

**CONTRACT BETWEEN
HERNANDO COUNTY BOARD OF COUNTY COMMISSIONERS
AND
STATE OF FLORIDA DEPARTMENT OF HEALTH
FOR OPERATION OF THE
HERNANDO COUNTY HEALTH DEPARTMENT
CONTRACT YEAR 2025-2026**

This contract is made and entered into between the State of Florida, Department of Health ("State"), and the Hernando County Board of County Commissioners ("County"), through their undersigned authorities, effective October 1, 2025. State and County are jointly referred to as the "parties".

RECITALS

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

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

C. Hernando County Health Department ("CHD") is one of the created County Health Departments.

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

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

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

2. TERM. The parties mutually agree that this contract shall be effective from October 1, 2025, through September 30, 2026, or until a written contract replacing this contract is entered into between the parties, whichever is later, unless this contract is otherwise terminated according to the termination provisions outlined in paragraph 8. below.

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

a. "Environmental health services" are those services that are organized and operated to protect the health of the general public by monitoring and regulating activities in the environment that may contribute to the occurrence or transmission of disease. Environmental health services shall be supported by available federal, state, and local funds and shall include

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

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

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

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

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

i. The State's appropriated responsibility (*direct contribution excluding any state fees, Medicaid contributions, or any other funds not listed on the Schedule C*) as provided in Attachment II, Part II is an amount not to exceed \$ 3,977,294.00 (*State General Revenue, State Funds, Other State Funds and Federal Funds listed on the Schedule C*). The State's obligation to pay under this contract is contingent upon an annual appropriation by the Legislature.

ii. The County's appropriated responsibility (*direct contribution excluding any fees, other cash, or local contributions*) as provided in Attachment II, Part II is an amount not to exceed \$ 1,200,000.00 (*amount listed under the "Board of County Commissioners Annual Appropriations section of the revenue attachment*).

b. Overall expenditures will not exceed available funding or budget authority, whichever is less, (either the current year or from surplus trust funds) in any service category. Unless requested otherwise, any surplus at the end of the term of this contract in the County Health Department Trust Fund that is attributed to the CHD shall be carried forward to the next contract period.

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

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

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

County Health Department Trust Fund
Hernando County Health Department
7551 Forest Oaks Blvd
Spring Hill, FL 34606

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

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

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

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

c. The CHD shall maintain books, records, and documents following the Generally Accepted Accounting Principles, as promulgated by the Governmental Accounting Standards Board, and the requirements of federal or state law. These records shall be maintained as

required by the State's Policies and Procedures for Records Management and shall be open for inspection at any time by the parties and the public, except for those records that are not otherwise subject to disclosure as provided by law which is subject to the confidentiality provisions of paragraphs 6.i. and 6.k., below. Books, records, and documents must be adequate to allow the CHD to comply with the following reporting requirements:

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

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

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

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

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

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

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

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

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

l. The CHD shall abide by all State policies and procedures, which by this reference are incorporated herein as standards to be followed by the CHD.

m. The CHD shall establish a system through which applicants for services and current clients may present grievances over denial, modification, or termination of services. The CHD will advise applicants of the right to appeal a denial or exclusion from services, of failure to take account of a client's choice of service, and right to a fair hearing to the final governing authority of the CHD. Specific references to existing laws, rules, or program manuals are included in Attachment I of this contract.

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

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

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

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

- i. March 1, 2026, for the reporting period of October 1, 2025, through December 31, 2025; and
- ii. June 1, 2026, for the reporting period of October 1, 2025, through March 31, 2026; and
- iii. September 1, 2026, for the reporting period of October 1, 2025 through June 30, 2026; and
- iv. December 1, 2026, for the reporting period of October 1, 2025 through September 30, 2026.

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

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

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

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

8. TERMINATION.

a. Termination at Will. This contract may be terminated by either party without cause upon no less than 180 calendar days' notice in writing to the other party unless a lesser time is mutually agreed upon in writing by both parties.

b. Termination Because of Lack of Funds. In the event funds to finance this contract become unavailable, either party may terminate this contract upon no less than 24 hours' notice.

c. Termination for Breach. This contract may be terminated by either party for a material breach of an obligation hereunder, upon no less than 30 days' notice. Waiver of a breach of any provisions of this contract shall not be deemed to be a waiver of any other breach and shall not be construed to be a modification of the terms of this contract.

9. MISCELLANEOUS. The parties further agree:

a. Availability of Funds. If this contract, any renewal hereof, or any term, performance, or payment hereunder, extends beyond the CHD fiscal year beginning July 1, 2026, it is agreed that the performance and payment under this contract are contingent upon an annual appropriation by the Legislature, under section 287.0582, Florida Statutes.

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

For the State:

Danielle Taylor

Name

Health Officer

Title

7551 Forest Oaks Blvd

Spring Hill, FL 34606

Address

Danielle.Taylor2@FLHealth.gov

Email Address

352-540-6800 ext. 82111

Telephone

For the County:

Brian Hawkins

Name

Chair

Title

15470 Flight Path Dr

Brooksville, FL 34604

Address

BHawkins@co.hernando.fl.us

Email Address

352-587-3000

Telephone

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

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

d. Notices. Any notices provided under this contract must be delivered by certified mail, return receipt requested, in person with proof of delivery, or by email to the email address of the respective party identified in Section 9.b., above.

In WITNESS THEREOF, the parties hereto have caused this eight page contract, with its attachments as referenced, including Attachment I (two pages), Attachment II (seven pages), Attachment III (one pages), Attachment IV (two pages), and Attachment V (ten pages), to be executed by their undersigned officials as duly authorized effective the 1st day of October 2025.

