INDIAN RIVER 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 50-21) 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:

	Service	Requirement
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.

INDIAN RIVER 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 09/30/21	442028	8	853561	1295589
2.	Drawdown for Contract Year October 1, 2021 to September 30, 2022	-442029	9	278294	-163735
3.	Special Capital Project use for Contract Year October 1, 2021 to September 30, 2022	(0	0	0
4.	Balance Reserved for Contingency Fund October 1, 2021 to September 30, 2022	-	1	1131855	1131854

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

INDIAN RIVER COUNTY HEALTH DEPARTMENT

Part II, Sources of Contributions to County Health Department

	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 CHD - TB COMMUNITY PROGRAM	23,705	0	23,705	0	23,705
015040 FAMILY PLANNING GENERAL REVENUE	40,889	0	40,889	0	40,889
015040 PRIMARY CARE PROGRAM	183,226	0	183,226	0	183,226
015040 SCHOOL HEALTH SERVICES - GENERAL REVENUE	136,867	0	136,867	0	136,867
015050 CHD GENERAL REVENUE NON-CATEGORICAL	1,508,076	0	1,508,076	0	1,508,076
GENERAL REVENUE TOTAL	1,992,763	0	1,992,763	0	1,992,763
2. NON GENERAL REVENUE - STATE					
015010 ENVIRONMENTAL BIOMEDICAL WASTE PROGRAM	6,480	0	6,480	0	6,480
NON GENERAL REVENUE TOTAL	6,480	0	6,480	0	6,480
3. FEDERAL FUNDS - STATE					
007000 AIDS DRUG ASSISTANCE PROGRAM ADMIN HQ	39,388	0	39,388	0	39,388
007000 WIC BREASTFEEDING PEER COUNSELING PROG	60,000	0	60,000	0	60,000
007000 COASTAL BEACH WATER QUALITY MONITORING	10,712	0	10,712	0	10,712
007000 COMPREHENSIVE COMMUNITY CARDIO - PHBG	115,000	0	115,000	0	115,000
007000 FAMILY PLANNING TITLE X - GRANT	43,669	0	43,669	0	43,669
007000 IMMUNIZATION ACTION PLAN	35,000	0	35,000	0	35,000
007000 MCH SPEC PRJ SOCIAL DETERMINANTS HLTH COMM EDU	23,113	0	23,113	0	23,113
007000 MCH BLOCK GRANT FLORIDA'S HEALTHY BABIES	14,776	0	14,776	0	14,776
007000 BASE COMMUNITY PREPAREDNESS CAPABILITY	90,205	0	90,205	0	90,205
007000 BASE ENVIROMENTAL HEALTH 007000 AIDS PREVENTION	76,974 48,680	0	76,974 48,680	0 0	76,974 48,680
007000 RYAN WHITE TITLE II GRANT/CHD CONSORTIUM	48,080 90,000	0	40,000 90,000	0	40,000 90,000
007000 WIC PROGRAM ADMINISTRATION	486,059	0	486,059	0	486,059
015075 SUPPLEMENTAL SCHOOL HEALTH	150,068	0	150,068	0	150,068
015075 SNAP ED - OBESITY	77,750	0	77,750	0	77,750
FEDERAL FUNDS TOTAL	1,361,394	0	1,361,394	0	1,361,394
4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE					
001020 CHD STATEWIDE ENVIRONMENTAL FEES	141,947	0	141,947	0	141,947
001092 ON SITE SEWAGE DISPOSAL PERMIT FEES	386,640	0	386,640	0	386,640
001092 CHD STATEWIDE ENVIRONMENTAL FEES	4,228	0	4,228	0	4,228
001206 ON SITE SEWAGE DISPOSAL PERMIT FEES	20,118	0	20,118	0	20,118
001206 SANITATION CERTIFICATES (FOOD INSPECTION)	2,164	0	2,164	0	2,164
001206 SEPTIC TANK RESEARCH SURCHARGE	7,142	0	7,142	0	7,142
001206 PUBLIC SWIMMING POOL PERMIT FEES-10% HQ TRANSFER	6,339	0	6,339	0	6,339
001206 DRINKING WATER PROGRAM OPERATIONS	374	0	374	0	374
001206 REGULATION OF BODY PIERCING SALONS	30	0	30	0	30
001206 TANNING FACILITIES	190	0	190	0	190
001206 TATTO PROGRAM ENVIRONMENTAL HEALTH	1,070	0	1,070	0	1,070
001206 MOBILE HOME & RV PARK FEES	1,540	0	1,540	0	1,540
FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL	571,782	0	571,782	0	571,782

