# 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 2023-2024

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, 2023. State and County are jointly referred to as the "parties".

#### RECITALS

- A. Pursuant to Chapter 154, Florida Statutes, the intent of the legislature is to "promote, protect, maintain, and improve the health and safety of all citizens and visitors of this state through a system of coordinated county health department services."
- B. County Health Departments were created throughout Florida to satisfy this legislative intent through the "promotion of the public's health, the control and eradication of preventable diseases, and the provision of primary health care for special populations."
- C. 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 to ensure coordination between the State and the County in the operation of the CHD.
- NOW, THEREFORE, in consideration of the mutual promises set forth herein, the sufficiency of which is hereby acknowledged, the parties hereto agree as follows:
- 1. <u>RECITALS</u>. The parties mutually agree that the foregoing recitals are true and correct and incorporated herein by reference.
- 2. <u>TERM</u>. The parties mutually agree that this contract shall be effective from October 1, 2023, through September 30, 2024, or until a written contract replacing this contract is entered into between the parties, whichever is later, unless this contract is otherwise terminated according to the termination provisions outlined in paragraph 8. below.
- 3. <u>SERVICES MAINTAINED BY THE CHD</u>. The parties mutually agree that the CHD shall provide those services as outlined in Part III of Attachment II hereof, to maintain the following three levels of service pursuant to section 154.01(2), Florida Statutes, as defined below:
- a. "Environmental health services" are those services that are organized and operated to protect the health of the general public by monitoring and regulating activities in the environment that may contribute to the occurrence or transmission of disease. Environmental health services shall be supported by available federal, state, and local funds and shall include

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

- b. "Communicable disease control services" are those services that protect the health of the general public through the detection, control, and eradication of diseases that are transmitted primarily by human beings. Communicable disease services shall be supported by available federal, state, and local funds and shall include those services mandated on a state or federal level. Such services include, but are not limited to, epidemiology, sexually transmissible disease detection and control, HIV/AIDS, immunization, tuberculosis control, and maintenance of vital statistics.
- c. "Primary care services" are acute care and preventive services that are made available to well and sick persons who are unable to obtain such services due to lack of income or other barriers beyond their control. These services are provided to benefit individuals, improve the collective health of the public, and prevent and control the spread of disease. Primary health care services are provided at home, in group settings, or in clinics. These services shall be supported by available federal, state, and local funds and shall include services mandated on a state or federal level. Examples of primary health care services include but are not limited to first contact acute care services; chronic disease detection and treatment; maternal and child health services; family planning; nutrition; school health; supplemental food assistance for women, infants, and children; home health; and dental services.
- 4. <u>FUNDING</u>. The parties further agree that funding for the CHD will be handled as follows:
- a. The funding to be provided by the parties and any other sources is outlined in Part II of Attachment II hereof. This funding will be used as shown in Part I of Attachment II.
  - i. The State's appropriated responsibility (direct contribution excluding any state fees, Medicaid contributions, or any other funds not listed on the Schedule C) as provided in Attachment II, Part II is an amount not to exceed \$3,839,499(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 \$775,604 (amount listed under the "Board of County Commissioners Annual Appropriations section of the revenue attachment).
- b. Overall expenditures will not exceed available funding or budget authority, whichever is less, (either the current year or from surplus trust funds) in any service category. Unless requested otherwise, any surplus at the end of the term of this contract in the County Health Department Trust Fund that is attributed to the CHD shall be carried forward to the next contract period.

- c. Either party may establish service fees as allowed by law to fund activities of the CHD. Where applicable, such fees shall be automatically adjusted to at least the Medicaid fee schedule.
- d. Either party may increase or decrease funding of this contract during the term hereof by notifying the other party in writing of the amount and purpose for the change in funding. If the State initiates the increase or decrease, the CHD will revise Attachment II and send a copy of the revised pages to the County and the State's Office of Budget and Revenue Management. If the County initiates the increase or decrease, the County shall notify the CHD in writing. The CHD will then revise Attachment II and send a copy of the revised pages to the State's Office of Budget and Revenue Management.
  - e. The name and address of the official payee to whom payments shall be made is:

County Health Department Trust Fund Indian River County Health Department Accounts Receivable, 1900 27th Street Vero Beach, FL 32960-3383

- 5. <u>CHD DIRECTOR or ADMINISTRATOR</u>. Both parties agree the director or administrator of the CHD shall be a State employee or under contract with the State and will be under the day-to-day direction of the State's Deputy Secretary for County Health Systems. The director or administrator shall be selected by the State with the concurrence of the County. The director or administrator of the CHD shall ensure that non-categorical sources of funding are used to fulfill public health priorities in the community and the Long-Range Program Plan.
- 6. <u>ADMINISTRATIVE POLICIES AND PROCEDURES</u>. The parties hereto agree that the following standards should apply in the operation of the CHD:
- a. The CHD and its personnel shall follow all State policies and procedures, except to the extent permitted for the use of County purchasing procedures as outlined in subparagraph b., below. All CHD employees shall be State or State-contract personnel subject to State personnel laws, rules, and procedures. Employees will report time in the Health Management System compatible format by program component as specified by the State.
- b. The CHD shall comply with all applicable provisions of federal and state laws and regulations relating to its operation with the exception that the use of County purchasing procedures shall be allowed when it will result in a better price or service and no statewide purchasing contract has been implemented for those goods or services. In such cases, the CHD director or administrator must sign a justification, therefore, and all County purchasing procedures must be followed in their entirety, and such compliance shall be documented. Such justification and compliance documentation shall be maintained by the CHD following the terms of this contract. State procedures must be followed for all leases on facilities not enumerated in Attachment IV.
- c. The CHD shall maintain books, records, and documents following the Generally Accepted Accounting Principles, as promulgated by the Governmental Accounting Standards Board, and the requirements of federal or state law. These records shall be maintained as

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

- The revenue and expenditure requirements in the Florida Accounting Information Resource System; and
- ii. The client registration and services reporting requirements of the minimum data set as specified in the most current version of the Client Information System/Health Management Component Pamphlet; and
- iii. Financial procedures specified in the State's Accounting Procedures Manuals, Accounting memoranda, and Comptroller's memoranda; and
- iv. The CHD is responsible for assuring that all contracts with service providers include provisions that all subcontracted services be reported to the CHD in a manner consistent with the client registration and service reporting requirements of the minimum data set as specified in the Client Information System/Health Management Component Pamphlet.
- d. All funds for the CHD shall be deposited in the County Health Department Trust Fund maintained by the state treasurer. These funds shall be accounted for separately from funds deposited for other CHDs and shall be used only for public health purposes in Indian River County.
- e. That any surplus or deficit funds, including fees or accrued interest, remaining in the County Health Department Trust Fund account at the end of the contract year shall be credited or debited to the State or County, as appropriate, based on the funds contributed by each and the expenditures incurred by each. Expenditures will be charged to the program accounts by State and County based on the ratio of planned expenditures in this contract and funding from all sources is credited to the program accounts by State and County. The equity share of any surplus or deficit funds accruing to the State and County is determined each month and at the contract year-end. Surplus funds may be applied toward the funding requirements of each party in the following year. However, in each such case, all surplus funds, including fees and accrued interest, shall remain in the trust fund until accounted for in a manner that clearly illustrates the amount which has been credited to each party. The planned use of surplus funds shall be reflected in Attachment II, Part I of this contract, with special capital projects explained in Attachment V.
- f. There shall be no transfer of funds between the three levels of services without a contract amendment unless the CHD director or administrator determines that an emergency exists wherein a time delay would endanger the public's health and the State's Deputy Secretary for County Health Systems have approved the transfer. The State's Deputy Secretary for County Health Systems shall forward written evidence of this approval to the CHD within 30 days after an emergency transfer.

