

**CONTRACT BETWEEN  
INDIAN RIVER COUNTY BOARD OF COUNTY COMMISSIONERS  
AND  
STATE OF FLORIDA DEPARTMENT OF HEALTH  
FOR OPERATION OF THE  
INDIAN RIVER COUNTY HEALTH DEPARTMENT  
CONTRACT YEAR 2017-2018**

This contract is made and entered into between the State of Florida, Department of Health ("State") and the Indian River County Board of County Commissioners ("County"), through their undersigned authorities, effective October 1, 2017.

**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 "promotion of the public's health, the control and eradication of preventable diseases, and the provision of primary health care for special populations."

C. Indian River 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 in order 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 are 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, 2017, through September 30, 2018, or until a written contract replacing this contract is entered into between the parties, whichever is later, unless this contract is otherwise terminated pursuant to the termination provisions set forth in paragraph 8. below.

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

a. "Environmental health services" are those services which are organized and operated to protect the health of the general public by monitoring and regulating activities in the environment which may contribute to the occurrence or transmission of disease.

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

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

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

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

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

- i. The State's appropriated responsibility (*direct contribution excluding any state fees, Medicaid contributions or any other funds not listed on the Schedule C*) as provided in Attachment II, Part II is an amount not to exceed \$ 2,988,033 (*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 \$ 632,970 (*amount listed under the "Board of County Commissioners Annual Appropriations section of the revenue attachment*).

b. Overall expenditures will not exceed available funding or budget authority, whichever is less, (either current year or from surplus trust funds) in any service category. Unless requested otherwise, any surplus at the end of the term of this 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/decrease, the CHD will revise the Attachment II and send a copy of the revised pages to the County and the Department of Health, Office of Budget and Revenue Management. If the County initiates the increase/decrease, the County shall notify the CHD. The CHD will then revise the Attachment II and send a copy of the revised pages to the Department of Health, 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  
Indian River County Health Department  
Accounts Receivable, 1900 27<sup>th</sup> Street  
Vero Beach, FL 32960-3383

5. CHD DIRECTOR/ADMINISTRATOR. Both parties agree the director/administrator of the CHD shall be a State employee or under contract with the State and will be under the day-to-day direction of the Deputy Secretary for County Health Systems. The director/administrator shall be selected by the State with the concurrence of the County. The director/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 set forth in subparagraph b., below. All CHD employees shall be State or State-contract personnel subject to State personnel rules and procedures. Employees will report time in the 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 Department of Health purchasing contract has been implemented for those goods or services. In such cases, the CHD director/administrator must sign a justification therefore, and all County purchasing procedures must be followed in their entirety, and such compliance shall be documented. Such justification and compliance documentation shall be maintained by the CHD in accordance with the terms of this 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 in accordance with the Generally Accepted Accounting Principles (GAAP), as promulgated by the Governmental Accounting Standards Board (GASB), and the requirements of federal or state law. These records shall be maintained as required by the Department of Health Policies and Procedures for Records Management and shall be open for inspection at any time by the parties and the public, except for those records that are not otherwise subject to disclosure as provided by law which are subject to the confidentiality provisions of 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 (FLAIR) System;
- ii.* The client registration and services reporting requirements of the minimum data set as specified in the most current version of the Client Information System/Health Management Component Pamphlet;
- iii.* Financial procedures specified in the Department of Health's Accounting Procedures Manuals, Accounting memoranda, and Comptroller's memoranda;
- iv.* The CHD is responsible for assuring that all contracts with service providers include provisions that all subcontracted services be reported to the CHD in a manner consistent with the client registration and service reporting requirements of the minimum data set as specified in the Client Information System/Health Management Component Pamphlet.

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

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

f. There shall be no transfer of funds between the three levels of services without a contract amendment unless the CHD director/administrator determines that an emergency exists wherein a time delay would endanger the public's health and the Deputy Secretary for County Health Systems has approved the transfer. The 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 CPA on the financial records of the CHD and the results made available to the parties within 180 days after the close of the CHD fiscal year. This audit will follow requirements contained in OMB Circular A-133 and may be in conjunction with audits performed by County government. If audit exceptions are found, then the director/administrator of the CHD will prepare a corrective action plan and a copy of that plan and monthly status reports will be furnished to the contract managers for the parties.