INDIAN RIVER COUNTY HEALTH DEPARTMENT

Part II, Sources of Contributions to County Health Department

000001 DRAW DOWN FROM PUBLIC HEALTH UNIT442,0290442,0290442,029OTHER CASH CONTRIUTION YOAL442,0290442,0290442,029CMUSC CASH CONTRIUTION YOAL000000001057 CHD CLINIC PERS0041,149041,149MERCAD TOTAL00000007. ALLOCABLE REVENUE - STATE0000000001050 CENERRES SERVICES & DRUG PURCHASES1,00		State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total	
000001 DRAW DOWN FROM PUBLIC HEALTH UNIT442,0290442,0290442,029OTHER CASH CONTRIUTION YOAL442,0290442,0290442,029CMUSC CASH CONTRIUTION YOAL000000001057 CHD CLINIC PERS0041,149041,149MERCAD TOTAL00000007. ALLOCABLE REVENUE - STATE0000000001050 CENERRES SERVICES & DRUG PURCHASES1,00	5. OTHER CASH CONTRIBUTIONS - STATE:						
OTHER CASH CONTRIEUTION TOTAL 42.029 0 42.029 0 42.029 MEDICAD STATECOUNTS 0 8.380 6.380 6.380 6.380 00105 CHD CLINIC FEBS 0 11.10 11.10 11.10 11.10 REDICAD STATECOUNTS 0 14.10 14.10 0 14.00 7. ALLOCAL STATECOUNTS 0 14.00 0 4.000 00100 GENERAL CLINIC RABIES SERVICES & DUCI PURCHASES 10.000 0 14.000 0 0 ALDOCALL FRYENUE ONTAL CADP 0		0	0	0	0	0	
A. MEDICALD - STATE-COUNTY:	090001 DRAW DOWN FROM PUBLIC HEALTH UNIT	442,029	0	442,029	0	442,029	
00107CHD CLINIC FEES08,3804,38008,38000118< CHD CLINIC FEES	OTHER CASH CONTRIBUTION TOTAL	442,029	0	442,029	0	442,029	
001118 CHID CLINIC PEES041.14941.149041.149MEDICAL TOTAL049.52949.529049.5297. ALLOCALE REVENUE - STATE201.2001.2001.2001.200030003 GENERAL CLINIC RABIES SERVICOS & DRUG PURCHASES10.00001.2001.2001.2001.2008. ALLOCALE REVENUE TOTALCHID TRUST FUND - STATE22222228. OTHER STATE CONTRIBUTIONS NOT IN CHID TRUST FUND - STATE222	6. MEDICAID - STATE/COUNTY:						
NEDICALD TOTAL049.5949.59049.59ALDOCALE REVENUES - STATES4.0004.0004.0004.00000001CHIS STATEWIDE ENVIRONMENTAL FEES4.0004.0004.0004.000ALDOCALE REVENUE TOTAL1.400004.0004.000ALDOCALE REVENUE TOTAL1.400005.0005.000STERE STATE0005.14685.4668PHARMACY DRUG PROGRAM0005.16687.6600PHARMACY DRUG PROGRAM001.645.751.645.7600MURRAD OF PUBLIC HEALTH LABORATORIES001.665.761.665.76MURRAD OF PUBLIC HEALTH LABORATORIES001.665.761.665.76ORGONILIP FEDERAL & LOCAL INVIRCES PROGRAM001.665.761.665.76SOURCE TOTAL001.665.761.665.761.665.761.665.76ORGONILIP FEDERAL & LOCAL INVIRCES PROGRAM01.665.761.665.761.665.76ORGONILIP FEDERAL & LOCAL INVIRCES PROGRAM01.665.761.665.761.665.76ORGONILIP FEDERAL EVENDITURIS01.661.761.661.761.661.76ORGONILIP FEDERAL ELOCAL INVIRCES PROGRAM000.661.761.661.76ORGONILIP FEDERAL ELOCAL INVIRCES PROGRAM00.700.761.661.761.661.76ORGONCHID LOCAL ENVIRONMENTAL FEES00.700.762.700.762.700.762.700.76 <td>001057 CHD CLINIC FEES</td> <td>0</td> <td>8,380</td> <td>8,380</td> <td>0</td> <td>8,380</td>	001057 CHD CLINIC FEES	0	8,380	8,380	0	8,380	
ALLOCABLE REVENUE - STATE: 001001 CIID STATEWIDE ENVIRONMENTAL FEES 4.200 0 4.200 0 4.200 001005 GENERAL CLINCE RAMES SERVICES & DRUG PURCHASES 10.000 0 14.200 14.200	001148 CHD CLINIC FEES	0	41,149	41,149	0	41,149	
001004 CH10 STATEWIDE ENVIRONMENTAL FEES 4,200 0 4,200 0 0,4000 031005 GRNRAL CLINIC RABIES SERVICES & DRUG PURCHASES 10,000 0 14,200 0 0 0,0000 ALLOCABLE REVENUE OTAL 14,200 0 14,200 0 0 1,200 0 1,200 0 1,200 0 1,200 0 <td< td=""><td>MEDICAID TOTAL</td><td>0</td><td>49,529</td><td>49,529</td><td>0</td><td>49,529</td></td<>	MEDICAID TOTAL	0	49,529	49,529	0	49,529	
01005 GENERAL CLINIC RABLES SERVICES & DRUG PURCHASES 10,000 10,000 10,000 ALLOCABLE REVENUE TOTAL 14,200 0 14,200 14,200 14,200 0 14,200 S. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE N N N N N N ADAF 0 0 0 0 51,668 51,668 PHARMACY DRUG PROGRAM 0 0 0 1,542,968 1,542,968 BUREAU OF PUBLIC HEALTH LABORATORIES 0 0 0 1,664,573 1,8135 IMMUNIZATIONS OTAL 0 0 0 1,664,573 1,664,573 S. DIRECT LOCAL CONTRIBUTIONS TOTAL 0 0.668,45 76,680 76,680 76,680 76,680 OR0005 FUDERAL ALOCAL INDIRECT EANNINGS 0 1,400 1,400 1,400 1,400 08005 FUDERAL ALOCAL INDIRECT EANNINGS 0 1,400 1,400 1,400 1,400 080005 CHD LOCAL REVENUE & EXPENDITURES 0 3,10 </td <td>7. ALLOCABLE REVENUE - STATE:</td> <td></td> <td></td> <td></td> <td></td> <td></td>	7. ALLOCABLE REVENUE - STATE:						
ALOCABLE REVENUE TOTAL14.20014.20014.20014.200S. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATEADAP0051.46851.468PHARMACY DRUG PROGRAM000514.296WIC PROGRAM0001542.966BUREAU OF PUBLIC HEALTH LABORATORIES00051.668THRE STATE CONTRIBUTIONS TOTAL00051.668OTHER STATE CONTRIBUTIONS TOTAL00061.664.678DIRECT LOCAL CONTRIBUTIONS SOLAL076.68076.68076.68076.680ON0005HUMAN AND CHILDRENS SERVICES PROGRAM076.68076.68076.68076.680ON0005HUMAN AND CHILDRENS SERVICES PROGRAM076.68076.68076.68076.680ON0005HUMAN AND CHILDRENT EARNINGS014.06114.06176.680ON0005HUMAN AND CHILDRENT EARNINGS076.68076.68076.680ON0005HUDAN CHILDRENT BOTAL086.345076.640ON0005CHD CLINIC FEES03.1403.1403.140ON107CHD CLINIC FEES03.1403.1403.140ON104CHD CLINIC FEES03.1403.1403.140ON104CHD CLINIC FEES03.1403.1403.140ON104CHD CLINIC FEES03.1403.1403.140ON104CHD CLINIC FEES03.1403.1403.140ON	001004 CHD STATEWIDE ENVIRONMENTAL FEES	4,200	0	4,200	0	4,200	
8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE ADAP 0 0 51,468 51,468 PHARMACY DRUG PROGRAM 0 0 0 350 356 WIC PROGRAM 0 0 0 1,542,956 1,542,956 BUREAU OP PUBLIC HEALTH LABORATORIES 0 0 0 1,542,956 1,542,956 BUREAU CONTRIBUTIONS TOTAL 0 0 0 1,664,575 1,666,651 9. DIRECT LOCAL CONTRIBUTIONS TOTAL 0 0 0 1,664,575 9. DIRECT LOCAL CONTRIBUTIONS TOTAL 0 76,680 76,680 1,666,356 008005 HUMAN AND CHILDRENS SERVICES PROGRAM 0 76,680 76,680 14,061 008005 HUBA AND CHILDRENS SERVICES PROGRAM 0 775,604 775,604 0 775,604 008005 CHD FEDERAL & LOCAL INDIRECT FARNINGS 0 776,604 775,604 0 775,604 01077 CHD CLNIC FEES 0 270,031 270,031 0 270,031 010107 CHD CLNIC FEES 0 270,031 270,031 0 270,	031005 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES	10,000	0	10,000	0	10,000	