- g. The CHD may execute subcontracts for services necessary to enable the CHD to carry out the programs specified in this contract. Any such subcontract shall include all aforementioned audit and record-keeping requirements.
- h. At the request of either party, an audit may be conducted by an independent certified public accountant on the financial records of the CHD, and the results made available to the parties within 180 days after the close of the CHD fiscal year. This audit will follow requirements contained in OMB Circular A-133, as revised, and may be in conjunction with audits performed by the County government. If audit exceptions are found, then the director or administrator of the CHD will prepare a corrective action plan and a copy of that plan and monthly status reports will be furnished to the contract managers for the parties.
- i. The CHD shall not use or disclose any information concerning a recipient of services except as allowed by federal or state law or policy.
- j. The CHD shall retain all client records, financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to this contract for five years after termination of this contract. If an audit has been initiated and audit findings have not been resolved at the end of five years, the records shall be retained until the resolution of the audit findings.
- k. The CHD shall maintain the confidentiality of all data, files, and records that are confidential under the law or are otherwise exempted from disclosure as a public record under Florida law. The CHD shall implement procedures to ensure the protection and confidentiality of all such records and shall comply with sections 384.29, 381.004, 392.65, and 456.057, Florida Statutes, and all other state and federal laws regarding confidentiality. All confidentiality procedures implemented by the CHD shall be consistent with the State's Information Security Policies, Protocols, and Procedures. The CHD shall further adhere to any amendments to the State's security requirements and shall comply with any applicable professional standards of practice concerning client confidentiality.
- I. The CHD shall abide by all State policies and procedures, which by this reference are incorporated herein as standards to be followed by the CHD.
- m. The CHD shall establish a system through which applicants for services and current clients may present grievances over denial, modification, or termination of services. The CHD will advise applicants of the right to appeal a denial or exclusion from services, of failure to take account of a client's choice of service, and right to a fair hearing to the final governing authority of the CHD. Specific references to existing laws, rules, or program manuals are included in Attachment I of this contract.
- n. The CHD shall comply with the provisions contained in the Civil Rights Compliance and Non-Discrimination Certificate, hereby incorporated into this contract as Attachment III.
- o. The CHD shall submit quarterly reports to the County that shall include at least the following:

- The DE385L1 Contract Management Variance Report and the DE580L1 Analysis of Fund Equities Report; and
- ii. A written explanation to the County of service variances reflected in the yearend DE385L1 report if the variance exceeds or falls below 25 percent of the planned expenditure amount for the contract year. However, if the amount of the service-specific variance between actual and planned expenditures does not exceed three percent of the total planned expenditures for the level of service in which the type of service is included, a variance explanation is not required. A copy of the written explanation shall be sent to the State's Office of Budget and Revenue Management.
- p. The dates for the submission of quarterly reports to the County shall be as follows unless the generation and distribution of reports are delayed due to circumstances beyond the CHD's control:
  - *i.* March 1, 2024, for the reporting period of October 1, 2023, through December 31, 2023; and
  - *ii.* June 1, 2024, for the reporting period of October 1, 2023, through March 31, 2024; and
  - *iii.* September 1, 2024, for the reporting period of October 1, 2023 through June 30, 2024; and
  - *iv.* December 1, 2024, for the reporting period of October 1, 2023 through September 30, 2024.

# 7. <u>FACILITIES AND EQUIPMENT</u>. The parties mutually agree that:

- a. CHD facilities shall be provided as specified in Attachment IV to this contract and the County shall own the facilities used by the CHD unless otherwise provided in Attachment IV.
- b. The County shall ensure adequate fire and casualty insurance coverage for County-owned CHD offices and buildings and all furnishings and equipment in CHD offices through either a self-insurance program or insurance purchased by the County.
- c. All vehicles will be transferred to the ownership of the County and registered as County vehicles. The County shall ensure insurance coverage for these vehicles is available through either a self-insurance program or insurance purchased by the County. All vehicles will be used solely for CHD operations. Vehicles purchased through the County Health Department Trust Fund shall be sold at fair market value when they are no longer needed by the CHD and the proceeds returned to the County Health Department Trust Fund.

# 8. <u>TERMINATION</u>.

- a. <u>Termination at Will</u>. This contract may be terminated by either party without cause upon no less than 180 calendar days' notice in writing to the other party unless a lesser time is mutually agreed upon in writing by both parties.
- b. <u>Termination Because of Lack of Funds</u>. In the event funds to finance this contract become unavailable, either party may terminate this contract upon no less than 24 hours' notice.
- c. <u>Termination for Breach</u>. This contract may be terminated by either party for a material breach of an obligation hereunder, upon no less than 30 days' notice. Waiver of a breach of any provisions of this contract shall not be deemed to be a waiver of any other breach and shall not be construed to be a modification of the terms of this contract.

# 9. <u>MISCELLANEOUS</u>. The parties further agree:

- a. <u>Availability of Funds</u>. If this contract, any renewal hereof, or any term, performance, or payment hereunder, extends beyond the CHD fiscal year beginning July 1, 2024, it is agreed that the performance and payment under this contract are contingent upon an annual appropriation by the Legislature, under section 287.0582, Florida Statutes.
- b. <u>Contract Managers</u>. The name and addresses of the contract managers for the parties under this contract are as follows:

For the State: For the County:

Mayur Rao Kristin Daniels

Name Name

Administrative Services Director II Budget Director Title Budget Director

Title Title 1900 27<sup>th</sup> Street 1801 27<sup>th</sup> Street

Address Address

Mayur.rao@fl.health.gov kdaniels@ircgov.com

Email Address Email Address

772-794-7464 772-567-8000 Ext. 1214

Telephone Telephone

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

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

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

In WITNESS THEREOF, the parties hereto have caused this eight page contract, with its attachments as referenced, including Attachment I (two pages), Attachment II (six pages), Attachment III (one page), Attachment IV (one page), and Attachment V (one page), to be executed by their undersigned officials as duly authorized effective the 1st day of October 2023.