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

j. The CHD shall retain all client records, financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to this contract for a period of five (5) years after termination of this contract. If an audit has been initiated and audit findings have not been resolved at the end of five (5) years, the records shall be retained until resolution of the audit findings.

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

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

m. The CHD shall establish a system through which applicants for services and current clients may present grievances over denial, modification or termination of services. The CHD will advise applicants of the right to appeal a denial or exclusion from services, of failure to

take account of a client's choice of service, and of his/her right to a fair hearing to the final governing authority of the agency. Specific references to existing laws, rules or program manuals are included in Attachment I of this contract.

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

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

- i.* The DE385L1 Contract Management Variance Report and the DE580L1 Analysis of Fund Equities Report;
- ii.* A written explanation to the County of service variances reflected in the 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 Department of Health, 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 is delayed due to circumstances beyond the CHD's control:

- i.* March 1, 2018 for the report period October 1, 2017 through December 31, 2017;
- ii.* June 1, 2018 for the report period October 1, 2017 through March 31, 2018;
- iii.* September 1, 2018 for the report period October 1, 2017 through June 30, 2018; and
- iv.* December 1, 2018 for the report period October 1, 2017 through September 30, 2018.

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 for all furnishings and equipment in CHD offices through either a self-insurance program or insurance purchased by the County.

c. All vehicles will be transferred to the ownership of the County and registered as County vehicles. The County shall 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 one-hundred eighty (180) calendar days notice in writing to the other party unless a lesser time is mutually agreed upon in writing by both parties. Said notice shall be delivered by certified mail, return receipt requested, or in person to the other party's contract manager with proof of delivery.

b. Termination Because of Lack of Funds. In the event funds to finance this contract become unavailable, either party may terminate this contract upon no less than twenty-four (24) hours notice. Said notice shall be delivered by certified mail, return receipt requested, or in person to the other party's contract manager with proof of delivery.

c. Termination for Breach. This contract may be terminated by one party, upon no less than thirty (30) days notice, because of the other party's failure to perform an obligation hereunder. Said notice shall be delivered by certified mail, return receipt requested, or in person to the other party's contract manager with proof of delivery. Waiver of breach of any provisions of this 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, 2018, it is agreed that the performance and payment under this contract are contingent upon an annual appropriation by the Legislature, in accordance with section 287.0582, Florida Statutes.

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

For the State:

Mayur Rao  
Name  
Business Manager

1900 27<sup>th</sup> Street

Vero Beach, Fl., 32960-3383  
Address

For the County:

Michael R Symkowski  
Name  
Budget Director

1801 27<sup>th</sup> Street

Vero Beach, Fl., 32960-3383  
Address

772-794-7464  
Telephone

772-567-8000 Ext. 1214  
Telephone

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

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 (one page), and Attachment V (one page), to be executed by their undersigned officials as duly authorized effective the 1<sup>st</sup> day of October, 2017.

**BOARD OF COUNTY COMMISSIONERS  
FOR INDIAN RIVER COUNTY**


**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

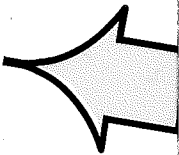
SIGNED BY: \_\_\_\_\_  
NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
DATE: \_\_\_\_\_

SIGNED BY: \_\_\_\_\_  
NAME: Celeste Philip, MD, MPH  
TITLE: Surgeon General and Secretary  
DATE: \_\_\_\_\_

ATTESTED TO:

SIGNED BY: \_\_\_\_\_  
NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
DATE: \_\_\_\_\_

SIGNED BY:  \_\_\_\_\_  
NAME: Miranda C. Hawker, MPH  
TITLE: CHD Director/Administrator  
DATE: 8/24/17





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

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

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

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

**ATTACHMENT II**  
**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 09/30/17			
	-145677	558945	413268
2. Drawdown for Contract Year October 1, 2017 to September 30, 2018			
	0	-57548	-57548
3. Special Capital Project use for Contract Year October 1, 2017 to September 30, 2018			
	0	0	0
4. Balance Reserved for Contingency Fund October 1, 2017 to September 30, 2018			
	-145677	501397	355720