ADAP 0 0 0 51,468 51,468 PHARMACY DRUG PROGRAM 0 0 0 330 350 WIC PROGRAM 0 0 0 1,542,956 1,542,956 BUREAU OF PUBLIC HEALTH LABORATORIES 0 0 0 18,135 18,135 IMMUNIZATIONS 0 0 0 1,664,575 1,664,575 SIRECT LOCAT CONTRIBUTIONS TOTAL 0 0 0 1,664,575 000005 HUAAN AND CHILDRENS SERVICES PROGRAM 0 76,680 0 14,661 008005 CHD FEDERAL & LOCAL INDIRECT EARNINGS 0 175,604 0 14,661 008005 CHD FEDERAL & LOCAL INDIRECT EARNINGS 0 775,604 0 666,345 DIRECT COUNTRIBUTIONS TOTAL 0 866,345 866,345 0 866,345 001077 CHD CLAIL REVENUE & EXPENDITURES 0 270,031 0 270,031 001101 VITA STATISTICS CERTIFIED RECORDS 0 31,40 270,031 280,0017	ALLOCABLE REVENUE TOTAL	14,200	0	14,200	0	14,200	
PHARMACY DRUG PROGRAM 0 1,542,956 1,664,575 1,665,575 <	8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE						
WIC PROGRAM001,542,9561,542,956BUREAU OF PUBLIC HEALTH LABORATORIES0018,135IMMUNIZATIONS00018,135IMMUNIZATIONS0001,664,575OTHER STATE CONTRIBUTIONS TOTAL0001,664,575S. DIRECT LOCAL CONTRIBUTIONS FOCATA DISTRICT076,68076,68000.000005HUMAN AND CHILDRENS SERVICES PROGRAM076,68076,68076,6800.000005CHD FEDERAL & LOCAL INDIRECT EARNINGS014,06114,06114,0610.000005CHD IOCAL REVENUE & EXPENDITURES0775,6040775,604DIRECT COUNT CONTRIBUTIONS TOTAL0866,345866,3450866,3450.00109CHD LOCAL ENVIRONMENTAL FEES03,1403,1403,1403,1400.00109CHD COLLINIC FEES03,1403,140220,000220,0000.00109CHD COLLINIC TEES0270,0310220,000220,0000.00109CHD CLINIC FEES03,1403,140493,171493,171493,171493,1710.00109CHD CLINIC FEES08,1888,18806,8980.00109CHD CLINIC FEES07,90000,9000.00109CHD CLINIC FEES06,14651,6951,6950.00109CHD CLINIC FEES07,90000,9000.00109CHD CLINIC FEES06,14651,695	ADAP	0	0	0	51,468	51,468	
BUREAU OF PUBLIC HEALTH LABORATORIES 0 0 18,135 18,135 IMMUNIZATIONS 0 0 0 0 1664,575 1,664,575 OTHER STATE CONTRIBUTIONS TOTAL 0 0 0 1,664,575 1,664,575 9. DIRECT LOCAL CONTRIBUTIONS - BCCTAX DISTRICT 0 76,680 76,680 0 14,061 008005 CHD PEDERAL & LOCAL INDIRECT EARNINGS 0 14,061 14,061 0 14,061 008005 CHD PEDERAL & LOCAL INDIRECT EARNINGS 0 775,604 775,604 0 775,604 DIRECT COUNTY CONTRIBUTIONS TOTAL 0 866,345 866,345 866,345 866,345 0 TCH D CLINIC FEES 0 3,140 0 220,000	PHARMACY DRUG PROGRAM	0	0	0	350	350	
IMMUNIZATIONS 0 <	WIC PROGRAM	0	0	0	1,542,956	1,542,956	
OTHER STATE CONTRIBUTIONS TOTAL001,664,5751,664,5759. DIRECT LOCAL CONTRIBUTIONS - BCOTAX DISTRICT076,68076,680076,68000800510HAAN AND CHILDRENS SERVICES PROGRAM076,68076,680014,06100800510H FEDERAL & LOCAL INDIRECT EARNINGS014,06114,061014,061008010CHD LOCAL REVENUE & EXPENDITURES0775,6040775,6040866,345INFECT CONTRIBUTIONS TOTAL0866,345866,345866,3450866,345INFERS AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTYON 775,60403,14003,1403,140010177CHD LLOCAL ENVIRONMENTAL FEES0270,031270,0310220,000OU3,1403,1403,1403,1403,140OU3,1403,1403,1403,140OU270,031270,031200,000220,000OU3,1403,1403,1403,140OU3,1403,1403,1403,140OU3,1403,1403,1403,140OU3,1403,1403,1403,140OU3,1403,1403,1403,140OU3,1403,1403,1403,140OU3,1403,1403,1403,140 <th colspa<="" td=""><td>BUREAU OF PUBLIC HEALTH LABORATORIES</td><td>0</td><td>0</td><td>0</td><td>18,135</td><td>18,135</td></th>	<td>BUREAU OF PUBLIC HEALTH LABORATORIES</td> <td>0</td> <td>0</td> <td>0</td> <td>18,135</td> <td>18,135</td>	BUREAU OF PUBLIC HEALTH LABORATORIES	0	0	0	18,135	18,135
9. DIRECT LOCAL CONTRIBUTIONS - BCC/TAX DISTRICT 0 76.680 76.680 0 76.680 0 76.680 0 76.680 0 76.680 0 76.680 0 14.061 14.061 0 14.061 14.061 14.061 14.061 14.061 14.061 14.061 14.061 <t< td=""><td>IMMUNIZATIONS</td><td>0</td><td>0</td><td>0</td><td>51,666</td><td>51,666</td></t<>	IMMUNIZATIONS	0	0	0	51,666	51,666	
008005 HUMAN AND CHILDRENS SERVICES PROGRAM 0 76,680 76,680 0 76,680 0 76,680 0 14,061 14,061 14,061 14,061	OTHER STATE CONTRIBUTIONS TOTAL	0	0	0	1,664,575	1,664,575	
08005 CHD FEDERAL & LOCAL INDIRECT EARNINGS 0 14,061 14,061 0 14,061 008040 CHD LOCAL REVENUE & EXPENDITURES 0 775,604 775,604 0 775,604 DIRECT COUNTY CONTRIBUTIONS TOTAL 0 866,345 866,345 866,345 0 866,345 10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY 0 3,140 3,140 0 3,140 001077 CHD CLINIC FEES 0 270,031 270,031 0 270,031 0011094 CHD LOCAL ENVIRONMENTAL FEES 0 220,000 20,000 20,000 20,000 20,000 20,000 20,000 <t< td=""><td>9. DIRECT LOCAL CONTRIBUTIONS - BCC/TAX DISTRICT</td><td></td><td></td><td></td><td></td><td></td></t<>	9. DIRECT LOCAL CONTRIBUTIONS - BCC/TAX DISTRICT						
008040CHD LOCAL REVENUE & EXPENDITURES0775,604775,604775,6040775,604DIRECT COUNTY CONTRIBUTIONS TOTAL0866,345866,345866,3450866,34510. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY03,1403,14003,140001077CHD CLINIC FEES0270,031270,031270,0310270,031001094CHD LOCAL ENVIRONMENTAL FEES0220,000220,0000220,000FEES AUTHORIZED BY COUNTY TOTAL0493,171493,1710493,171001100VITAL STATISTICS CERTIFIED RECORDS08,1888,18808,188001029CHD CLINIC FEES08,1888,18808,188001029CHD CLINIC FEES07,9007,9007,900010300MIGRANT LABOR HOUSING INSPECTION H-2A PROGRAM01,6951,69506,600010400CHD SALE OF SERVICES IN OR OUTSIDE OF STATE GOVT0606060606001100REVENUE CONTRACT/MOA W/NO REPORTING REQUIREMENT0352,565352,5650352,565011001CHD HEALTHY START OLALITION CONTRACT02,5042,50402,50401001HEALTHY START NURSE FAM PARTNERSHIP EXPAND CHD084,80284,802084,802090002DRAW DOWN FROM PUBLIC HEALTH UNIT0-278,294-278,2940-278,294	008005 HUMAN AND CHILDRENS SERVICES PROGRAM	0	76,680	76,680	0	76,680	
DIRECT COUNTY CONTRIBUTIONS TOTAL0866,345866,3450866,34510. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY001077CHD CLINIC FEES03,14003,140001094CHD LOCAL ENVIRONMENTAL FEES0270,031270,0310270,031001110VITAL STATISTICS CERTIFIED RECORDS0220,000220,000220,000220,000FEES AUTHORIZED BY COUNTY TOTAL0493,171493,1710493,17111. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY0493,171493,1710493,171001029CHD CLINIC FEES08,1888,18808,188001090CHD CLINIC FEES07,90007,900010300MIGRANT LABOR HOUSING INSPECTION H-2A PROGRAM01,6951,69506,60010400CHD SALE OF SERVICES IN OR OUTSIDE OF STATE GOVT060606060011000REVENUE CONTRACT/MOA W/NO REPORTING REQUIREMENT0352,5650352,5650352,565011001CHD HEALTHY START OALITION CONTRACT02,5042,50402,504011001HEALTHY START NURSE FAM PARTNERSHIP EXPAND CHD084,802684,802684,802090002DRAW DOWN FROM PUBLIC HEALTH UNIT0278,2940278,2940278,294	008005 CHD FEDERAL & LOCAL INDIRECT EARNINGS	0	14,061	14,061	0	14,061	
