

**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 2022-2023**

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, 2022. 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, 2022, through September 30, 2023, 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 \$ 3,533,222.00 (*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 \$ 823,000.00 (*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  
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 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, 2023, for the reporting period of October 1, 2022, through December 31, 2022; and
- ii.* June 1, 2023, for the reporting period of October 1, 2022, through March 31, 2023; and
- iii.* September 1, 2023, for the reporting period of October 1, 2022 through June 30, 2023; and
- iv.* December 1, 2023, for the reporting period of October 1, 2022 through September 30, 2023.

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 fiscal year beginning July 1, 2022, 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:

Robin Napier  
Name

Health Officer  
Title

7551 Forest Oaks Blvd.  
Spring Hill, FL 34606  
Address

Robin.napier@flhealth.gov  
Email Address  
352-540-6814  
Telephone

For the County:

Steve Champion  
Name

Chairman  
Title

15470 Flight Path Drive  
Brooksville, FL 34604  
Address

SChampion@HernandoCounty.us  
Email Address  
352-754-4000  
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.

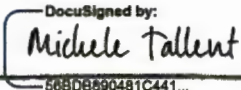
d. Notices. Any notices provided under this contract must be delivered by certified mail, return receipt requested, in person with proof of delivery, or by email to the email address of the respective party identified in Section 9.b., above.

In WITNESS THEREOF, the parties hereto have caused this eight page contract, with its attachments as referenced, including Attachment I (two pages), Attachment II (six pages), Attachment III (one page), Attachment IV (two pages), and Attachment V (one page), to be executed by their undersigned officials as duly authorized effective the 1<sup>st</sup> day of October 2022.

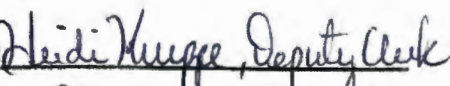
**BOARD OF COUNTY COMMISSIONERS  
FOR HERNANDO COUNTY**


**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

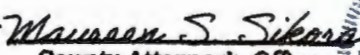
SIGNED BY:   
NAME: Steve Champion  
TITLE: Chairman  
DATE: October 11, 2022

SIGNED BY:   
NAME: Joseph A. Ladapo, M.D., Ph.D.  
TITLE: State Surgeon General  
DATE: 11/4/2022

**ATTESTED TO:**

SIGNED BY:   
NAME: Doug Chorvat, Jr.  
TITLE: Clerk of Circuit Court + Comptroller  
DATE: October 11, 2022

SIGNED BY:   
NAME: Robin Napier  
TITLE: CHD Director / Health Officer  
DATE: 10/26/22

APPROVED AS TO FORM  
AND LEGAL SUFFICIENCY  
BY   
County Attorney's Office





**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

**ATTACHMENT I (Continued)**

- levels as documented in Florida SHOTS and supported by CHD Guidebook policies and technical assistance guidance.
7. Environmental Health  
Requirements as specified in Environmental Health Programs Manual 150-4\* and DHP 50-21\*
  8. HIV/AIDS Program  
Requirements as specified in F.S. 384.25 and F.A.C. 64D-3.030 and 64D-3.031. Case reporting should be on Adult HIV/AIDS Confidential Case Report CDC Form DH2139 and Pediatric HIV/AIDS Confidential Case Report CDC Form DH2140.  
  
Requirements as specified in F.A.C. 64D-2 and 64D-3, F.S. 381 and F.S. 384. Socio-demographic and risk data on persons tested for HIV in CHD clinics should be reported on Lab Request DH Form 1628 in accordance with the Forms Instruction Guide.  
Requirements for the HIV/AIDS Patient Care programs are found in the Patient Care Contract Administrative Guidelines.
  9. School Health Services  
Requirements as specified in the Florida School Health Administrative Guidelines (May 2012). Requirements as specified in F.S. 381.0056, F.S. 381.0057, F.S. 402.3026 and F.A.C. 64F-6.
  10. Tuberculosis  
Tuberculosis Program Requirements as specified in F.A.C. 64D-3 and F.S. 392.
  11. General Communicable Disease Control  
Carry out surveillance for reportable communicable and other acute diseases, detect outbreaks, respond to individual cases of reportable diseases, investigate outbreaks, and carry out communication and quality assurance functions, as specified in F.A.C. 64D-3, F.S. 381, F.S. 384 and the CHD Epidemiology Guide to Surveillance and Investigations.
  12. Refugee Health Program  
Programmatic and financial requirements as specified by the program office.