# BOARD OF COUNTY COMMISSIONERS FOR INDIAN RIVER COUNTY

# STATE OF FLORIDA DEPARTMENT OF HEALTH

SIGNED BY:	SIGNED BY:
NAME:	NAME: Joseph A. Ladapo, M.D., Ph.D.
TITLE:	TITLE: State Surgeon General
DATE:	DATE:
ATTESTED TO:	SIGNED BY: Mind Sugar
SIGNED BY:	
NAME:	NAME: Miranda C Swanson, MPH
TITLE:	TITLE: CHD Director or Administrator
DATE:	DATE: 9/7/23

#### 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.

<sup>\*</sup>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 09/30/23	e 10G	313845	1649402	1963247
2.	Drawdown for Contract Year October 1, 2023 to September 30, 2024		-313845	-386272	-700117
3.	Special Capital Project use for Contract Year October 1, 2023 to September 30, 2024		0	0	0
4.	Balance Reserved for Contingency Fund October 1, 2023 to September 30, 2024		0	1263130	1263130

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

		State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
1. GENE	RAL REVENUE · STATE	(0000)				
015040	AIDS PATIENT CARE	100,000	0	100,000	0	100,000
015040	CHD · TB COMMUNITY PROGRAM	30,597	0	30,597	0	30,597
015040	FAMILY PLANNING GENERAL REVENUE	51,533	0	51,533	0	51,533
015040	PRIMARY CARE PROGRAM	183,226	0	183,226	0	183,226
015040	RACIAL & ETHNIC DISPARITIES · CHD EXPENSES	52,000	0	52,000	0	52,000
015040	SCHOOL HEALTH SERVICES	136,867	0	136,867	0	136,867
015050	CHD GENERAL REVENUE NON-CATEGORICAL	1,696,194	0	1,696,194	0	1,696,194
GENERA	L REVENUE TOTAL	2,250,417	0	2,250,417	0	2,250,417
2. NON (	GENERAL REVENUE - STATE					
015010	ENVIRONMENTAL BIOMEDICAL WASTE PROGRAM	6,862	0	6,862	0	6,862
NON GE	NERAL REVENUE TOTAL	6,862	0	6,862	0	6,862
3. FEDE	RAL 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	12,886	0	12,886	0	12,886
007000	COMPREHENSIVE COMMUNITY CARDIO · PHBG	115,000	0	115,000	0	115,000
007000	STRENGTHENING STD PREVENTION AND CONTROL	27,993	0	27,993	0	27,993
007000	ELC COVID ENHANCED DETECTION EXPANSION GRANT	130,591	0	130,591	0	130,591
007000	FAMILY PLANNING TITLE X · GRANT	17,092	0	17,092	0	17,092
007000	PUBLIC HLTH INFRASTRUCTURE & WORKFORCE/CENTRAL 1 $$	152,988	0	152,988	0	152,988
007000	INFANT MORTALITY	14,776	0	14,776	0	14,776
007000	IMMUNIZATION ACTION PLAN	49,880	0	49,880	0	49,880
007000	MCH SPEC PRJ SOCIAL DETERMINANTS HLTH COMM EDU	23,113	0	23,113	0	23,113
007000	BASE COMMUNITY PREPAREDNESS CAPABILITY	92,629	0	92,629	0	92,629
007000	BASE PUB HLTH SURVEILLANCE & EPI INVESTIGATION	83,823	0	83,823	0	83,823
007000	AIDS PREVENTION	56,262	0	56,262	0	56,262
007000	RYAN WHITE TITLE II GRANT/CHD CONSORTIUM	80,000	0	80,000	0	80,000
007000	WIC PROGRAM ADMINISTRATION	606,322	0	606,322	0	606,322
015075	SCHOOL HEALTH SERVICES	150,068	0	150,068	0	150,068
FEDERA	L FUNDS TOTAL	1,712,811	0	1,712,811	0	1,712,811
4. FEES	ASSESSED BY STATE OR FEDERAL RULES - STATE					
001020	CHD STATEWIDE ENVIRONMENTAL FEES	160,032	0	160,032	0	160,032
001092	ON SITE SEWAGE DISPOSAL PERMIT FEES	289,870	0	289,870	0	289,870
001092	CHD STATEWIDE ENVIRONMENTAL FEES	1,662	0	1,662	0	1,662
001206	ON SITE SEWAGE DISPOSAL PERMIT FEES	25,130	0	25,130	0	25,130
001206	SANITATION CERTIFICATES (FOOD INSPECTION)	2,614	0	2,614	0	2,614
001206	SEPTIC TANK RESEARCH SURCHARGE	6,153	0	6,153	0	6,153
001206	SEPTIC TANK VARIANCE FEES 50%	867	0	867	0	867
001206	PUBLIC SWIMMING POOL PERMIT FEES-10% HQ TRANSFER	11,265	0	11,265	0	11,265
001206	DRINKING WATER PROGRAM OPERATIONS	456	0	456	0	456
001206	REGULATION OF BODY PIERCING SALONS	4,089	0	4,089	0	4,089

### INDIAN RIVER COUNTY HEALTH DEPARTMENT

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
001206 TANNING FACILITIES	300	0	300	0	300
001206 TATTO PROGRAM ENVIRONMENTAL HEALTH	1,565	0	1,565	0	1,565
001206 MOBILE HOME & RV PARK FEES	1,811	0	1,811	0	1,811
FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL	505,814	0	505,814	0	505,814
5. OTHER CASH CONTRIBUTIONS · STATE:					
031005 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES	20,721	0	20,721	0	20,721
090001 DRAW DOWN FROM PUBLIC HEALTH UNIT	313,845	0	313,845	0	313,845
OTHER CASH CONTRIBUTION TOTAL	334,566	0	334,566	0	334,566
6. MEDICAID · STATE/COUNTY:					
001057 CHD CLINIC FEES	0	8,935	8,935	0	8,935
001148 CHD CLINIC FEES	0	21,280	21,280	0	21,280
MEDICAID TOTAL	0	30,215	30,215	0	30,215
7. ALLOCABLE REVENUE - STATE:					
001004 CHD STATEWIDE ENVIRONMENTAL FEES	7,122	0	7,122	0	7,122
ALLOCABLE REVENUE TOTAL	7,122	0	7,122	0	7,122
8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE					
ADAP	0	0	0	416,874	416,874
PHARMACY DRUG PROGRAM	0	0	0	784	784
WIC PROGRAM	0	0	0	2,555,183	2,555,183
BUREAU OF PUBLIC HEALTH LABORATORIES	0	0	0	18,135	18,135
IMMUNIZATIONS	0	0	0	48,623	48,623
OTHER STATE CONTRIBUTIONS TOTAL	0	0	0	3,039,599	3,039,599
9. DIRECT LOCAL CONTRIBUTIONS · BCC/TAX DISTRICT	0	775,604	775,604	0	775,604
008040 CHD LOCAL REVENUE & EXPENDITURES DIRECT COUNTY CONTRIBUTIONS TOTAL	0	775,604	775,604	0	775,604
DIRECT COUNTY CONTRIBUTIONS TOTAL	Ü	770,004	770,004		775,004
10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY					
001077 CHD CLINIC FEES	0	345	345	0	345
001077 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES	0	280	280	0	280
001094 CHD LOCAL ENVIRONMENTAL FEES	0	266,626	266,626	0	266,626
001110 VITAL STATISTICS CERTIFIED RECORDS	0	280,000	280,000	0	280,000
FEES AUTHORIZED BY COUNTY TOTAL	0	547,251	547,251	0	547,251
11. OTHER CASH AND LOCAL CONTRIBUTIONS · COUNTY					
001029 CHD CLINIC FEES	0	10,306	10,306	0	10,306
001090 CHD CLINIC FEES	0	4,780	4,780	0	4,780
010300 STATE UNDERGROUND PETROLEUM RESPONSE ACT	0	2,254	2,254	0	2,254
010300 MIGRANT LABOR HOUSING INSPECTION H-2A PROGRAM	0	1,782	1,782	0	1,782
011000 BLUE FOUNDATION COUNTY GRANTS	0	95,000	95,000	0	95,000
011000 REVENUE CONTRACT/MOA W/NO REPORTING REQUIREMENT	0	20,502	20,502	0	20,502
011000 HEALTHY START NURSE FAM PARTNERSHIP EXPAND CHD	0	92,292	92,292	0	92,292