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

# ATTACHMENT II

## INDIAN RIVER COUNTY HEALTH DEPARTMENT

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

October 1, 2017 to September 30, 2018

	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 CHD · TB COMMUNITY PROGRAM	28,507	0	28,507	0	28,507
015040 DENTAL SPECIAL INITIATIVE PROJECTS	6,200	0	6,200	0	6,200
015040 FAMILY PLANNING GENERAL REVENUE	40,845	0	40,845	0	40,845
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	1,286,329	0	1,286,329	0	1,286,329
<b>GENERAL REVENUE TOTAL</b>	<b>1,781,974</b>	<b>0</b>	<b>1,781,974</b>	<b>0</b>	<b>1,781,974</b>
<b>2. NON GENERAL REVENUE - STATE</b>					
015010 STATE UNDERGROUND PETROLEUM RESPONSE ACT	3,100	0	3,100	0	3,100
015010 ENVIRONMENTAL BIOMEDICAL WASTE PROGRAM	9,136	0	9,136	0	9,136
015010 HURRICAN MATTHEW EXECUTIVE ORDER 16-230	90,076	0	90,076	0	90,076
<b>NON GENERAL REVENUE TOTAL</b>	<b>102,312</b>	<b>0</b>	<b>102,312</b>	<b>0</b>	<b>102,312</b>
<b>3. FEDERAL FUNDS - STATE</b>					
007000 AIDS DRUG ASSISTANCE PROGRAM ADMIN HQ	40,719	0	40,719	0	40,719
007000 WIC BREASTFEEDING PEER COUNSELING PROG	45,250	0	45,250	0	45,250
007000 COASTAL BEACH WATER QUALITY MONITORING	13,513	0	13,513	0	13,513
007000 COMPREHENSIVE COMMUNITY CARDIO · PHBG	35,000	0	35,000	0	35,000
007000 FAMILY PLANNING TITLE X · GRANT	71,902	0	71,902	0	71,902
007000 IMMUNIZATION ACTION PLAN	34,951	0	34,951	0	34,951
007000 MCH SPEC PRJ SOCIAL DETERMINANTS HLTH COMM EDU	27,371	0	27,371	0	27,371
007000 BASE COMMUNITY PREPAREDNESS CAPABILITY	92,891	0	92,891	0	92,891
007000 BASE PUB HLTH SURVEILLANCE & EPI INVESTIGATION	78,852	0	78,852	0	78,852
007000 AIDS PREVENTION	62,150	0	62,150	0	62,150
007000 RYAN WHITE TITLE II GRANT/CHD CONSORTIUM	90,000	0	90,000	0	90,000
007000 WIC PROGRAM ADMINISTRATION	454,256	0	454,256	0	454,256
015075 INSPECTIONS OF SUMMER FEEDING PROGRAM · DOE	5,706	0	5,706	0	5,706
015075 SUPPLEMENTAL SCHOOL HEALTH	150,068	0	150,068	0	150,068
<b>FEDERAL FUNDS TOTAL</b>	<b>1,202,629</b>	<b>0</b>	<b>1,202,629</b>	<b>0</b>	<b>1,202,629</b>
<b>4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE</b>					
001020 CHD STATEWIDE ENVIRONMENTAL FEES	128,108	0	128,108	0	128,108
001092 CHD STATEWIDE ENVIRONMENTAL FEES	279,179	0	279,179	0	279,179
001206 ON SITE SEWAGE DISPOSAL PERMIT FEES	18,245	0	18,245	0	18,245
001206 SANITATION CERTIFICATES (FOOD INSPECTION)	2,405	0	2,405	0	2,405
001206 SEPTIC TANK RESEARCH SURCHARGE	4,745	0	4,745	0	4,745
001206 SEPTIC TANK VARIANCE FEES 50%	201	0	201	0	201
001206 PUBLIC SWIMMING POOL PERMIT FEES-10% HQ TRANSFER	1,292	0	1,292	0	1,292
001206 DRINKING WATER PROGRAM OPERATIONS	526	0	526	0	526
001206 REGULATION OF BODY PIERCING SALONS	138	0	138	0	138
001206 TANNING FACILITIES	217	0	217	0	217
001206 ONSITE SEWAGE TRAINING CENTER	95	0	95	0	95