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

**ATTACHMENT II**  
**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 09/30/22	573916	356724	930640
2. Drawdown for Contract Year October 1, 2022 to September 30, 2023	-573916	271102	-302814
3. Special Capital Project use for Contract Year October 1, 2022 to September 30, 2023	0	0	0
4. Balance Reserved for Contingency Fund October 1, 2022 to September 30, 2023	0	627826	627826

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, 2022 to September 30, 2023

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>1. GENERAL REVENUE - STATE</b>					
015040 AIDS PATIENT CARE	100,000	0	100,000	0	100,000
015040 AIDS PREVENTION & SURVEILLANCE - GENERAL REVENUE	24,288	0	24,288	0	24,288
015040 CHD - TB COMMUNITY PROGRAM	33,240	0	33,240	0	33,240
015040 FAMILY PLANNING GENERAL REVENUE	43,080	0	43,080	0	43,080
015040 FLORIDA SPRINGS AND AQUIFER PROTECTION ACT	145,879	0	145,879	0	145,879
015040 PRIMARY CARE PROGRAM	170,884	0	170,884	0	170,884
015040 RACIAL & ETHNIC DISPARITIES - CHD EXPENSES	52,000	0	52,000	0	52,000
015040 SCHOOL HEALTH SERVICES - GENERAL REVENUE	127,724	0	127,724	0	127,724
015050 CHD GENERAL REVENUE NON-CATEGORICAL	1,351,000	0	1,351,000	0	1,351,000
<b>GENERAL REVENUE TOTAL</b>	<b>2,048,095</b>	<b>0</b>	<b>2,048,095</b>	<b>0</b>	<b>2,048,095</b>
<b>2. NON GENERAL REVENUE - STATE</b>					
015010 ENVIRONMENTAL BIOMEDICAL WASTE PROGRAM	5,735	0	5,735	0	5,735
<b>NON GENERAL REVENUE TOTAL</b>	<b>5,735</b>	<b>0</b>	<b>5,735</b>	<b>0</b>	<b>5,735</b>
<b>3. FEDERAL FUNDS - STATE</b>					
007000 WIC BREASTFEEDING PEER COUNSELING PROG	74,346	0	74,346	0	74,346
007000 COASTAL BEACH WATER QUALITY MONITORING	3,001	0	3,001	0	3,001
007000 COMPREHENSIVE COMMUNITY CARDIO - PHBG	35,000	0	35,000	0	35,000
007000 STRENGTHENING STD PREVENTION AND CONTROL	26,304	0	26,304	0	26,304
007000 ELC COVID ENHANCED DETECTION EXPANSION GRANT	23,000	0	23,000	0	23,000
007000 FAMILY PLANNING TITLE X - GRANT	124,775	0	124,775	0	124,775
007000 HEALTH DISPARITIES GRANT COVID-19	73,258	0	73,258	0	73,258
007000 INFANT MORTALITY	14,389	0	14,389	0	14,389
007000 IMMUNIZATION ACTION PLAN	102,375	0	102,375	0	102,375
007000 MCH SPECIAL PRJCT UNPLANNED PREGNANCY	23,812	0	23,812	0	23,812
007000 BASE COMMUNITY PREPAREDNESS CAPABILITY	87,720	0	87,720	0	87,720
007000 BASE PUB HLTH SURVEILLANCE & EPI INVESTIGATION	72,243	0	72,243	0	72,243
007000 CRI MEDICAL COUNTERMEASURES DISPENSING	71,362	0	71,362	0	71,362
007000 WIC PROGRAM ADMINISTRATION	828,153	0	828,153	0	828,153
015075 SUPPLEMENTAL SCHOOL HEALTH	23,222	0	23,222	0	23,222
015075 REFUGEE HEALTH SCREENING REIMBURSEMENT ADMIN	200	0	200	0	200
015075 REFUGEE HEALTH SCREENING REIMBURSEMENT SERVICES	9,000	0	9,000	0	9,000
<b>FEDERAL FUNDS TOTAL</b>	<b>1,592,160</b>	<b>0</b>	<b>1,592,160</b>	<b>0</b>	<b>1,592,160</b>
<b>4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE</b>					
001020 CHD STATEWIDE ENVIRONMENTAL FEES	89,700	0	89,700	0	89,700
001092 ON SITE SEWAGE DISPOSAL PERMIT FEES	475,000	0	475,000	0	475,000
001092 CHD STATEWIDE ENVIRONMENTAL FEES	850	0	850	0	850
001206 ON SITE SEWAGE DISPOSAL PERMIT FEES	35,000	0	35,000	0	35,000
001206 SANITATION CERTIFICATES (FOOD INSPECTION)	1,800	0	1,800	0	1,800
001206 SEPTIC TANK RESEARCH SURCHARGE	75	0	75	0	75
001206 SEPTIC TANK VARIANCE FEES 50%	150	0	150	0	150
001206 PUBLIC SWIMMING POOL PERMIT FEES-10% HQ TRANSFER	350	0	350	0	350
001206 DRINKING WATER PROGRAM OPERATIONS	400	0	400	0	400
001206 REGULATION OF BODY PIERCING SALONS	350	0	350	0	350