# INDIAN RIVER COUNTY HEALTH DEPARTMENT

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
011001 CHD HEALTHY START COALITION CONTRACT	0	2,090	2,090	0	2,090
090002 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	386,272	386,272	0	386,272
OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL	0	615,278	615,278	0	615,278
12. ALLOCABLE REVENUE - COUNTY					
001004 CHD STATEWIDE ENVIRONMENTAL FEES	0	7,122	7,122	0	7,122
COUNTY ALLOCABLE REVENUE TOTAL	0	7,122	7,122	0	7,122
13. BUILDINGS · COUNTY					
ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	528,888	528,888
OTHER (Specify)	0	0	0	0	0
UTILITIES	0	0	0	200,613	200,613
BUILDING MAINTENANCE	0	0	0	127,663	127,663
WABASSO SITE · ANNUAL RENATL EQUIVALENT VALUE	0	0	0	80,562	80,562
WABASSO SITE · UTILITIES	0	0	0	30,558	30,558
WABASSO SITE - BUILDING MAINTENANCE	0	0	0	19,446	19,446
OTHER (Specify)	0	0	0	0	0
BUILDINGS TOTAL	0	0	0	987,730	987,730
14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNT	Y				
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	4,817,592	1,975,470	6,793,062	4,027,329	10,820,391

#### INDIAN RIVER COUNTY HEALTH DEPARTMENT

Part III, Planned Staffing. Clients, Services and Expenditures By Program Service Area Within Each Level of Service
October 1, 2023 to September 30, 2024

					arterly Expe					
	FTE's (0.00)	Clients S Units	ervices/ Visits	1st	2nd (Whole dolla	3rd ars only)	4th	State	County	Grand Total
A COMMUNICADUE DISTRACTO CONTENDO	(0.00)	Omts	AIBIUS		(Whole dollar	ars omy/		State	County	IUIAI
A. COMMUNICABLE DISEASE CONTROL:	0.00	***	iosa.	77.000	00.550	25.000	CE 999	05 207	105 157	900.46
IMMUNIZATION (101)	2.88	552	654	77,902	66,778	77,902	67,882	95,307	195,157	290,46
SEXUALLY TRANS. DIS. (102)	4.92	310	386	125,153	107,280	125,153	109,053	70,171	396,468	466,63
HIV/AIDS PREVENTION (03A1)	2.92	0	4,096	72,267	61,947	72,267	62,971	269,452	0	269,45
HIV/AIDS SURVEILLANCE (03A2)	0.07	0	0	1,497	1,283	1,497	1,304	5,581	0	5,58
HIV/AIDS PATIENT CARE (03A3)	4.02	227	504	121,285	103,965	121,285	105,683	427,821	24,397	452,21
ADAP (03A4)	0.72	18	270	16,728	14,339	16,728	14,577	62,372	0	62,37
TUBERCULOSIS (104)	1.30	32	68	35,982	30,844	35,982	31,354	41,749	92,413	134,16
COMM. DIS. SURV. (106)	8.85	0	9	214,198	183,610	214,198	186,646	798,652	0	798,65
HEPATITIS (109)	0.00	0	0	0	0	0	0	0	0	
PREPAREDNESS AND RESPONSE (116)	0.99	0	1	29,821	25,562	29,821	25,985	111,189	0	111,18
REFUGEE HEALTH (118)	0.00	0	0	0	0	0	0	0	0	
VITAL RECORDS (180)	2.68	8,647	30,494	47,780	40,957	47,780	41,633	0	178,150	178,15
COMMUNICABLE DISEASE SUBTOTAL	29.35	9,786	36,482	742,613	636,565	742,613	647,088	1,882,294	886,585	2,768,87
B. PRIMARY CARE:										
CHRONIC DISEASE PREVENTION PRO (210)	1.29	0	365	26,498	22,714	26,498	23,091	98,801	0	98,80
WIC (21W1)	9.86	5,116	35,949	202,112	173,250	202,112	176,114	753,588	0	753,58
TOBACCO USE INTERVENTION (212)	0.00	0	0	0	0	0	0	0	0	
WIC BREASTFEEDING PEER COUNSELING (21W2)	2.21	0	4,826	27,158	23,280	27,158	23,666	101,262	0	101,26
FAMILY PLANNING (223)	4.27	127	176	105,219	90,193	105,219	91,683	360,721	31,593	392,31
IMPROVED PREGNANCY OUTCOME (225)	0.27	1	63	6,330	5,426	6,330	5,514	23,600	0	23,60
HEALTHY START PRENATAL (227)	0.65	1,114	5,027	16,321	13,990	16,321	14,222	0	60,854	60,85
COMPREHENSIVE CHILD HEALTH (229)	0.00	0	0	0	0	0	0	0	0	
HEALTHY START CHILD (231)	0.59	696	2,889	15,204	13,033	15,204	13,248	0	56,689	56,68
SCHOOL HEALTH (234)	3.40	0	88,744	92,643	79,413	92,643	80,725	345,424	0	345,42
COMPREHENSIVE ADULT HEALTH (237)	0.00	0	0	0	0	0	0	0	0	
COMMUNITY HEALTH DEVELOPMENT (238)	7.58	0	3,907	172,613	147,963	172,613	150,410	453,599	190,000	643,59
DENTAL HEALTH (240)	0.00	0	0	0	0	0	0	0	0	
PRIMARY CARE SUBTOTAL	30.12	7,054	141,946	664,098	569,262	664,098	578,673	2,136,995	339,136	2,476,13
C. ENVIRONMENTAL HEALTH:										
Water and Onsite Sewage Programs										
COSTAL BEACH MONITORING (347)	0.10	71	71	5,253	4,503	5,253	4,576	19,393	192	19,58
LIMITED USE PUBLIC WATER SYSTEMS (357)	0.47	33	534	10,821	9,276	10,821	9,429	4,753	35,594	40,34
PUBLIC WATER SYSTEM (358)	0.13	0	161	2,613	2,239	2,613	2,276	47	9,694	9,74
PRIVATE WATER SYSTEM (359)	1.28	25	1,556	33,158	28,423	33,158	28,892	496	123,135	123,63
ONSITE SEWAGE TREATMENT & DISPOSAL (361)	7.53	2,851	10,220	150,774	129,243	150,774	131,380	313,534	248,637	562,17
Group Total	9.51	2,980	12,542	202,619	173,684	202,619	176,553	338,223	417,252	755,47
Facility Programs										
TATTOO FACILITY SERVICES (344)	0.22	155	62	5,265	4,513	5,265	4,588	19,218	413	19,63

#### INDIAN RIVER COUNTY HEALTH DEPARTMENT

Part III, Planned Staffing. Clients, Services and Expenditures By Program Service Area Within Each Level of Service
October 1, 2023 to September 30, 2024

