5. Initial Registration of Each Additional Truck	10.00	10.00	XX-364	DK	001020	000100	CD	8K000	20-2-141001	64200700	**	1306000000
6. Annual Registration Renewal (postmarked by 10/01, includes 1 truck)	55.00	55.00	XX-364	DK	001020	000100	CD	8K000	20-2-141001	64200700	**	1306000000
7. Annual Registration Renewal (postmarked after 10/01, includes 1 truck)	75.00	75.00	XX-364	DK	001020	000100	CD	8K000	20-2-141001	64200700	**	1306000000
8. Annual Registration of Each Additional Truck	10.00	10.00	XX-364	DK	001020	000100	CD	8K000	20-2-141001	64200700	**	1306000000
<b>TANNING FACILITIES</b>												
1. Annual license fee	150.00	135.00	XX-369	DK	001021	000100	CD	8K000	20-2-141001	64200700	**	1306000000
1a. Transfer to headquarters		15.00	XX-910	TN	001206	000100	RV	R9000	10-2-021042	64200600	00	1302000000
2. Fee for each additional device	55.00	49.50	XX-369	DK	001021	000100	CD	8K000	20-2-141001	64200700	**	1306000000
2a. Transfer to headquarters		5.50	XX-910	TN	001206	000100	RV	R9000	10-2-021042	64200600	00	1302000000
3. Late fee	25.00	25.00	XX-369	DK	001021	000100	CD	8K000	20-2-141001	64200700	**	1306000000
<b>BODY PIERCING</b>												
1. Initial License (prorated quarterly)	150.00	135.00	XX-349	DK	001021	000100	CD	8K000	20-2-141001	64200700	**	1306000000
1a. Transfer to headquarters		15.00	XX-910	iE	001206	000100	RV	PIERS	10-2-021042	64200600	00	1302000000
2. Temporary Establishment	75.00	67.50	XX-349	DK	001021	000100	CD	8K000	20-2-141001	64200700	**	1306000000
2a. Transfer to headquarters		7.50	XX-910	iE	001206	000100	RV	PIERS	10-2-021042	64200600	00	1302000000
3. Annual Renewal License Fee	150.00	135.00	XX-349	DK	001021	000100	CD	8K000	20-2-141001	64200700	**	1306000000
3a. Transfer to headquarters		15.00	XX-910	iE	001206	000100	RV	PIERS	10-2-021042	64200600	00	1302000000
4. Late fee	100.00	100.00	XX-349	DK	001021	000100	CD	8K000	20-2-141001	64200700	**	1306000000

DESCRIPTION	FEE	DEPOSIT	ORG	EO	OBJECT	REVENUE	SI	OCA	FUND	BUDGET	IBI	PROGRAM
	AMOUNT	AMOUNT	L4/L5		CODE	CATEGORY			GF-SF-FID	ENTITY		COMPONENT
<b>FOOD ESTABLISHMENTS</b>												
1. Annual Permit for Fraternal/Civic	160.00	144.00	XX-348	DK	001020	000100	CD	8K000	20-2-141001	64200700	**	1306000000
1a. Transfer to headquarters		16.00	XX-910	FP	001206	000100	RV	1O000	10-2-021042	64200600	00	1302000000
2. Annual Permit School Cafeteria Operating for 9 months or less	130.00	117.00	XX-348	DK	001020	000100	CD	8K000	20-2-141001	64200700	**	1306000000
2a. Transfer to headquarters		13.00	XX-910	FP	001206	000100	RV	1O000	10-2-021042	64200600	00	1302000000
3. Annual Permit School Cafeteria Operating for more than 9 months	160.00	144.00	XX-348	DK	001020	000100	CD	8K000	20-2-141001	64200700	**	1306000000
3a. Transfer to headquarters		16.00	XX-910	FP	001206	000100	RV	1O000	10-2-021042	64200600	00	1302000000
4. Annual Permit for Hospital/Nursing Food Service	210.00	189.00	XX-348	DK	001020	000100	CD	8K000	20-2-141001	64200700	**	1306000000
4a. Transfer to headquarters		21.00	XX-910	FP	001206	000100	RV	1O000	10-2-021042	64200600	00	1302000000
5. Annual Permit for Movie Theaters	160.00	144.00	XX-348	DK	001020	000100	CD	8K000	20-2-141001	64200700	**	1306000000
5a. Transfer to headquarters		16.00	XX-910	FP	001206	000100	RV	1O000	10-2-021042	64200600	00	1302000000
6. Annual Permit for Jails/Prisons	210.00	189.00	XX-348	DK	001020	000100	CD	8K000	20-2-141001	64200700	**	1306000000
6a. Transfer to headquarters		21.00	XX-910	FP	001206	000100	RV	1O000	10-2-021042	64200600	00	1302000000
7. Annual Permit for Bars/Lounges (Drink Service Only)	160.00	144.00	XX-348	DK	001020	000100	CD	8K000	20-2-141001	64200700	**	1306000000
7a. Transfer to headquarters		16.00	XX-910	FP	001206	000100	RV	1O000	10-2-021042	64200600	00	1302000000
8. Annual Permit for Residential Facilities	110.00	99.00	XX-348	DK	001020	000100	CD	8K000	20-2-141001	64200700	**	1306000000
8a. Transfer to headquarters		11.00	XX-910	FP	001206	000100	RV	1O000	10-2-021042	64200600	00	1302000000
9. Annual Permit for Child Care Centers without C&F license	85.00	76.50	XX-348	DK	001020	000100	CD	8K000	20-2-141001	64200700	**	1306000000
9a. Transfer to headquarters		8.50	XX-910	FP	001206	000100	RV	1O000	10-2-021042	64200600	00	1302000000