10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY 001077 CHD CLINIC FEES 0 3,140 3,140 0 3,140 001094 CHD LOCAL ENVIRONMENTAL FEES 0 270,031 270,031 0 220,000 200,000 200,000 200,000 200,000 200,000 200,000 200,000	008040 CHD LOCAL REVENUE & EXPENDITURES	0	775,604	775,604	0	775,604	
001077CHD CLINIC FEES03,14003,140001094CHD LOCAL ENVIRONMENTAL FEES0270,031270,031270,0310270,031001110VITAL STATISTICS CERTIFIED RECORDS0220,000220,000220,000220,000FEES AUTHORIZED BY COUNTY TOTAL0493,171493,1710493,171O493,171493,171493,1710493,171O8,1888,18808,188O8,1888,18808,188001090CHD CLINIC FEES07,9007,9007,900010300MIGRANT LABOR HOUSING INSPECTION H-2A PROGRAM01,6951,69506,60011000REVENUE CONTRACT/MOA W/NO REPORTING REQUIREMENT0352,565352,5650352,565011001CHD HEALTHY START COALITION CONTRACT02,5042,50402,504011001HEALTHY START NURSE FAM PARTNERSHIP EXPAND CHD084,80284,802084,802090002DRAW DOWN FROM PUBLIC HEALTH UNIT0-278,2940-278,2940-278,294	DIRECT COUNTY CONTRIBUTIONS TOTAL	0	866,345	866,345	0	866,345	
001094 CHD LOCAL ENVIRONMENTAL FEES 0 270,031 270,031 0 270,031 001110 VITAL STATISTICS CERTIFIED RECORDS 0 220,000 220,000 0 220,000 FEES AUTHORIZED BY COUNTY TOTAL 0 493,171 493,171 0 493,171 01029 CHD CLINIC FEES 0 8,188 8,188 0 8,188 001090 CHD CLINIC FEES 0 7,900 7,900 7,900 010300 MIGRANT LABOR HOUSING INSPECTION H-2A PROGRAM 0 1,695 1,695 0 60 011000 REVENUE CONTRACT/MOA W/NO REPORTING REQUIREMENT 0 352,565 352,565 0 352,565 011001 CHD HEALTHY START COALITION CONTRACT 0 2,504 2,504 0 2,504 011001 REVENUE CONTRACT/MOA W/NO REPORTING REQUIREMENT 0 352,565 352,565 0 352,565 011001 CHD HEALTHY START NURSE FAM PARTNERSHIP EXPAND CHD 0 84,802 0 84,802 090002 DRAW DOWN FROM PUBLIC HEALTH UNIT 0 -278,294 0 -278,294 0							
001110VITAL STATISTICS CERTIFIED RECORDS0220,000 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
FEES AUTHORIZED BY COUNTY TOTAL0493,171493,1710493,171ILI OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY01029CHD CLINIC FEES08,1888,18808,188001029CHD CLINIC FEES07,90007,90007,900010300MIGRANT LABOR HOUSING INSPECTION H-2A PROGRAM01,6951,69501,695010400CHD SALE OF SERVICES IN OR OUTSIDE OF STATE GOVT06060060011000REVENUE CONTRACT/MOA W/NO REPORTING REQUIREMENT0352,565352,5650352,565011001CHD HEALTHY START COALITION CONTRACT02,5042,50402,504011001HEALTHY START NURSE FAM PARTNERSHIP EXPAND CHD084,80284,802084,802090002DRAW DOWN FROM PUBLIC HEALTH UNIT0-278,2940-278,2940-278,294							
A NO LOCAL CONTRIBUTIONS - COUNTY001029CHD CLINIC FEES08,1888,18808,188001090CHD CLINIC FEES07,90007,90007,900010300MIGRANT LABOR HOUSING INSPECTION H-2A PROGRAM01,6951,69501,695010400CHD SALE OF SERVICES IN OR OUTSIDE OF STATE GOVT060606060011000REVENUE CONTRACT/MOA W/NO REPORTING REQUIREMENT0352,565352,5650352,565011001CHD HEALTHY START COALITION CONTRACT02,5042,50402,504011001HEALTHY START NURSE FAM PARTNERSHIP EXPAND CHD084,80284,802084,80209002DRAW DOWN FROM PUBLIC HEALTH UNIT0-278,294-278,2940-278,294							
001029 CHD CLINIC FEES 0 8,188 8,188 0 8,188 001090 CHD CLINIC FEES 0 7,900 0 7,900 0 7,900 0 7,900 0 7,900 0 7,900 0 1,695 0 1,695 0 1,695 0 1,695 0 1,695 0 <t< td=""><td>FEES AUTHORIZED BY COUNTY TOTAL</td><td>0</td><td>493,171</td><td>493,171</td><td>0</td><td>493,171</td></t<>	FEES AUTHORIZED BY COUNTY TOTAL	0	493,171	493,171	0	493,171	
001090 CHD CLINIC FEES 0 7,900 7,900 0 7,900 010300 MIGRANT LABOR HOUSING INSPECTION H-2A PROGRAM 0 1,695 1,695 0 1,695 010400 CHD SALE OF SERVICES IN OR OUTSIDE OF STATE GOVT 0 60 <t< td=""><td>11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY</td><td></td><td></td><td></td><td></td><td></td></t<>	11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY						
010300MIGRANT LABOR HOUSING INSPECTION H-2A PROGRAM01,6951,69501,695010400CHD SALE OF SERVICES IN OR OUTSIDE OF STATE GOVT0606060011000REVENUE CONTRACT/MOA W/NO REPORTING REQUIREMENT0352,565352,5650352,565011001CHD HEALTHY START COALITION CONTRACT02,5042,50402,504011001HEALTHY START NURSE FAM PARTNERSHIP EXPAND CHD084,80284,802084,802090002DRAW DOWN FROM PUBLIC HEALTH UNIT0-278,294278,2940-278,294	001029 CHD CLINIC FEES	0	8,188	8,188	0	8,188	
010400 CHD SALE OF SERVICES IN OR OUTSIDE OF STATE GOVT 0 60 60 0 60 011000 REVENUE CONTRACT/MOA W/NO REPORTING REQUIREMENT 0 352,565 352,565 0 352,565 011001 CHD HEALTHY START COALITION CONTRACT 0 2,504 2,504 0 2,504 011001 HEALTHY START NURSE FAM PARTNERSHIP EXPAND CHD 0 84,802 0 84,802 090002 DRAW DOWN FROM PUBLIC HEALTH UNIT 0 -278,294 0 -278,294	001090 CHD CLINIC FEES	0	7,900	7,900	0	7,900	
011000 REVENUE CONTRACT/MOA W/NO REPORTING REQUIREMENT 0 352,565 352,565 0 352,565 011001 CHD HEALTHY START COALITION CONTRACT 0 2,504 0<	010300 MIGRANT LABOR HOUSING INSPECTION H-2A PROGRAM	0	1,695	1,695	0	1,695	
011001 CHD HEALTHY START COALITION CONTRACT 0 2,504 2,504 0 2,504 011001 HEALTHY START NURSE FAM PARTNERSHIP EXPAND CHD 0 84,802 0 84,802 090002 DRAW DOWN FROM PUBLIC HEALTH UNIT 0 -278,294 -278,294 0 -278,294	010400 CHD SALE OF SERVICES IN OR OUTSIDE OF STATE GOVT	0	60	60	0	60	
011001 HEALTHY START NURSE FAM PARTNERSHIP EXPAND CHD 0 84,802 0 84,802 0 84,802 090002 DRAW DOWN FROM PUBLIC HEALTH UNIT 0 -278,294 -278,294 0 -278,294	011000 REVENUE CONTRACT/MOA W/NO REPORTING REQUIREMENT	0	352,565	352,565	0	352,565	
090002 DRAW DOWN FROM PUBLIC HEALTH UNIT 0 -278,294 -278,294 0 -278,294	011001 CHD HEALTHY START COALITION CONTRACT	0	2,504	2,504	0	2,504	
	011001 HEALTHY START NURSE FAM PARTNERSHIP EXPAND CHD	0	84,802	84,802	0	84,802	
OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL 0 179,420 0 179,420	090002 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	-278,294	-278,294	0	-278,294	
	OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL	0	179,420	179,420	0	179,420	