## ATTACHMENT II

### INDIAN RIVER COUNTY HEALTH DEPARTMENT

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

October 1, 2017 to September 30, 2018

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
001206 TATTO PROGRAM ENVIRONMENTAL HEALTH	660	0	660	0	660
001206 MOBILE HOME & RV PARK FEES	1,698	0	1,698	0	1,698
<b>FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL</b>	<b>437,509</b>	<b>0</b>	<b>437,509</b>	<b>0</b>	<b>437,509</b>
<b>5. OTHER CASH CONTRIBUTIONS - STATE:</b>					
	0	0	0	0	0
090001 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	0	0	0	0
<b>OTHER CASH CONTRIBUTION TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>6. MEDICAID - STATE/COUNTY:</b>					
001057 CHD CLINIC FEES	0	133,403	133,403	0	133,403
001148 CHD CLINIC FEES	0	1,056,737	1,056,737	0	1,056,737
<b>MEDICAID TOTAL</b>	<b>0</b>	<b>1,190,140</b>	<b>1,190,140</b>	<b>0</b>	<b>1,190,140</b>
<b>7. ALLOCABLE REVENUE - STATE:</b>					
001004 CHD STATEWIDE ENVIRONMENTAL FEES	2,336	0	2,336	0	2,336
031005 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES	15,000	0	15,000	0	15,000
<b>ALLOCABLE REVENUE TOTAL</b>	<b>17,336</b>	<b>0</b>	<b>17,336</b>	<b>0</b>	<b>17,336</b>
<b>8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE</b>					
ADAP	0	0	0	148,203	148,203
PHARMACY DRUG PROGRAM	0	0	0	13,486	13,486
WIC PROGRAM	0	0	0	1,770,055	1,770,055
BUREAU OF PUBLIC HEALTH LABORATORIES	0	0	0	21,548	21,548
IMMUNIZATIONS	0	0	0	309,449	309,449
<b>OTHER STATE CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,262,741</b>	<b>2,262,741</b>
<b>9. DIRECT LOCAL CONTRIBUTIONS - BCC/TAX DISTRICT</b>					
008005 HUMAN AND CHILDRENS SERVICES PROGRAM	0	64,692	64,692	0	64,692
008005 CHD FEDERAL & LOCAL INDIRECT EARNINGS	0	10,826	10,826	0	10,826
008020 CHD LOCAL REVENUE & EXPENDITURES	0	2,027,787	2,027,787	0	2,027,787
008040 CHD LOCAL REVENUE & EXPENDITURES	0	632,970	632,970	0	632,970
<b>DIRECT COUNTY CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>2,736,275</b>	<b>2,736,275</b>	<b>0</b>	<b>2,736,275</b>
<b>10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY</b>					
001025 CHD CLINIC FEES	0	8,881	8,881	0	8,881
001077 CHD CLINIC FEES	0	248,848	248,848	0	248,848
001094 CHD LOCAL ENVIRONMENTAL FEES	0	90,286	90,286	0	90,286
001110 VITAL STATISTICS CERTIFIED RECORDS	0	223,173	223,173	0	223,173
<b>FEES AUTHORIZED BY COUNTY TOTAL</b>	<b>0</b>	<b>571,188</b>	<b>571,188</b>	<b>0</b>	<b>571,188</b>
<b>11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY</b>					
001029 CHD CLINIC FEES	0	92,625	92,625	0	92,625
001090 CHD CLINIC FEES	0	37,333	37,333	0	37,333
005000 CHD LOCAL REVENUE & EXPENDITURES	0	6,920	6,920	0	6,920
010400 CHD SALE OF SERVICES IN OR OUTSIDE OF STATE GOV'T	0	1,675	1,675	0	1,675

## ATTACHMENT II

### INDIAN RIVER COUNTY HEALTH DEPARTMENT

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

October 1, 2017 to September 30, 2018

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
011000 CHD CLINIC FEES	0	34,185	34,185	0	34,185
011000 REVENUE CONTRACT/MOA W/NO REPORTING REQUIREMENT	0	12,777	12,777	0	12,777
011001 CHD HEALTHY START COALITION CONTRACT	0	2,243	2,243	0	2,243
090002 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	57,548	57,548	0	57,548
<b>OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>245,306</b>	<b>245,306</b>	<b>0</b>	<b>245,306</b>
<b>12. ALLOCABLE REVENUE - COUNTY</b>					
001004 CHD STATEWIDE ENVIRONMENTAL FEES	0	2,334	2,334	0	2,334
031005 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES	0	15,000	15,000	0	15,000
<b>COUNTY ALLOCABLE REVENUE TOTAL</b>	<b>0</b>	<b>17,334</b>	<b>17,334</b>	<b>0</b>	<b>17,334</b>
<b>13. BUILDINGS - COUNTY</b>					
ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	434,417	434,417
OTHER (Specify)	0	0	0	0	0
UTILITIES	0	0	0	153,560	153,560
BUILDING MAINTENANCE	0	0	0	75,868	75,868
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
<b>BUILDINGS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>663,845</b>	<b>663,845</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>3,541,760</b>	<b>4,760,243</b>	<b>8,302,003</b>	<b>2,926,586</b>	<b>11,228,589</b>