10. Annual Permit for Limited Food Service	85.00	76.50	XX-348	DK	001020	000100	CD	8K000	20-2-141001	64200700	**	1306000000
10a. Transfer to headquarters		8.50	XX-910	FP	001206	000100	RV	1O000	10-2-021042	64200600	00	1302000000
11. Annual Permit Other Food Service	160.00	144.00	XX-348	DK	001020	000100	CD	8K000	20-2-141001	64200700	**	1306000000
11a. Transfer to headquarters		16.00	XX-910	FP	001206	000100	RV	1O000	10-2-021042	64200600	00	1302000000
12. Plan Review	\$35/hour	\$35/hour	XX-348	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
13. Food Worker Training (per person)	10.00	10.00	XX-348	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
14. Request for Inspection	40.00	40.00	XX-348	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
15. Re-inspection (after the first reinspection)	30.00	30.00	XX-348	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
16. Late Renewal	25.00	25.00	XX-348	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
17. Alcoholic Beverage Inspection Approval	30.00	30.00	XX-348	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000

DESCRIPTION	FEE	DEPOSIT	ORG	EO	OBJECT	REVENUE	SI	OCA	FUND	BUDGET	IBI	PROGRAM
	AMOUNT	AMOUNT	L4/L5		CODE	CATEGORY			GF-SF-FID	ENTITY		COMPONENT
<b>ONSITE SEWAGE DISPOSAL PROGRAM (OSTDS)</b>												
1. Application for permitting of an onsite sewage treatment and disposal system which includes application and plan review for new and repair permits	50.00	46.00	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
1a. Transfer to headquarters		4.00	XX-910	ST	001206	000100	RV	1E000	10-2-021042	64200600	00	1302000000
2. Application and approval for existing system, does not include system inspection	35.00	32.20	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
2a. Transfer to headquarters		2.80	XX-910	ST	001206	000100	RV	1E000	10-2-021042	64200600	00	1302000000
3. Application for permitting of a new Performance-based treatment system	125.00	115.00	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
3a. Transfer to headquarters		10.00	XX-910	ST	001206	000100	RV	1E000	10-2-021042	64200600	00	1302000000
4. Site evaluation for a new system	115.00	105.80	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
4a. Transfer to headquarters		9.20	XX-910	ST	001206	000100	RV	1E000	10-2-021042	64200600	00	1302000000
5. Site evaluation for a system repair or modification of system	75.00	69.00	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
5a. Transfer to headquarters		6.00	XX-910	ST	001206	000100	RV	1E000	10-2-021042	64200600	00	1302000000
6. Site re-evaluation, new or repair or modification	75.00	69.00	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
6a. Transfer to headquarters		6.00	XX-910	ST	001206	000100	RV	1E000	10-2-021042	64200600	00	1302000000
7. Permit for new systems, or modification to system	55.00	50.60	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
7a. Transfer to headquarters		4.40	XX-910	ST	001206	000100	RV	1E000	10-2-021042	64200600	00	1302000000
8. New system or system modification installation inspection	80.00	73.60	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
8a. Transfer to headquarters		6.40	XX-910	ST	001206	000100	RV	1E000	10-2-021042	64200600	00	1302000000
8b. Research fee to be collected in addition, and concurrent with the permit for a new system installation fee.	5.00	5.00	XX-910	RF	001206	000100	RV	B9000	10-2-021042			
9. Repair permit issuance which includes inspection	50.00	41.40	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
9a. Transfer to headquarters		3.60	XX-910	ST	001206	000100	RV	1E000	10-2-021042	64200600	00	1302000000
9b. Transfer to headquarters for training center		5.00	XX-910	TC	001206	000100	RV	SEWTN	10-2-021042	64200600	00	1302000000
10. Inspection of system previously in use	50.00	46.00	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
10a. Transfer to headquarters		4.00	XX-910	ST	001206	000100	RV	1E000	10-2-021042	64200600	00	1302000000
11. Reinspection fee per visit for site inspections after system construction approval	50.00	46.00	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
11a. Transfer to headquarters		4.00	XX-910	ST	001206	000100	RV	1E000	10-2-021042	64200600	00	1302000000
12. Installation reinspection of non-compliant system per each site visit	50.00	46.00	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
