

**SEMINOLE COUNTY GOVERNMENT  
AGENDA MEMORANDUM**

FY 2002/2003 Contract Between the State of Florida Department  
**SUBJECT:** of Health and Seminole County

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

**AUTHORIZED BY:** *Phillip C. Stalvey* **CONTACT:** Bob Vitto **EXT.** 3220  
**Phillip C. Stalvey, Director**

Agenda Date 11/12/02 Regular  Consent  Work Session  Briefing   
Public Hearing – 1:30  Public Hearing – 7:00

**MOTION/RECOMMENDATION:**

Approval of the FY 2002/2003 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.

**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 2002/2003 is an amount not to exceed \$1,019,882. This funding agreement has not increased and remains identical to the amount appropriated for FY 2001/2002.

Reviewed by:  
Co Atty: *[Signature]*  
DFS: *[Signature]*  
Other: *[Signature]*  
DCM: *[Signature]*  
CM: *[Signature]*  
File No. CCS02

10-29-02

**CONTRACT BETWEEN  
SEMINOLE COUNTY  
AND  
STATE OF FLORIDA DEPARTMENT OF HEALTH  
FOR OPERATION OF  
THE SEMINOLE COUNTY HEALTH DEPARTMENT  
CONTRACT YEAR 2002-2003**

This agreement ("Agreement") is made and entered into between the State of Florida, Department of Health ("State") and Seminole County ("County"), through their undersigned authorities, effective October 1, 2002.

**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 ("SCHD") 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 SCHD.

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, 2002, through September 30, 2003, 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 SCHD. The parties mutually agree that the SCHD 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 SCHD 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 \$ 4,674,815. (*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 SCHD 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 SCHD. Where applicable, such fees shall be automatically adjusted to at least the Medicaid fee schedule. Fees are listed in Attachment II Part II of this contract and in the Environmental Health Fee Schedule which is provided by the Environmental Health Program Office. The estimated annual environmental health fee revenues accruing to the County Health Department Trust Fund are listed on Attachment VI.

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 SCHD 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 SCHD. The SCHD 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 West Airport Boulevard  
Sanford, FL 32773

5. CHD DIRECTOR/ADMINISTRATOR. Both parties agree the director/administrator of the SCHD 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 SCHD 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 SCHD director/administrator to the parties no later than October 1 of each year (*This is the standard quality assurance "County-State Goal Achievement" report located on the Department of Health Intranet*).

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

a. The SCHD 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 SCHD 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 SCHD 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 SCHD 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 SCHD 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.ii., below. Books, records and documents must be adequate to allow the SCHD 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 SCHD is responsible for assuring that all contracts with service providers include provisions that all subcontracted services be reported to the SCHD 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 SCHD 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, then 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 SCHED 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 SCHED within 30 days after an emergency transfer.

g. The SCHED may execute subcontracts for services necessary to enable the SCHED 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 SCHED and the results made available to the parties within 180 days after the close of the SCHED 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 SCHED 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 SCHED shall not use or disclose any information concerning a recipient of services except as allowed by federal or state law or policy.

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

m. The SCHD shall establish a system through which applicants for services and current clients may present grievances over denial, modification or termination of services. The SCHD 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 SCHD shall comply with the provisions contained in the Civil Rights Certificate, hereby incorporated into this contract as Attachment III.

o. The SCHD 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 cumulative amount of the variance between actual and planned expenditures does not exceed three percent of the cumulative 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 SCHD's control:

- i. March 1, 2003 for the report period October 1, 2002 through December 31, 2002;
- ii. June 1, 2003 for the report period October 1, 2002 through March 31, 2003;
- iii. September 1, 2003 for the report period October 1, 2002 through June 30, 2003; and
- iv. December 1, 2003 for the report period October 1, 2002 through September 30, 2003.

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

a. SCHD facilities shall be provided as specified in Attachment IV to this contract and the county shall own the facilities used by the SCHD 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 SCHD 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 SCHD 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, 2003, 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. Modification. This Agreement and its Attachments contain all of the terms and conditions agreed upon between the parties. Modifications of this Agreement shall be enforceable only when reduced to writing and signed by all parties.

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

For the State:

For the County:

Jennifer L. Bencie, M.D., M.S.A.  
Name

Philip C. Stalvey  
Name

Administrator  
Title

Director, Dept. of Community Services  
Title

400 West Airport Boulevard

400 West Airport Boulevard

Sanford, FL 32773  
Address

Sanford, FL 32773  
Address

407-665-3220  
Telephone

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.

d. 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 9 page agreement to be executed by their undersigned officials as duly authorized effective the 1<sup>st</sup> day of October, 2002.

**BOARD OF COUNTY COMMISSIONERS  
FOR SEMINOLE COUNTY**

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

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

NAME: Daryl G. McLain

TITLE: Chairman, Board of County  
Commissioners

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

ATTESTED TO:

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

NAME: Maryanne Morse

TITLE: Clerk of Circuit Court

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

SIGNED BY: *John O. Agwunobi*

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

TITLE: Secretary

DATE: 10.4.02

SIGNED BY: *Jennifer L. Bencie*

NAME: Jennifer L. Bencie, M.D., M.S.A.

TITLE: CHD Director/Administrator

DATE: September 27, 2002

## 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 and F.S. 384 and the CHD Guidebook Internal Operating Policy STD 6 and 7.
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 09/20/02	Estimated County Share of CHD Trust Fund Balance as of 09/20/02	Total
1. CHD Trust Fund Ending Balance 09/20/02	\$163,223	\$207,738	\$370,961
2. Drawdown for Contract Year October 1, 2002 to September 30, 2003	0	0	
3. Special Capital Project use for Contract Year October 1, 2002 to September 30, 2003	0	0	
4. Balance Reserved for Contingency Fund October 1, 2002 to September 30, 2003	\$163,223	\$207,738	\$370,961

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

Funds designated for Special Capital Projects must be used for capital projects and durable goods without significant recurring costs. Examples of projects meeting this criteria include construction and renovation of facilities and associated infrastructure; purchase of information system hardware/software and purchase of telecommunications equipment. Examples of items not meeting this criteria include grant funds for direct services such as tobacco prevention and provision of child safety seats; staff salaries; retirement obligations; rent/leases and funds held in anticipation of Medicaid paybacks and/or budget reductions. Special capital project amounts in "3" above should reflect the total amount of funds anticipated to be expended for special capital projects during the contract year. This includes funds to complete unfinished projects from previous years as well as for projects initiated during the contract year. More detailed Special Capital Project information, including description, cost by each project and anticipated completion date must be listed in Attachment V.

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.

