

CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 11/05/2021

Contract/Lease Control #: C97-0025-HD

Procurement#: NA

Contract/Lease Type: CONTRACT

Award To/Lessee: FLORIDA DEPARTMENT OF HEALTH

Owner/Lessor: OKALOOSA COUNTY

Effective Date: 10/01/2021

Expiration Date: 09/30/2022

Description of: OPERATION OF THE HEALTH DEPARTMENT

Department: HD

Department Monitor: CHAPMAN

Monitor's Telephone #: 850-833-9240

Monitor's FAX # or E-mail: KCHAPMAN@MYOKALOOSA.COM

Closed:

Cc: BCC RECORDS

**PROCUREMENT/CONTRACT/LEASE
INTERNAL COORDINATION SHEET**

Procurement/Contract/Lease Number: C97-0025-HD Tracking Number: 4933-21
Procurement/Contractor/Lessee Name: OOH Grant Funded: YES ___ NO X
Purpose: operation of Health Department
Date/Term: 9-30-2022
Department #: _____
Account #: _____
Amount: \$601,661.00
Department: BCC Dept. Monitor Name: Hafstad

1. GREATER THAN \$100,000
2. GREATER THAN \$50,000
3. \$50,000 OR LESS

Purchasing Review
Procurement or Contract/Lease requirements are met:
White Moon Date: 9-1-21
Purchasing Manager or designee Jeff Hyde, DeRita Mason, Jessica Darr, Angela Etheridge

2CFR Compliance Review (if required)
Approved as written: no federal funds Grant Name: _____
Date: _____
Grants Coordinator

Risk Management Review
Approved as written: see email attached Date: 9-1-21
Risk Manager or designee Lisa Price

County Attorney Review
Approved as written: see email attached Date: 9-1-21
County Attorney Lynn Hoshihara, Kerry Parsons or Designee

Department Funding Review
Approved as written: _____ Date: _____

IT Review (if applicable)
Approved as written: _____ Date: _____

DeRita Mason

From: Lynn Hoshihara
Sent: Wednesday, September 1, 2021 8:39 AM
To: DeRita Mason
Cc: Lisa Price
Subject: Re: Any chance of getting the Health Department Core Contract Coordinated :)

This is approved as to legal sufficiency.

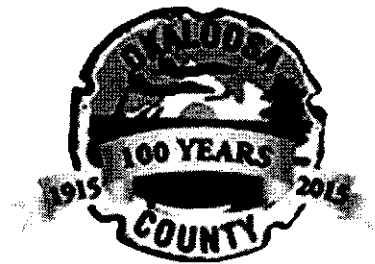
Lynn M. Hoshihara
County Attorney
Okaloosa County, Florida

Please note: Due to Florida's very broad public records laws, most written communications to or from County employees regarding County business are public records, available to the public and media upon request. Therefore, this written e-mail communication, including your e-mail address, may be subject to public disclosure.

From: DeRita Mason
Sent: Wednesday, September 1, 2021 9:33:11 AM
To: Lynn Hoshihara
Cc: Lisa Price
Subject: FW: Any chance of getting the Health Department Core Contract Coordinated :)

Good morning,
Can you ladies look at this quickly?
Roland wants to get it on the agenda for next week.
Thank you.

DeRita Mason



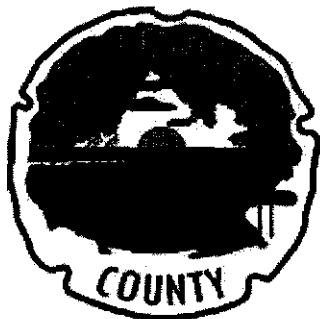
DeRita Mason, CPPB, NIGP-CPP
Senior Contracts and Lease Coordinator
Okaloosa County Purchasing Department
5479A Old Bethel Road
Crestview, Florida 32536
(850) 689-5960
dmason@myokaloosa.com

DeRita Mason

From: Lisa Price
Sent: Wednesday, September 1, 2021 9:58 AM
To: DeRita Mason
Subject: RE: Any chance of getting the Health Department Core Contract Coordinated :)

This is approved by Risk.