## ATTACHMENT II

### HERNANDO COUNTY HEALTH DEPARTMENT

#### Part II, Sources of Contributions to County Health Department

October 1, 2022 to September 30, 2023

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
001206 TANNING FACILITIES	200	0	200	0	200
001206 ONSITE SEWAGE TRAINING CENTER	8,000	0	8,000	0	8,000
001206 TATTO PROGRAM ENVIRONMENTAL HEALTH	1,800	0	1,800	0	1,800
001206 MOBILE HOME & RV PARK FEES	1,500	0	1,500	0	1,500
<b>FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL</b>	<b>615,175</b>	<b>0</b>	<b>615,175</b>	<b>0</b>	<b>615,175</b>
<b>5. OTHER CASH CONTRIBUTIONS - STATE:</b>					
	0	0	0	0	0
090001 DRAW DOWN FROM PUBLIC HEALTH UNIT	573,916	0	573,916	0	573,916
<b>OTHER CASH CONTRIBUTION TOTAL</b>	<b>573,916</b>	<b>0</b>	<b>573,916</b>	<b>0</b>	<b>573,916</b>
<b>6. MEDICAID - STATE/COUNTY:</b>					
001057 CHD CLINIC FEES	0	48,750	48,750	0	48,750
001148 CHD CLINIC FEES	0	177,500	177,500	0	177,500
001148 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES	0	1,000	1,000	0	1,000
<b>MEDICAID TOTAL</b>	<b>0</b>	<b>227,250</b>	<b>227,250</b>	<b>0</b>	<b>227,250</b>
<b>7. ALLOCABLE REVENUE - STATE:</b>					
018000 CHD LOCAL ENVIRONMENTAL FEES	500	0	500	0	500
031005 STATE UNDERGROUND PETROLEUM RESPONSE ACT	2,750	0	2,750	0	2,750
031005 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES	23,500	0	23,500	0	23,500
<b>ALLOCABLE REVENUE TOTAL</b>	<b>26,750</b>	<b>0</b>	<b>26,750</b>	<b>0</b>	<b>26,750</b>
<b>8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE</b>					
ADAP	0	0	0	330,060	330,060
PHARMACY DRUG PROGRAM	0	0	0	8,340	8,340
WIC PROGRAM	0	0	0	2,692,397	2,692,397
BUREAU OF PUBLIC HEALTH LABORATORIES	0	0	0	21,995	21,995
IMMUNIZATIONS	0	0	0	148,824	148,824
<b>OTHER STATE CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3,201,616</b>	<b>3,201,616</b>
<b>9. DIRECT LOCAL CONTRIBUTIONS - BCC/TAX DISTRICT</b>					
008005 CHD LOCAL REVENUE & EXPENDITURES	0	823,000	823,000	0	823,000
<b>DIRECT COUNTY CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>823,000</b>	<b>823,000</b>	<b>0</b>	<b>823,000</b>
<b>10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY</b>					
001077 CHD CLINIC FEES	0	83,000	83,000	0	83,000
001077 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES	0	2,500	2,500	0	2,500
001094 CHD LOCAL ENVIRONMENTAL FEES	0	14,915	14,915	0	14,915
001110 VITAL STATISTICS CERTIFIED RECORDS	0	253,000	253,000	0	253,000
<b>FEES AUTHORIZED BY COUNTY TOTAL</b>	<b>0</b>	<b>353,415</b>	<b>353,415</b>	<b>0</b>	<b>353,415</b>
<b>11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY</b>					
001029 CHD CLINIC FEES	0	41,600	41,600	0	41,600
001029 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES	0	9,000	9,000	0	9,000
001090 CHD CLINIC FEES	0	3,150	3,150	0	3,150
010300 STATE UNDERGROUND PETROLEUM RESPONSE ACT	0	25,000	25,000	0	25,000
010300 CHD SALE OF SERVICES IN OR OUTSIDE OF STATE GOVT	0	720	720	0	720