**BOARD OF COUNTY COMMISSIONERS
STATE OF FLORIDA FOR HERNANDO COUNTY DEPARTMENT OF HEALTH**

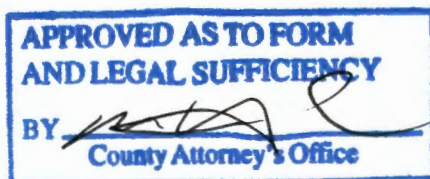
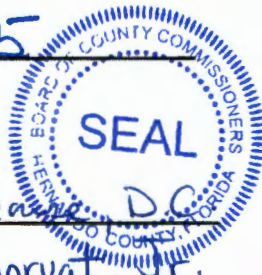
SIGNED BY: [Signature]
NAME: Brian Hawkins
TITLE: Chairman
DATE: 09-23-2025

SIGNED BY: [Signature]
NAME: Joseph A. Ladapo, M.D., Ph.D.
TITLE: State Surgeon General
DATE: 11-6-25

ATTESTED TO:

SIGNED BY: [Signature]
NAME: Doug A. Chorvat, Jr.
TITLE: Clerk of Circuit Court + Compt.
DATE: 9-23-2025

SIGNED BY: [Signature]
NAME: Danielle Taylor, MSN, RN
TITLE: CHD Director or Administrator
DATE: 8/21/2025



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

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

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

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

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

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

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

	Estimated State Share of CHD Trust Fund Balance	Estimated County Share of CHD Trust Fund Balance	Total
1. CHD Trust Fund Ending Balance 09/30/25	948775	254073	1202848
2. Drawdown for Contract Year October 1, 2025 to September 30, 2026	0	449177	449177
3. Special Capital Project use for Contract Year October 1, 2025 to September 30, 2026	0	0	0
4. Balance Reserved for Contingency Fund October 1, 2025 to September 30, 2026	948775	703250	1652025

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

ATTACHMENT II

HERNANDO COUNTY HEALTH DEPARTMENT

Part II, Sources of Contributions to County Health Department

October 1, 2025 to September 30, 2026

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
1. GENERAL REVENUE - STATE					
015040 AIDS PATIENT CARE	100,000	0	100,000	0	100,000
015040 AIDS PREVENTION & SURVEILLANCE - GENERAL REVENUE	20,538	0	20,538	0	20,538
015040 CHD - TB COMMUNITY PROGRAM	27,515	0	27,515	0	27,515
015040 FAMILY PLANNING GENERAL REVENUE	163,387	0	163,387	0	163,387
015040 FLORIDA SPRINGS AND AQUIFER PROTECTION ACT	145,879	0	145,879	0	145,879
015040 PRIMARY CARE PROGRAM	175,199	0	175,199	0	175,199
015040 RACIAL & ETHNIC DISPARITIES - CHD EXPENSES	52,000	0	52,000	0	52,000
015040 SCHOOL HEALTH SERVICES	127,724	0	127,724	0	127,724
015040 SWIMMING LESSONS VOUCHER PROGRAM	10,200	0	10,200	0	10,200
015050 CHD GENERAL REVENUE NON-CATEGORICAL	1,845,234	0	1,845,234	0	1,845,234
GENERAL REVENUE TOTAL	2,667,676	0	2,667,676	0	2,667,676
2. NON GENERAL REVENUE - STATE					
015010 ENVIRONMENTAL BIOMEDICAL WASTE PROGRAM	4,707	0	4,707	0	4,707
015010 TOBACCO STATE & COMMUNITY HEALTHY BABY	25,000	0	25,000	0	25,000
NON GENERAL REVENUE TOTAL	29,707	0	29,707	0	29,707
3. FEDERAL FUNDS - STATE					
007000 WIC BREASTFEEDING PEER COUNSELING PROG	59,375	0	59,375	0	59,375
007000 COASTAL BEACH WATER QUALITY MONITORING	314	0	314	0	314
007000 COMPREHENSIVE COMMUNITY CARDIO - PHBG	35,000	0	35,000	0	35,000
007000 FAMILY PLANNING TITLE X - GRANT	36,076	0	36,076	0	36,076
007000 PUBLIC HLTH INFRASTRUCTURE & WORKFORCE/CENTRAL I	146,045	0	146,045	0	146,045
007000 INFANT MORTALITY	30,560	0	30,560	0	30,560
007000 IMMUNIZATION ACTION PLAN	47,086	0	47,086	0	47,086
007000 MCH SPECIAL PROJECT PRAMS	30,560	0	30,560	0	30,560
007000 OVERDOSE TO ACTION - PREVENTION	111,923	0	111,923	0	111,923
007000 BASE COMMUNITY PREPAREDNESS CAPABILITY	49,348	0	49,348	0	49,348
007000 BASE PUB HLTH SURVEILLANCE & EPI INVESTIGATION	87,118	0	87,118	0	87,118
007000 CRI MEDICAL COUNTERMEASURES DISPENSING	135,819	0	135,819	0	135,819
007000 WIC PROGRAM ADMINISTRATION	887,888	0	887,888	0	887,888
015075 SCHOOL HEALTH SERVICES	23,222	0	23,222	0	23,222
015075 REFUGEE HEALTH SCREENING REIMBURSEMENT SERVICES	16,444	0	16,444	0	16,444
FEDERAL FUNDS TOTAL	1,696,778	0	1,696,778	0	1,696,778
4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE					
001020 CHD STATEWIDE ENVIRONMENTAL FEES	109,050	0	109,050	0	109,050
001092 ON SITE SEWAGE DISPOSAL PERMIT FEES	550,000	0	550,000	0	550,000
001092 CHD STATEWIDE ENVIRONMENTAL FEES	320	0	320	0	320
001206 ON SITE SEWAGE DISPOSAL PERMIT FEES	47,000	0	47,000	0	47,000
001206 SANITATION CERTIFICATES (FOOD INSPECTION)	1,800	0	1,800	0	1,800
001206 SEPTIC TANK RESEARCH SURCHARGE	1,000	0	1,000	0	1,000
001206 SEPTIC TANK VARIANCE FEES 50%	800	0	800	0	800
001206 CHD CLINIC FEES	0	50	50	0	50