**Working Copy ATTACHMENT II.**

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

October 1, 2002 to September 30, 2003

		State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>1. GENERAL REVENUE - STATE</b>						
015011	ALG/CONTRIBUTION TO CHDS-PRIMARY CARE	10,087	0	10,087	0	10,087
015011	ALG/PRIMARY CARE	130,525	0	130,525	0	130,525
015012	G/A EPILEPSY SERVICES	0	0	0	0	0
015048	ALG/CONTR TO CHDS-STD PROGRAM	0	0	0	0	0
015050	ALG/CESSPOOL IDENTIFICATION AND ELIMINATIO	0	0	0	0	0
015050	ALG/CONTR TO CHDS	1,907,602	0	1,907,602	0	1,907,602
015050	ALG/CONTR TO CHDS-MIGRANT LABOR CAMP SANI	1,067	0	1,067	0	1,067
015050	ALG/CONTR. TO CHDS-DENTAL PROGRAM	27,900	0	27,900	0	27,900
015050	ALG/CONTR. TO CHDS-IMMUNIZATION OUTREACH	23,739	0	23,739	0	23,739
015050	ALG/CONTR. TO CHDS-INDOOR AIR ASSIST PROG	0	0	0	0	0
015050	ALG/CONTR. TO CHDS-SOVEREIGN IMMUNITY	0	0	0	0	0
015050	CATE-ENVIRONMENTAL COMMUNITY HEALTH PR	0	0	0	0	0
015050	COMMUNITY ENV HLTH ADVISORY BOARD PILOT P	0	0	0	0	0
015050	COMMUNITY TB PROGRAM	103,792	0	103,792	0	103,792
015050	CONTR TO CHDS - DUVAL TEEN PREGNANCY PRE	0	0	0	0	0
015050	FAMU - RAISING GREYNA PROGRAM	0	0	0	0	0
015050	FIRST STEP - MOTHERS & INFANTS PROGRAM	0	0	0	0	0
015050	HEALTHY BEACHES MONITORING	0	0	0	0	0
015050	INTERDISCIPLINARY MANAGED CARE SERENITY H	0	0	0	0	0
015050	LA LIGA CONTRA EL CANCER	0	0	0	0	0
015050	LAB ASSISTANCE PROGRAM	0	0	0	0	0
015050	MANATEE COUNTY RURAL HEALTH SERVICES	0	0	0	0	0
015050	MEDIVAN PROJECT-ELDERLY INTEREST	0	0	0	0	0
015050	METRO ORLANDO URBAN LEAGUE TEENAGE PREG	0	0	0	0	0
015050	QUALITY MANAGEMENT DEMO PROJECT	0	0	0	0	0
015050	RED LEGISLATION - GAP GRANT (CAT 050310)	0	0	0	0	0
015050	RED LEGISLATION - GAP GRANT - IMMUN. (CAT 05	0	0	0	0	0
015050	SPECIAL NEEDS SHELTER PROGRAM	0	0	0	0	0
015065	ALG/CONTR TO CHDS-AIDS PATIENT CARE	85,000	0	85,000	0	85,000
015065	ALG/CONTR TO CHDS-AIDS PREV & SURV & FIELD S	51,861	0	51,861	0	51,861
015115	VOLUNTEER SCHOOL HEALTH NURSE GRANT	0	0	0	0	0
015123	ALG/FAMILY PLANNING	84,871	0	84,871	0	84,871
015124	ALG/IPO - OUTREACH SOCIAL WORKERS CAT. 0507	0	0	0	0	0
015124	ALG/IPO HEALTHY START	221,425	0	221,425	0	221,425
015124	ALG/IPO HEALTHY START/IPO CAT 050707	214,767	0	214,767	0	214,767
015124	ALG/IPO-INFANT MORTALITY PROJECT CAT. 0507	0	0	0	0	0
015124	ALG/MCH HEALTHY START/IPO CAT 050870	13,922	0	13,922	0	13,922
015124	ALG/MCH-INFANT MORTALITY PROJECT CAT. 050	0	0	0	0	0
015124	ALG/MCH-OUTREACH SOCIAL WORKERS CAT 0508	0	0	0	0	0
015137	ALG/CONTR. TO CHDS-MCH HEALTH - FIELD STAF	0	0	0	0	0
015137	ALG/IPO-HEALTHY START-DATA COLLECTION PR	0	0	0	0	0
015140	ALG/SCHOOL HEALTH/SUPPLEMENTAL	0	0	0	0	0
<b>GENERAL REVENUE TOTAL</b>		<b>2,876,558</b>	<b>0</b>	<b>2,876,558</b>	<b>0</b>	<b>2,876,558</b>
<b>2. NON GENERAL REVENUE - STATE</b>						
001009	Debit Memo-Bad Checks	0	0	0	0	0
010304	Stationary Pollutant Storage Tanks	0	0	0	0	0
015000	Transfer	0	0	0	0	0

Working Copy ATTACHMENT II.

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

October 1, 2002 to September 30, 2003

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total	
<b>2. NON GENERAL REVENUE - STATE</b>						
015010	ALG/CONTR TO CHDS-REBASING TOBACCO TF	83,175	0	83,175	0	83,175
015010	ENHANCED DENTAL SERVICES TOBACCO TF	0	0	0	0	0
015010	FL HEPATITIS AND LIVER FAILURE PREVENTION/CO	0	0	0	0	0
015010	SUPER ACT PROGRAM ADM TF	0	0	0	0	0
015016	G/A EPILEPSY PREVENTION AND EDUCATION EPIL	0	0	0	0	0
015020	FOOD AND WATERBORNE DISEASE PROGRAM AD	0	0	0	0	0
015026	ALG/CONTR. TO CHDS-BIOMEDICAL WASTE/DEP A	14,488	0	14,488	0	14,488
015029	Transfers Intra Agency	0	0	0	0	0
015047	SUPER ACT PROGRAM (CAT 050329 OCA 9V000)AD	0	0	0	0	0
015072	ALG/CONTR. TO CHDS-SAFE DRINKING WATER PRG	0	0	0	0	0
015084	VARICELLA IMMUNIZATION REQUIREMENT TOBAC	12,706	0	12,706	0	12,706
015121	Super Act Reimbursements	16,660	0	16,660	0	16,660
015170	TOBACCO COORDINATION	84,173	0	84,173	0	84,173
015172	FULL SERVICE SCHOOLS - TOBACCO TF	186,934	0	186,934	0	186,934
015174	BASIC SCHOOL HEALTH - TOBACCO TF	272,851	0	272,851	0	272,851
015139	Well Surveillance Reimbursement - Pesticide	0	0	0	0	0
<b>NON GENERAL REVENUE TOTAL</b>		<b>670,987</b>	<b>0</b>	<b>670,987</b>	<b>0</b>	<b>670,987</b>
<b>3. FEDERAL FUNDS - State</b>						
007000	CHILDHOOD LEAD POISONING PREVENTION	0	0	0	0	0
007000	RAPE PREVENTION & EDUCATION PROGRAM	0	0	0	0	0
007000	FEDERAL COASTAL BEACH MONITORING PROGRA	0	0	0	0	0
007030	PHBG/MIGRANT LABOR CAMP SANITATION	1,315	0	1,315	0	1,315
007044	PHBG/RAPE AWARENESS	0	0	0	0	0
007049	FRINGE BENEFITS FOR POSITION # 081332	0	0	0	0	0
007049	STD PROGRAM-CSPS	44,514	0	44,514	0	44,514
007049	STD PROGRAM-INFERTILITY PROJECT	0	0	0	0	0
007049	STD PROGRAM-MED & LAB SVCS TRNG CNTR	0	0	0	0	0
007049	STD PROGRAM-STD/PHY TRAINING CENTER	0	0	0	0	0
007049	STD PROGRAM-SYPHILIS ELIMINATION PROJECT	0	0	0	0	0
007051	FGTF/WIC ADMINISTRATION	641,507	0	641,507	0	641,507
007056	HEALTH PROGRAM FOR REFUGEES	0	0	0	0	0
007056	REFUGEE HEALTH PROGRAM	0	0	0	0	0
007058	FGTF/DIABETES CONTROL	0	0	0	0	0
007062	FGTF/AIDS EPIDEMIOLOGICAL RESEARCH STUDY	0	0	0	0	0
007063	PHBG/COMPREHENSIVE COMM CARDIO HLTH PRG	0	0	0	0	0
007064	FGTF/AIDS SURVEILLANCE	0	0	0	0	0
007065	AIDS PREVENTION	0	0	0	0	0
007066	FGTF/Ryan White	0	0	0	0	0
007066	FGTF/Ryan White - EMERGING COMMUNITIES	0	0	0	0	0
007066	FGTF/Ryan White-AIDS Drug Assist Prog-Admi	22,291	0	22,291	0	22,291
007066	FGTF/Ryan White-Consortia	0	0	0	0	0
007067	TUBERCULOSIS CONTROL - FEDERAL GRANT	39,222	0	39,222	0	39,222
007068	FGTF/AIDS Inmate Intervention	0	0	0	0	0
007069	FGTF/AIDS Minority Involvement in HIV	0	0	0	0	0
007077	BIOTERRORISM EDUCATION & TRAINING	8,888	0	8,888	0	8,888
007077	BIOTERRORISM Network Communications	0	0	0	0	0
007077	BIOTERRORISM Planning & Readiness	68,780	0	68,780	0	68,780