## ATTACHMENT II

### HERNANDO COUNTY HEALTH DEPARTMENT

#### Part II, Sources of Contributions to County Health Department

October 1, 2022 to September 30, 2023

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
011000 RYAN WHITE MEDICAL PROGRAM SUB GRANTS	0	35,000	35,000	0	35,000
090002 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	-271,102	-271,102	0	-271,102
<b>OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>-156,632</b>	<b>-156,632</b>	<b>0</b>	<b>-156,632</b>
<b>12. ALLOCABLE REVENUE - COUNTY</b>					
018000 CHD LOCAL ENVIRONMENTAL FEES	0	500	500	0	500
031005 STATE UNDERGROUND PETROLEUM RESPONSE ACT	0	2,750	2,750	0	2,750
031005 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES	0	23,500	23,500	0	23,500
<b>COUNTY ALLOCABLE REVENUE TOTAL</b>	<b>0</b>	<b>26,750</b>	<b>26,750</b>	<b>0</b>	<b>26,750</b>
<b>13. BUILDINGS - COUNTY</b>					
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
GROUNDS 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
<b>BUILDINGS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,305,133</b>	<b>1,305,133</b>
<b>14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY</b>					
EQUIPMENT / VEHICLE PURCHASES	0	0	0	0	0
VEHICLE INSURANCE	0	0	0	0	0
VEHICLE MAINTENANCE	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
<b>OTHER COUNTY CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>GRAND TOTAL CHD PROGRAM</b>	<b>4,861,831</b>	<b>1,273,783</b>	<b>6,135,614</b>	<b>4,506,749</b>	<b>10,642,363</b>