INDIAN RIVER COUNTY HEALTH DEPARTMENT

Part II, Sources of Contributions to County Health Department

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
12. ALLOCABLE REVENUE - COUNTY					
001004 CHD STATEWIDE ENVIRONMENTAL FEES	0	4,200	4,200	0	4,200
031005 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES	0	10,000	10,000	0	10,000
COUNTY ALLOCABLE REVENUE TOTAL	0	14,200	14,200	0	14,200
13. BUILDINGS - COUNTY					
ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	455,938	455,938
OTHER (Specify)	0	0	0	0	0
UTILITIES	0	0	0	153,560	153,560
BUILDING MAINTENANCE	0	0	0	82,068	82,068
GROUNDS MAINTENANCE	0	0	0	0	0
INSURANCE	0	0	0	0	0
OTHER (Specify)	0	0	0	0	0
OTHER (Specify)	0	0	0	0	0
BUILDINGS TOTAL	0	0	0	691,566	691,566
14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY					
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
OTHER COUNTY CONTRIBUTIONS TOTAL	0	0	0	0	0
GRAND TOTAL CHD PROGRAM	4,388,648	1,602,665	5,991,313	2,356,141	8,347,454

INDIAN RIVER COUNTY HEALTH DEPARTMENT

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

Price Clients Price Visit Price Price Price Price Price A COMMUNICALE DIBLARE CONTROL 1 3 4.499 5.200 94.198 90.702 94.184 90.702 94.184 90.702 94.107 10.077 10.007 309.400 SEXUALY TIANN, DIS 10.00 3.50 4.00 7.077 4.040 90.701 4.00 90.701 90.90					Qu	arterly Exper	nditure Plan				
A. COMMUNICINE DISEASE CONTROL DAMINICATION (GD) 3.61 4.589 8.000 9.1.28 9.7.72 9.1.72 9.1.72 9.1.72 9.1.72 9.1.72 9.1.72 9.1.72 9.1.72 9.1.72 9.1.72 9.1.72 9.1.72 9.1.72 1.1.71 5.0.77 0.0 5.0.77 HWADDS PREVENTION (GDA) 0.84 0 0 1.977 1.947 1.117 5.0.77 0 5.0.77 HWADDS PREVENTION (GDA) 0.84 0 0 1.0.77 1.0.45 1.0.47 1.1.61 0.0.78 0.0 1.0.77 1.0.47 1.0.48 1.0.11 1.0.81 4.0.10 4.0.21 0.0 1.0.11 1.0.81 1.0.11 1.0.81 1.0.11 1.0.81 1.0.11 1.0.81 1.0.11 1.0.81 4.0.10 1.0					1st			4th			
NUNNEATION 01013.64.504.506.506.1258.07.09.1238.07.010.10113.0010.00SEXUALD FLAXS, DIS (162)3.264.674.607.1024.50.47.1014.50.77.1014.50.7INVAIDS PRIVENTION 08A013.264.674.604.50.74.50.8		(0.00)	Units	Visits		(Whole dolla	urs only)		State	County	Total
NAMENAMENAMENAMENAMENAMENAMENAMENAMENAMENAMEINVARIS PERVENTION (MA)2602664,6464,6464,6764,6664,6764,6664,67 <th>A. COMMUNICABLE DISEASE CONTROL:</th> <th></th>	A. COMMUNICABLE DISEASE CONTROL:										
HVALDS PROVENTION (05AJ)1.31.31.31.41.11.111.0071.01.5HVALDS SURVELLANCS (05AJ)1.00.000.01.0071.1211.1211.0171.0171.0171.010.070.05.07HVALDS SURVELLANCS (05AJ)1.01.00.00.00.00.00.01.0101.0101.0101.0101.0101.0101.0101.0100.0 <td>IMMUNIZATION (101)</td> <td>3.81</td> <td>4,839</td> <td>8,596</td> <td>94,128</td> <td>80,702</td> <td>94,128</td> <td>80,702</td> <td>194,374</td> <td>155,286</td> <td>349,660</td>	IMMUNIZATION (101)	3.81	4,839	8,596	94,128	80,702	94,128	80,702	194,374	155,286	349,660
HYALDS SURVELLANCE (0AA)0.680.610.711.1721.1711.0710.070.00.777HWALDS PATIENT CARE (0AA)1.482.280.019.7898.5.639.7088.5.639.1.619.2.639.7.72ADA (00A)1.641.671.4.800.071.4.800.071.4.800.071.4.800.0<	SEXUALLY TRANS. DIS. (102)	3.62	587	757	83,048	71,202	83,048	71,201	297,182	11,317	308,499
HYALDS PATIENT CALE 00A31.112250.0190.788.5.680.7878.5.680.1089.10.819.09.11ADM 00A00.680.6616.7614.386.7514.386.7514.386.7514.386.7514.386.7514.386.7514.386.7514.386.7514.386.7514.386.7514.5810.071212121212.1110.0210100 <t< td=""><td>HIV/AIDS PREVENTION (03A1)</td><td>3.26</td><td>0</td><td>256</td><td>63,457</td><td>54,405</td><td>63,457</td><td>54,404</td><td>226,067</td><td>9,656</td><td>235,723</td></t<>	HIV/AIDS PREVENTION (03A1)	3.26	0	256	63,457	54,405	63,457	54,404	226,067	9,656	235,723
ADAP (0AA)0AS0666610.3310.3310.3511.3462.3162.3162.33TUBERCYLLOSIS GOO2.474.44.44.5140.3740.3140.3240.3140.3240.3140.3240.3340.4340.3340.4340.3340.4340.3340.4340.3340.4340.3340.4340.3340.4340.3340.4340.3340.4340.3340.4340.3340.4340.3340.4340.4340.4340.4340.4340	HIV/AIDS SURVEILLANCE (03A2)	0.08	0	0	1,367	1,172	1,367	1,171	5,077	0	5,077
TURERCULOSIS (100)2.476.41.510.0276.100.0276.101.01,181.01,286.011.01,181.01,205<	HIV/AIDS PATIENT CARE (03A3)	4.18	225	691	99,798	85,563	99,798	85,563	341,081	29,641	370,722
CMML DIS SURV. (106)5.525.5203.07310.13110.28610.13110.2954.46.25204.46.252HERATTIS (106)0.000.00	ADAP (03A4)	0.82	6	6	16,776	14,383	16,776	14,384	62,317	2	62,319
INPARTISE (0.09)0.000.0	TUBERCULOSIS (104)	2.47	64	151	50,278	43,106	50,278	43,107	186,163	606	186,769
PERAREDNESS AND RESPONSE (110)1.200.00.02020.032.0.012.0.032.0.010.000.0 <th< td=""><td>COMM. DIS. SURV. (106)</td><td>5.52</td><td>0</td><td>3,073</td><td>120,131</td><td>102,995</td><td>120,131</td><td>102,995</td><td>446,252</td><td>0</td><td>446,252</td></th<>	COMM. DIS. SURV. (106)	5.52	0	3,073	120,131	102,995	120,131	102,995	446,252	0	446,252
REFUGRE HEALTH (118) 0.00 0	HEPATITIS (109)	0.00	0	0	0	0	0	0	0	0	0
VIAL LECORDS (180)1.67.069.5769.5769.18781.081.8781.08.1891.018COMMUNICABLE DISEASE SUBTOTAL2.62212,7730,284550,24197,1750,241197,151,965,0021,96921,969BFEIMARY CABSCHROND DISEASE PREVENTION PRO C1003.582.082.041.65,18114,05114,05114,18114,05114,18114,05114,19114,05114,19114,05114,19114,05114,19114,00 <td>PREPAREDNESS AND RESPONSE (116)</td> <td>1.20</td> <td>0</td> <td>20</td> <td>29,633</td> <td>25,406</td> <td>29,633</td> <td>25,405</td> <td>110,077</td> <td>0</td> <td>110,077</td>	PREPAREDNESS AND RESPONSE (116)	1.20	0	20	29,633	25,406	29,633	25,405	110,077	0	110,077
COMMUNICAELE DISEASE SUBTOYAL26.21,2.6739.2869.09.247.71750.9249.7151.88.9021.98.9021.98.91B. PIMARY CARECUIDONG DISEASE PREVENTION PRO (210)3.582081.647.72364.9217.7.2364.921221.980.021.288WC (2W)8.643.42416.518174.418149.588174.418149.5961.7.910.061.9DIBACCO USE INTERVENTION C12D0.0000.00.00.00.00.00.00.00.0WC BEASTFEEDINO PERCONNSELING (2102)1.350.01.2883.4883.4813.48247.98247.98247.98DIPROVED PERGNANCY OUTCOME (225)0.000000000.07.0.07COMPREIENSIVE CILLD HEALTH (229)0.001.01.1.8013.97013.8024.9814.98COMPREIENSIVE ADULT HEALTH (229)0.002.2.1314.4914.8914.8914.8943.891.0.0COMPREIENSIVE ADULT HEALTH (229)0.002.2.1314.9497.8914.9343.891.0.01.0.0COMPREIENSIVE ADULT HEALTH (229)0.002.2.1314.8014.8914.8914.891.8.901.8.901.8.901.8.901.8.901.9.901.9.901.9.901.9.901.9.901.9.901.9.901.9.901.9.901.9.901.9.901.9.901.9.901.9.901.9.901.9.901.9.901.9.90 <td< td=""><td>REFUGEE HEALTH (118)</td><td>0.00</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></td<>	REFUGEE HEALTH (118)	0.00	0	0	0	0	0	0	0	0	0