## ATTACHMENT II

## INDIAN RIVER COUNTY HEALTH DEPARTMENT

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

October 1, 2017 to September 30, 2018

	Quarterly Expenditure Plan									
	FTE's	Clients	Services/	1st	2nd	3rd	4th			Grand
	(0.00)	Units	Visits	(Whole dollars only)				State	County	Total
<b>A. COMMUNICABLE DISEASE CONTROL:</b>										
IMMUNIZATION (101)	3.86	2,788	3,876	80,999	94,476	80,999	94,477	220,005	130,946	350,951
SEXUALLY TRANS. DIS. (102)	4.33	1,020	1,395	65,434	76,321	65,434	76,320	80,560	202,949	283,509
HIV/AIDS PREVENTION (03A1)	1.56	0	7,039	23,183	27,041	23,183	27,041	100,408	40	100,448
HIV/AIDS SURVEILLANCE (03A2)	0.00	0	0	6	7	6	8	27	0	27
HIV/AIDS PATIENT CARE (03A3)	1.70	305	646	44,499	51,903	44,499	51,904	147,361	45,444	192,805
ADAP (03A4)	0.73	29	31	12,387	14,448	12,387	14,449	45,073	8,598	53,671
TUBERCULOSIS (104)	1.21	282	419	17,889	20,865	17,889	20,866	71,908	5,601	77,509
COMM. DIS. SURV. (106)	2.82	0	782	48,072	56,071	48,072	56,071	208,286	0	208,286
HEPATITIS (109)	0.00	0	0	0	0	0	0	0	0	0
PREPAREDNESS AND RESPONSE (116)	1.44	0	7	30,349	35,398	30,349	35,397	131,493	0	131,493
REFUGEE HEALTH (118)	0.00	0	0	0	0	0	0	0	0	0
VITAL RECORDS (180)	1.14	6,617	20,081	15,609	18,207	15,609	18,207	0	67,632	67,632
<b>COMMUNICABLE DISEASE SUBTOTAL</b>	<b>18.79</b>	<b>11,041</b>	<b>34,276</b>	<b>338,427</b>	<b>394,737</b>	<b>338,427</b>	<b>394,740</b>	<b>1,005,121</b>	<b>461,210</b>	<b>1,466,331</b>
<b>B. PRIMARY CARE:</b>										
CHRONIC DISEASE PREVENTION PRO (210)	0.58	2,418	575	12,879	15,022	12,879	15,023	49,640	6,163	55,803
WIC (21W1)	8.90	6,451	30,509	124,787	145,549	124,787	145,548	540,671	0	540,671
TOBACCO USE INTERVENTION (212)	0.00	0	0	0	0	0	0	0	0	0
WIC BREASTFEEDING PEER COUNSELING (21W2)	0.74	0	1,560	12,373	14,431	12,373	14,431	53,608	0	53,608
FAMILY PLANNING (223)	7.88	1,304	2,123	117,510	137,062	117,510	137,062	246,417	262,727	509,144
IMPROVED PREGNANCY OUTCOME (225)	0.00	0	0	0	0	0	0	0	0	0
HEALTHY START PRENATAL (227)	0.06	53	125	683	797	683	797	0	2,960	2,960
COMPREHENSIVE CHILD HEALTH (229)	15.02	2,413	6,100	239,770	279,663	239,770	279,663	0	1,038,866	1,038,866
HEALTHY START CHILD (231)	0.00	0	0	0	0	0	0	0	0	0
SCHOOL HEALTH (234)	5.67	0	26,064	81,028	94,509	81,028	94,508	351,073	0	351,073
COMPREHENSIVE ADULT HEALTH (237)	29.43	3,631	10,300	522,102	608,968	522,102	608,968	316,417	1,945,723	2,262,140
COMMUNITY HEALTH DEVELOPMENT (238)	2.38	0	4,064	39,717	46,325	39,717	46,324	172,083	0	172,083
DENTAL HEALTH (240)	11.91	3,630	6,609	208,873	243,625	208,873	243,624	150,491	754,504	904,995
<b>PRIMARY CARE SUBTOTAL</b>	<b>82.57</b>	<b>19,900</b>	<b>88,029</b>	<b>1,359,722</b>	<b>1,585,951</b>	<b>1,359,722</b>	<b>1,585,948</b>	<b>1,880,400</b>	<b>4,010,943</b>	<b>5,891,343</b>
<b>C. ENVIRONMENTAL HEALTH:</b>										
<b>Water and Onsite Sewage Programs</b>										
COSTAL BEACH MONITORING (347)	0.19	147	147	5,310	6,194	5,310	6,194	22,922	86	23,008
LIMITED USE PUBLIC WATER SYSTEMS (357)	0.28	44	506	5,058	5,900	5,058	5,900	19,290	2,626	21,916
PUBLIC WATER SYSTEM (358)	0.09	1	239	1,548	1,805	1,548	1,804	17	6,688	6,705
PRIVATE WATER SYSTEM (359)	1.24	7	1,444	20,251	23,621	20,251	23,621	238	87,506	87,744
ONSITE SEWAGE TREATMENT & DISPOSAL (361)	6.26	1,351	5,178	92,786	108,223	92,786	108,223	394,760	7,258	402,018
<b>Group Total</b>	<b>8.06</b>	<b>1,550</b>	<b>7,514</b>	<b>124,953</b>	<b>145,743</b>	<b>124,953</b>	<b>145,742</b>	<b>437,227</b>	<b>104,164</b>	<b>541,891</b>
<b>Facility Programs</b>										
TATTOO FACILITY SERVICES (344)	0.09	0	34	1,326	1,547	1,326	1,546	5,713	32	5,745
FOOD HYGIENE (348)	0.59	126	509	9,475	11,051	9,475	11,050	40,737	314	41,051