**Working Copy ATTACHMENT II.**

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

October 1, 2002 to September 30, 2003

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total	
<b>3. FEDERAL FUNDS - State</b>						
007084	FGTF/IMMUNIZATION ACTION PLAN	20,835	0	20,835	0	20,835
007084	FGTF/IMMUNIZATION-PROJECT FIELD STAFF	0	0	0	0	0
007084	FGTF/IMMUNIZATION-WIC LINKAGES	0	0	0	0	0
007084	IMMUNIZATION ACTION PLAN	18,752	0	18,752	0	18,752
007084	IMMUNIZATION SPECIAL PROJECT	11,478	0	11,478	0	11,478
007084	IMMUNIZATION SUPPLEMENTAL - 2002	0	0	0	0	0
007084	PERINATAL DISEASE PREVENTION	0	0	0	0	0
007085	FGTF/BREAST & CERVICAL CANCER-ADMIN/CASE M	0	0	0	0	0
007127	MCH BGTF-MCH/CHILD HEALTH	14,971	0	14,971	0	14,971
007127	MCH BGTF-MCH/CHILD HEALTH AGES 0-1 YR	3,729	0	3,729	0	3,729
007132	MCH BGTF-MCH/DENTAL PROJECTS	0	0	0	0	0
007133	FGTF/FAMILY PLANNING TITLE X SPECIAL INITIA	0	0	0	0	0
007133	FGTF/FAMILY PLANNING-TITLE X	106,865	0	106,865	0	106,865
007134	MCH BGTF-GADSDEN SCHOOL CLINIC	0	0	0	0	0
007134	MCH BGTF-HEALTHY START IPO	94,232	0	94,232	0	94,232
007134	MCH BGTF-INFANT MORTALITY PROJECT	0	0	0	0	0
007134	MCH BGTF-OUTREACH SOCIAL WORKERS	0	0	0	0	0
007135	FGTF/ABSTINENCE EDUCATION PROGRAM	0	0	0	0	0
015021	MEDIPASS WAIVER-HLTHY STRT CLIENT SERVICES	0	0	0	0	0
015021	MEDIPASS WAIVER-SOBRA	0	0	0	0	0
015060	Entrant Reimburement Transfer	0	0	0	0	0
015075	FULL SERVICE SCHOOLS-TANF	22,480	0	22,480	0	22,480
015075	KIDCARE - TITLE XIX	24,071	0	24,071	0	24,071
015075	SCHOOL HEALTH-SUPPLEMENT-TANF	0	0	0	0	0
015075	TANF ABSTINENCE EDUCATION	0	0	0	0	0
015075	Refugee Program	0	0	0	0	0
<b>FEDERAL FUNDS TOTAL</b>		<b>1,143,930</b>	<b>0</b>	<b>1,143,930</b>	<b>0</b>	<b>1,143,930</b>
<b>4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE</b>						
001026	Returned Check Ser Fees	0	0	0	0	0
001091	Communicable Disease Fees	0	0	0	0	0
001092	Environmental Health Fees	185,371	0	185,371	0	185,371
001092	OSDS Repair Permit	0	0	0	0	0
001092	OSDS Permit Fee	0	0	0	0	0
001092	Aerobic Operating Permit	0	0	0	0	0
001092	Septic Tank Site Evaluation	0	0	0	0	0
001113	Mobile Home and Parks	5,789	0	5,789	0	5,789
001132	Food Hygiene Permit	21,220	0	21,220	0	21,220
001135	OSDS Variance Fee	75	0	75	0	75
001092	I & M Zoned Operating Permit	0	0	0	0	0
001139	Migrant Housing Permit	0	0	0	0	0
001140	Biohazard Waste Permit	10,537	0	10,537	0	10,537
001142	Non SDWA Lab Sample	100	0	100	0	100
001144	Tanning Facilities	20,787	0	20,787	0	20,787
001145	Swimming Pools	62,972	0	62,972	0	62,972
001149	Body Piercing	775	0	775	0	775
001165	Private Water Constr Permit	0	0	0	0	0
001166	Non-SDWA System Permit	0	0	0	0	0

**Working Copy ATTACHMENT II.**

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

October 1, 2002 to September 30, 2003

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE</b>					
001166 Public Water Constr Permit	0	0	0	0	0
001166 Public Water Annual Oper Permit	2,666	0	2,666	0	2,666
001170 Lab Fee Chemical Analysis	0	0	0	0	0
001211 Safe Drinking Water	0	0	0	0	0
010403 Fees-Copy of Public Doc	3,263	0	3,263	0	3,263
015052 Transfers-Mobile Home/RV Park	0	0	0	0	0
<b>FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL</b>	<b>313,555</b>	<b>0</b>	<b>313,555</b>	<b>0</b>	<b>313,555</b>
<b>5. OTHER CASH CONTRIBUTIONS - STATE</b>					
090001 Draw down from Public Health Unit	0	0	0	0	0
<b>OTHER CASH CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>6. MEDICAID - STATE/COUNTY</b>					
001056 CHD Incm:Medicaid-Pharmacy	76,248	98,753	175,000	0	175,000
001080 CHD Incm:Medicaid-Other	0	0	0	0	0
001081 CHD Incm:Medicaid-EPSDT	89,850	116,370	206,220	0	206,220
001082 CHD Incm:Medicaid-Dental	130,710	169,290	300,000	0	300,000
001083 CHD Incm:Medicaid-FP	1,593	14,336	15,929	0	15,929
001084 CHD Incm:Medicaid-Physician	21,827	28,270	50,097	0	50,097
001085 CHD Incm:Medicaid-Nursing	0	0	0	0	0
001086 CHD Incm:Co-Insurance	0	0	0	0	0
001087 CHD Incm:Medicaid-STD	0	0	0	0	0
001088 CHD Incm:Med Reimb AZT Disp Fee	0	0	0	0	0
001089 Medicaid AIDS	11,236	14,552	25,788	0	25,788
001147 Medicaid HMO Rate	0	0	0	0	0
001148 Medicaid-HMO Admin	0	0	0	0	0
001181 CHD Incm:Medicaid Transportation	0	0	0	0	0
001191 CHD Incm:Medicaid Maternity	204,268	264,560	468,828	0	468,828
001192 CHD Incm:Medicaid Comp. Child	2,079	2,693	4,772	0	4,772
001193 CHD Incm:Medicaid Comp. Adult	0	0	0	0	0
001194 CHD Incm:Medicaid Sonagram	0	0	0	0	0
001208 Medipass \$3.00 Adm. Fee	12,329	15,967	28,296	0	28,296
001052 Medicaid Receipts - Part B	0	0	0	0	0
001059 Medicaid EIP	95,854	124,146	220,000	0	220,000
<b>MEDICAID TOTAL</b>	<b>645,994</b>	<b>848,936</b>	<b>1,494,930</b>	<b>0</b>	<b>1,494,930</b>
<b>7. ALLOCABLE REVENUE - STATE</b>					
005040 Interest Erned State Investment	0	0	0	0	0
005041 Interest Erned Local Investment	0	0	0	0	0
018001 Refunds, Salary	0	0	0	0	0
018003 Refunds, other Personal Services	0	0	0	0	0
018004 Refunds, Expenses	0	0	0	0	0
018005 Refunds Grants to Local Gov't	0	0	0	0	0
018006 Refunds, Operating Capital Outlay	0	0	0	0	0
018010 Refunds, Special Category	0	0	0	0	0
018011 Refunds, Other	0	0	0	0	0
018099 Refunds, Certified Forward	0	0	0	0	0