12a. Transfer to headquarters		4.00	XX-910	ST	001206	000100	RV	1E000	10-2-021042	64200600	00	1302000000
13. System abandonment permit, includes permit issuance and inspection	40.00	36.80	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
13a. Transfer to headquarters		3.20	XX-910	ST	001206	000100	RV	1E000	10-2-021042	64200600	00	1302000000
14. Annual operating permit fee for systems in IM and equivalent areas, and for systems receiving commercial waste	150.00	138.00	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000

DESCRIPTION	FEE	DEPOSIT	ORG	ED	OBJECT	REVENUE	SI	OCA	FUND	BUDGET	IBI	PROGRAM
	AMOUNT	AMOUNT	L4/L5		CODE	CATEGORY			GF-SF-FID	ENTITY		COMPONENT
14a. Transfer to headquarters		12.00	XX-910	ST	001206	000100	RV	1E000	10-2-021042	64200600	00	1302000000
15. Amendments or changes to the operating permit during the permit period per change or amendment	50.00	46.00	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
15a. Transfer to headquarters		4.00	XX-910	ST	001206	000100	RV	1E000	10-2-021042	64200600	00	1302000000
16. Aerobic treatment unit operating permit (biennial)	100.00	92.00	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
16a. Transfer to headquarters		8.00	XX-910	ST	001206	000100	RV	1E000	10-2-021042	64200600	00	1302000000
17. Biennial operating permit fee for performance-based treatment systems. A prorated fee is to be charged beginning with second year of operation.	100.00	92.00	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
17a. Transfer to headquarters		8.00	XX-910	ST	001206	000100	RV	1E000	10-2-021042	64200600	00	1302000000
18. Review of application due to proposed amendments or changes after initial operating permit issuance for a performance-based treatment system	75.00	69.00	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
18a. Transfer to headquarters		6.00	XX-910	ST	001206	000100	RV	1E000	10-2-021042	64200600	00	1302000000
19. Tank manufacturer's inspection per annum	100.00	50.00	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
19a. Transfer to headquarters		50.00	XX-910	ST	001206	000100	RV	1E000	10-2-021042	64200600	00	1302000000
20. Septage disposal service permit per annum	75.00	69.00	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
20a. Transfer to headquarters		6.00	XX-910	ST	001206	000100	RV	1E000	10-2-021042	64200600	00	1302000000
21. Additional charge per pump out vehicle	35.00	32.20	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
21a. Transfer to headquarters		2.80	XX-910	ST	001206	000100	RV	1E000	10-2-021042	64200600	00	1302000000
22. Portable or temporary toilet service permit per annum	75.00	69.00	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
22a. Transfer to headquarters		6.00	XX-910	ST	001206	000100	RV	1E000	10-2-021042	64200600	00	1302000000
23. Additional charge per pump out vehicle	35.00	32.20	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
23a. Transfer to headquarters		2.80	XX-910	ST	001206	000100	RV	1E000	10-2-021042	64200600	00	1302000000
24. Septage stabilization facility inspection fee per annum	150.00	138.00	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
24a. Transfer to headquarters		12.00	XX-910	ST	001206	000100	RV	1E000	10-2-021042	64200600	00	1302000000
24. Septage disposal site evaluation fee per annum	200.00	184.00	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
24a. Transfer to headquarters		16.00	XX-910	ST	001206	000100	RV	1E000	10-2-021042	64200600	00	1302000000
24. Aerobic treatment unit maintenance entity permit per annum	25.00	23.00	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
24a. Transfer to headquarters		2.00	XX-910	ST	001206	000100	RV	1E000	10-2-021042	64200600	00	1302000000
25. Variance application for a single family residence per each lot or building site	150.00	75.00	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
25a. Transfer to headquarters		75.00	XX-910	CR	001206	000100	RV	BY000	10-2-021042	64200600	00	1302000000
26. Variance application for a multi-family or commercial building per each building site	200.00	100.00	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
26a. Transfer to headquarters		100.00	XX-910	CR	001206	000100	RV	BY000	10-2-021042	64200600	00	1302000000