				Qu	arterly Expe	enditure Pla	a			
	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)	0.01	1	2	399	342	399	346	1,457	29	1,4
GROUP CARE FACILITY (351)	0.63	89	118	14,129	12,111	14,129	12,311	244	52,436	52,68
MIGRANT LABOR CAMP (352)	0.22	14	57	5,494	4,709	5,494	4,786	2,086	18,397	20,48
HOUSING & PUB. BLDG. (353)	0.13	1	19	3,452	2,959	3,452	3,008	49	12,822	12,87
MOBILE HOME AND PARK (354)	0.28	58	110	6,973	5,977	6,973	6,077	21,515	4,485	26,00
POOLS/BATHING PLACES (360)	1.91	403	1,517	41,872	35,893	41,872	36,487	148,891	7,233	156,12
BIOMEDICAL WASTE SERVICES (364)	1.67	518	543	34,582	29,644	34,582	30,134	104,336	24,606	128,94
TANNING FACILITY SERVICES (369)	0.04	7	12	1,102	945	1,102	961	3,928	182	4,11
Group Total	6.94	1,376	2,851	152,790	130,971	152,790	133,136	404,985	164,702	569,68
Groundwater Contamination										
STORAGE TANK COMPLIANCE SERVICES (355)	0.00	0	0	0	0	0	0	0	0	
SUPER ACT SERVICES (356)	0.04	0	1	899	770	899	783	15	3,336	3,35
Group Total	0.04	0	1	899	770	899	783	15	3,336	3,35
Community Hygiene										
COMMUNITY ENVIR. HEALTH (345)	0.10	0	67	2,870	2,460	2,870	2,500	41	10,659	10,70
INJURY PREVENTION (346)	0.00	0	0	0	0	0	0	0	0	
LEAD MONITORING SERVICES (350)	0.06	0	0	1,074	921	1,074	935	22	3,982	4,00
PUBLIC SEWAGE (362)	0.93	10	47	18,646	15,984	18,646	16,248	361	69,163	69,52
SOLID WASTE DISPOSAL SERVICE (363)	0.00	0	0	25	22	25	22	0	94	9
SANITARY NUISANCE (365)	0.19	26	28	5,029	4,311	5,029	4,383	72	18,680	18,75
RABIES SURVEILLANCE (366)	0.16	52	131	4,463	3,826	4,463	3,889	62	16,579	16,64
ARBORVIRUS SURVEIL. (367)	0.00	0	0	0	0	0	0	0	0	
RODENT/ARTHROPOD CONTROL (368)	0.00	0	0	0	0	0	0	0	0	
WATER POLLUTION (370)	0.29	0	63	8,088	6,933	8,088	7,047	114	30,042	30,15
INDOOR AIR (371)	0.00	0	0	42	36	42	35	1	154	18
RADIOLOGICAL HEALTH (372)	0.00	0	0	21	18	21	17	0	77	7
TOXIC SUBSTANCES (373)	0.15	11	25	4,046	3,468	4,046	3,526	57	15,029	15,08
Group Total	1.88	99	361	44,304	37,979	44,304	38,602	730	164,459	165,18
ENVIRONMENTAL HEALTH SUBTOTAL	18.37	4,455	15,755	400,612	343,404	400,612	349,074	743,953	749,749	1,493,70
D. NON-OPERATIONAL COSTS:										
NON-OPERATIONAL COSTS (599)	0.00	0	0	0	0	0	0	0	0	
ENVIRONMENTAL HEALTH SURCHARGE (399)	0.00	0	0	14,550	12,472	14,550	12,678	54,250	0	54,25
MEDICAID BUYBACK (611)	0.00	0	0	27	23	27	23	100	0	10
NON-OPERATIONAL COSTS SUBTOTAL	0.00	0	0	14,577	12,495	14,577	12,701	54,350	0	54,35
TOTAL CONTRACT	77.84	21,295	194,183	1,821,900	1,561,726	1,821,900	1,587,536	4,817,592	1,975,470	6,793,00

#### XXX COUNTY HEALTH DEPARTMENT

#### CIVIL RIGHTS COMPLIANCE AND NON-DISCRIMINATION CERTIFICATE

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

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

This assurance is given in consideration of and for the purpose of obtaining any and all Federal financial assistance, grants, and loans of Federal funds, reimbursable expenditures, grant or donation of Federal property and interest in property, the detail of Federal personnel, the sale and lease of, and the permission to use Federal property or interest in such property or the furnishing of services without consideration or at a nominal consideration, or at a consideration that is reduced for the purpose of assisting the recipient, or in recognition of the public interest to be served by such sale, lease, or furnishing of services to the recipient, or any improvements made with Federal financial assistance extended to the Program applicant by USDA. This includes any Federal agreement, arrangement, or other contract that has as one of its purposes the provision of cash assistance for the purchase of food, and cash assistance for purchase or rental of food service equipment or any other financial assistance extended in reliance on the representations and agreements made in this assurance.

This assurance is binding on the CHD, its successors, transferees, and assignees as long as it receives or retains possession of any assistance from the Department. The person or persons whose signatures appear below are authorized to sign this assurance on the behalf of the CHD.

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

#### Attachment IV

#### Fiscal Year - 2023 - 2024

### **Indian River County Health Department**

### Facilities Utilized by the County Health Department

Complete Location	Facility Description	Lease/	Type of	Complete	SQ	Employee
(Street Address, City, Zip)	And Offical Building	Agreement	Agreement	Legal Name	Feet	Count
	Name (if applicable)	Number	(Private Lease thru	of Owner		(FTE/OPS/
	(Admin, Clinic, Envn Hlth,		State or County, other -			Contract)
	etc.)	6	please define)			
1900 27th Street, Vero Beach, Florida, 32960-3383	Administration, HR, Clinic, Vital Statistics, Env. Health, WIC	N/A	County Owned	Commissioners for Indian River County	36,475	70.84
8445 64th Ave, Wabasso,		****		Commissioners for	2002	DATOMET
Florida, 32970	Wabasso Site	N/A	County Owned	Indian River County	5,556	7.00
		1-1-22-1				
9	4 Hr 7		270			
				1		
2480 V						
			1881-0			
						11/2/20
		**	c.4fi			***************************************
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				1		

**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

CONTRACT YEAR	STATE		COUNTY		TOTAL
2022-2023*	\$	0	\$	0	\$ 0
2023-2024**	\$	0	\$	0	\$ 0
2024-2025***	\$	0	\$	0	\$ 0
2025-2026***	\$	0	\$	0	\$ 0
PROJECT TOTAL	\$	0	\$	0	\$ 0
	SPECIAL PROJECTS	CONSTRU	JCTION/RENOVATION PLA	.N	
PROJECT NUMBER:	:840-011				 2
PROJECT NAME:					
LOCATION/ADDRESS:	*				
PROJECT TYPE:	NEW BUILDING		ROOFING		
	RENOVATION	1.	PLANNING STUDY		
	NEW ADDITION		OTHER		
SQUARE FOOTAGE:	3	0			
PROJECT SUMMARY: Desc	ribe scope of work in reaso	onable deta	il.		
9			Ψ.		
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.

<sup>\*</sup> Cash balance as of 9/30/23

<sup>\*\*</sup> Cash to be transferred to FCO account.