**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, 2022 to September 30, 2023**

	FTE's (0.00)	Clients Units	Services/ Visits	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd (Whole dollars only)	3rd	4th			
<b>A. COMMUNICABLE DISEASE CONTROL:</b>										
IMMUNIZATION (101)	5.74	3,457	3,794	142,096	121,826	142,096	121,826	330,235	197,609	527,844
SEXUALLY TRANS. DIS. (102)	7.10	1,047	1,651	130,457	111,848	130,457	111,847	398,559	86,050	484,609
HIV/AIDS PREVENTION (03A1)	0.56	0	289	12,515	10,730	12,515	10,731	46,491	0	46,491
HIV/AIDS SURVEILLANCE (03A2)	0.00	0	0	0	0	0	0	0	0	0
HIV/AIDS PATIENT CARE (03A3)	3.72	173	515	80,751	69,232	80,751	69,231	157,747	142,218	299,965
ADAP (03A4)	0.00	0	0	0	0	0	0	0	0	0
TUBERCULOSIS (104)	0.36	2	109	9,240	7,922	9,240	7,922	33,424	900	34,324
COMM. DIS. SURV. (106)	2.78	0	11	73,837	63,304	73,837	63,304	270,443	3,839	274,282
HEPATITIS (109)	0.50	4,230	4,990	9,874	8,465	9,874	8,465	0	36,678	36,678
PREPAREDNESS AND RESPONSE (116)	2.44	0	10,648	63,847	54,739	63,847	54,739	237,172	0	237,172
REFUGEE HEALTH (118)	0.08	20	32	2,179	1,868	2,179	1,869	8,095	0	8,095
VITAL RECORDS (180)	2.29	12,037	41,185	43,466	37,266	43,466	37,266	0	161,464	161,464
<b>COMMUNICABLE DISEASE SUBTOTAL</b>	<b>25.57</b>	<b>20,966</b>	<b>63,224</b>	<b>568,262</b>	<b>487,200</b>	<b>568,262</b>	<b>487,200</b>	<b>1,482,166</b>	<b>628,758</b>	<b>2,110,924</b>
<b>B. PRIMARY CARE:</b>										
CHRONIC DISEASE PREVENTION PRO (210)	1.70	0	0	55,777	47,820	55,777	47,820	196,529	10,665	207,194
WIC (21W1)	15.66	4,849	26,005	292,800	251,034	292,800	251,034	989,549	98,119	1,087,668
TOBACCO USE INTERVENTION (212)	0.00	0	0	2,019	1,731	2,019	1,731	7,500	0	7,500
WIC BREASTFEEDING PEER COUNSELING (21W2)	2.18	0	1,887	33,840	29,013	33,840	29,014	112,026	13,681	125,707
FAMILY PLANNING (223)	10.96	1,191	1,999	255,248	218,839	255,248	218,839	553,798	394,376	948,174
IMPROVED PREGNANCY OUTCOME (225)	0.00	0	0	6,027	5,167	6,027	5,168	22,389	0	22,389
HEALTHY START PRENATAL (227)	0.00	0	0	0	0	0	0	0	0	0
COMPREHENSIVE CHILD HEALTH (229)	0.00	0	0	0	0	0	0	0	0	0
HEALTHY START CHILD (231)	0.00	0	0	0	0	0	0	0	0	0
SCHOOL HEALTH (234)	2.97	0	530,902	67,119	57,545	67,119	57,545	230,705	18,623	249,328
COMPREHENSIVE ADULT HEALTH (237)	1.70	568	802	43,863	37,607	43,863	37,607	139,320	23,620	162,940
COMMUNITY HEALTH DEVELOPMENT (238)	0.90	0	0	26,453	22,680	26,453	22,680	98,266	0	98,266
DENTAL HEALTH (240)	0.00	0	0	0	0	0	0	0	0	0
<b>PRIMARY CARE SUBTOTAL</b>	<b>36.07</b>	<b>6,608</b>	<b>561,595</b>	<b>783,146</b>	<b>671,436</b>	<b>783,146</b>	<b>671,438</b>	<b>2,350,082</b>	<b>559,084</b>	<b>2,909,166</b>
<b>C. ENVIRONMENTAL HEALTH:</b>										
<b>Water and Onsite Sewage Programs</b>										
COSTAL BEACH MONITORING (347)	0.06	36	36	2,039	1,748	2,039	1,748	7,574	0	7,574
LIMITED USE PUBLIC WATER SYSTEMS (357)	0.19	32	41	4,438	3,805	4,438	3,806	13,987	2,500	16,487
PUBLIC WATER SYSTEM (358)	0.00	0	0	0	0	0	0	0	0	0
PRIVATE WATER SYSTEM (359)	0.09	0	2	3,067	2,630	3,067	2,629	500	10,893	11,393
ONSITE SEWAGE TREATMENT & DISPOSAL (361)	10.07	4,584	8,847	227,093	194,699	227,093	194,699	843,084	500	843,584
<b>Group Total</b>	<b>10.41</b>	<b>4,652</b>	<b>8,926</b>	<b>236,637</b>	<b>202,882</b>	<b>236,637</b>	<b>202,882</b>	<b>865,145</b>	<b>13,893</b>	<b>879,038</b>
<b>Facility Programs</b>										
TATTOO FACILITY SERVICES (344)	0.20	95	127	3,821	3,276	3,821	3,277	14,035	160	14,195
FOOD HYGIENE (348)	0.31	38	122	6,387	5,476	6,387	5,475	23,725	0	23,725
BODY PIERCING FACILITIES SERVICES (349)	0.14	36	92	2,855	2,448	2,855	2,448	10,331	275	10,606
GROUP CARE FACILITY (351)	0.12	86	124	2,580	2,212	2,580	2,211	0	9,583	9,583