A. PHAMEY CARE: CHRONC DISEASE PREVENTION PRO (210)3.654.081.467.672364.9217.672364.921221.980.024.988VIC (21V1)8.403.4416.51817.418149.53817.418149.53864.79.1364.010TOBACCO USE INTERVENTION (212)0.000.01.00.0 </td <td>VITAL RECORDS (180)</td> <td>1.26</td> <td>7,036</td> <td>25,736</td> <td>21,908</td> <td>18,783</td> <td>21,908</td> <td>18,783</td> <td>0</td> <td>81,382</td> <td>81,382</td>	VITAL RECORDS (180)	1.26	7,036	25,736	21,908	18,783	21,908	18,783	0	81,382	81,382
CHRONIC DISEASE PREVENTION PRO (210)3.5820814817.73364.9217.72364.921281.2880.0281.288WIC (21W1)8.463.44416.508174.418149.508174.418149.508647.9130.00.00.0UIC BREASTFEEDING PEER COUNSELING (21W2)1.350.01.27822.19719.03122.19719.03082.45524.73936.107IMPROVED PREGNANCY OUTCOME (220)0.00 <td>COMMUNICABLE DISEASE SUBTOTAL</td> <td>26.22</td> <td>12,757</td> <td>39,286</td> <td>580,524</td> <td>497,717</td> <td>580,524</td> <td>497,715</td> <td>1,868,590</td> <td>287,890</td> <td>2,156,480</td>	COMMUNICABLE DISEASE SUBTOTAL	26.22	12,757	39,286	580,524	497,717	580,524	497,715	1,868,590	287,890	2,156,480
WC (21W1)8.463.42416.518174.41819.539174.41819.53919.539647.9300647.93TOBACO USE INTERVENTION (212)0.00<	B. PRIMARY CARE:										
TORACCO USE INTERVENTION (212)0.00 <t< td=""><td>CHRONIC DISEASE PREVENTION PRO (210)</td><td>3.58</td><td>208</td><td>146</td><td>75,723</td><td>64,921</td><td>75,723</td><td>64,921</td><td>281,288</td><td>0</td><td>281,288</td></t<>	CHRONIC DISEASE PREVENTION PRO (210)	3.58	208	146	75,723	64,921	75,723	64,921	281,288	0	281,288
WIC REASTFEEDING PEER COUNSELING (21W2)1.3501.2782.19710.0312.210710.0308.4.550.08.4.55FAMILY PLANNING (223)4.3526158597.31885.43697.31883.435113.668247.939361.07IMPROVED PEEG NANCY OUTCOME (225)0.00<	WIC (21W1)	8.46	3,424	16,518	174,418	149,538	174,418	149,539	647,913	0	647,913
FAMILY PLANNING (22)4.354.367.3188.3.4697.3188.3.43697.3188.3.43697.3188.3.43697.3188.3.43711.3.68247.93907.017IMPROVED PECONANCY OUTCOME (225)0.00<	TOBACCO USE INTERVENTION (212)	0.00	0	0	0	0	0	0	0	0	0
IMPROVED PREGNANCY OUTCOME (225)0.000.00 <td>WIC BREASTFEEDING PEER COUNSELING (21W2)</td> <td>1.35</td> <td>0</td> <td>1,278</td> <td>22,197</td> <td>19,031</td> <td>22,197</td> <td>19,030</td> <td>82,455</td> <td>0</td> <td>82,455</td>	WIC BREASTFEEDING PEER COUNSELING (21W2)	1.35	0	1,278	22,197	19,031	22,197	19,030	82,455	0	82,455
HALTHY START PRENATAL (227)0.675515,35713,16015,35713,16710,16757,07COMPREHENSIVE CHILD HEALTH (229)0.000 <td< td=""><td>FAMILY PLANNING (223)</td><td>4.35</td><td>261</td><td>585</td><td>97,318</td><td>83,436</td><td>97,318</td><td>83,435</td><td>113,568</td><td>247,939</td><td>361,507</td></td<>	FAMILY PLANNING (223)	4.35	261	585	97,318	83,436	97,318	83,435	113,568	247,939	361,507
COMPREHENSIVE CHILD HEALTH (229)0.00	IMPROVED PREGNANCY OUTCOME (225)	0.00	0	0	0	0	0	0	0	0	0
HEALTHY START CHILD (231)0.603713,79911,83013,79911,83011,83011,83051,25851,258SCHOOL HEALTH (234)4.61022,413114,0497,819114,0497,820423,8270.0423,827COMPREHENSIVE ADULT HEALTH (237)4.863,3885,555128,228109,937128,228109,93832,463443,868476,331COMMUNITY HEALTH DEVELOPMENT (238)0.8903,40516,82014,42116,82014,42262,4830.062,483DENTAL HEALTH (240)0.000000000009PRMARY CARE SUBFOTAL29.377,28950,05657,954564,090657,954564,1021643,99780,1122,444,109C. ENVIRONMENTAL HEALTH:Water and Obsite Sewage ProgramsCOSTAL BEACH MONITORING (347)0.1072725,3174,5595,3174,55819,7222.919,751LIMITED USE PUBLIC WATER SYSTEM (359)0.170.0725,3671,6689,14710,6683,6123,6147,268PINVARE WATER SYSTEM (359)1.2221,86824,76028,88024,76028,80024,7613,60114,489485,73912,298613,031ONSITE SEWAGE TREATMENT & DISPOSAL (361)7.862,6239,50716,630114,48918,62321,61436,62361,6316,61316,61314,148 <td< td=""><td>HEALTHY START PRENATAL (227)</td><td>0.67</td><td>5</td><td>58</td><td>15,357</td><td>13,166</td><td>15,357</td><td>13,167</td><td>0</td><td>57,047</td><td>57,047</td></td<>	HEALTHY START PRENATAL (227)	0.67	5	58	15,357	13,166	15,357	13,167	0	57,047	57,047
SCHOOL HEALTH (234)4.61022,413114,09497,819114,09497,820423,8270423,827COMPREHENSIVE ADULT HEALTH (237)4.863,3885,505128,228109,937128,228109,93832,463443,868476,331COMMUNITY HEALTH DEVELOPMENT (238)0.8903,49516,82014,42116,82014,42262,483062,483DENTAL HEALTH (240)0.000000000000PRMARY CARE SUBFOTAL29,377,28950,005657,554564,09657,554564,1021,643,997800,1122,444,109C. ENVIRONMENTAL HEALTH:Water and Onsite Sowage ProgramsCOSTAL BEACH MONITORING (347)0.1072725,3174,5595,3174,55819,7222.919,751LIMITED USE PUBLIC WATER SYSTEMS (357)0.472532510,6689,14710,689,14720,23419,39639,630PUBLIC WATER SYSTEM (359)1.2221,84828,88024,76028,88024,761320166,961107,218ONSITE SEWAGE TREATMENT & DISPOSAL (361)7,862,6239,507165,030141,489165,030141,488485,739127,298613,037Group Total9,722,72211,834211,840181,623211,840181,623211,840181,62321,60725,962725,79876,963OUSIE SEWAGE TREATMENT &	COMPREHENSIVE CHILD HEALTH (229)	0.00	0	0	0	0	0	0	0	0	0
COMPREHENSIVE ADULT HEALTH (237) 4.86 3.388 5.505 128,228 109,937 128,228 109,938 32,463 443,868 476,331 COMMUNITY HEALTH DEVELOPMENT (238) 0.89 0 3.495 16,820 14,421 16,820 14,422 62,483 0 62,483 DENTAL HEALTH DEVELOPMENT (238) 0.00 0	HEALTHY START CHILD (231)	0.60	3	7	13,799	11,830	13,799	11,830	0	51,258	51,258
COMMUNITY HEALTH DEVELOPMENT (238)0.8903.49516.82014.42116.82014.42262.483062.483DENTAL HEALTH (240)0.00	SCHOOL HEALTH (234)	4.61	0	22,413	114,094	97,819	114,094	97,820	423,827	0	423,827
DENTAL HEALTH (240)0.000 <th< td=""><td>COMPREHENSIVE ADULT HEALTH (237)</td><td>4.86</td><td>3,388</td><td>5,505</td><td>128,228</td><td>109,937</td><td>128,228</td><td>109,938</td><td>32,463</td><td>443,868</td><td>476,331</td></th<>	COMPREHENSIVE ADULT HEALTH (237)	4.86	3,388	5,505	128,228	109,937	128,228	109,938	32,463	443,868	476,331