## ATTACHMENT II

## INDIAN RIVER COUNTY HEALTH DEPARTMENT

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

October 1, 2017 to September 30, 2018

	FTE's (0.00)	Clients Units	Services/ Visits	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd (Whole dollars only)	3rd	4th			
BODY PIERCING FACILITIES SERVICES (349)	0.02	4	9	406	473	406	473	1,747	11	1,758
GROUP CARE FACILITY (351)	0.33	69	134	5,213	6,080	5,213	6,081	3,159	19,428	22,587
MIGRANT LABOR CAMP (352)	0.05	3	20	966	1,126	966	1,126	4,161	23	4,184
HOUSING & PUB. BLDG. (353)	0.11	0	32	1,940	2,263	1,940	2,263	21	8,385	8,406
MOBILE HOME AND PARK (354)	0.18	65	144	2,716	3,168	2,716	3,167	11,703	64	11,767
POOLS/BATHING PLACES (360)	1.03	364	1,107	16,471	19,211	16,471	19,212	70,396	969	71,365
BIOMEDICAL WASTE SERVICES (364)	0.50	286	318	7,573	8,833	7,573	8,832	32,483	328	32,811
TANNING FACILITY SERVICES (369)	0.01	4	8	258	302	258	302	1,115	5	1,120
<b>Group Total</b>	<b>2.91</b>	<b>921</b>	<b>2,315</b>	<b>46,344</b>	<b>54,054</b>	<b>46,344</b>	<b>54,052</b>	<b>171,235</b>	<b>29,559</b>	<b>200,794</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)	0.11	63	91	1,869	2,180	1,869	2,179	8,048	49	8,097
<b>Group Total</b>	<b>0.11</b>	<b>63</b>	<b>91</b>	<b>1,869</b>	<b>2,180</b>	<b>1,869</b>	<b>2,179</b>	<b>8,048</b>	<b>49</b>	<b>8,097</b>
<b>Community Hygiene</b>										
COMMUNITY ENVIR. HEALTH (345)	0.10	0	185	1,312	1,530	1,312	1,531	1,452	4,233	5,685
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)	0.26	1,281	169	3,900	4,548	3,900	4,548	43	16,853	16,896
SOLID WASTE DISPOSAL SERVICE (363)	0.01	0	4	142	166	142	167	8	609	617
SANITARY NUISANCE (365)	0.12	24	12	2,449	2,856	2,449	2,857	24	10,587	10,611
RABIES SURVEILLANCE (366)	0.18	41	104	3,121	3,641	3,121	3,641	34	13,490	13,524
ARBORVIRUS SURVEIL. (367)	0.00	0	0	97	114	97	114	354	68	422
RODENT/ARTHROPOD CONTROL (368)	0.00	0	0	21	25	21	25	0	92	92
WATER POLLUTION (370)	0.18	0	143	4,499	5,248	4,499	5,248	36	19,458	19,494
INDOOR AIR (371)	0.15	0	37	2,809	3,276	2,809	3,275	28	12,141	12,169
RADIOLOGICAL HEALTH (372)	0.00	0	0	9	11	9	11	0	40	40
TOXIC SUBSTANCES (373)	0.15	6	21	2,789	3,253	2,789	3,252	28	12,055	12,083
<b>Group Total</b>	<b>1.15</b>	<b>1,352</b>	<b>675</b>	<b>21,148</b>	<b>24,668</b>	<b>21,148</b>	<b>24,669</b>	<b>2,007</b>	<b>89,626</b>	<b>91,633</b>
<b>ENVIRONMENTAL HEALTH SUBTOTAL</b>	<b>12.23</b>	<b>3,886</b>	<b>10,595</b>	<b>194,314</b>	<b>226,645</b>	<b>194,314</b>	<b>226,642</b>	<b>618,517</b>	<b>223,398</b>	<b>841,915</b>