27. Inspection for construction of an injection well (FL Keys)	125.00	125.00	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
FEE COLLECTED AT HEADQUARTERS - Onsite Sewage Program												
1. Application for Innovative product approval	500.00											For headquarters use only
2. Application for registration including initial examination	75.00											For headquarters use only

DESCRIPTION	FEE	DEPOSIT	ORG	EO	OBJECT	REVENUE	SI	OCA	FUND	BUDGET	IBI	PROGRAM
	AMOUNT	AMOUNT	L4/L5		CODE	CATEGORY			GF-SF-FID	ENTITY		COMPONENT
3. Initial registration	100.00											For headquarters use only
4. Renewal registration	100.00											For headquarters use only
5. Certificate of authorization each two year period	250.00											For headquarters use only

DESCRIPTION	FEE	DEPOSIT	ORG	EO	OBJECT	REVENUE	SI	OCA	FUND	BUDGET	IBI	PROGRAM
	AMOUNT	AMOUNT	L4/L5		CODE	CATEGORY			GF-SF-FID	ENTITY		COMPONENT
<b>DRINKING WATER</b>												
1. First Year Public Water Annual Operation Permit and Construction Permit - Limited Use	75.00	67.50	XX-357	DK	001020	000100	CD	8K000	20-2-141001	64200700	**	1306000000
1a. Transfer to headquarters		7.50	XX-910	64	001206	000100	RV	M5000	10-2-021042	64200600	00	1302000000
2. Second Year Public Water Annual Operation Permit - Limited Use	70.00	63.00	XX-357	DK	001020	000100	CD	8K000	20-2-141001	64200700	**	1306000000
2a. Transfer to headquarters		7.00	XX-910	64	001206	000100	RV	M5000	10-2-021042	64200600	00	1302000000
3. Multi-Family Water Construction Permit - serving 3 or 4 non-rental residences	40.00	36.00	XX-357	DK	001020	000100	CD	8K000	20-2-141001	64200700	**	1306000000
3a. Transfer to headquarters		4.00	XX-910	64	001206	000100	RV	M5000	10-2-021042	64200600	00	1302000000
4. Initial Operating Permit Fee After March 31 of Any Year	35.00	31.50	XX-357	DK	001020	000100	CD	8K000	20-2-141001	64200700	**	1306000000
4a. Transfer to headquarters		3.50	XX-910	64	001206	000100	RV	M5000	10-2-021042	64200600	00	1302000000
5. Non-SDWA Lab Sample (Sample Collection/Review of Analytical Results/Health Risk Interpretation):												
Bacterial Sample Collection	40.00	40.00	XX-357	DK	001020	000100	CD	8K000	20-2-141001	64200700	**	1306000000
Chemical Sample Collection	50.00	50.00	XX-357	DK	001020	000100	CD	8K000	20-2-141001	64200700	**	1306000000
Combined Chemical microbiological	55.00	55.00	XX-357	DK	001020	000100	CD	8K000	20-2-141001	64200700	*	1306000000
6. Reinspection of Multi-family Water System	25.00	25.00	XX-357	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
7. Reinspection of Public Water System	40.00	40.00	XX-357	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
8. Delineated Area Clearance Fee	50.00	50.00	XX-357	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
9. Limited Use Commercial Registered System	15.00	15.00	XX-357	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
10. Limited Use Commercial Public Water System Operating Permit Family Day Care Establishment	25.00	25.00	XX-357	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
11. Limited Use Commercial Public Water System Operating Permit Family Day Care Establishment After March 31 of Any Year.	15.00	15.00	XX-357	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
<b>Safe Drinking Water Act (Delegated Counties)</b>												
1. Construction permit for each Category I through III treatment plant, as defined in Rule 62-699.310, F.A.C., with treatment other than disinfection only.												
a. Treatment plant - 5 MGD and above	7,500.00	7,500.00	XX-358	WC	001020	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000
b. Treatment plant - 1 MGD up to 5 MGD	6,000.00	6,000.00	XX-358	WC	001020	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000
c. Treatment plant - 0.25 MGD up to 1 MGD	4,000.00	4,000.00	XX-358	WC	001020	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000
d. Treatment plant - 0.1 MGD up to .25 MGD	2,000.00	2,000.00	XX-358	WC	001020	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000
e. Treatment plant - up to 0.1 MGD	1,000.00	1,000.00	XX-358	WC	001020	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000
2. Construction permit for each Category IV treatment plant, as defined in Rule 62-699.310, F.A.C., with treatment other than disinfection only.												