Lisa Price
Risk Management
Public Records & Contracts Specialist
302 N Wilson Street, Suite 301
Crestview, FL. 32536
(850) 689-5979
lprice@myokaloosa.com



For all things Wellness please visit:
<http://www.myokaloosa.com/wellness>

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From: DeRita Mason <dmason@myokaloosa.com>
Sent: Wednesday, September 1, 2021 8:33 AM
To: Lynn Hoshihara <lhoshihara@myokaloosa.com>
Cc: Lisa Price <lprice@myokaloosa.com>
Subject: FW: Any chance of getting the Health Department Core Contract Coordinated :)

Good morning,

**CONTRACT BETWEEN
OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS
AND
STATE OF FLORIDA DEPARTMENT OF HEALTH
FOR OPERATION OF THE
OKALOOSA COUNTY HEALTH DEPARTMENT
CONTRACT YEAR 2021-2022**

This contract is made and entered into between the State of Florida, Department of Health ("State") and the Okaloosa County Board of County Commissioners ("County"), through their undersigned authorities, effective October 1, 2021.

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. Okaloosa 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, 2021, through September 30, 2022, 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 \$ 4,226,743 (*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 \$601,661 (*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
Okaloosa County
221 Hospital Dr. NE
Fort Walton Beach, FL 32548

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 Okaloosa 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, 2022 for the report period October 1, 2021 through December 31, 2021;
- ii. June 1, 2022 for the report period October 1, 2021 through March 31, 2022;
- iii. September 1, 2022 for the report period October 1, 2021 through June 30, 2022; and
- iv. December 1, 2022 for the report period October 1, 2021 through September 30, 2022.

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, and the CHD is responsible for the costs of their maintenance and repair. 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, 2022, 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:

Susan Wagner
Name
Business Manager
Title
221 Hospital Dr. NE

Fort Walton Beach, FL. 32548
Address
(850) 344-0515
Telephone

For the County:

John Hofstad
Name
County Administrator
Title
1250 N. Eglin Parkway Suite 102

Fort Walton Beach, FL. 32579
Address
(850)651-7515
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 1st day of October, 2021.

**BOARD OF COUNTY COMMISSIONERS
FOR OKALOOSA COUNTY**

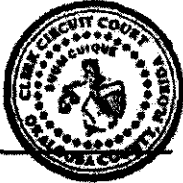
**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

SIGNED BY: *Carolyn Ketchel*
NAME: Carolyn Ketchel
TITLE: Chairman
DATE: SEP 07 2021



SIGNED BY: *Michelle Tullt for*
NAME: Joseph A. Ladapo, M.D., Ph.D.
TITLE: State Surgeon General
DATE: 10/19/21

ATTESTED TO
SIGNED BY: *J.D. Peacock, II*
NAME: J.D. Peacock, II
TITLE: Clerk of Courts & Comptroller
DATE: SEP 07 2021



SIGNED BY: *Elizabeth Smith*
NAME: Elizabeth Smith, MSN, RN
TITLE: CHD Administrator
DATE: 8/30/2021

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

	Estimated State Share of CHD Trust Fund Balance	Estimated County Share of CHD Trust Fund Balance	Total
1. CHD Trust Fund Ending Balance 09/30/21	176182	1150492	1328674
2. Drawdown for Contract Year October 1, 2021 to September 30, 2022	-176182	149022	-27160
3. Special Capital Project use for Contract Year October 1, 2021 to September 30, 2022	0	0	0
4. Balance Reserved for Contingency Fund October 1, 2021 to September 30, 2022	0	1299514	1299514

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

1. GENERAL REVENUE - STATE

015040 AIDS PATIENT CARE	100,000	0	100,000	0	100,000
015040 AIDS PREVENTION & SURVEILLANCE - GENERAL REVENUE	20,920	0	20,920	0	20,920
015040 CHD - TB COMMUNITY PROGRAM	44,776	0	44,776	0	44,776
015040 DENTAL SPECIAL INITIATIVE PROJECTS	6,797	0	6,797	0	6,797
015040 FAMILY PLANNING GENERAL REVENUE	61,770	0	61,770	0	61,770
015040 PRIMARY CARE PROGRAM	245,068	0	245,068	0	245,068
015040 SCHOOL HEALTH SERVICES - GENERAL REVENUE	177,240	0	177,240	0	177,240
015060 CHD GENERAL REVENUE NON-CATEGORICAL	1,681,640	0	1,681,640	0	1,681,640
GENERAL REVENUE TOTAL	2,338,211	0	2,338,211	0	2,338,211