**Working Copy ATTACHMENT II**

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

October 1, 2002 to September 30, 2003

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>7. ALLOCABLE REVENUE - STATE</b>					
029010 Sale of Fixed Assets	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	97,600	97,600
State Laboratory Services	0	0	0	428,384	428,384
State TB Services	0	0	0	0	0
State Immunization Services	0	0	0	361,134	361,134
State STD Services	0	0	0	0	0
State Construction/Renovation	0	0	0	0	0
WIC Food	0	0	0	3,209,867	3,209,867
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>OTHER STATE CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4,096,985</b>	<b>4,096,985</b>
<b>9. BOARD OF COUNTY COMMISSIONERS ANNUAL APPROPRIATIONS - COUNTY</b>					
008030 Grants-County Tax Direct	0	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>	<b>0</b>	<b>1,019,882</b>	<b>1,019,882</b>	<b>0</b>	<b>1,019,882</b>
<b>10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY</b>					
001004 Child Car Seat Prog	0	0	0	0	0
001060 Vital Statistics Fees Other	0	0	0	0	0
001074 Adult Enter. Permit Fees	0	0	0	0	0
001077 Primary Care Fees	0	101,000	101,000	0	101,000
001093 Communicable Disease Fees	0	181,000	181,000	0	181,000
001094 Environmental Health Fees	0	41,000	41,000	0	41,000
001114 New Birth Certificates	0	34,000	34,000	0	34,000
001115 Death Certificates	0	94,000	94,000	0	94,000
001116 Computer Access Fee	0	0	0	0	0
001117 Vital Stats-Adm. Fee 50 cents	0	1,700	1,700	0	1,700
001195 Primary Care Transfer Fees	0	0	0	0	0
001196 Water Analysis-Potable	0	0	0	0	0
001062 Rabies Vaccine	0	26,000	26,000	0	26,000
001062 Rabies Vaccine	0	0	0	0	0
<b>FEES AUTHORIZED BY COUNTY TOTAL</b>	<b>0</b>	<b>478,700</b>	<b>478,700</b>	<b>0</b>	<b>478,700</b>
<b>11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY</b>					
001010 Recovery-Bad Checks	0	0	0	0	0
001026 Returned Check Fee	0	0	0	0	0
001029 Third Party Reimbursement	0	15,000	15,000	0	15,000
001072 Ryan White Title I	0	78,000	78,000	0	78,000

Working Copy ATTACHMENT II.

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

October 1, 2002 to September 30, 2003

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY</b>					
001073	Ryan White Title II	0	0	0	0
001075	Ryan White Title III	0	0	0	0
001090	Medicare	0	9,629	9,629	0
001190	Health Maintenance Organ. (HMO)	0	548,766	548,766	0
008010	Grants Contracts Frm Cities Direct	0	0	0	0
008031	County AIDS Education	0	0	0	0
008033	County Contributions For Facilities	0	0	0	0
008050	Grants-Cnty Sch Board Direct	0	0	0	0
008090	Grants other Local Govn't Direct	0	24,330	24,330	0
008094	Grnts/Contracts other Agencies Direct	0	0	0	0
008095	Grants Cnty Sect 403.102 Air Pol	0	0	0	0
008099	Reimb/Rebate Local Govn't	0	0	0	0
010300	Sale of Goods and Services	0	0	0	0
010301	Exp Witness Fee Consultnt Charges	0	0	0	0
010302	Sale of Goods and Services, to Other Agencies	0	0	0	0
010402	Recycle Paper Sales	0	0	0	0
010403	Fees-Copies of Documents	0	0	0	0
010405	Sale of pharmaceuticals	0	30,000	30,000	0
010409	Sale of Goods and Services Outside State Government	0	0	0	0
011001	Healthy Start Coalition Contributions	0	0	0	0
011007	Cash Donations Private	0	0	0	0
011098	Donation School Based Clinic	0	0	0	0
011099	Other Grants/Donations Direct	0	283,298	283,298	0
011522	Other Grant DOE	0	0	0	0
012020	Fines and Forfeitures	0	0	0	0
012021	Return Check Charge	0	0	0	0
090002	Draw down from Public Health Unit	0	0	0	0
007010	U.S. Grants Direct	0	0	0	0
001000	Fees Other	0	0	0	0
<b>OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL</b>		0	989,023	989,023	0
<b>12. ALLOCABLE REVENUE - COUNTY</b>					
005040	Interest Erned State Investment	0	31,166	31,166	0
005041	Interest Erned Local Investment	0	0	0	0
018001	Refunds, Salary	0	0	0	0
018003	Refunds, other Personal Services	0	0	0	0
018004	Refunds, Expenses	0	0	0	0
018005	Refunds Grants to Local Gov't	0	0	0	0
018006	Refunds, Operating Capital Outlay	0	0	0	0
018010	Refunds, Special Category	0	0	0	0
018011	Refunds, Other	0	0	0	0
018099	Refunds, Certified Forward	0	0	0	0
029010	Sale of Fixed Assets	0	0	0	0
037000	Prior Year Warrant	0	0	0	0
038000	12 Month Old Warrant	0	0	0	0
<b>COUNTY ALLOCABLE REVENUE TOTAL</b>		0	31,166	31,166	0

Working Copy ATTACHMENT II

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

October 1, 2002 to September 30, 2003

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>13. BUILDINGS - COUNTY</b>					
Annual Rental Equivalent Value	0	0	0	721,714	721,714
Maintenance	0	0	0	70,000	70,000
Utilities	0	0	0	105,000	105,000
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>	0	0	0	896,714	896,714
<b>14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY</b>					
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
Other County Contribution (specify)	0	0	0	0	0
<b>OTHER COUNTY CONTRIBUTIONS TOTAL</b>	0	0	0	0	0
<b>GRAND TOTAL CHD PROGRAM</b>	5,651,024	3,367,707	9,018,731	4,993,699	14,012,430