DESCRIPTION	FEE	DEPOSIT	ORG	ED	OBJECT	REVENUE	SI	OCA	FUND	BUDGET	IBI	PROGRAM
	AMOUNT	AMOUNT	L4/L5		CODE	CATEGORY			GF-SF-FID	ENTITY		COMPONENT
a. Treatment plant - 5 MGD and above	7,500.00	7,500.00	XX-358	WC	001020	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000
b. Treatment plant - 1 MGD up to 5 MGD	6,000.00	6,000.00	XX-358	WC	001020	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000
c. Treatment plant - 0.25 MGD up to 1 MGD	4,000.00	4,000.00	XX-358	WC	001020	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000
d. Treatment plant - 0.1 MGD up to .025 MGD	2,000.00	2,000.00	XX-358	WC	001020	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000
e. Treatment plant - 0.01 up to 0.1 MGD	1,000.00	1,000.00	XX-358	WC	001020	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000
f. Treatment plant - up to 0.01 MGD	400.00	400.00	XX-358	WC	001020	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000
3. Construction permit for each Category V treatment plant, as defined in Rule 62-699.310, F.A.C., - Disinfection Only												
a. treatment plant - 5 MGD and above	5,000.00	5,000.00	XX-358	WC	001020	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000
b. Treatment plant - 1 MGD up to 5 MGD	3,000.00	3,000.00	XX-358	WC	001020	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000
c. Treatment plant - 0.25 MGD up to 1 MGD	1,000.00	1,000.00	XX-358	WC	001020	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000
d. Treatment plant - 0.1 MGD up to .025 MGD	500.00	500.00	XX-358	WC	001020	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000
e. Treatment plant - up to 0.1 MGD	300.00	300.00	XX-358	WC	001020	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000
4. Distribution and transmission systems, including raw water lines into the plant, except those under general permit.												
a. Serving a community public water system	500.00	500.00	XX-358	WC	001020	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000
b. Serving a non-transient non-community public water systems	350.00	350.00	XX-358	WC	001020	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000
c. Serving a non-community public water system	250.00	250.00	XX-358	WC	001020	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000
5. Construction permit for each public water supply well.												
a. Well located in a delineated area pursuant to Chapter 62-524, F.A.C.	500.00	500.00	XX-358	WC	001020	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000
b. Any other public water supply well.	250.00	250.00	XX-358	WC	001020	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000
6. Major modifications to systems that alter the existing treatment without expanding the capacity of the system and are not considered substantial changes pursuant to Rule 62-4.050(7) below.												
a. 1MGD and above	2,000.00	2,000.00	XX-358	WC	001020	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000
b. .1 MGD up to 1 MGD	1,000.00	1,000.00	XX-358	WC	001020	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000
c. 0.01 up to .1 MGD	500.00	500.00	XX-358	WC	001020	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000
d. Up to 0.01 MGD	100.00	100.00	XX-358	WC	001020	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000
e. Lead and Copper Corrosion Fee	100.00	100.00	XX-358	WC	001020	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000
7. Minor modifications to systems that result in no change in the treatment or capacity.												
a. .1 MGD and above	300.00	300.00	XX-358	WC	001020	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000
b. Up to 0.1 MGD	100.00	100.00	XX-358	WC	001020	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000
8. Fines and Forfeitures	Variable	Variable	XX-358	WC	001020	001200	CD	SDWCH	20-2-141001	64200700	**	1306000000
9. General Permit Fee for any General Permit not specifically listed:	100.00	100.00	XX-358	WC	001020	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000
a. General Permits requiring Professional Engineer or Professional	250.00	250.00	XX-358	WC	001020	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000

DESCRIPTION	FEE	DEPOSIT	ORG	EO	OBJECT	REVENUE	SI	OCA	FUND	BUDGET	IBI	PROGRAM
	AMOUNT	AMOUNT	L4/L5		CODE	CATEGORY			GF-SF-FID	ENTITY		COMPONENT
Geologist certification												
a. General Permits not requiring Professional Engineer or Professional Geologist certification	100.00	100.00	XX-358	WC	001020	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000
<b>Radioactive Materials Licenses - General</b>												
1. Annual fee: static elimination devices	\$25.00											For headquarters use only
2. Annual fee: measuring, gauging and control devices	\$25.00											For headquarters use only
3. Annual fee: in vivo testing license	\$125.00											For headquarters use only
4. Annual fee: in vitro testing license	\$125.00											For headquarters use only
5. Annual fee: depleted uranium license	\$125.00											For headquarters use only
<b>Radioactive Materials Licenses - Specific Application Fees</b>												
1. Source Material.												
a. Concentration of uranium from phosphate ores for the production of uranium as "yellow cake" or powdered solid;	\$6,907											For headquarters use only
b. Concentration of uranium from phosphate ores for the production of "green cake" or equivalent, moist or solid;	\$3,768											For headquarters use only
c. All other specific source material licenses excluding depleted uranium used as shielding and counterweights.	\$544											For headquarters use only