ATTACHMENT II

HERNANDO COUNTY HEALTH DEPARTMENT

Part II, Sources of Contributions to County Health Department

October 1, 2025 to September 30, 2026

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
001206 PUBLIC SWIMMING POOL PERMIT FEES-10% HQ TRANSFER	500	0	500	0	500
001206 DRINKING WATER PROGRAM OPERATIONS	400	0	400	0	400
001206 REGULATION OF BODY PIERCING SALONS	200	0	200	0	200
001206 TANNING FACILITIES	250	0	250	0	250
001206 ONSITE SEWAGE TRAINING CENTER	10,000	0	10,000	0	10,000
001206 TATTO PROGRAM ENVIRONMENTAL HEALTH	2,000	0	2,000	0	2,000
001206 MOBILE HOME & RV PARK FEES	1,500	0	1,500	0	1,500
FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL	724,820	50	724,870	0	724,870
5. OTHER CASH CONTRIBUTIONS - STATE:					
031005 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES	50,000	0	50,000	0	50,000
090001 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	0	0	0	0
OTHER CASH CONTRIBUTION TOTAL	50,000	0	50,000	0	50,000
6. MEDICAID - STATE/COUNTY:					
001057 CHD CLINIC FEES	0	51,250	51,250	0	51,250
001057 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES	0	600	600	0	600
001148 AIDS PATIENT CARE	50	0	50	0	50
001148 CHD CLINIC FEES	0	112,050	112,050	0	112,050
001148 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES	0	4,000	4,000	0	4,000
MEDICAID TOTAL	50	167,900	167,950	0	167,950
7. ALLOCABLE REVENUE - STATE:					
001004 CHD STATEWIDE ENVIRONMENTAL FEES	150	0	150	0	150
001009 ON SITE SEWAGE DISPOSAL PERMIT FEES	50	0	50	0	50
018000 CHD CLINIC FEES	500	0	500	0	500
037000 ON SITE SEWAGE DISPOSAL PERMIT FEES	375	0	375	0	375
037000 AIDS PATIENT CARE	25	0	25	0	25
037000 CHD CLINIC FEES	500	0	500	0	500
037000 CHD LOCAL REVENUE & EXPENDITURES	100	0	100	0	100
038000 CHD CLINIC FEES	50	0	50	0	50
038000 CHD GENERAL REVENUE NON-CATEGORICAL	25	0	25	0	25
ALLOCABLE REVENUE TOTAL	1,775	0	1,775	0	1,775
8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE					
ADAP	0	0	0	258,114	258,114
PHARMACY DRUG PROGRAM	0	0	0	6,006	6,006
WIC PROGRAM	0	0	0	3,655,592	3,655,592
BUREAU OF PUBLIC HEALTH LABORATORIES	0	0	0	4,167	4,167
IMMUNIZATIONS	0	0	0	148,118	148,118
OTHER STATE CONTRIBUTIONS TOTAL	0	0	0	4,071,997	4,071,997
9. DIRECT LOCAL CONTRIBUTIONS - BCC/TAX DISTRICT					
008005 CHD CLINIC FEES	0	250	250	0	250
008005 CHD LOCAL REVENUE & EXPENDITURES	0	823,000	823,000	0	823,000
DIRECT COUNTY CONTRIBUTIONS TOTAL	0	823,250	823,250	0	823,250