<sup>\*\*\*</sup> Cash anticipated for future contract years.

#### 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.

<sup>\*</sup>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 09/30/23	31384	5	1649402	1963247
2.	Drawdown for Contract Year October 1, 2023 to September 30, 2024	-31384	5	-386272	-700117
3.	Special Capital Project use for Contract Year October 1, 2023 to September 30, 2024		0	0	0
4.	Balance Reserved for Contingency Fund October 1, 2023 to September 30, 2024	1	0	1263130	1263130

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

		State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
1. GENE	RAL REVENUE - STATE					
015040	AIDS PATIENT CARE	100,000	0	100,000	0	100,000
015040	CHD - TB COMMUNITY PROGRAM	30,597	0	30,597	0	30,597
015040	FAMILY PLANNING GENERAL REVENUE	51,533	0	51,533	0	51,533
015040	PRIMARY CARE PROGRAM	183,226	0	183,226	0	183,226
015040	RACIAL & ETHNIC DISPARITIES - CHD EXPENSES	52,000	0	52,000	0	52,000
015040	SCHOOL HEALTH SERVICES	136,867	0	136,867	0	136,867
015050	CHD GENERAL REVENUE NON-CATEGORICAL	1,696,194	0	1,696,194	0	1,696,194
GENERA	L REVENUE TOTAL	2,250,417	0	2,250,417	0	2,250,417
2. NON 6	BENERAL REVENUE - STATE					
015010	ENVIRONMENTAL BIOMEDICAL WASTE PROGRAM	6,862	0	6,862	0	6,862
NON GE	NERAL REVENUE TOTAL	6,862	0	6,862	0	6,862
3. FEDEI	RAL 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	12,886	0	12,886	0	12,886
007000	COMPREHENSIVE COMMUNITY CARDIO - PHBG	115,000	0	115,000	0	115,000
007000	STRENGTHENING STD PREVENTION AND CONTROL	27,993	0	27,993	0	27,993
007000	ELC COVID ENHANCED DETECTION EXPANSION GRANT	130,591	0	130,591	0	130,591
007000	FAMILY PLANNING TITLE X - GRANT	17,092	0	17,092	0	17,092
007000	PUBLIC HLTH INFRASTRUCTURE & WORKFORCE/CENTRAL 1 $$	152,988	0	152,988	0	152,988
007000	INFANT MORTALITY	14,776	0	14,776	0	14,776
007000	IMMUNIZATION ACTION PLAN	49,880	0	49,880	0	49,880
007000	MCH SPEC PRJ SOCIAL DETERMINANTS HLTH COMM EDU	23,113	0	23,113	0	23,113
007000	BASE COMMUNITY PREPAREDNESS CAPABILITY	92,629	0	92,629	0	92,629
007000	BASE PUB HLTH SURVEILLANCE & EPI INVESTIGATION	83,823	0	83,823	0	83,823
007000	AIDS PREVENTION	56,262	0	56,262	0	56,262
007000	RYAN WHITE TITLE II GRANT/CHD CONSORTIUM	80,000	0	80,000	0	80,000
007000	WIC PROGRAM ADMINISTRATION	606,322	0	606,322	0	606,322
015075	SCHOOL HEALTH SERVICES	150,068	0	150,068	0	150,068
FEDERA	L FUNDS TOTAL	1,712,811	0	1,712,811	0	1,712,811
4. FEES	ASSESSED BY STATE OR FEDERAL RULES - STATE					
001020	CHD STATEWIDE ENVIRONMENTAL FEES	160,032	0	160,032	0	160,032
001092	ON SITE SEWAGE DISPOSAL PERMIT FEES	289,870	0	289,870	0	289,870
001092	CHD STATEWIDE ENVIRONMENTAL FEES	1,662	0	1,662	0	1,662
001206	ON SITE SEWAGE DISPOSAL PERMIT FEES	25,130	0	25,130	0	25,130
001206	SANITATION CERTIFICATES (FOOD INSPECTION)	2,614	0	2,614	0	2,614
001206	SEPTIC TANK RESEARCH SURCHARGE	6,153	0	6,153	0	6,153
001206	SEPTIC TANK VARIANCE FEES 50%	867	0	867	0	867
001206	PUBLIC SWIMMING POOL PERMIT FEES-10% HQ TRANSFER	11,265	0	11,265	0	11,265
001206	DRINKING WATER PROGRAM OPERATIONS	456	0	456	0	456
001206	REGULATION OF BODY PIERCING SALONS	4,089	0	4,089	0	4,089

# INDIAN RIVER COUNTY HEALTH DEPARTMENT

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
001206 TANNING FACILITIES	300	0	300	0	300
001206 TATTO PROGRAM ENVIRONMENTAL HEALTH	1,565	0	1,565	0	1,565
001206 MOBILE HOME & RV PARK FEES	1,811	0	1,811	0	1,811
FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL	505,814	0	505,814	0	505,814
5. OTHER CASH CONTRIBUTIONS - STATE:					
031005 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES	20,721	0	20,721	0	20,721
090001 DRAW DOWN FROM PUBLIC HEALTH UNIT	313,845	0	313,845	0	313,845
OTHER CASH CONTRIBUTION TOTAL	334,566	0	334,566	0	334,566
6. MEDICAID - STATE/COUNTY:					
001057 CHD CLINIC FEES	0	8,935	8,935	0	8,935
001148 CHD CLINIC FEES	0	21,280	21,280	0	21,280
MEDICAID TOTAL	0	30,215	30,215	0	30,215
7. ALLOCABLE REVENUE - STATE:					
001004 CHD STATEWIDE ENVIRONMENTAL FEES	7,122	0	7,122	0	7,122
ALLOCABLE REVENUE TOTAL	7,122	0	7,122	0	7,122
8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE					
ADAP	0	0	0	416,874	416,874
PHARMACY DRUG PROGRAM	0	0	0	784	784
WIC PROGRAM	0	0	0	2,555,183	2,555,183
BUREAU OF PUBLIC HEALTH LABORATORIES	0	0	0	18,135	18,135
IMMUNIZATIONS	0	0	0	48,623	48,623
OTHER STATE CONTRIBUTIONS TOTAL	0	0	0	3,039,599	3,039,599
9. DIRECT LOCAL CONTRIBUTIONS - BCC/TAX DISTRICT					
008040 CHD LOCAL REVENUE & EXPENDITURES	0	775,604	775,604	0	775,604
DIRECT COUNTY CONTRIBUTIONS TOTAL	0	775,604	775,604	0	775,604
10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY					
001077 CHD CLINIC FEES	0	345	345	0	345
001077 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES	0	280	280	0	280
001094 CHD LOCAL ENVIRONMENTAL FEES	0	266,626	266,626	0	266,626
001110 VITAL STATISTICS CERTIFIED RECORDS	0	280,000	280,000	0	280,000
FEES AUTHORIZED BY COUNTY TOTAL	0	547,251	547,251	0	547,251
11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY					
001029 CHD CLINIC FEES	0	10,306	10,306	0	10,306
001090 CHD CLINIC FEES	0	4,780	4,780	0	4,780
010300 STATE UNDERGROUND PETROLEUM RESPONSE ACT	0	2,254	2,254	0	2,254
010300 MIGRANT LABOR HOUSING INSPECTION H-2A PROGRAM	0	1,782	1,782	0	1,782
011000 BLUE FOUNDATION COUNTY GRANTS	0	95,000	95,000	0	95,000
011000 REVENUE CONTRACT/MOA W/NO REPORTING REQUIREMENT	0	20,502	20,502	0	20,502
011000 HEALTHY START NURSE FAM PARTNERSHIP EXPAND CHD	0	92,292	92,292	0	92,292