2. NON GENERAL REVENUE - STATE

015010 TOBACCO STATE AND COMMUNITY INTERVENTIONS	178,898	0	178,898	0	178,898
NON GENERAL REVENUE TOTAL	178,898	0	178,898	0	178,898

3. FEDERAL FUNDS - STATE

007000 AIDS DRUG ASSISTANCE PROGRAM ADMIN HQ	31,074	0	31,074	0	31,074
007000 WIC BREASTFEEDING PEER COUNSELING PROG	60,000	0	60,000	0	60,000
007000 COASTAL BEACH WATER QUALITY MONITORING	8,511	0	8,511	0	8,511
007000 COMPREHENSIVE COMMUNITY CARDIO - PHBG	35,000	0	35,000	0	35,000
007000 FAMILY PLANNING TITLE X - GRANT	231,296	0	231,296	0	231,296
007000 IMMUNIZATION ACTION PLAN	43,509	0	43,509	0	43,509
007000 MCH SPECIAL PRJCT UNPLANNED PREGNANCY	40,187	0	40,187	0	40,187
007000 MCH BLOCK GRANT FLORIDA'S HEALTHY BABIES	16,342	0	16,342	0	16,342
007000 BASE COMMUNITY PREPAREDNESS CAPABILITY	91,690	0	91,690	0	91,690
007000 BASE ENVIRONMENTAL HEALTH	58,590	0	58,590	0	58,590
007000 BASE REGIONAL PREPAREDNESS CAPABILITY	190,975	0	190,975	0	190,975
007000 WIC PROGRAM ADMINISTRATION	964,380	0	964,380	0	964,380
FEDERAL FUNDS TOTAL	1,771,554	0	1,771,554	0	1,771,554

4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE

001020 CHD STATEWIDE ENVIRONMENTAL FEES	122,148	0	122,148	0	122,148
001092 ON SITE SEWAGE DISPOSAL PERMIT FEES	222,968	0	222,968	0	222,968
001092 CHD STATEWIDE ENVIRONMENTAL FEES	1,370	0	1,370	0	1,370
001206 ON SITE SEWAGE DISPOSAL PERMIT FEES	19,367	0	19,367	0	19,367
001206 SANITATION CERTIFICATES (FOOD INSPECTION)	2,835	0	2,835	0	2,835
001206 SEPTIC TANK RESEARCH SURCHARGE	3,040	0	3,040	0	3,040
001206 SEPTIC TANK VARIANCE FEES 50%	250	0	250	0	250
001206 PUBLIC SWIMMING POOL PERMIT FEES 10% HQ TRANSFER	9,012	0	9,012	0	9,012
001206 DRINKING WATER PROGRAM OPERATIONS	72	0	72	0	72
001206 TANNING FACILITIES	271	0	271	0	271
001206 ONSITE SEWAGE TRAINING CENTER	1,545	0	1,545	0	1,545
001206 MOBILE HOME & RV PARK FEES	1,273	0	1,273	0	1,273
FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL	384,151	0	384,151	0	384,151

5. OTHER CASH CONTRIBUTIONS - STATE:

	0	0	0	0	0
090001 DRAW DOWN FROM PUBLIC HEALTH UNIT	176,182	0	176,182	0	176,182
OTHER CASH CONTRIBUTION TOTAL	176,182	0	176,182	0	176,182

6. MEDICAID - STATE/COUNTY:

001057 CHD CLINIC FEES	0	157,786	157,786	0	157,786
001148 CHD CLINIC FEES	0	1,097,913	1,097,913	0	1,097,913
MEDICAID TOTAL	0	1,255,699	1,255,699	0	1,255,699

7. ALLOCABLE REVENUE - STATE:

018000 CHD CLINIC FEES	1,420	0	1,420	0	1,420
ALLOCABLE REVENUE TOTAL	1,420	0	1,420	0	1,420

8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE

ADAP	0	0	0	150,729	150,729
PHARMACY DRUG PROGRAM	0	0	0	17,014	17,014
WIC PROGRAM	0	0	0	2,329,840	2,329,840
BUREAU OF PUBLIC HEALTH LABORATORIES	0	0	0	23,941	23,941
IMMUNIZATIONS	0	0	0	438,741	438,741
OTHER STATE CONTRIBUTIONS TOTAL	0	0	0	2,960,265	2,960,265