ATTACHMENT II

HERNANDO COUNTY HEALTH DEPARTMENT

Part II, Sources of Contributions to County Health Department

October 1, 2025 to September 30, 2026

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY					
001025 CHD CLINIC FEES	0	600	600	0	600
001077 CHD CLINIC FEES	0	122,100	122,100	0	122,100
001077 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES	0	5,000	5,000	0	5,000
001094 CHD LOCAL ENVIRONMENTAL FEES	0	13,040	13,040	0	13,040
001110 VITAL STATISTICS CERTIFIED RECORDS	0	225,000	225,000	0	225,000
FEES AUTHORIZED BY COUNTY TOTAL	0	365,740	365,740	0	365,740
11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY					
001029 CHD CLINIC FEES	0	65,650	65,650	0	65,650
001029 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES	0	21,000	21,000	0	21,000
001090 CHD CLINIC FEES	0	4,500	4,500	0	4,500
001090 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES	0	500	500	0	500
010300 STATE UNDERGROUND PETROLEUM RESPONSE ACT	0	24,000	24,000	0	24,000
010300 MIGRANT LABOR HOUSING INSPECTION H-2A PROGRAM	0	250	250	0	250
010400 CHD CLINIC FEES	0	3	3	0	3
010400 CHD SALE OF SERVICES IN OR OUTSIDE OF STATE GOVT	0	400	400	0	400
011001 CHD HEALTHY START COALITION CONTRACT	0	2,000	2,000	0	2,000
090002 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	449,177	449,177	0	449,177
OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL	0	330,874	330,874	0	330,874
12. ALLOCABLE REVENUE - COUNTY					
001004 CHD STATEWIDE ENVIRONMENTAL FEES	0	150	150	0	150
001009 ON SITE SEWAGE DISPOSAL PERMIT FEES	0	50	50	0	50
018000 CHD CLINIC FEES	0	500	500	0	500
037000 ON SITE SEWAGE DISPOSAL PERMIT FEES	0	375	375	0	375
037000 AIDS PATIENT CARE	0	25	25	0	25
037000 CHD CLINIC FEES	0	500	500	0	500
037000 CHD LOCAL REVENUE & EXPENDITURES	0	100	100	0	100
038000 CHD CLINIC FEES	0	50	50	0	50
038000 CHD GENERAL REVENUE NON-CATEGORICAL	0	25	25	0	25
COUNTY ALLOCABLE REVENUE TOTAL	0	1,775	1,775	0	1,775
13. BUILDINGS - COUNTY					
ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	871,008	871,008
OTHER (Specify)	0	0	0	0	0
UTILITIES	0	0	0	154,177	154,177
BUILDING MAINTENANCE	0	0	0	200,532	200,532
GROUPS MAINTENANCE	0	0	0	0	0
INSURANCE	0	0	0	79,416	79,416
OTHER (Specify)	0	0	0	0	0
OTHER (Specify)	0	0	0	0	0
BUILDINGS TOTAL	0	0	0	1,305,133	1,305,133
14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY					
EQUIPMENT / VEHICLE PURCHASES	0	0	0	0	0

ATTACHMENT II

HERNANDO COUNTY HEALTH DEPARTMENT

Part II, Sources of Contributions to County Health Department

October 1, 2025 to September 30, 2026

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
VEHICLE INSURANCE	0	0	0	0	0
VEHICLE MAINTENANCE	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
OTHER COUNTY CONTRIBUTIONS TOTAL	0	0	0	0	0
 GRAND TOTAL CHD PROGRAM	 5,170,806	 1,027,841	 6,198,647	 5,377,130	 11,575,777

ATTACHMENT II

HERNANDO COUNTY HEALTH DEPARTMENT

**Part III, Planned Staffing, Clients, Services and Expenditures By Program Service Area Within Each Level of Service
October 1, 2025 to September 30, 2026**

	Quarterly Expenditure Plan									Grand Total
	FTE's (0.00)	Clients Units	Services/ Visits	1st	2nd (Whole dollars only)	3rd	4th	State	County	
A. COMMUNICABLE DISEASE CONTROL:										
IMMUNIZATION (101)	4.80	2,077	2,431	138,058	118,343	138,058	120,300	242,625	272,134	514,759
SEXUALLY TRANS. DIS. (102)	6.50	1,001	1,297	136,847	117,305	136,847	119,244	0	510,243	510,243
HIV/AIDS PREVENTION (03A1)	0.89	0	190	19,124	16,393	19,124	16,664	71,305	0	71,305
HIV/AIDS SURVEILLANCE (03A2)	0.00	0	0	0	0	0	0	0	0	0
HIV/AIDS PATIENT CARE (03A3)	2.19	90	217	54,768	46,947	54,768	47,723	173,688	30,518	204,206
ADAP (03A4)	0.00	0	0	0	0	0	0	0	0	0
TUBERCULOSIS (104)	0.56	2	52	13,488	11,562	13,488	11,754	50,201	91	50,292
COMM. DIS. SURV. (106)	1.05	0	0	28,208	24,180	28,208	24,581	48,583	56,594	105,177
HEPATITIS (109)	0.00	0	0	0	0	0	0	0	0	0
PREPAREDNESS AND RESPONSE (116)	1.50	0	653	49,297	42,257	49,297	42,954	183,805	0	183,805
REFUGEE HEALTH (118)	0.55	563	1,117	12,998	11,142	12,998	11,327	48,465	0	48,465
VITAL RECORDS (180)	3.00	10,410	31,544	58,319	49,991	58,319	50,818	0	217,447	217,447
COMMUNICABLE DISEASE SUBTOTAL	21.04	14,143	37,501	511,107	438,120	511,107	445,365	818,672	1,087,027	1,905,699
B. PRIMARY CARE:										
CHRONIC DISEASE PREVENTION PRO (210)	0.89	36	54	23,860	20,452	23,860	20,790	81,565	7,397	88,962
WIC (21W1)	14.52	6,071	36,678	281,427	241,238	281,427	245,224	965,645	83,671	1,049,316
TOBACCO USE INTERVENTION (212)	0.06	0	0	7,921	6,790	7,921	6,903	29,187	348	29,535
WIC BREASTFEEDING PEER COUNSELING (21W2)	2.67	0	4,320	29,511	25,297	29,511	25,714	88,828	21,205	110,033
FAMILY PLANNING (223)	14.67	1,213	1,994	337,488	289,294	337,488	294,076	454,723	803,623	1,258,346
IMPROVED PREGNANCY OUTCOME (225)	0.00	0	0	5,514	4,727	5,514	4,805	20,560	0	20,560
HEALTHY START PRENATAL (227)	0.00	0	0	0	0	0	0	0	0	0
COMPREHENSIVE CHILD HEALTH (229)	0.06	744	756	1,523	1,305	1,523	1,327	0	5,678	5,678
HEALTHY START CHILD (231)	0.06	39	168	1,216	1,043	1,216	1,060	0	4,535	4,535
SCHOOL HEALTH (234)	2.07	0	218,191	54,101	46,375	54,101	47,142	188,070	13,649	201,719
COMPREHENSIVE ADULT HEALTH (237)	1.43	2,531	2,760	37,219	31,904	37,219	32,432	119,531	19,243	138,774
COMMUNITY HEALTH DEVELOPMENT (238)	6.94	0	32	145,414	124,648	145,414	126,708	539,056	3,128	542,184
DENTAL HEALTH (240)	0.00	0	0	0	0	0	0	0	0	0
PRIMARY CARE SUBTOTAL	43.37	10,634	264,953	925,194	793,073	925,194	806,181	2,487,165	962,477	3,449,642
C. ENVIRONMENTAL HEALTH:										
Water and Onsite Sewage Programs										
COSTAL BEACH MONITORING (347)	0.04	2	2	1,968	1,687	1,968	1,713	7,336	0	7,336
LIMITED USE PUBLIC WATER SYSTEMS (357)	0.23	25	59	4,760	4,080	4,760	4,149	10,352	7,397	17,749
PUBLIC WATER SYSTEM (358)	0.00	0	0	0	0	0	0	0	0	0
PRIVATE WATER SYSTEM (359)	0.08	0	0	4,061	3,481	4,061	3,538	2	15,139	15,141
ONSITE SEWAGE TREATMENT & DISPOSAL (361)	8.61	7,288	21,111	184,622	158,257	184,622	160,874	687,825	550	688,375
Group Total	8.96	7,315	21,172	195,411	167,505	195,411	170,274	705,515	23,086	728,601
Facility Programs										
TATTOO FACILITY SERVICES (344)	0.58	255	94	11,942	10,237	11,942	10,405	44,513	13	44,526
FOOD HYGIENE (348)	0.65	121	391	13,563	11,627	13,563	11,819	50,550	22	50,572