**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, 2022 to September 30, 2023**

	FTE's (0.00)	Clients Units	Services/ Visits	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd (Whole dollars only)	3rd	4th			
MIGRANT LABOR CAMP (352)	0.01	1	5	232	198	232	198	860	0	860
HOUSING & PUB. BLDG. (353)	0.00	0	0	0	0	0	0	0	0	0
MOBILE HOME AND PARK (354)	0.15	70	115	3,066	2,629	3,066	2,630	11,391	0	11,391
POOLS/BATHING PLACES (360)	0.21	58	260	4,958	4,251	4,958	4,251	17,498	920	18,418
BIOMEDICAL WASTE SERVICES (364)	0.33	387	390	7,545	6,468	7,545	6,468	27,287	739	28,026
TANNING FACILITY SERVICES (369)	0.05	15	28	929	797	929	797	3,412	40	3,452
<b>Group Total</b>	<b>1.52</b>	<b>786</b>	<b>1,263</b>	<b>32,373</b>	<b>27,755</b>	<b>32,373</b>	<b>27,755</b>	<b>108,539</b>	<b>11,717</b>	<b>120,256</b>
<b>Groundwater Contamination</b>										
STORAGE TANK COMPLIANCE SERVICES (355)	0.00	0	0	0	0	0	0	0	0	0
SUPER ACT SERVICES (356)	0.43	8	433	9,577	8,211	9,577	8,210	7,825	27,750	35,575
<b>Group Total</b>	<b>0.43</b>	<b>8</b>	<b>433</b>	<b>9,577</b>	<b>8,211</b>	<b>9,577</b>	<b>8,210</b>	<b>7,825</b>	<b>27,750</b>	<b>35,575</b>
<b>Community Hygiene</b>										
COMMUNITY ENVIR. HEALTH (345)	0.00	0	0	0	0	0	0	0	0	0
INJURY PREVENTION (346)	0.00	0	0	0	0	0	0	0	0	0
LEAD MONITORING SERVICES (350)	0.00	0	0	0	0	0	0	0	0	0
PUBLIC SEWAGE (362)	0.00	0	0	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)	0.13	52	112	2,748	2,356	2,748	2,357	10,208	1	10,209
RABIES SURVEILLANCE (366)	0.36	10	283	8,771	7,520	8,771	7,519	1	32,580	32,581
ARBORVIRUS SURVEIL. (367)	0.00	0	0	0	0	0	0	0	0	0
RODENT/ARTHROPOD CONTROL (368)	0.00	0	0	0	0	0	0	0	0	0
WATER POLLUTION (370)	0.00	0	0	0	0	0	0	0	0	0
INDOOR AIR (371)	0.00	0	0	0	0	0	0	0	0	0
RADIOLOGICAL HEALTH (372)	0.00	0	0	0	0	0	0	0	0	0
TOXIC SUBSTANCES (373)	0.00	0	0	0	0	0	0	0	0	0
<b>Group Total</b>	<b>0.49</b>	<b>62</b>	<b>395</b>	<b>11,519</b>	<b>9,876</b>	<b>11,519</b>	<b>9,876</b>	<b>10,209</b>	<b>32,581</b>	<b>42,790</b>
<b>ENVIRONMENTAL HEALTH SUBTOTAL</b>	<b>12.85</b>	<b>5,508</b>	<b>11,017</b>	<b>290,106</b>	<b>248,724</b>	<b>290,106</b>	<b>248,723</b>	<b>991,718</b>	<b>85,941</b>	<b>1,077,659</b>
<b>D. NON-OPERATIONAL COSTS:</b>										
NON-OPERATIONAL COSTS (599)	0.00	0	0	0	0	0	0	0	0	0
ENVIRONMENTAL HEALTH SURCHARGE (399)	0.00	0	0	10,193	8,739	10,193	8,740	37,865	0	37,865
MEDICAID BUYBACK (611)	0.00	0	0	0	0	0	0	0	0	0
<b>NON-OPERATIONAL COSTS SUBTOTAL</b>	<b>0.00</b>	<b>0</b>	<b>0</b>	<b>10,193</b>	<b>8,739</b>	<b>10,193</b>	<b>8,740</b>	<b>37,865</b>	<b>0</b>	<b>37,865</b>
<b>TOTAL CONTRACT</b>	<b>74.49</b>	<b>33,082</b>	<b>635,836</b>	<b>1,651,707</b>	<b>1,416,099</b>	<b>1,651,707</b>	<b>1,416,101</b>	<b>4,861,831</b>	<b>1,273,783</b>	<b>6,135,614</b>