9. DIRECT LOCAL CONTRIBUTIONS - BCC/TAX DISTRICT

008005 CHD LOCAL REVENUE & EXPENDITURES	0	601,661	601,661	0	601,661
DIRECT COUNTY CONTRIBUTIONS TOTAL	0	601,661	601,661	0	601,661

10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY

001073 340B PRESCRIPTION DRUG SERVICE AGREEMENT	0	1,398,907	1,398,907	0	1,398,907
001073 CHD CLINIC FEES	0	21,970	21,970	0	21,970
001077 CHD CLINIC FEES	0	56,425	56,425	0	56,425
001094 CHD LOCAL ENVIRONMENTAL FEES	0	282,048	282,048	0	282,048
001110 VITAL STATISTICS CERTIFIED RECORDS	0	276,500	276,500	0	276,500
FEES AUTHORIZED BY COUNTY TOTAL	0	2,035,850	2,035,850	0	2,035,850

11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY

001029 340B PRESCRIPTION DRUG SERVICE AGREEMENT	0	500,209	500,209	0	500,209
001029 CHD CLINIC FEES	0	90,231	90,231	0	90,231
001090 CHD CLINIC FEES	0	431	431	0	431
007010 POOL SAFETY CNTY GRANT - US CPS COMMISSION	0	130,249	130,249	0	130,249
007010 RYAN WHITE TITLE III - DIRECT TO CHD	0	233,497	233,497	0	233,497
007010 RYAN WHITE TITLE III - DIRECT TO CHD	0	76,764	76,764	0	76,764
010300 STATE UNDERGROUND PETROLEUM RESPONSE ACT	0	2,500	2,500	0	2,500
010300 MIGRANT LABOR HOUSING INSPECTION H-2A PROGRAM	0	130	130	0	130
090002 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	149,022	149,022	0	149,022
OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL	0	884,989	884,989	0	884,989

12. ALLOCABLE REVENUE - COUNTY

018000 CHD CLINIC FEES	0	1,420	1,420	0	1,420
COUNTY ALLOCABLE REVENUE TOTAL	0	1,420	1,420	0	1,420
13. BUILDINGS - COUNTY					
ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	768,890	768,890
JANITORIAL	0	0	0	76,000	76,000
UTILITIES	0	0	0	0	0
BUILDING MAINTENANCE	0	0	0	0	0
GROUNDS MAINTENANCE	0	0	0	0	0
INSURANCE	0	0	0	0	0
OTHER (Specify)	0	0	0	0	0
OTHER (Specify)	0	0	0	0	0
BUILDINGS TOTAL	0	0	0	844,890	844,890
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	4,850,416	4,779,619	9,630,035	3,806,155	13,436,111

A. COMMUNICABLE DISEASE CONTROL:

IMMUNIZATION (101)	3.80	4,385	6,762	73,710	63,196	73,710	63,196	250,181	23,631	273,812
SEXUALLY TRANS. DIS. (102)	5.96	1,876	3,511	167,951	143,994	167,951	143,993	63,069	560,820	623,889
HIV/AIDS PREVENTION (03A1)	0.55	0	152	11,495	9,856	11,495	9,856	42,702	0	42,702
HIV/AIDS SURVEILLANCE (03A2)	0.00	0	0	0	0	0	0	0	0	0
HIV/AIDS PATIENT CARE (03A3)	11.71	255	1,029	548,949	470,645	548,949	470,645	218,220	1,820,968	2,039,188
ADAP (03A4)	1.09	102	159	15,445	13,242	15,445	13,241	57,373	0	57,373
TUBERCULOSIS (104)	1.16	16	321	27,196	23,317	27,196	23,316	101,025	0	101,025
COMM. DIS. SURV. (106)	5.25	0	5,977	116,178	99,606	116,178	99,606	308,590	122,978	431,568
HEPATITIS (109)	0.03	0	0	854	732	854	732	3,172	0	3,172
PREPAREDNESS AND RESPONSE (116)	8.20	0	2	175,253	150,254	175,253	150,254	622,665	28,349	651,014
REFUGEE HEALTH (118)	0.00	0	0	0	0	0	0	0	0	0
VITAL RECORDS (180)	2.03	8,496	22,673	33,961	29,117	33,961	29,117	0	126,156	126,156
COMMUNICABLE DISEASE SUBTOTAL	39.78	15,140	40,586	1,170,992	1,003,959	1,170,992	1,003,956	1,666,997	2,682,902	4,349,899