ATTACHMENT II

HERNANDO COUNTY HEALTH DEPARTMENT

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

October 1, 2025 to September 30, 2026

	FTE's (0.00)	Clients Units	Services/ Visits	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd	3rd	4th			
				(Whole dollars only)						
BODY PIERCING FACILITIES SERVICES (349)	0.30	22	28	6,139	5,263	6,139	5,350	22,853	38	22,891
GROUP CARE FACILITY (351)	0.39	145	258	8,508	7,293	8,508	7,414	15,862	15,862	31,724
MIGRANT LABOR CAMP (352)	0.28	9	69	5,706	4,891	5,706	4,971	15,924	5,350	21,274
HOUSING & PUB BLDG. (353)	0.00	0	0	0	0	0	0	0	0	0
MOBILE HOME AND PARK (354)	0.32	72	360	6,657	5,706	6,657	5,800	24,814	6	24,820
POOLS/BATHING PLACES (360)	0.59	171	565	13,328	11,425	13,328	11,614	49,679	16	49,695
BIOMEDICAL WASTE SERVICES (364)	0.56	477	512	12,163	10,426	12,163	10,600	45,345	7	45,352
TANNING FACILITY SERVICES (369)	0.18	10	46	3,225	2,764	3,225	2,809	12,015	8	12,023
Group Total	3.85	1,282	2,323	81,231	69,632	81,231	70,782	281,555	21,322	302,877
Groundwater Contamination										
STORAGE TANK COMPLIANCE SERVICES (355)	0.00	0	0	0	0	0	0	0	0	0
SUPER ACT SERVICES (356)	0.26	0	121	5,845	5,010	5,845	5,094	3	21,791	21,794
Group Total	0.26	0	121	5,845	5,010	5,845	5,094	3	21,791	21,794
Community Hygiene										
COMMUNITY ENVIR. HEALTH (345)	0.00	0	0	0	0	0	0	0	0	0
INJURY PREVENTION (346)	0.00	0	0	0	0	0	0	0	0	0
LEAD MONITORING SERVICES (350)	0.00	0	0	0	0	0	0	0	0	0
PUBLIC SEWAGE (362)	0.00	0	0	0	0	0	0	0	0	0
SOLID WASTE DISPOSAL SERVICE (363)	0.00	0	0	0	0	0	0	0	0	0
SANITARY NUISANCE (365)	0.34	765	663	7,602	6,517	7,602	6,625	14,173	14,173	28,346
RABIES SURVEILLANCE (366)	0.54	3	338	12,361	10,596	12,361	10,770	9	46,079	46,088
ARBOVIRUS SURVEIL (367)	0.00	0	0	0	0	0	0	0	0	0
RODENT/ARTHROPOD CONTROL (368)	0.00	0	0	0	0	0	0	0	0	0
WATER POLLUTION (370)	0.00	0	0	0	0	0	0	0	0	0
INDOOR AIR (371)	0.00	0	0	0	0	0	0	0	0	0
RADIOLOGICAL HEALTH (372)	0.00	0	0	0	0	0	0	0	0	0
TOXIC SUBSTANCES (373)	0.00	0	0	0	0	0	0	0	0	0
Group Total	0.88	768	1,001	19,963	17,113	19,963	17,395	14,182	60,252	74,434
ENVIRONMENTAL HEALTH SUBTOTAL	13.95	9,365	24,617	302,450	259,260	302,450	263,545	1,001,255	126,451	1,127,706
D. NON-OPERATIONAL COSTS:										
NON-OPERATIONAL COSTS (599)	0.00	0	0	0	0	0	0	0	0	0
ENVIRONMENTAL HEALTH SURCHARGE (399)	0.00	0	0	16,970	14,546	16,970	14,786	63,272	0	63,272
MEDICAID BUYBACK (611)	0.00	0	0	0	0	0	0	0	0	0
NON-OPERATIONAL COSTS SUBTOTAL	0.00	0	0	16,970	14,546	16,970	14,786	63,272	0	63,272
TOTAL CONTRACT	78.36	34,142	327,071	1,755,721	1,504,999	1,755,721	1,529,877	4,370,364	2,175,955	6,546,319