PRIMARY CARE SUBTOTAL29.377.2897.28950.005657.954564.09657.954564.021.643.997800.1122.444.109C. ENVIRONMENTAL HEALTH:Water and Onsite Sewage ProgramsCOSTAL BEACH MONITORING (347)0.1072725.3174.5595.3174.55819.7222919.761LIMITED USE PUBLIC WATER SYSTEMS (357)0.472532510.6689.14710.6689.14720.23419.30639.630PUBLIC WATER SYSTEM (358)0.070621.9451.6681.9453.6123.6123.6123.6123.6123.612ONSITE SEWAGE TREATMENT & DISPOSAL (361)7.862.6239.507165.030141.489485.739127.298613.037Group Total9.722.72211.834211.840181.623211.84018.622529.627257.298786.925Faithy Programs2.72213.834.7884.0794.7884.0784.07871.927.93786.925	COMMUNITY HEALTH DEVELOPMENT (238)	0.89	0	3,495	16,820	14,421	16,820	14,422	62,483	0	62,483
C. ENVIRONMENTAL HEALTH: Water and Onsite Sewage Programs COSTAL BEACH MONITORING (347) 0.10 72 72 5,317 4,559 5,317 4,558 19,722 29 19,751 LIMITED USE PUBLIC WATER SYSTEMS (357) 0.47 25 325 10,668 9,147 10,668 9,147 20,234 19,396 39,600 PUBLIC WATER SYSTEM (358) 0.07 0 62 1,945 1,668 1,945 3,612 3,614 7,226 PRIVATE WATER SYSTEM (359) 1.22 2 1,868 24,760 28,880 24,761 320 106,961 107,281 ONSITE SEWAGE TREATMENT & DISPOSAL (361) 7.86 2,623 9,507 165,030 141,489 165,030 141,489 485,739 127,298 613,037 Group Total 9,72 2,722 11,844 211,840 181,623 211,840 181,623 218,40 181,623 259,627 257,298 636,934 Group Total 9,24 131 83 4,785 4,785 4,078 4,078 4,074 7,1 7,163 <td>DENTAL HEALTH (240)</td> <td>0.00</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td>	DENTAL HEALTH (240)	0.00	0	0	0	0	0	0	0	0	0
Water and Onsite Sewage Programs COSTAL BEACH MONITORING (347) 0.10 72 72 5,317 4,559 5,317 4,558 19,722 29 19,751 LIMITED USE PUBLIC WATER SYSTEMS (357) 0.47 25 325 10,668 9,147 10,668 9,147 20,234 19,396 39,630 PUBLIC WATER SYSTEM (358) 0.07 0 62 1,945 1,668 1,945 3,612 3,614 7,226 PRIVATE WATER SYSTEM (359) 1.22 2 1,868 28,880 24,760 28,880 24,761 320 106,961 107,281 ONSITE SEWAGE TREATMENT & DISPOSAL (361) 7,86 2,623 9,507 165,030 141,489 165,030 141,488 485,739 127,298 613,037 Group Total 9,72 2,722 11,834 211,840 181,623 211,840 181,623 529,627 257,298 768,925 Facility Programs 131 83 4,758 4,078 4,078 1,602 71 717,935 <td>PRIMARY CARE SUBTOTAL</td> <td>29.37</td> <td>7,289</td> <td>50,005</td> <td>657,954</td> <td>564,099</td> <td>657,954</td> <td>564,102</td> <td>1,643,997</td> <td>800,112</td> <td>2,444,109</td>	PRIMARY CARE SUBTOTAL	29.37	7,289	50,005	657,954	564,099	657,954	564,102	1,643,997	800,112	2,444,109
COSTAL BEACH MONITORING (347) 0.10 72 72 5,317 4,559 5,317 4,558 19,722 29 19,751 LIMITED USE PUBLIC WATER SYSTEMS (357) 0.47 25 325 10,668 9,147 10,668 9,147 20,234 19,396 39,630 PUBLIC WATER SYSTEM (358) 0.07 0 62 1,945 1,668 1,945 1,668 3,612 3,614 7,226 PRIVATE WATER SYSTEM (359) 1.22 2 1,868 28,880 24,760 28,880 24,761 320 106,961 107,281 ONSITE SEWAGE TREATMENT & DISPOSAL (361) 7.86 2,623 9,507 165,030 141,489 165,030 141,488 485,739 127,298 613,037 Group Total 9.72 2,722 11,834 211,840 181,623 211,840 181,622 529,627 257,298 786,925 Facility Programs 741 131 83 4,758 4,079 4,758 4,078 1,602 71 17,673	C. ENVIRONMENTAL HEALTH:										
LIMITED USE PUBLIC WATER SYSTEMS (357)0.472532510,6689,14710,6689,14720,23419,39639,630PUBLIC WATER SYSTEM (358)0.070621,9451,6681,9451,6683,6123,6147,226PRIVATE WATER SYSTEM (359)1.2221,86828,88024,76028,88024,761320106,961107,281ONSITE SEWAGE TREATMENT & DISPOSAL (361)7.862,6239,507165,030141,489165,030141,488485,739127,298613,037Group Total9.722,72211,834211,840181,623211,840181,622529,627257,298786,925Facility Programs74131834,7584,0794,7584,07817,6027117,673	Water and Onsite Sewage Programs										
PUBLIC WATER SYSTEM (358) 0.07 0 62 1,945 1,668 1,945 1,668 3,612 3,614 7,226 PRIVATE WATER SYSTEM (359) 1.22 2 1,868 28,880 24,760 28,880 24,761 320 106,961 107,281 ONSITE SEWAGE TREATMENT & DISPOSAL (361) 7.86 2,623 9,507 165,030 141,489 165,030 141,488 485,739 127,298 613,037 Group Total 9.72 2,722 11,834 211,840 181,623 211,840 181,622 529,627 257,298 786,925 Facility Programs 744 131 83 4,758 4,079 4,768 4,078 1,602 7,602 71 17,673	COSTAL BEACH MONITORING (347)	0.10	72	72	5,317	4,559	5,317	4,558	19,722	29	19,751
PRIVATE WATER SYSTEM (359) 1.22 2 1,868 28,880 24,760 28,880 24,761 320 106,961 107,281 ONSITE SEWAGE TREATMENT & DISPOSAL (361) 7.86 2,623 9,507 165,030 141,489 165,030 141,488 485,739 127,298 613,037 Group Total 9.72 2,722 11,834 211,840 181,623 211,840 181,622 529,627 257,298 786,925 Facility Programs TATTOO FACILITY SERVICES (344) 0.24 131 83 4,758 4,079 4,758 4,078 17,602 71 17,673	LIMITED USE PUBLIC WATER SYSTEMS (357)	0.47	25	325	10,668	9,147	10,668	9,147	20,234	19,396	39,630
ONSITE SEWAGE TREATMENT & DISPOSAL (361) 7.86 2,623 9,507 165,030 141,489 165,030 141,488 485,739 127,298 613,037 Group Total 9.72 2,722 11,834 211,840 181,623 211,840 181,622 529,627 257,298 786,925 Facility Programs 7 131 83 4,758 4,079 4,758 4,078 17,602 71 17,673	PUBLIC WATER SYSTEM (358)	0.07	0	62	1,945	1,668	1,945	1,668	3,612	3,614	7,226
Group Total 9.72 2,722 11,834 211,840 181,623 211,840 181,622 529,627 257,298 786,925 Facility Programs TATTOO FACILITY SERVICES (344) 0.24 131 83 4,758 4,079 4,758 4,078 17,602 71 17,673	PRIVATE WATER SYSTEM (359)	1.22	2	1,868	28,880	24,760	28,880	24,761	320	106,961	107,281
Facility Programs TATTOO FACILITY SERVICES (344) 0.24 131 83 4,079 4,758 4,078 17,602 71 17,673	ONSITE SEWAGE TREATMENT & DISPOSAL (361)	7.86	2,623	9,507	165,030	141,489	165,030	141,488	485,739	127,298	613,037
TATTOO FACILITY SERVICES (344) 0.24 131 83 4,758 4,079 4,758 4,078 17,602 71 17,673	Group Total	9.72	2,722	11,834	211,840	181,623	211,840	181,622	529,627	257,298	786,925
	Facility Programs										
FOOD HYGIENE (348) 1.12 174 528 22,529 19,316 22,529 19,316 61,978 21,712 83,690	TATTOO FACILITY SERVICES (344)	0.24	131	83	4,758	4,079	4,758	4,078	17,602	71	17,673
	FOOD HYGIENE (348)	1.12	174	528	22,529	19,316	22,529	19,316	61,978	21,712	83,690