**Working Copying 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, 2002 to September 30, 2003**

	FTE's (0.00)	Clients Units	Services	Quarterly Expenditure Plan				County	State	Grand Total
				1st	2nd (Whole dollars only)	3rd	4th			
<b>A. COMMUNICABLE DISEASE CONTROL:</b>										
Immunization (101)	16.22	0	38,300	220,550	220,550	220,550	220,543	376,400	505,793	882,193
STD (102)	11.74	1,450	11,700	135,700	135,700	135,700	135,842	217,490	325,452	542,942
A.I.D.S. (103)	10.03	1,150	11,500	146,950	146,950	146,950	146,988	117,600	470,238	587,838
TB Control Services (104)	6.11	3,252	11,250	79,800	79,800	79,800	79,869	63,900	255,369	319,269
Comm. Disease Surv. (106)	4.29	0	2,700	62,000	62,000	62,000	62,164	49,600	198,564	248,164
Hepatitis Prevention (109)	0.11	0	1,233	1,700	1,700	1,700	1,578	1,300	5,378	6,678
Public Health Preparedness and Response (116)	3.49	0	0	50,700	50,700	50,700	50,685	40,600	162,185	202,785
Vital Statistics (180)	2.65	0	0	23,600	23,600	23,600	23,699	94,499	0	94,499
<b>COMMUNICABLE DISEASE SUBTOTAL</b>	<b>54.64</b>	<b>5,852</b>	<b>76,683</b>	<b>721,000</b>	<b>721,000</b>	<b>721,000</b>	<b>721,368</b>	<b>961,389</b>	<b>1,922,979</b>	<b>2,884,368</b>
<b>B. PRIMARY CARE:</b>										
Chronic Disease Services (210)	0.34	100	300	5,100	5,100	5,100	4,973	4,100	16,173	20,273
Tobacco Prevention (212)	1.69	0	0	26,700	26,700	26,700	26,685	21,400	85,385	106,785
Home Health (215)	0.00	0	0	0	0	0	0	0	0	0
W.I.C. (221)	19.89	9,750	55,258	206,300	206,300	206,300	206,136	0	825,036	825,036
Family Planning (223)	10.60	1,850	9,200	143,400	143,400	143,400	143,563	114,800	458,963	573,763
Improved Pregnancy Outcome (225)	12.54	700	8,800	258,000	258,000	258,000	260,890	845,000	189,890	1,034,890
Healthy Start Prenatal (227)	11.39	1,100	55,000	134,200	134,200	134,200	134,372	107,400	429,572	536,972
Comprehensive Child Health (229)	11.92	3,800	9,800	131,300	131,300	131,300	131,449	294,200	231,149	525,349
Healthy Start Infant (231)	7.71	1,000	42,000	94,100	94,100	94,100	94,049	75,300	301,049	376,349
School Health (234)	6.29	0	997,000	130,800	130,800	130,800	130,854	104,700	418,554	523,254
Comprehensive Adult Health (237)	3.25	1,250	2,500	65,300	65,300	65,300	65,150	146,200	114,850	261,050
Dental Health (240)	10.69	9,800	14,000	145,600	145,600	145,600	145,423	377,400	204,823	582,223
<b>PRIMARY CARE SUBTOTAL</b>	<b>96.31</b>	<b>29,350</b>	<b>1,193,858</b>	<b>1,340,800</b>	<b>1,340,800</b>	<b>1,340,800</b>	<b>1,343,544</b>	<b>2,090,500</b>	<b>3,275,444</b>	<b>5,365,944</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
Private Water System (357)	0.59	42	120	7,000	7,000	7,000	7,110	5,600	22,510	28,110
Public Water System (358)	0.14	0	35	2,200	2,200	2,200	2,287	1,800	7,087	8,887
Individual Sewage Disp. (361)	6.03	1,050	4,500	64,200	64,200	64,200	63,989	151,300	105,289	256,589
<b>Group Total</b>	<b>6.76</b>	<b>1,092</b>	<b>4,655</b>	<b>73,400</b>	<b>73,400</b>	<b>73,400</b>	<b>73,386</b>	<b>158,700</b>	<b>134,886</b>	<b>293,586</b>
<b>Facility Programs</b>										
Food Hygiene (348)	1.65	220	830	16,600	16,600	16,600	16,632	13,300	53,132	66,432
Body Art (349)	0.02	4	4	300	300	300	345	250	995	1,245
Group Care Facility (351)	1.62	390	600	18,900	18,900	18,900	18,932	15,100	60,532	75,632
Migrant Labor Camp (352)	0.05	1	4	900	900	900	904	700	2,904	3,604
Housing,Public Bldg Safety,Sanitation (353)	0.00	0	0	0	0	0	0	0	0	0
Mobile Home and Parks Services (354)	0.08	20	40	1,700	1,700	1,700	1,837	1,400	5,537	6,937
Swimming Pools/Bathing (360)	1.88	500	1,000	21,200	21,200	21,200	21,241	17,000	67,841	84,841
Biomedical Waste Services (364)	0.65	265	285	8,000	8,000	8,000	8,032	6,400	25,632	32,032
Tanning Facility Services (369)	0.29	50	100	3,300	3,300	3,300	3,340	2,600	10,640	13,240
<b>Group Total</b>	<b>6.24</b>	<b>1,450</b>	<b>2,863</b>	<b>70,900</b>	<b>70,900</b>	<b>70,900</b>	<b>71,263</b>	<b>56,750</b>	<b>227,213</b>	<b>283,963</b>

**Working Copying 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, 2002 to September 30, 2003**

	FTE's (0.00)	Clients Units	Services	Quarterly Expenditure Plan				County	State	Grand Total
				1st	2nd (Whole dollars only)	3rd	4th			
<b>C. ENVIRONMENTAL HEALTH:</b>										
<b>Groundwater Contamination</b>										
Storage Tank Compliance (355)	0.00	0	0	0	0	0	0	0	0	0
Super Act Service (356)	0.58	0	300	8,900	8,900	8,900	8,831	7,100	28,431	35,531
<b>Group Total</b>	<b>0.58</b>	<b>0</b>	<b>300</b>	<b>8,900</b>	<b>8,900</b>	<b>8,900</b>	<b>8,831</b>	<b>7,100</b>	<b>28,431</b>	<b>35,531</b>
<b>Community Hygiene</b>										
Occupational Health (344)	0.00	0	0	0	0	0	0	0	0	0
Consumer Product Safety (345)	0.00	0	0	0	0	0	0	0	0	0
Emergency Medical (346)	0.00	0	0	0	0	0	0	0	0	0
Lead Monitoring Services (350)	0.06	0	1	1,200	1,200	1,200	1,383	1,000	3,983	4,983
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)	0.67	90	250	12,100	12,100	12,100	12,042	9,700	38,642	48,342
Rabies Surveillance/Control Services (366)	0.07	0	50	1,100	1,100	1,100	892	4,192	0	4,192
Arbovirus Surveillance (367)	0.46	0	660	12,100	12,100	12,100	12,070	48,370	0	48,370
Rodent/Arthropod Control (368)	0.64	90	250	6,300	6,300	6,300	6,306	25,206	0	25,206
Water Pollution (370)	0.01	0	0	800	800	800	597	600	2,397	2,997
Air Pollution (371)	0.01	0	0	4,000	4,000	4,000	4,053	3,200	12,853	16,053
Radiological Health (372)	0.01	0	0	600	600	600	398	400	1,798	2,198
Toxic Substances (373)	0.01	0	0	700	700	700	898	600	2,398	2,998
<b>Group Total</b>	<b>1.94</b>	<b>180</b>	<b>1,211</b>	<b>38,900</b>	<b>38,900</b>	<b>38,900</b>	<b>38,639</b>	<b>93,268</b>	<b>62,071</b>	<b>155,339</b>
<b>ENVIRONMENTAL HEALTH SUBTOTAL</b>	<b>15.52</b>	<b>2,722</b>	<b>9,029</b>	<b>192,100</b>	<b>192,100</b>	<b>192,100</b>	<b>192,119</b>	<b>315,818</b>	<b>452,601</b>	<b>768,419</b>
<b>D. SPECIAL CONTRACTS:</b>										
Special Contracts (599)	0.00	0	0	0	0	0	0	0	0	0
<b>SPECIAL CONTRACTS SUBTOTAL</b>	<b>0.00</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTAL CONTRACT</b>	<b>166.47</b>	<b>37,924</b>	<b>1,279,570</b>	<b>2,253,900</b>	<b>2,253,900</b>	<b>2,253,900</b>	<b>2,257,031</b>	<b>3,367,707</b>	<b>5,651,024</b>	<b>9,018,731</b>