# INDIAN RIVER COUNTY HEALTH DEPARTMENT

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
011001 CHD HEALTHY START COALITION CONTRACT	0	2,090	2,090	0	2,090
090002 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	386,272	386,272	0	386,272
OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL	0	615,278	615,278	0	615,278
12. ALLOCABLE REVENUE - COUNTY					
001004 CHD STATEWIDE ENVIRONMENTAL FEES	0	7,122	7,122	0	7,122
COUNTY ALLOCABLE REVENUE TOTAL	0	7,122	7,122	0	7,122
13. BUILDINGS - COUNTY					
ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	528,888	528,888
OTHER (Specify)	0	0	0	0	0
UTILITIES	0	0	0	200,613	200,613
BUILDING MAINTENANCE	0	0	0	127,663	127,663
WABASSO SITE - ANNUAL RENATL EQUIVALENT VALUE	0	0	0	80,562	80,562
WABASSO SITE - UTILITIES	0	0	0	30,558	30,558
WABASSO SITE - BUILDING MAINTENANCE	0	0	0	19,446	19,446
OTHER (Specify)	0	0	0	0	0
BUILDINGS TOTAL	0	0	0	987,730	987,730
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	4,817,592	1,975,470	6,793,062	4,027,329	10,820,391

### INDIAN RIVER COUNTY HEALTH DEPARTMENT

# Part III, Planned Staffing. Clients, Services and Expenditures By Program Service Area Within Each Level of Service October 1, 2023 to September 30, 2024

				Qu	arterly Expe	nditure Plan	L			
	FTE's	Clients S		1st	2nd	3rd	4th			Grand
	(0.00)	Units	Visits		(Whole dolla	ars only)		State	County	Total
A. COMMUNICABLE DISEASE CONTROL:										
IMMUNIZATION (101)	2.88	552	654	77,902	66,778	77,902	67,882	95,307	195,157	290,464
SEXUALLY TRANS. DIS. (102)	4.92	310	386	125,153	107,280	125,153	109,053	70,171	396,468	466,639
HIV/AIDS PREVENTION (03A1)	2.92	0	4,096	72,267	61,947	72,267	62,971	269,452	0	269,452
HIV/AIDS SURVEILLANCE (03A2)	0.07	0	0	1,497	1,283	1,497	1,304	5,581	0	5,581
HIV/AIDS PATIENT CARE (03A3)	4.02	227	504	121,285	103,965	121,285	105,683	427,821	24,397	452,218
ADAP (03A4)	0.72	18	270	16,728	14,339	16,728	14,577	62,372	0	62,372
TUBERCULOSIS (104)	1.30	32	68	35,982	30,844	35,982	31,354	41,749	92,413	134,162
COMM. DIS. SURV. (106)	8.85	0	9	214,198	183,610	214,198	186,646	798,652	0	798,652
HEPATITIS (109)	0.00	0	0	0	0	0	0	0	0	0
PREPAREDNESS AND RESPONSE (116)	0.99	0	1	29,821	25,562	29,821	25,985	111,189	0	111,189
REFUGEE HEALTH (118)	0.00	0	0	0	0	0	0	0	0	0
VITAL RECORDS (180)	2.68	8,647	30,494	47,780	40,957	47,780	41,633	0	178,150	178,150
COMMUNICABLE DISEASE SUBTOTAL	29.35	9,786	36,482	742,613	636,565	742,613	647,088	1,882,294	886,585	2,768,879
B. PRIMARY CARE:										
CHRONIC DISEASE PREVENTION PRO (210)	1.29	0	365	26,498	22,714	26,498	23,091	98,801	0	98,801
WIC (21W1)	9.86	5,116	35,949	202,112	173,250	202,112	176,114	753,588	0	753,588
TOBACCO USE INTERVENTION (212)	0.00	0	0	0	0	0	0	0	0	C
WIC BREASTFEEDING PEER COUNSELING (21W2)	2.21	0	4,826	27,158	23,280	27,158	23,666	101,262	0	101,262
FAMILY PLANNING (223)	4.27	127	176	105,219	90,193	105,219	91,683	360,721	31,593	392,314
IMPROVED PREGNANCY OUTCOME (225)	0.27	1	63	6,330	5,426	6,330	5,514	23,600	0	23,600
HEALTHY START PRENATAL (227)	0.65	1,114	5,027	16,321	13,990	16,321	14,222	0	60,854	60,854
COMPREHENSIVE CHILD HEALTH (229)	0.00	0	0	0	0	0	0	0	0	0
HEALTHY START CHILD (231)	0.59	696	2,889	15,204	13,033	15,204	13,248	0	56,689	56,689
SCHOOL HEALTH (234)	3.40	0	88,744	92,643	79,413	92,643	80,725	345,424	0	345,424
COMPREHENSIVE ADULT HEALTH (237)	0.00	0	0	0	0	0	0	0	0	0
COMMUNITY HEALTH DEVELOPMENT (238)	7.58	0	3,907	172,613	147,963	172,613	150,410	453,599	190,000	643,599
DENTAL HEALTH (240)	0.00	0	0	0	0	0	0	0	0	C
PRIMARY CARE SUBTOTAL	30.12	7,054	141,946	664,098	569,262	664,098	578,673	2,136,995	339,136	2,476,131
C. ENVIRONMENTAL HEALTH:										
Water and Onsite Sewage Programs										
COSTAL BEACH MONITORING (347)	0.10	71	71	5,253	4,503	5,253	4,576	19,393	192	19,585
LIMITED USE PUBLIC WATER SYSTEMS (357)	0.47	33	534	10,821	9,276	10,821	9,429	4,753	35,594	40,347
PUBLIC WATER SYSTEM (358)	0.13	0	161	2,613	2,239	2,613	2,276	47	9,694	9,741
PRIVATE WATER SYSTEM (359)	1.28	25	1,556	33,158	28,423	33,158	28,892	496	123,135	123,631
ONSITE SEWAGE TREATMENT & DISPOSAL (361)	7.53	2,851	10,220	150,774	129,243	150,774	131,380	313,534	248,637	562,171
Group Total	9.51	2,980	12,542	202,619	173,684	202,619	176,553	338,223	417,252	755,475
Facility Programs										
TATTOO FACILITY SERVICES (344)	0.22	155	62	5,265	4,513	5,265	4,588	19,218	413	19,631
FOOD HYGIENE (348)	1.83	130	411	39,522	33,878	39,522	34,438	103,261	44,099	147,360

#### INDIAN RIVER COUNTY HEALTH DEPARTMENT

# Part III, Planned Staffing. Clients, Services and Expenditures By Program Service Area Within Each Level of Service October 1, 2023 to September 30, 2024