INDIAN RIVER COUNTY HEALTH DEPARTMENT

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

				Qu	arterly Expe	nditure Plar	ı			
	FTE's	Clients S		1st	2nd	3rd	4th			Grand
	(0.00)	Units	Visits		(Whole doll	ars only)		State	County	Total
BODY PIERCING FACILITIES SERVICES (349)	0.05	3	10	864	741	864	742	3,198	13	3,211
GROUP CARE FACILITY (351)	0.46	101	214	9,406	8,064	9,406	8,063	123	34,816	34,939
MIGRANT LABOR CAMP (352)	0.15	17	56	3,032	2,600	3,032	2,600	3,382	7,882	11,264
HOUSING & PUB. BLDG. (353)	0.13	0	26	3,219	2,760	3,219	2,760	34	11,924	11,958
MOBILE HOME AND PARK (354)	0.24	56	148	4,688	4,020	4,688	4,020	11,832	5,584	17,416
POOLS/BATHING PLACES (360)	1.54	455	1,332	30,796	26,404	30,796	26,404	109,998	4,402	114,400
BIOMEDICAL WASTE SERVICES (364)	0.81	361	408	15,950	13,674	15,950	13,674	59,013	235	59,248
TANNING FACILITY SERVICES (369)	0.04	9	23	675	579	675	579	2,498	10	2,508
Group Total	4.78	1,307	2,828	95,917	82,237	95,917	82,236	269,658	86,649	356,307
Groundwater Contamination										
STORAGE TANK COMPLIANCE SERVICES (355)	0.00	0	0	0	0	0	0	0	0	0
SUPER ACT SERVICES (356)	0.07	23	28	1,671	1,433	1,671	1,433	3,103	3,105	6,208
Group Total	0.07	23	28	1,671	1,433	1,671	1,433	3,103	3,105	6,208
Community Hygiene										
COMMUNITY ENVIR. HEALTH (345)	0.11	0	245	2,256	1,934	2,256	1,935	3,939	4,442	8,381
INJURY PREVENTION (346)	0.00	0	0	0	0	0	0	0	0	0
LEAD MONITORING SERVICES (350)	0.00	0	0	18	15	18	16	67	0	67
PUBLIC SEWAGE (362)	0.45	1	62	8,837	7,577	8,837	7,577	117	32,711	32,828
SOLID WASTE DISPOSAL SERVICE (363)	0.00	0	0	67	58	67	58	249	1	250
SANITARY NUISANCE (365)	0.10	20	4	2,502	2,145	2,502	2,146	4,461	4,834	9,295
RABIES SURVEILLANCE (366)	0.26	63	166	6,981	5,985	6,981	5,986	12,961	12,972	25,933
ARBORVIRUS SURVEIL. (367)	0.01	0	0	200	171	200	171	2	740	742
RODENT/ARTHROPOD CONTROL (368)	0.01	0	3	185	159	185	159	2	686	688
WATER POLLUTION (370)	0.12	0	19	2,810	2,410	2,810	2,410	5,218	5,222	10,440
INDOOR AIR (371)	0.23	0	8	5,882	5,043	5,882	5,042	60	21,789	21,849
RADIOLOGICAL HEALTH (372)	0.00	0	0	0	0	0	0	0	0	0
TOXIC SUBSTANCES (373)	0.16	13	35	4,055	3,477	4,055	3,477	7,530	7,534	15,064
Group Total	1.45	97	542	33,793	28,974	33,793	28,977	34,606	90,931	125,537
ENVIRONMENTAL HEALTH SUBTOTAL	16.02	4,149	15,232	343,221	294,267	343,221	294,268	836,994	437,983	1,274,977
D. NON-OPERATIONAL COSTS:										
NON-OPERATIONAL COSTS (599)	1.00	0	0	20,642	17,698	20,642	17,698	0	76,680	76,680
ENVIRONMENTAL HEALTH SURCHARGE (399)	0.00	0	0	10,490	8,994	10,490	8,993	38,967	0	38,967
MEDICAID BUYBACK (611)	0.00	0	0	27	23	27	23	100	0	100
NON-OPERATIONAL COSTS SUBTOTAL	1.00	0	0	31,159	26,715	31,159	26,714	39,067	76,680	115,747
TOTAL CONTRACT	72.61	24,195	104,523	1,612,858	1,382,798	1,612,858	1,382,799	4,388,648	1,602,665	5,991,313

INDIAN RIVER COUNTY HEALTH DEPARTMENT

CIVIL RIGHTS CERTIFICATE

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

The applicant assures that it will comply with:

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

Attachment IV

Fiscal Year - 2021 - 2022

Indian River County Health Department

Facilities Utilized by the County Health Department

Name (if applicable) (Admin, Clinic, Envn Hlth,	Number		Legal Name	Feet	Count
		(Private Lease thru	of Owner		(FTE/OPS/
		State or County, other -			Contract)
etc.)		please define)			
Administration, HR, Clinic, Vital Statistics, Env. Health, WIC	N/A	County Owned	Commissioners for Indian River County	36,475	67.89
	Administration, HR, Clinic,	Administration, HR, Clinic,	Administration, HR, Clinic,	Administration, HR, Clinic, Commissioners for	Administration, HR, Clinic, Commissioners for

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 INDIAN RIVER COUNTY HEALTH DEPARTMENT SPECIAL PROJECTS SAVINGS PLAN

CASH RESERVED OR ANTICIPATED TO BE RESERVED FOR PROJECTS

CONTRACT YEAR	<u>STATE</u>		COUNTY		TOTAL
2020-2021*	\$	0	\$	0	\$ 0
2021-2022**	\$	0	\$	0	\$ 0
2022-2023***	\$	0	\$	0	\$ 0
2023-2024***	\$	0	\$	0	\$ 0
PROJECT TOTAL	\$	0	\$	0	\$ 0
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.