2. Special Nuclear Material (SNM).												
a. SNM in sealed sources contained in devices in measuring systems;	\$653											For headquarters use only
b. SNM not sufficient to form a critical mass, except as in 2.a.,												
2.c. and 5.e.	\$1,340											For headquarters use only
c. SNM to be used as calibration and reference sources.	\$205											For headquarters use only
3. Byproduct, naturally occurring or accelerator produced material.												
a. Processing or manufacturing for commercial distribution or industrial uses;	\$2,923											For headquarters use only
b. Processing or manufacturing and distribution of radiopharmaceuticals. This category includes radiopharmacies.	\$2,560											For headquarters use only
c. Industrial radiography performed only in an approved shielded radiography installation,	\$1,558											For headquarters use only
d. Industrial radiography performed only at the address indicated in the license, or at temporary job sites of the licensee;	\$1,643											For headquarters use only
e. Radioactive materials in sealed sources for irradiation of materials where the source is not removed from the shield and is less than 10,000 curies;	\$605											For headquarters use only
f.(l) Radioactive materials in sealed sources for irradiation of materials when the source is not removed from the shield and is greater than 10,000 curies and less than 100,000 curies, or where												

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	EO	OBJECT CODE	REVENUE CATEGORY	SI	OCA	FUND GF-SF-FID	BUDGET ENTITY	IBI	PROGRAM COMPONENT
the source is less than 100,000 curies and is removed from the shield;	\$1,414											For headquarters use only
(II) Radioactive materials in sealed sources for irradiation of materials when the source is equal to or greater than 100,000 curies and less than 1,000,000 curies;	\$3,659											For headquarters use only
(III) Radioactive materials in sealed sources for irradiation of materials when the source is greater than 1,000,000 curies;	\$9,780											For headquarters use only
g. Distribution of items containing radioactive materials to persons under a general license;	\$1,643											For headquarters use only
h. Distribution of exempt quantities or items containing naturally occurring or accelerator produced material to persons exempt from licensing;	\$1,643											For headquarters use only
i. Well logging												
(I) Sealed sources or sub-surface tracer studies	\$1,135											For headquarters use only
(II) Sub-surface tracer studies and sealed sources	\$1,436											For headquarters use only
j. Nuclear Laundry;	\$3,200											For headquarters use only
k. Industrial or medical research and development;	\$1,184											For headquarters use only
l.(I) Fixed and portable gauging devices	\$605											For headquarters use only
(II) In Vitro and clinical laboratory	\$725											For headquarters use only
(III) Academic	\$978											For headquarters use only
IV) Possession of uranium or thorium, or their decay products, as a result of mining or processing	\$978											For headquarters use only
(V) All other specific licenses except as otherwise noted	\$725											For headquarters use only
m. Licenses of broad scope												
(I) Academic	\$3,200											For headquarters use only
(II) Medical	\$3,200											For headquarters use only
(III) Industrial or Research and Development	\$3,200											For headquarters use only
n. Gas chromatography devices;	\$434											For headquarters use only
o. Reference or calibration sources equal to or less than one millicurie total;	\$314											For headquarters use only
p. Nuclear service licenses, such as leak testing, instrument calibration, etc.;	\$518											For headquarters use only
4. Waste disposal or processing												
a. Commercial waste disposal or treatment facilities, including burial or incineration;	\$275,842											For headquarters use only
b. All other commercial facilities involving compaction, repackaging, storage or transfer;	\$27,084											For headquarters use only
c. Commercial treatment of radioactive materials for release to												

DESCRIPTION	FEE	DEPOSIT	ORG	EO	OBJECT	REVENUE	SI	OCA	FUND	BUDGET	IBI	PROGRAM
	AMOUNT	AMOUNT	L4/L5		CODE	CATEGORY			GF-SF-FID	ENTITY		COMPONENT
unrestricted areas.	\$5,760											For headquarters use only
5. Medical use.												
a. Teletherapy or high dose rate remote after loading devices;	\$1,414											For headquarters use only
b. Medical institutions including hospitals, except 5.a. and 5.e.;	\$1,643											For headquarters use only
c. Private practice physicians except 5.a. and 5.d.;	\$1,184											For headquarters use only
d. Private practice physicians using only strontium 90 eye applicators, materials authorized by Rule 64E-5.631, F.A.C., and materials authorized by Rule 64E-5.630; F.A.C.	\$605											For headquarters use only