B. PRIMARY CARE:

CHRONIC DISEASE PREVENTION PRO (210)	1.18	152	43	27,958	23,970	27,958	23,969	103,855	0	103,855
WIC (21W1)	17.88	6,230	31,899	314,707	269,816	314,707	269,816	1,169,046	0	1,169,046
TOBACCO USE INTERVENTION (212)	2.99	0	64	54,852	47,028	54,852	47,028	203,760	0	203,760
WIC BREASTFEEDING PEER COUNSELING (21W2)	1.42	0	2,490	20,766	17,904	20,766	17,803	77,139	0	77,139
FAMILY PLANNING (228)	14.29	3,339	6,178	272,546	233,669	272,546	233,668	583,443	428,986	1,012,429
IMPROVED PREGNANCY OUTCOME (225)	0.90	0	0	0	0	0	0	0	0	0
HEALTHY START PRENATAL (227)	0.06	1,174	4,340	782	671	782	671	2,906	0	2,906
COMPREHENSIVE CHILD HEALTH (229)	0.00	0	0	0	0	0	0	0	0	0
HEALTHY START CHILD (231)	0.00	0	0	0	0	0	0	0	0	0
SCHOOL HEALTH (234)	3.30	0	287,447	69,995	60,011	69,995	60,012	260,013	0	260,013
COMPREHENSIVE ADULT HEALTH (237)	0.21	215	266	4,208	3,606	4,208	3,609	10,638	4,995	15,633
COMMUNITY HEALTH DEVELOPMENT (238)	3.68	0	346	82,243	70,512	82,243	70,512	164,395	141,115	305,510
DENTAL HEALTH (240)	12.03	4,165	7,585	287,015	246,074	287,015	246,074	197,615	868,563	1,066,178
PRIMARY CARE SUBTOTAL	57.04	15,275	340,658	1,135,072	973,163	1,135,072	973,162	2,772,810	1,443,659	4,216,469

C. ENVIRONMENTAL HEALTH:

Water and Onsite Sewage Programs

COSTAL BEACH MONITORING (347)	0.25	338	359	6,108	5,237	6,108	5,238	8,511	14,180	22,697
LIMITED USE PUBLIC WATER SYSTEMS (357)	0.16	27	43	3,012	2,583	3,012	2,583	1,018	10,172	11,185
PUBLIC WATER SYSTEM (358)	0.01	0	0	241	207	241	206	0	895	8
PRIVATE WATER SYSTEM (359)	0.06	0	42	1,083	928	1,083	928	0	4,022	4,000
ONSITE SEWAGE TREATMENT & DISPOSAL (381)	4.46	1,283	2,303	99,632	76,847	99,632	76,847	206,438	126,520	332,957
Group Total	4.94	1,628	2,747	100,076	85,802	100,076	85,802	215,967	155,789	371,747

Facility Programs

TATTOO FACILITY SERVICES (344)	0.00	0	0	0	0	0	0	0	0	0
FOOD HYGIENE (348)	1.44	285	977	28,993	24,857	28,993	24,868	27,315	80,386	107,301