<b>D. NON-OPERATIONAL COSTS:</b>										
NON-OPERATIONAL COSTS (599)	1.00	0	0	14,931	17,415	14,931	17,415	0	64,692	64,692
ENVIRONMENTAL HEALTH SURCHARGE (399)	0.00	0	0	6,975	8,136	6,975	8,136	30,222	0	30,222
MEDICAID BUYBACK (611)	0.00	0	0	1,731	2,019	1,731	2,019	7,500	0	7,500
<b>NON-OPERATIONAL COSTS SUBTOTAL</b>	<b>1.00</b>	<b>0</b>	<b>0</b>	<b>23,637</b>	<b>27,570</b>	<b>23,637</b>	<b>27,570</b>	<b>37,722</b>	<b>64,692</b>	<b>102,414</b>
<b>TOTAL CONTRACT</b>	<b>114.59</b>	<b>34,827</b>	<b>132,900</b>	<b>1,916,100</b>	<b>2,234,903</b>	<b>1,916,100</b>	<b>2,234,900</b>	<b>3,541,760</b>	<b>4,760,243</b>	<b>8,302,003</b>



**ATTACHMENT III**  
**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 - 2017 - 2018**

**Indian River County Health Department**

**Facilities Utilized by the County Health Department**

<b>Complete Location</b> (Street Address, City, Zip)	<b>Facility Description</b> <b>And Official Building</b> <b>Name (if applicable)</b> (Admin, Clinic, Envn Hlth, etc.)	<b>Lease/                      Agreement                      Number</b>	<b>Type of                      Agreement</b> (Private Lease thru State or County, other - please define)	<b>Complete                      Legal Name                      of Owner</b>	<b>SQ                      Feet</b>	<b>Employee                      Count</b> (FTE/OPS/ Contract)
<b>1900 27th Street, Vero                      Beach, Florida, 32960-3383</b>	<b>Administration, HR, Clinic,                      Vital Statistics, Envn                      Health, WIC</b>	N/A	County Owned	Board of County Commissioners for Indian River County	36,475	100.99
<b>4675 28th Court, Vero Beach,                      Florida, 32967-1330</b>	Clinic	N/A	Indian River County Hospital District	Indian River County Hospital District	10,642	13.6

***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**

N/A

CASH RESERVED OR ANTICIPATED TO BE RESERVED FOR PROJECTS

<u>CONTRACT YEAR</u>	<u>STATE</u>	<u>COUNTY</u>	<u>TOTAL</u>
2016-2017*	\$ _____ 0	\$ _____ 0	\$ _____ 0
2017-2018**	\$ _____ 0	\$ _____ 0	\$ _____ 0
2018-2019***	\$ _____ 0	\$ _____ 0	\$ _____ 0
2019-2020***	\$ _____ 0	\$ _____ 0	\$ _____ 0
PROJECT TOTAL	\$ _____ 0	\$ _____ 0	\$ _____ 0

**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 9/30/17

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

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