### 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.

**Attachment IV**

Fiscal Year - 2022 - 2023

Hernando County Health Department

**Facilities Utilized by the County Health Department**

<b>Complete Location</b> <small>(Street Address, City, Zip)</small>	<b>Facility Description And Offical Building Name (if applicable)</b> <small>(Admin, Clinic, Envrn Hlth, etc.)</small>	<b>Lease/ Agreement Number</b>	<b>Type of Agreement</b> <small>(Private Lease thru State or County, other - please define)</small>	<b>Complete Legal Name of Owner</b>	<b>SQ Feet</b>	<b>Employee Count</b> <small>(FTE/OPS/ Contract)</small>
7551 Forest Oaks Blvd. Spring Hill, FL 34606	DOH-Hernando Main Office	N/A	Agreement with County	Hernando BOCC	56,947	65
300 S. Main Street Brooksville, FL 34601	DOH-Hernando Brooksville Office	N/A	Agreement with County	Hernando BOCC	15,637	10




**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**

N/A

CASH RESERVED OR ANTICIPATED TO BE RESERVED FOR PROJECTS

<u>CONTRACT YEAR</u>	<u>STATE</u>	<u>COUNTY</u>	<u>TOTAL</u>
2021-2022*	\$ _____ 0	\$ _____ 0	\$ _____ 0
2022-2023**	\$ _____ 0	\$ _____ 0	\$ _____ 0
2023-2024***	\$ _____ 0	\$ _____ 0	\$ _____ 0
2024-2025***	\$ _____ 0	\$ _____ 0	\$ _____ 0
<b>PROJECT TOTAL</b>	<b>\$ _____ 0</b>	<b>\$ _____ 0</b>	<b>\$ _____ 0</b>

**SPECIAL PROJECTS CONSTRUCTION/RENOVATION PLAN**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

\* Cash balance as of 9/30/22

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

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