## 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 SEMINOLE COUNTY HEALTH DEPARTMENT**

<u>Facility Description</u>	<u>Location</u>	<u>Owned By</u>
<u>Main Facility</u>		
Concrete Block Health Unit Design	400 West Airport Blvd. Sanford, FL 32773	Seminole County
<u>Satellite Facility</u>		
Store Front in Shopping Center	132 Sausalito Blvd. Casselberry, FL 32707	Rented by Seminole County  Owned by The Greater Construction Corp. at Kensington Park 1105 Kensington Park Dr. Altamonte Springs, FL 32714

## **ATTACHMENT V**

### **SEMINOLE COUNTY HEALTH DEPARTMENT**

#### **DESCRIPTION OF USE OF CHD TRUST FUND BALANCES FOR SPECIAL CAPITAL PROJECTS, IF APPLICABLE (From Attachment II, Part I)**

Include detailed Special Capital Project information, including description, cost by each project and **anticipated completion date** on this attachment.

### **No Special Capital Projects are Planned**

#### **DESCRIPTION OF SPECIAL CONTRACTS (From Attachment II, Part III)**

Please list separately

### **None Planned**

Special contracts are contracts for services for which there are no comparable services in the county health department core programs; no service codes in Departmental coding manuals; projects that are locally designed and have no standard statewide set of services and therefore cannot be accounted for within existing county health department programs. These contracts are coded to FLAIR Level 5 of 599 and include some contracts formerly handled at the district offices such as epilepsy, Project WARM, community planning and special family planning and teen mother projects.

# ATTACHMENT VI

## SEMINOLE COUNTY HEALTH DEPARTMENT

### ESTIMATE OF ENVIRONMENTAL HEALTH FEES FISCAL YEAR 2002 - 2003

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	OBJECT CODE	Est. Ann. Revenue Accruing to CHD Trust Fund
<b>PUBLIC SWIMMING POOLS AND BATHING PLACES</b>					62,972.00
1. Annual Permit - Up to (and including) 25,000 gallons	75.00	67.50	XX-360	001145	
1a. Transfer to headquarters		7.50	99-910	001205	
2. More than 25,000 gallons	160.00	144.00	XX-360	001145	
2a. Transfer to headquarters		16.00	99-910	001205	
3. Exempted Condo Pools (over 32 units)	50.00	45.00	XX-360	001145	
3a. Transfer to headquarters		5.00	99-910	001205	
<b>OTHER FEES</b>					
<b>Collected by the 13 delegated counties</b>					
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 are processed as follows:					
1. Plan review (new construction)	275.00	275.00	XX-360	001092	
2. Plan review for modification of original construction	100.00	100.00	XX-360	001092	
3. Plan/application review for bathing place development	275.00	275.00	XX-360	001092	
4. Initial operating permit	125.00	125.00	XX-360	001092	
5. Variance applications	240.00	216.00	XX-360	001092	
5.a. Transfer to Headquarters		24.00	99-910	001205	
<b>All other counties are to send the fee to Bureau of Water</b>					
Programs in Tallahassee or the Environmental Engineering					
section in Orlando as follows:					
1. Plan review (new construction)	275.00	275.00	00-000	001044	
2. Plan review for modification of original construction	100.00	100.00	00-000	001044	
3. Plan/application review for bathing place development	275.00	275.00	00-000	001044	
4. Initial operating permit	125.00	125.00	00-000	001044	
5. Variance applications	240.00	240.00	00-000	001044	
<b>MOBILE HOME &amp; RECREATIONAL VEHICLE PARKS</b>					5,789.00
<b>(FEES ARE PRORATED ON A QUARTERLY BASIS)</b>					
1. Annual permit for 5 to 14 spaces	50.00	45.00	XX-354	001113	
1a. Transfer to headquarters		5.00	99-910	001113	
2. Annual permit for 15 to 171 spaces	3.50 per space		XX-354	001113	
2a. Transfer to headquarters		10%	99-910	001113	
3. Annual permit for 172 and above spaces	600.00	540.00	XX-354	001113	
3a. Transfer to headquarters		60.00	99-910	001113	
<b>MIGRANT LABOR CAMPS</b>					-

# ATTACHMENT VI

## SEMINOLE COUNTY HEALTH DEPARTMENT

### ESTIMATE OF ENVIRONMENTAL HEALTH FEES FISCAL YEAR 2002 - 2003

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	OBJECT CODE	Est. Ann. Revenue Accruing to CHD Trust Fund
1. Annual permit for facilities with 5-50 occupants	125.00	125.00	XX-352	001139	
2. Annual permit for facilities with 51-100 occupants	225.00	225.00	XX-352	001139	
3. Annual permit for facilities with over 100 occupants	500.00	500.00	XX-352	001139	
<b>BIOMEDICAL WASTE GENERATORS</b>					-
1. Initial permit	55.00	55.00	XX-364	001140	
2. Renewal of annual permit(except physician office generating less than 25lbs/30 days) postmarked by October 1	55.00	55.00	XX-364	001140	
2. Renewal of annual permit(except physician office generating less than 25lbs/30 days) postmarked after October 1	75.00	75.00	XX-364	001140	
3. Storage facilities permit postmarked by October 1	55.00	55.00	XX-364	001140	
3. Storage facilities permit postmarked after October 1	75.00	75.00	XX-364	001140	
4. Treatment facilities operating permit by October	55.00	55.00	XX-364	001140	
4. Treatment facilities operating permit after October 1	75.00	75.00	XX-364	001140	
5. Transporter registration (one vehicle) postmarked by 10/1	55.00	55.00	XX-364	001140	
5. Transporter registration (one vehicle) after 10/1	75.00	75.00	XX-364	001140	
6. Transporter registration additional vehicle	10.00	10.00	XX-364	001140	
<b>TANNING FACILITIES</b>					20,787.00
1. Annual license fee	150.00	135.00	XX-369	001144	
1a. Transfer to headquarters		15.00	99-910	001144	
2. Fee for each additional device	55.00	49.50	XX-369	001144	
2.a. Transfer to headquarters		5.50	99-910	001144	
3. Late fee	25.00	25.00	XX-369	001092	
<b>BODY PERIERCING</b>					775.00
1. Annual Licence Fee	150.00	135.00	XX-364	001149	
1a. Transfer to headquarters		15.00	99-910	001149	
2. Temporary Establishment	75.00	67.50	XX-364	001149	
2a. Transfer to headquarters		7.50	99-910	001149	
3. Late fee	100.00	100.00	XX-364	001149	
<b>FOOD ESTABLISHMENTS</b>					21,220.00
1. Annual Permit for Fraternal/Civic	160.00	144.00	XX-348	001132	
1a. Transfer to headquarters		16.00	99-910	001132	
2. Annual Permit School Cafeteria Operating for 9 months or less	130.00	117.00	XX-348	001132	
2a. Transfer to headquarters		13.00	99-910	001132	
3. Annual Permit School Cafeteria Operating for more than 9 months	160.00	144.00	XX-348	001132	
3a. Transfer to headquarters		16.00	99-910	001132	
4. Annual Permit for Hospital/Nursing Food Service	210.00	189.00	XX-348	001132	
4a. Transfer to headquarters		21.00	99-910	001132	