ATTACHMENT III

HERNANDO COUNTY HEALTH DEPARTMENT

CIVIL RIGHTS COMPLIANCE AND NON-DISCRIMINATION CERTIFICATE

1. The CHD agrees to complete the Civil Rights Compliance Questionnaire, DH Forms 946 A and B (or the subsequent replacement if adopted during the contract period), if so requested by the Department.
2. The CHD assures that it will comply with the Omnibus Budget Reconciliation Act of 1981, P.L. 97-35, which prohibits discrimination on the basis of sex and religion in programs and activities receiving or benefiting from federal financial assistance.
3. Assurance of Civil Rights Compliance: The CHD hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.); Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.); Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794); the Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.); Title II and Title III of the Americans with Disabilities Act (ADA) of 1990, as amended by the ADA Amendment Act of 2008 (42 U.S.C. 12131-12189) and as implemented by Department of Justice regulations at 28 CFR Parts 35 and 36; Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency" (August 11, 2000); all provisions required by the implementing regulations of the U.S. Department of Agriculture (7 CFR Part 15 et seq.); and FNS directives and guidelines to the effect that no person shall, on the ground of race, color, national origin, age, sex, or disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity for which the agency receives Federal financial assistance from FNS; and hereby gives assurance that it will immediately take measures necessary to effectuate this agreement.

By providing this assurance, the CHD agrees to compile data, maintain records and submit records and reports as required to permit effective enforcement of the nondiscrimination laws, and to permit Department personnel during normal working hours to review and copy such records, books and accounts, access such facilities, and interview such personnel as needed to ascertain compliance with the non-discrimination laws. If there are any violations of this assurance, the Department of Agriculture shall have the right to seek judicial enforcement of this assurance.

This assurance is given in consideration of and for the purpose of obtaining any and all Federal financial assistance, grants, and loans of Federal funds, reimbursable expenditures, grant or donation of Federal property and interest in property, the detail of Federal personnel, the sale and lease of, and the permission to use Federal property or interest in such property or the furnishing of services without consideration or at a nominal consideration, or at a consideration that is reduced for the purpose of assisting the recipient, or in recognition of the public interest to be served by such sale, lease, or furnishing of services to the recipient, or any improvements made with Federal financial assistance extended to the Program applicant by USDA. This includes any Federal agreement, arrangement, or other contract that has as one of its purposes the provision of cash assistance for the purchase of food, and cash assistance for purchase or rental of food service equipment or any other financial assistance extended in reliance on the representations and agreements made in this assurance. This assurance is binding on the CHD, its successors, transferees, and assignees as long as it receives or retains possession of any assistance from the Department. The person or persons whose signatures appear below are authorized to sign this assurance on the behalf of the CHD.

4. Confidentiality of Data, Files, and Records: The CHD agrees to restrict the use and disclosure of confidential USDA, Women, Infant, and Children (WIC) applicant and participant information as specified in 7 CFR § 246.26(d)(1)(i) in accordance with 7 CFR § 246.26(d)(1)(ii), as applicable.

Facilities Utilized by the County Health Department

Attachment IV - Page 1 of 2

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

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

CASH RESERVED OR ANTICIPATED TO BE RESERVED FOR PROJECTS

<u>CONTRACT YEAR</u>	<u>STATE</u>	<u>COUNTY</u>	<u>TOTAL</u>
2024-2025*	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
2025-2026**	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
2026-2027***	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
2027-2028***	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
PROJECT TOTAL	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

SPECIAL PROJECTS CONSTRUCTION/RENOVATION PLAN

PROJECT NUMBER: _____

PROJECT NAME: _____

LOCATION/ADDRESS: _____

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

SQUARE FOOTAGE: 0

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

START DATE (Initial expenditure of funds) : _____

COMPLETION DATE: _____

DESIGN FEES: \$ 0

CONSTRUCTION COSTS: \$ 0

FURNITURE/EQUIPMENT: \$ 0

TOTAL PROJECT COST: \$ 0

COST PER SQ FOOT: \$ 0

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

* Cash balance as of 9/30/25

** Cash to be transferred to FCO account

*** Cash anticipated for future contract years.

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

CASH RESERVED OR ANTICIPATED TO BE RESERVED FOR PROJECTS

<u>CONTRACT YEAR</u>	<u>STATE</u>	<u>COUNTY</u>	<u>TOTAL</u>
2024-2025*	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
2025-2026**	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
2026-2027***	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
2027-2028***	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
PROJECT TOTAL	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

SPECIAL PROJECTS CONSTRUCTION/RENOVATION PLAN

PROJECT NUMBER: _____

PROJECT NAME: _____

LOCATION/ADDRESS: _____

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

SQUARE FOOTAGE: 0

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

START DATE (Initial expenditure of funds) : _____

COMPLETION DATE: _____

DESIGN FEES: \$ 0

CONSTRUCTION COSTS: \$ 0

FURNITURE/EQUIPMENT: \$ 0

TOTAL PROJECT COST: \$ 0

COST PER SQ FOOT: \$ 0

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

* Cash balance as of 9/30/25

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*** Cash anticipated for future contract years

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

CASH RESERVED OR ANTICIPATED TO BE RESERVED FOR PROJECTS

<u>CONTRACT YEAR</u>	<u>STATE</u>	<u>COUNTY</u>	<u>TOTAL</u>
2024-2025*	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
2025-2026**	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
2026-2027***	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
2027-2028***	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
PROJECT TOTAL	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