e. Nuclear powered pacemakers;	\$434											For headquarters use only
f. Mobile nuclear medicine services.	\$1,414											For headquarters use only
6. Civil defense.	\$544											For headquarters use only
7. Device, product, or sealed source safety evaluation.												
a. Device evaluation, per device;	\$1,208											For headquarters use only
b. Sealed source design, per source.	\$528											For headquarters use only
<b>Radioactive Materials Licenses - Specific Annual Fees</b>												
1. Source Material.												
a. Concentration of uranium from phosphate ores for the production of uranium as "yellow cake" or powdered solid;	\$11,942											For headquarters use only
b. Concentration of uranium from phosphate ores for the production of "green cake" or equivalent, moist or solid;	\$7,439											For headquarters use only
c. All other specific source material licenses excluding depleted uranium used as shielding and counterweights.	\$229											For headquarters use only
2. Special Nuclear Material (SNM).												
a. SNM in sealed sources contained in devices used in measuring systems;	\$518											For headquarters use only
b. SNM not sufficient to form a critical mass, except as in 2.a., above, and 2.c. and 5.e., below;	\$1,944											For headquarters use only
c. SNM to be used as calibration and reference sources.	\$109											For headquarters use only
3. Byproduct, naturally occurring or accelerator produced material.												
a. Processing or manufacturing for commercial distribution or industrial uses;	\$2,802											For headquarters use only
b. Processing or manufacturing and distribution of radiopharmaceuticals. This category includes radiopharmacies.	\$3,840											For headquarters use only
c. Industrial radiography performed only in an approved shielded radiography installation,	\$2,161											For headquarters use only
d. Industrial radiography performed only at the address indicated in the license, or at temporary job sites of the licensee;	\$2,657											For headquarters use only

DESCRIPTION	FEE	DEPOSIT	ORG	EO	OBJECT	REVENUE	SI	OCA	FUND	BUDGET	IBI	PROGRAM
	AMOUNT	AMOUNT	L4/L5		CODE	CATEGORY			GF-SF-FID	ENTITY		COMPONENT
e. Radioactive materials in sealed sources for irradiation of materials where the source is not removed from the shield and is less than 10,000 curies;	\$605											For headquarters use only
f.(I) Radioactive materials in sealed sources for irradiation of materials when the source is not removed from the shield and is greater than 10,000 curies and less than 100,000 curies, or where the source is less than 100,000 curies and is removed from the shield;	\$1,630											For headquarters use only
(II) Radioactive materials in sealed sources for irradiation of materials when the source is equal to or greater than 100,000 curies and less than 1,000,000 curies;	\$3,961											For headquarters use only
(III) Radioactive materials in sealed sources for irradiation of materials when the source is greater than 1,000,000 curies;	\$4,398											For headquarters use only
g. Distribution of items containing radioactive materials to persons under a general license;	\$2,150											For headquarters use only
h. Distribution of exempt quantities or items containing naturally occurring or accelerator produced material to persons exempt from licensing;	\$2,150											For headquarters use only
i. Well logging												
(I) Sealed sources or sub-surface tracer studies	\$1,498											For headquarters use only
(II) Sub-surface tracer studies and sealed sources	\$1,594											For headquarters use only
j. Nuclear Laundry;	\$5,651											For headquarters use only
k. Industrial or medical research and development;	\$1,474											For headquarters use only
l.(I) Fixed and portable gauging devices	\$966											For headquarters use only
(II) In Vitro and clinical laboratory	\$918											For headquarters use only
(III) Academic	\$1,171											For headquarters use only
IV) Possession of uranium or thorium, or their decay products, as a result of mining or processing	\$870											For headquarters use only
(V) All other specific licenses except as otherwise noted	\$1,002											For headquarters use only
m. Licenses of broad scope												
(I) Academic	\$7,346											For headquarters use only
(II) Medical	\$5,474											For headquarters use only
(III) Industrial or Research and Development	\$4,568											For headquarters use only
n. Gas chromatography devices;	\$314											For headquarters use only
o. Reference or calibration sources equal to or less than one millicurie total;	\$132											For headquarters use only
p. Nuclear service licenses, such as, leak testing, instrument calibration, etc.;	\$410											For headquarters use only

DESCRIPTION	FEE	DEPOSIT	ORG	ED	OBJECT	REVENUE	SI	OCA	FUND	BUDGET	IBI	PROGRAM
	AMOUNT	AMOUNT	LAL/L5		CODE	CATEGORY			GF-SF-FID	ENTITY		COMPONENT
<b>4. Waste disposal or processing</b>												
a. Commercial waste disposal or treatment facilities, including burial or incineration;	\$250,555											For headquarters use only