# ATTACHMENT VI

## SEMINOLE COUNTY HEALTH DEPARTMENT

### ESTIMATE OF ENVIRONMENTAL HEALTH FEES FISCAL YEAR 2002 - 2003

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	OBJECT CODE	Est. Ann. Revenue Accruing to CHD Trust Fund
5. Annual Permit for Movie Theaters	160.00	144.00	XX-348	001132	
5a. Transfer to headquarters		16.00	99-910	001132	
6. Annual Permit for Jails/Prisons	210.00	189.00	XX-348	001132	
6a. Transfer to headquarters		21.00	99-910	001132	
7. Annual Permit for Bars/Lounges (Drink Service Only)	160.00	144.00	XX-348	001132	
7a. Transfer to headquarters		16.00	99-910	001132	
8. Annual Permit for Residential Facilities	110.00	99.00	XX-348	001132	
8a. Transfer to headquarters		11.00	99-910	001132	
9. Annual Permit for Child Care Centers without C&F license	85.00	76.50	XX-348	001132	
9a. Transfer to headquarters		8.50	99-910	001132	
10. Annual Permit for Limited Food Service	85.00	76.50	XX-348	001132	
10a. Transfer to headquarters		8.50	99-910	001132	
11. Annual Permit Other Food Service	160.00	144.00	XX-348	001132	
11a. Transfer to headquarters		16.00	99-910	001132	
12. Plan Review	\$35/hour	\$35/hour	XX-348	001092	
13. Food Worker Training	10.00	10.00	XX-348	001092	
14. Request for Inspection	40.00	40.00	XX-348	001092	
15. Reinspection (after the first reinspection)	30.00	30.00	XX-348	001092	
16. Late Renewal	25.00	25.00	XX-348	001092	
17. Alcoholic Beverage Inspection Approval	30.00	30.00	XX-348	001092	
<b>ONSITE SEWAGE DISPOSAL PROGRAM (OSTDS)</b>					<b>185,371.00</b>
1. Application for permitting of an onsite sewage treatment and disposal system which includes application and plan review for new and repair permits	25.00	23.00	XX-361	001092	
1a. Transfer to headquarters		2.00	99-910	001203	
2. Site evaluation for a new system	60.00	55.20	XX-361	001092	
2a. Transfer to headquarters		4.80	99-910	001203	
3. Site evaluation for a system repair or modification of system	40.00	36.80	XX-361	001092	
3a. Transfer to headquarters		3.20	99-910	001203	
4. Site re-evaluation, new or repair or modification	40.00	36.80	XX-361	001092	
4a. Transfer to headquarters		3.20	99-910	001203	
5. Permit for new systems, or modification to system	55.00	50.60	XX-361	001092	
5a. Transfer to headquarters		4.40	99-910	001203	
6. New system or system modification installation inspection	55.00	50.60	XX-361	001092	
6a. Transfer to headquarters		4.40	99-910	001203	
7. Research fee to be collected in addition, and concurrent with the permit for a new system installation fee until 6/30/2002.	5.00	5.00	99-910	001201	
8. Repair permit issuance which includes inspection	50.00	41.40	XX-361	001092	
8a. Transfer to headquarters		3.60	99-910	001203	

# ATTACHMENT VI

## SEMINOLE COUNTY HEALTH DEPARTMENT

### ESTIMATE OF ENVIRONMENTAL HEALTH FEES FISCAL YEAR 2002 - 2003

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	OBJECT CODE	Est. Ann. Revenue Accruing to CHD Trust Fund
8b. Transfer to headquarters for training center		5.00	99-910	001067	
9. Inspection of system previously in use	50.00	46.00	XX-361	001092	
9a. Transfer to headquarters		4.00	99-910	001203	
10. Reinspection fee per visit for site inspections after system construction approval	25.00	23.00	XX-361	001092	
10a. Transfer to headquarters		2.00	99-910	001203	
11. Installation reinspection of non-compliant system per each site visit	25.00	23.00	XX-361	001092	
11a. Transfer to headquarters		2.00	99-910	001203	
12. System abandonment permit, includes permit issuance and inspection	40.00	36.80	XX-361	001092	
12a. Transfer to headquarters		3.20	99-910	001203	
13. Annual operating permit fee for systems in IM and equivalent areas, and for systems receiving commercial waste	150.00	138.00	XX-361	001092	
13a. Transfer to headquarters		12.00	99-910	001203	
14. Amendments or changes to the operating permit during the permit period per change or amendment	25.00	23.00	XX-361	001092	
14a. Transfer to headquarters		2.00	99-910	001203	
15. Aerobic treatment unit operating permit (biennial)	100.00	92.00	XX-361	001092	
15a. Transfer to headquarters		8.00	99-910	001203	
16. Tank manufacturer's inspection per annum	100.00	50.00	XX-361	001092	
16a. Transfer to headquarters		50.00	99-910	001203	
17. Septage disposal service permit per annum	50.00	46.00	XX-61	001092	
17a. Transfer to headquarters		4.00	99-910	001203	
18. Additional charge per pumpout vehicle	25.00	23.00	XX-361	001092	
18a. Transfer to headquarters		2.00	99-910	001203	
19. Portable or temporary toilet service permit per annum	50.00	46.00	XX-361	001092	
19a. Transfer to headquarters		4.00	99-910	001203	
20. Additional charge per pumpout vehicle	25.00	23.00	XX-361	001092	
20a. Transfer to headquarters		2.00	99-910	001203	
21. Septage stabilization facility inspection fee per annum	150.00	138.00	XX-361	001092	
21a. Transfer to headquarters		12.00	99-910	001203	
22. Septage disposal site evaluation fee per annum	100.00	92.00	XX-361	001092	
22a. Transfer to headquarters		8.00	99-910	001203	
23. Aerobic treatment unit maintenance entity permit per annum	25.00	23.00	XX-361	001092	
23a. Transfer to headquarters		2.00	99-910	001203	
24. Variance application for a single family residence per each lot or building site	150.00	75.00	XX-361	001135	
24a. Transfer to headquarters		75.00	99-910	001204	