Quarterly Expenditure Plan FTE's Clients Services/ 1st 2nd3rd 4th Grand (Whole dollars only) (0.00)Units Visits State County Total BODY PIERCING FACILITIES SERVICES (349) 1 2 0.01 399 342 399 346 1.457 29 1.486 GROUP CARE FACILITY (351) 12 111 0.63 89 118 14.129 14 129 12 311 244 52.436 52 680 MIGRANT LABOR CAMP (352) 20,483 0.22 14 57 5 494 4 709 5 494 4 786 2.086 18.397 HOUSING & PUB. BLDG. (353) 0.13 1 19 3 452 2 959 3 452 3 008 49 12 822 12.871 MOBILE HOME AND PARK (354) 0.28 110 6 973 5 977 6 973 6.077 21 515 26 000 58 4 485 POOLS/BATHING PLACES (360) 1.91 403 1,517 41,872 35,893 41,872 36,487 148,891 7,233 156,124 BIOMEDICAL WASTE SERVICES (364) 1.67 518 34,582 29,644 34,582 30,134 104,336 24,606 128,942 543 TANNING FACILITY SERVICES (369) 0.04 7 12 1,102 945 1,102 961 3,928 182 4,110 Group Total 6.94 1,376 2,851 152,790 130,971 152,790 133,136 404,985 164,702 569,687 **Groundwater Contamination** STORAGE TANK COMPLIANCE SERVICES (355) 0 0.00 0 0 0 0 0 0 0 0 SUPER ACT SERVICES (356) 0.04 899 770 899 783 15 3,336 3,351 Group Total 0.04 0 1 899 770 899 783 15 3,336 3,351 Community Hygiene COMMUNITY ENVIR. HEALTH (345) 0.10 0 67 2,870 2,460 2,870 2,500 10,700 41 10,659 INJURY PREVENTION (346) 0.00 0 0 0 0 0 0 0 0 LEAD MONITORING SERVICES (350) 0.06 0 0 1,074 921 1,074 935 22 3,982 4,004 PUBLIC SEWAGE (362) 0.93 10 47 18,646 15.984 18.646 16.248 361 69,163 69,524 SOLID WASTE DISPOSAL SERVICE (363) 0.00 0 0 25 22 25 22 0 94 94 SANITARY NUISANCE (365) 0.19 26 28 5.029 4.311 5.029 4.383 72 18.680 18,752 RABIES SURVEILLANCE (366) 0.16 52 131 4.463 3.826 4.463 3.889 62 16.579 16.641 ARBORVIRUS SURVEIL (367) 0 0.00 0 0 0 0 0 0 0 0 RODENT/ARTHROPOD CONTROL (368) 0.00 0 0 0 0 0 0 0 0 0 WATER POLLUTION (370) 0.29 0 63 8.088 6.933 8.088 7.047 114 30.042 30 156 INDOOR AIR (371) 0.00 0 0 42 36 42 35 1 154 155 RADIOLOGICAL HEALTH (372) 0.00 0 0 21 21 17 0 77 77 18 TOXIC SUBSTANCES (373) 11 0.15 25 4 046 3 468 4 046 3 526 57 15 029 15 086 Group Total 99 361 44,304 37.979 44,304 38,602 730 164,459 165.189 1.88 ENVIRONMENTAL HEALTH SUBTOTAL 4,455 400,612 400,612 743,953 749,749 18.37 15,755 343,404 349.074 1.493,702 NON-OPERATIONAL COSTS: NON-OPERATIONAL COSTS (599) 0.00 0 0 0 0 0 0 0 0 0 ENVIRONMENTAL HEALTH SURCHARGE (399) 0.00 0 0 14,550 12,472 14,550 12,678 54,250 0 54,250 MEDICAID BUYBACK (611) 0.00 0 0 27 23 27 23 100 0 100 NON-OPERATIONAL COSTS SUBTOTAL 0.00 0 14,577 12.495 14,577 12,701 54,350 0 54,350 TOTAL CONTRACT 77.84 21,295 194,183 1,821,900 1,561,726 1,821,900 1,587,536 4,817,592 1,975,470 6,793,062

#### XXX COUNTY HEALTH DEPARTMENT

#### CIVIL RIGHTS COMPLIANCE AND NON-DISCRIMINATION CERTIFICATE

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

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

This assurance is given in consideration of and for the purpose of obtaining any and all Federal financial assistance, grants, and loans of Federal funds, reimbursable expenditures, grant or donation of Federal property and interest in property, the detail of Federal personnel, the sale and lease of, and the permission to use Federal property or interest in such property or the furnishing of services without consideration or at a nominal consideration, or at a consideration that is reduced for the purpose of assisting the recipient, or in recognition of the public interest to be served by such sale, lease, or furnishing of services to the recipient, or any improvements made with Federal financial assistance extended to the Program applicant by USDA. This includes any Federal agreement, arrangement, or other contract that has as one of its purposes the provision of cash assistance for the purchase of food, and cash assistance for purchase or rental of food service equipment or any other financial assistance extended in reliance on the representations and agreements made in this assurance.

This assurance is binding on the CHD, its successors, transferees, and assignees as long as it receives or retains possession of any assistance from the Department. The person or persons whose signatures appear below are authorized to sign this assurance on the behalf of the CHD.

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

#### Attachment IV

#### Fiscal Year - 2023 - 2024

#### **Indian River County Health Department**

#### **Facilities Utilized by the County Health Department**

Complete Location	Facility Description	Lease/	Type of	Complete	SQ	Employee
(Street Address, City, Zip)	And Offical Building	Agreement	Agreement	Legal Name	Feet	Count
	Name (if applicable)	Number	(Private Lease thru	of Owner		(FTE/OPS/
	(Admin, Clinic, Envn Hlth,		State or County, other -			Contract)
	etc.)		please define)			
1900 27th Street, Vero Beach, Florida, 32960-3383	Administration, HR, Clinic, Vital Statistics, Env. Health, WIC	N/A	County Owned	Commissioners for Indian River County	36,475	70.84
8445 64th Ave, Wabasso,				Commissioners for		
Florida, 32970	Wabasso Site	N/A	County Owned	Indian River County	5,556	7.00

**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

CONTRACT YEAR	<u>STATE</u>		COUNTY		<u>TOTAL</u>		
2022-2023*	\$	0	\$	0	\$	0	
2023-2024**	\$	0	\$	0	\$	0	
2024-2025***	\$	0	\$	0	\$	0	
2025-2026***	\$	0	\$	0	\$	0	
PROJECT TOTAL	\$	0	\$	0	\$	0	
	SPECIAL PROJECTS	S CONSTRU	JCTION/RENOVATION	PLAN			
PROJECT NUMBER:							
PROJECT NAME:							
LOCATION/ADDRESS:							
PROJECT TYPE:	NEW BUILDING	_	ROOFING				
	RENOVATION	_	PLANNING STUD	Y			
	NEW ADDITION	_	OTHER	_			
SQUARE FOOTAGE:		0					
PROJECT SUMMARY:	Describe scope of work in reas	sonable deta	il.				
START DATE (Initial expenditure of	f 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.

<sup>\*</sup> Cash balance as of 9/30/23

<sup>\*\*</sup> Cash to be transferred to FCO account.

<sup>\*\*\*</sup> Cash anticipated for future contract years.