b. All other commercial facilities involving compaction, repackaging, storage or transfer;	\$24,971											For headquarters use only
c. Commercial treatment of radioactive materials for release to unrestricted areas.	\$5,735											For headquarters use only
<b>5. Medical use.</b>												
a. Teletherapy or high dose rate remote after loading devices;	\$1,378											For headquarters use only
b. Medical institutions including hospitals, except category 5.a. and 5.e.;	\$1,908											For headquarters use only
c. Private practice physicians except category 5.a. and 5.d.;	\$1,340											For headquarters use only
d. Private practice physicians using only strontium 90 eye applicators, materials authorized by Rule 64E-5.631, F.A.C., and materials authorized by Rule 64E-5.630; F.A.C.	\$748											For headquarters use only
e. Nuclear powered pacemakers;	\$266											For headquarters use only
f. Mobile nuclear medicine services.	\$1,625											For headquarters use only
<b>6. Civil defense.</b>	\$821											For headquarters use only
<b>7. Device, product, or sealed source safety evaluation.</b>												
a. Device evaluation, per device;	NONE											
b. Sealed source design, per source.	NONE											
<b>Reclamation Fee</b>	5% of annual licensing fee											For headquarters use only
<b>X-Ray Machine Annual Registration Fees</b>												
<b>1. Medical, chiropractic, osteopathic, or naturopathic machines</b>												
- First tube	\$145											For headquarters use only
Each additional tube	\$85											For headquarters use only
<b>2. Veterinary machines - First tube</b>	\$50											For headquarters use only
Each additional tube	\$34											For headquarters use only
<b>3. Educational or industrial machines - First tube</b>	\$47											For headquarters use only
Each additional tube	\$23											For headquarters use only
<b>4. Dental or podiatry machines - First tube</b>	\$31											For headquarters use only
Each additional tube	\$11											For headquarters use only
<b>5. Medical accelerators</b>	\$258											For headquarters use only
Each additional tube	\$148											For headquarters use only
<b>6. Non-medical accelerators</b>	\$81											For headquarters use only
Each additional tube	\$48											For headquarters use only
<b>Radiologic Technologist Certifications</b>												

DESCRIPTION	FEE	DEPOSIT	ORG	EO	OBJECT	REVENUE	SI	OCA	FUND	BUDGET	IBI	PROGRAM
	AMOUNT	AMOUNT	L4/L5		CODE	CATEGORY			GF-SF-FID	ENTITY		COMPONENT
1. Application and study guide (applicant also pays whatever fee the testing service charges)	\$75											For headquarters use only
2. Application without study guide (applicant also pays whatever fee the testing service charges)	\$50											For headquarters use only
3. Application through endorsement (no test needed)	\$45											For headquarters use only
4. Repeat examinations (applicant also pays whatever fee the testing service charges)	\$35											For headquarters use only
5. Renewal - first category	\$55											For headquarters use only
Each additional category	\$40											For headquarters use only
6. Change in status from active to inactive	\$40											For headquarters use only
7. Late renewal fee	\$100											For headquarters use only
8. Duplicate certificate	\$10											For headquarters use only
9. Listings and mailing labels, per name	\$0.05											For headquarters use only
Setup charge	\$55											For headquarters use only
10. Study guide	\$25											For headquarters use only
<b>Pre and Post Mining Fees</b>												
1. Gamma radiation exposure measurement (1 per acre)	\$7.50											For headquarters use only
2. Soil characterization measurement (1 per 20 acres)	\$320											For headquarters use only
3. Air monitoring measurements	\$165											For headquarters use only
4. Surface and ground water measurements	\$300											For headquarters use only
<b>Low-Level Radioactive Waste Inspection Fee</b>												
Cubic foot of waste shipped (minimum fee = \$50 per shipment)	\$1.95											For headquarters use only
<b>Low-Level Radioactive Waste Transport Fee</b>												
Annual transport permit	\$100											For headquarters use only
<b>Water Analysis Fees</b>												
1. Gross alpha	\$28											For headquarters use only
2. Gross beta	\$28											For headquarters use only
3. Radium 226	\$110											For headquarters use only
4. Radium 228	\$110											For headquarters use only
5. Uranium	\$110											For headquarters use only
6. Tritium	\$40											For headquarters use only
7. Strontium 89, strontium 90	\$95											For headquarters use only
8. Iodine 131	\$110											For headquarters use only
9. Photon emitters	\$128											For headquarters use only
<b>Laboratory Certification Fees</b>												
1. Safe drinking water certification	\$500											For headquarters use only
2. Clean water certification	\$500											For headquarters use only
3. Resource conservation recovery	\$500											For headquarters use only

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	EO	OBJECT CODE	REVENUE CATEGORY	SI	OCA	FUND GF-SF-FID	BUDGET ENTITY	IBI	PROGRAM COMPONENT
4. Field of testing application	\$200											For headquarters use only