# ATTACHMENT VI

## SEMINOLE COUNTY HEALTH DEPARTMENT

### ESTIMATE OF ENVIRONMENTAL HEALTH FEES FISCAL YEAR 2002 - 2003

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	OBJECT CODE	Est. Ann. Revenue Accruing to CHD Trust Fund
25. Variance application for a multi-family or commercial building per each building site	200.00	100.00	XX-361	001135	
25a. Transfer to headquarters		100.00	99-910	001204	
26. Inspection for construction of an injection well (FL Keys)	125.00	125.00	XX-361	001092	
<b>Performance-based Treatment Systems</b>					
1. Application for permitting of a new performance-based treatment system, which includes application and plan review	125.00	115.00	XX-361	001092	
1a. Transfer to headquarters		10.00	99-910	001203	
2. Permit for new performance-based treatment system	125.00	115.00	XX-361	001092	
2a. Transfer to headquarters		10.00	99-910	001203	
3. Installation inspection for new performance-based systems	75.00	69.00	XX-361	001092	
3a. Transfer to headquarters		6.00	99-910	001203	
6. Research fee to be collected in addition, and concurrent with the permit for a new performance-based system installation fee	5.00	5.00	99-910	001201	
4. Repair permit issuance which includes inspection	125.00	115.00	XX-361	001092	
4a. Transfer to headquarters		10.00	99-910	001203	
5. Inspection of system previously in use	25.00	23.00	XX-361	001092	
5a. Transfer to headquarters		2.00	99-910	001203	
6. Reinspection fee per visit for site inspections after system construction approval	25.00	23.00	XX-361	001092	
6a. Transfer to headquarters		2.00	99-910	001203	
7. Installation reinspection of non-compliant system per each site visit	50.00	46.00	XX-361	001092	
7a. Transfer to headquarters		4.00	99-910	001203	
8. System abandonment permit, includes permit issuance and inspection	75.00	69.00	XX-361	001092	
8a. Transfer to headquarters		6.00	99-910	001203	
Biennial Operating Permits	100.00	92.00	XX-361	001092	
9a. Transfer to headquarters		8.00	99-910	001203	
10. Review of application due to proposed amendments or changes after initial operating permit issuance.	75.00	69.00	XX-361	001092	
10a. Transfer to headquarters		6.00	99-910	001203	
11. Variance application for a single family residence per each lot or building site	150.00	75.00	XX-361	001135	
11a. Transfer to headquarters		75.00	99-910	001204	
12. Performance-based Treatment System Maintenance (Per annum)	25.00	23.00	XX-361	001092	
12a. Transfer to headquarters		2.00	99-910	001203	
<b>FEE COLLECTED AT HEADQUARTERS - Onsite Sewage</b>					

# ATTACHMENT VI

## SEMINOLE COUNTY HEALTH DEPARTMENT

### ESTIMATE OF ENVIRONMENTAL HEALTH FEES FISCAL YEAR 2002 - 2003

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	OBJECT CODE	Est. Ann. Revenue Accruing to CHD Trust Fund
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			
3. Initial registration	100.00	For headquarters use only			
4. Renewal of registration	100.00	For headquarters use only			
5. Certificate of authorization each two-year period	250.00	For headquarters use only			
<b>DRINKING WATER</b>					<b>2,666.00</b>
1. First Year Public Water Annual Operation Permit and Construction Permit - Limited Use	75.00	67.50	XX-357	001166	
1a. Transfer to headquarters		7.50	99-910	001166	
2. Second Year Public Water Annual Operation Permit - Limited Use	70.00	63.00	XX-357	001166	
2a. Transfer to headquarters		7.00	99-910	001166	
4. Multi-Family Water Construction Permit - serving 3 or 4 non-rental residences	40.00	36.00	XX-357	001165	
4a. Transfer to headquarters		4.00	99-910	001165	
5. Initial Operating Permit Fee After March 31 of Any Year	35.00	31.50	XX-357	001166	
5a. Transfer to headquarters		3.50	99-910	001166	
6. Non-SDWA Lab Sample (Sample Collection/Review of Analytical Results/Health Risk Interpretation):					
Delineated Area	50.00	50.00	XX-357	001142	
Bacterial Sample Collection	40.00	40.00	XX-357	001142	
Chemical Sample Collection	50.00	50.00	XX-357	001142	
Combined Chemical microbiological	55.00	55.00	XX-357	001142	
7. Reinspection of multi-family Water System	25.00	25.00	XX-357	001092	
8. Reinspection of Public Water System	40.00	40.00	XX-357	001092	
9. Delineated Area Clearance Fee	50.00	50.00	XX-357	001092	
10. Limited Use Commercial Registered System	15.00	15.00	XX-357	001092	
11. Limited Use Commercial Public Water System Operating Permit Family Day Care Establishment	25.00	25.00	XX-357	001092	
12. Limited Use Commercial Public Water System Operating Permit Family Day Care Establishment After March 31 of Any Year.	15.00	15.00	XX-357	001092	
<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	001211	
b. Treatment plant - 1 MGD up to 5 MGD	6,000.00	6,000.00	XX-358	001211	
c. Treatment plant - 0.25 MGD up to 1 MGD	4,000.00	4,000.00	XX-358	001211	
d. Treatment plant - 0.1 MGD up to .025 MGD	2,000.00	2,000.00	XX-358	001211	

# ATTACHMENT VI

## SEMINOLE COUNTY HEALTH DEPARTMENT

### ESTIMATE OF ENVIRONMENTAL HEALTH FEES FISCAL YEAR 2002 - 2003

Est. Ann. Revenue  
Accruing to CHD  
Trust Fund

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	OBJECT CODE
e. Treatment plant - up to 0.1 MGD	1,000.00	1,000.00	XX-358	001211
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.				
a. Treatment plant - 5 MGD and above	7,500.00	7,500.00	XX-358	001211
b. Treatment plant - 1 MGD up to 5 MGD	6,000.00	6,000.00	XX-358	001211
c. Treatment plant - 0.25 MGD up to 1 MGD	4,000.00	4,000.00	XX-358	001211
d. Treatment plant - 0.1 MGD up to .025 MGD	2,000.00	2,000.00	XX-358	001211
e. Treatment plant - 0.01 up to 0.1 MGD	1,000.00	1,000.00	XX-358	001211
f. Treatment plant - up to 0.01 MGD	400.00	400.00	XX-358	001211
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	001211
b. Treatment plant - 1 MGD up to 5 MGD	3,000.00	3,000.00	XX-358	001211
c. Treatment plant - 0.25 MGD up to 1 MGD	1,000.00	1,000.00	XX-358	001211
d. Treatment plant - 0.1 MGD up to .025 MGD	500.00	500.00	XX-358	001211
e. Treatment plant - up to 0.1 MGD	300.00	300.00	XX-358	001211
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	1211
b. Serving a non-transient non-community public water systems	350.00	350.00	XX-358	001211
c. Serving a non-community public water system	250.00	250.00	XX-358	001211
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	001211
b. Any other public water supply well.	250.00	250.00	XX-358	001211
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	001211
b. .1 MGD up to 1 MGD	1,000.00	1,000.00	XX-358	001211
c. 0.01 up to .1 MGD	500.00	500.00	XX-358	001211
d. Up to 0.01 MGD	100.00	100.00	XX-358	001211
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	001211
b. Up to 0.1 MGD	100.00	100.00	XX-358	001211
8. Fines and Forfeitures	Variable	Variable	XX-358	012020

# ATTACHMENT VI

SEMINOLE COUNTY HEALTH DEPARTMENT

## ESTIMATE OF ENVIRONMENTAL HEALTH FEES FISCAL YEAR 2002 - 2003

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	OBJECT CODE	Est. Ann. Revenue Accruing to CHD Trust Fund
9. General Permit Fee for any General Permit not specifically listed:	100.00	100.00	XX-358	001211	
a. General Permits requiring Professional Engineer or Professional Geologist certification	250.00	250.00	XX-358	001211	
a. General Permits not requiring Professional Engineer or Professional Geologist certification	100.00	100.00	XX-358	001211	