BODY PIERCING FACILITIES SERVICES (349)	0.00	0	0	0	0	0	0	0	0	0
GROUP CARE FACILITY (351)	0.71	129	241	15,123	12,965	15,123	12,965	28,329	27,847	56,176
MIGRANT LABOR CAMP (352)	0.00	0	0	44	38	44	39	81	84	165
HOUSING & PUB. BLDG. (353)	0.00	0	0	0	0	0	0	0	0	0
MOBILE HOME AND PARK (354)	1.10	125	469	20,243	17,356	20,243	17,356	27,988	47,210	75,198
POOLS/BATHING PLACES (360)	1.69	578	1,559	33,371	28,611	33,371	28,611	52,828	71,136	123,964
BIOMEDICAL WASTE SERVICES (364)	0.00	0	0	0	0	0	0	0	0	0
TANNING FACILITY SERVICES (369)	0.19	38	137	3,659	3,137	3,659	3,138	2,489	11,104	13,593
Group Total	5.13	1,155	3,383	101,433	86,964	101,433	86,967	139,030	237,767	376,797
Groundwater Contamination										
STORAGE TANK COMPLIANCE SERVICES (355)	0.00	0	0	0	0	0	0	0	0	0
SUPER ACT SERVICES (356)	0.10	0	5	2,139	1,833	2,139	1,833	0	7,944	7,944
Group Total	0.10	0	5	2,139	1,833	2,139	1,833	0	7,944	7,944
Community Hygiene										
COMMUNITY ENVIR. HEALTH (345)	0.00	0	0	0	0	0	0	0	0	0
INJURY PREVENTION (346)	0.00	0	0	42,828	36,719	42,828	36,720	0	159,095	159,095
LEAD MONITORING SERVICES (350)	0.00	0	0	0	0	0	0	0	0	0
PUBLIC SEWAGE (362)	0.00	0	0	0	0	0	0	0	0	0
SOLID WASTE DISPOSAL SERVICE (363)	0.00	0	0	0	0	0	0	0	0	0
SANITARY NUISANCE (365)	0.51	397	446	10,055	8,620	10,055	8,620	0	37,350	37,350
RABIES SURVEILLANCE (366)	0.96	41	86	14,836	12,720	14,836	12,721	0	55,113	55,113
ARBOVIRUS SURVEIL. (367)	0.00	0	0	0	0	0	0	0	0	0
RODENT/ARTHROPOD CONTROL (368)	0.00	0	0	0	0	0	0	0	0	0
WATER POLLUTION (370)	0.00	0	0	0	0	0	0	0	0	0
INDOOR AIR (371)	0.00	0	0	0	0	0	0	0	0	0
RADIOLOGICAL HEALTH (372)	0.00	0	0	0	0	0	0	0	0	0
TOXIC SUBSTANCES (373)	0.00	0	0	0	0	0	0	0	0	0
Group Total	1.49	438	532	67,719	58,059	67,719	58,061	0	251,558	251,55
ENVIRONMENTAL HEALTH SUBTOTAL	11.86	3,221	6,667	271,367	232,658	271,367	232,663	354,997	653,058	1,008.05
D. NON-OPERATIONAL COSTS:										
NON-OPERATIONAL COSTS (592)	0.00	0	0	4,307	3,893	4,307	3,893	16,000	0	16,00
ENVIRONMENTAL HEALTH SURCHARGE (399)	0.00	0	0	10,139	8,693	10,139	8,694	37,665	0	37,66
MEDICAID BUYBACK (611)	0.00	0	0	524	449	524	450	1,947	0	1,94
NON-OPERATIONAL COSTS SUBTOTAL	0.00	0	0	14,970	12,835	14,970	12,837	55,612	0	55.6
TOTAL CONTRACT	108.48	33,636	387,911	2,592,401	2,222,613	2,592,401	2,222,618	4,850,416	4,779,619	9,630.0

ATTACHMENT III
OKALOOSA COUNTY HEALTH DEPARTMENT
CIVIL RIGHTS CERTIFICATE

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

The applicant assures that it will comply with:

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

Attachment IV

Fiscal Year - 2021 - 2022

Okaloosa County Health Department

Facilities Utilized by the County Health Department

Complete Location <small>(Street Address, City, Zip)</small>	Facility Description And Official Building Name (if applicable) <small>(Admin, Clinic, Envrn Hlth, etc.)</small>	Lease/ Agreement Number	Type of Agreement <small>(Private Lease thru State or County, other - please define)</small>	Complete Legal Name of Owner	SQ Feet	Employee Count <small>(FTE/OPS/ Contract)</small>
221 Hospital Drive Northeast Fort Walton Beach, Florida 32548	Med Svcs, Env Hlth, Epi, CHI, PHP, WIC 625A	N/A	County In-kind	Okaloosa County	34,699	94
810 East James Lee Blvd Crestview, Florida 32539	Med Svcs, Dental, Env Hlth, WIC .013A	N/A	County In-kind	Okaloosa County	10,062	49

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
OKALOOSA COUNTY HEALTH DEPARTMENT
SPECIAL PROJECTS SAVINGS PLAN**

CASH RESERVED OR ANTICIPATED TO BE RESERVED FOR PROJECTS

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

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 9/30/21
 ** Cash to be transferred to FCO account.
 *** Cash anticipated for future contract years.