SPECIAL PROJECTS CONSTRUCTION/RENOVATION PLAN

PROJECT NUMBER: _____

PROJECT NAME: _____

LOCATION/ADDRESS: _____

PROJECT TYPE: NEW BUILDING _____ ROOFING _____
 RENOVATION _____ PLANNING STUDY _____
 NEW ADDITION _____ OTHER _____

SQUARE FOOTAGE: _____ 0

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

START DATE (Initial expenditure of funds) : _____

COMPLETION DATE: _____

DESIGN FEES: \$ 0

CONSTRUCTION COSTS: \$ 0

FURNITURE/EQUIPMENT: \$ 0

TOTAL PROJECT COST: \$ 0

COST PER SQ FOOT: \$ 0

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

* Cash balance as of 9/30/25

** Cash to be transferred to FCO account.

*** Cash anticipated for future contract years.

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

CASH RESERVED OR ANTICIPATED TO BE RESERVED FOR PROJECTS

<u>CONTRACT YEAR</u>	<u>STATE</u>	<u>COUNTY</u>	<u>TOTAL</u>
2024-2025*	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
2025-2026**	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
2026-2027***	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
2027-2028***	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
PROJECT TOTAL	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

SPECIAL PROJECTS CONSTRUCTION/RENOVATION PLAN

PROJECT NUMBER: _____

PROJECT NAME: _____

LOCATION/ADDRESS: _____

PROJECT TYPE: NEW BUILDING _____ ROOFING _____
 RENOVATION _____ PLANNING STUDY _____
 NEW ADDITION _____ OTHER _____

SQUARE FOOTAGE: _____ 0

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

START DATE *(Initial expenditure of funds)* : _____

COMPLETION DATE: _____

DESIGN FEES: \$ 0

CONSTRUCTION COSTS: \$ 0

FURNITURE/EQUIPMENT: \$ 0

TOTAL PROJECT COST: \$ 0

COST PER SQ FOOT: \$ 0

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

* Cash balance as of 9/30/25

** Cash to be transferred to FCO account.

*** Cash anticipated for future contract years.

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

CASH RESERVED OR ANTICIPATED TO BE RESERVED FOR PROJECTS

<u>CONTRACT YEAR</u>	<u>STATE</u>	<u>COUNTY</u>	<u>TOTAL</u>
2024-2025*	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
2025-2026**	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
2026-2027***	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
2027-2028***	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
PROJECT TOTAL	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

SPECIAL PROJECTS CONSTRUCTION/RENOVATION PLAN

PROJECT NUMBER: _____

PROJECT NAME: _____

LOCATION/ADDRESS: _____

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

SQUARE FOOTAGE: 0

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

START DATE *(Initial expenditure of funds)* : _____

COMPLETION DATE: _____

DESIGN FEES: \$ 0

CONSTRUCTION COSTS: \$ 0

FURNITURE/EQUIPMENT: \$ 0

TOTAL PROJECT COST: \$ 0

COST PER SQ FOOT: \$ 0

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

* Cash balance as of 9/30/25

** Cash to be transferred to FCO account.

*** Cash anticipated for future contract years

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

CASH RESERVED OR ANTICIPATED TO BE RESERVED FOR PROJECTS

<u>CONTRACT YEAR</u>	<u>STATE</u>	<u>COUNTY</u>	<u>TOTAL</u>
2024-2025*	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
2025-2026**	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
2026-2027***	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
2027-2028***	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
PROJECT TOTAL	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

SPECIAL PROJECTS CONSTRUCTION/RENOVATION PLAN

PROJECT NUMBER: _____

PROJECT NAME: _____

LOCATION/ADDRESS: _____

PROJECT TYPE: NEW BUILDING _____ ROOFING _____
 RENOVATION _____ PLANNING STUDY _____
 NEW ADDITION _____ OTHER _____

SQUARE FOOTAGE: _____ 0

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

START DATE (Initial expenditure of funds) : _____

COMPLETION DATE: _____

DESIGN FEES: \$ 0

CONSTRUCTION COSTS: \$ 0

FURNITURE/EQUIPMENT: \$ 0

TOTAL PROJECT COST: \$ 0

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SPECIAL PROJECTS CONSTRUCTION/RENOVATION PLAN

PROJECT NUMBER: _____

PROJECT NAME: _____

LOCATION/ADDRESS: _____

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

SQUARE FOOTAGE: 0

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SPECIAL PROJECTS CONSTRUCTION/RENOVATION PLAN

PROJECT NUMBER: _____

PROJECT NAME: _____

LOCATION/ADDRESS: _____

PROJECT TYPE: NEW BUILDING _____ ROOFING _____
 RENOVATION _____ PLANNING STUDY _____
 NEW ADDITION _____ OTHER _____

SQUARE FOOTAGE: _____ 0

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

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SPECIAL PROJECTS CONSTRUCTION/RENOVATION PLAN

PROJECT NUMBER: _____

PROJECT NAME: _____

LOCATION/ADDRESS: _____

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

SQUARE FOOTAGE: 0

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

START DATE (Initial expenditure of funds) : _____

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PROJECT TOTAL	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

SPECIAL PROJECTS CONSTRUCTION/RENOVATION PLAN

PROJECT NUMBER: _____

PROJECT NAME: _____

LOCATION/ADDRESS: _____

PROJECT TYPE:

NEW BUILDING	_____	ROOFING	_____
RENOVATION	_____	PLANNING STUDY	_____
NEW ADDITION	_____	OTHER	_____

SQUARE FOOTAGE: 0

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

START DATE *(Initial expenditure of funds)* : _____

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DESIGN FEES: \$ 0

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Florida Department of Health in Hernando County Fee Schedule (2025-2026)

The following services are established by the Hernando County Board of County Commissioners in compliance and coordination with Section 330 of the Public Health Service Act of 1996. The Hernando County Health Department (HCHD) shall offer services as described below and shall charge fees based on reasonable costs (not less than the Medicaid fee for service reimbursement rates) in accordance with contractual obligations, reimbursement rates, the reasonable cost to support the service and maintain consistent services, sliding fee scales, and nominal fees per Florida Statutes, The Florida Administrative Code, state and federal regulations and guidelines. Fees for all services shall be set internally by the HCHD and updated in accordance with the Medicaid/Medicare fee schedule or at least annually. The HCHD may provide but is not limited to the services listed below.

Clinical Service	Fee
Nursing Services	Sliding fee (Uninsured)
Laboratory Testing Services	Sliding fee (Uninsured)
Colposcopy or Colposcopy w/Biopsy	Sliding fee plus \$75.00 client co-pay (uninsured)
Titers	Flat Fee (cost)

Community/Core Public Health Services	Fee
Child Immunizations (recommended/required in the State of Florida)	Free for those under age 19 through the Vaccine for Children Program
School Physicals	\$35.00
Immunizations Certificates without administration of vaccine & College Forms	\$10
Pregnancy, HIV, Syphilis, Hep C Testing	No charge
Sexually Transmitted Disease Services & Hep. C Treatment Program	Sliding fee (Uninsured)
Family Planning Services	• Sliding fee for adults • Teen confidential visits (free) • Teen non-confidential visits based on family income (Sliding scale or eligible for insurance billing)
Adult Immunizations	Flat Fee (cost) + \$20 Admin fee (1 st immunization) Flat Fee (cost) + \$15 Admin Fee (each additional imm.)
Rabies Preventative Treatment	Sliding fee for Uninsured (office visit) + Treatment cost + \$20 Admin fee (1 st imm.) Sliding fee (Uninsured) Vaccine cost + \$15 Admin fee (addl. Imm.)
TB Assessment / Testing (Blood test or Skin Test)	Flat fee (Blood Test - \$45.00, Skin Test- \$25.00)
TB Treatment	Sliding Fee (office visit for Uninsured) + medication provided free – If insured? We will bill your insurance
PrEP and nPEP	Office visit sliding fee (Uninsured) + medication provided free
Insulin & Epilepsy Program	Based on program eligibility
Women's Health Cancer Screening Exam	\$47.00
Syphilis Testing and Treatment – Hernando County Jail (If needed up to 3 visits for treatment depending on stage of syphilis)	\$50.00 and if needed, additional testing \$5.00 \$25.00 visit #2 \$25.00 visit #3

*Private Insurance = 100% of customary fee.

Other Service	Fee
Copy of Records	\$1.00 per single sided page for first 25 pages \$0.25 per single sided page above 25 pages
Fingerprinting Services	\$100.00 per visit
Certified Legal Copy	\$1.00 per single-sided page

**Hernando County Health Department
Vital Statistics Fee Schedule**

The fees unique to the Hernando County Health Department are approved as specified below.

Birth Certificate,	\$12.00
Each additional copy of Birth Certificate	\$10.00
Death Certificate	\$10.00
Plastic Sleeve	\$ 3.00
FedEx Fee	\$10.00

**Hernando County Health Department
Environmental Public Health County Fees**

Environmental Public Health fees are hereby adopted as authorized by the State of Florida Administrative Code or Policy unless otherwise indicated. The fees unique to the Hernando County Health Department are approved as specified below.

Biomedical Waste/Body Piercing/Food Hygiene/Group Care/Migrant Labor Park/Mobile Home Parks/Recreational Vehicle Park/Lodging Place/Recreational Camp/Tanning/Tattooing/Limited Use Water/Swimming Pools	
Application Fee - Initial Operating Permit/Annual Operating Permit/Renewal/Construction Permit/Temporary Events/Exemptions/Registrations (excludes Group Care)	\$100.00
Reinspection fee	\$50.00
In Office Compliance Inspection Fee	\$35.00
Plan Review fee, per hour	\$50.00
Late Payment fee for commercial facilities (excludes Group Care)	\$100.00
Interagency Approval of Regulated Establishments	\$50.00
Change of Owner Fee	\$50.00
Variance Application Fee (excludes Group Care)	\$100.00
Training Fee per client	\$150.00
Training Course per facility/group	\$ 300.00
Pre-opening/construction inspection fee	\$100.00
Private school inspection fee	\$100.00
Private swimming pool drowning prevention/safety inspection fee	\$50.00
Limited Use Water	
Limited Use Well Sample Submittal Late fee	\$50.00
Drinking Water	

Private Water Well Variance Application Fee	\$50.00
Bacteriological Water Test (includes lab & courier fee)	\$35.00
Chemical Water Test (includes lab & courier fee)	\$50.00
Irrigation well Permit	\$100.00
Private well permit	\$150.00
Radon water test	\$150.00
Other services	
Other Radon testing/consultation	\$150.00
Indoor Smoke Free Inspection	\$100.00
Lead Inspection/risk assessment	\$150.00
*DCF/FDACS/DPBR facility inspection fee	\$100.00

*DCF= Department of Children & Families, FDACS = Florida Department of Agriculture and Consumer Services, DPBR = Department of Business and professional Regulation