

**BREVARD COUNTY
BOARD OF COUNTY COMMISSIONERS**

INITIAL CONTRACT REVIEW AND APPROVAL FORM

SECTION I - GENERAL INFORMATION

1. Contractor: Brevard County Health Department	
2. Fund/Account #: 0001/201470/5340000	3. Department Name: Housing and Human Services
4. Contract Description: Public Health Services, Adult Dental Clinics and Indigent Maternity Programs	
5. Contract Monitor: Lesley Singleton	7. Contract Type: SERVICES
6. Dept/Office Director: Ian Golden	

SECTION II - REVIEW AND APPROVAL TO ADVERTISE

COUNTY OFFICE	APPROVAL		SIGNATURE	DATE
	YES	NO		
User Agency	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Risk Management	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
County Attorney	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

SECTION III - REVIEW AND APPROVAL TO EXECUTE

COUNTY OFFICE	APPROVAL		SIGNATURE	DATE
	YES	NO		
User Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ian Golden <small>Digitally signed by Ian Golden Date: 2020.09.09 11:03:34 +0400</small>	_____
Risk Management	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
County Attorney	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rogers, Robin <small>Digitally signed by Rogers, Robin Date: 2020.09.14 18:42:23 -0400</small>	09/14/2020

SECTION IV - CONTRACTS MANAGEMENT DATABASE CHECKLIST

CM DATABASE REQUIRED FIELDS	Complete ✓
Department Information	<input type="checkbox"/>
Department	<input type="checkbox"/>
Program	<input type="checkbox"/>
Contact Name	<input type="checkbox"/>
Cost Center, Fund, and G/L Account	<input type="checkbox"/>
Vendor Information (SAP Vendor #)	<input type="checkbox"/>
Contract Status	<input type="checkbox"/>
Contract Title	<input type="checkbox"/>
Contract Type	<input type="checkbox"/>
Contract Amount	<input type="checkbox"/>
Storage Location (SAP)	<input type="checkbox"/>
Contract Approval Date	<input type="checkbox"/>
Contract Effective Date	<input type="checkbox"/>
Contract Expiration Date	<input type="checkbox"/>
Contract Absolute End Data (No Additional Renewals/Extensions)	<input type="checkbox"/>
Material Group	<input type="checkbox"/>
Contract Documents Uploaded in CM database (Initial Contract Form with County Attorney/ Risk Management Approval; Signed/Executed Contract)	<input type="checkbox"/>
"Right To Audit" Clause Included in Contract	<input type="checkbox"/>
Monitored items: Uploaded to database (Insurance, Bonds, etc.)	<input type="checkbox"/>

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<u>COUNTY OFFICE</u>	<u>APPROVAL</u>		<u>SIGNATURE</u>	<u>DATE</u>
	<u>YES</u>	<u>NO</u>		
User Agency	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Risk Management	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
County Attorney	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

SECTION III - REVIEW AND APPROVAL TO EXECUTE

<u>COUNTY OFFICE</u>	<u>APPROVAL</u>		<u>SIGNATURE</u>	<u>DATE</u>
	<u>YES</u>	<u>NO</u>		
User Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ian Golden <small>Digitally signed by Ian Golden Date: 2020.09.09 11:03:34 -04'00'</small>	_____
Risk Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lairsey, Matt <small>Digitally signed by Lairsey, Matt Date: 2020.09.14 10:35:13 -04'00'</small>	09/14/2020
County Attorney	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

SECTION IV - CONTRACTS MANAGEMENT DATABASE CHECKLIST

<u>CM DATABASE REQUIRED FIELDS</u>	<u>Complete</u> ✓
Department Information	<input type="checkbox"/>
Department	<input type="checkbox"/>
Program	<input type="checkbox"/>
Contact Name	<input type="checkbox"/>
Cost Center, Fund, and G/L Account	<input type="checkbox"/>
Vendor Information (SAP Vendor #)	<input type="checkbox"/>
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Contract Documents Uploaded in CM database (Initial Contract Form with County Attorney/ Risk Management Approval; Signed/Executed Contract)	<input type="checkbox"/>
"Right To Audit" Clause Included in Contract	<input type="checkbox"/>
Monitored items: Uploaded to database (Insurance, Bonds, etc.)	<input type="checkbox"/>

**CONTRACT BETWEEN
BREVARD COUNTY BOARD OF COUNTY COMMISSIONERS
AND
STATE OF FLORIDA DEPARTMENT OF HEALTH
FOR OPERATION OF THE
BREVARD COUNTY HEALTH DEPARTMENT
CONTRACT YEAR 2020-2021**

This contract is made and entered into between the State of Florida, Department of Health ("State") and the Brevard County Board of County Commissioners ("County"), through their undersigned authorities, effective October 1, 2020.

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. Brevard 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, 2020, through September 30, 2021, 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 \$ 10,733,726 *(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 \$467,415 *(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
Brevard County
2565 Judge Fran Jamieson Way
Viera, FL 32940

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 Brevard 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, 2021 for the report period October 1, 2020 through December 31, 2020;
- ii. June 1, 2021 for the report period October 1, 2020 through March 31, 2021;
- iii. September 1, 2021 for the report period October 1, 2020 through June 30, 2021; and
- iv. December 1, 2021 for the report period October 1, 2020 through September 30, 2021.

7. FACILITIES AND EQUIPMENT. The parties mutually agree that:

a. CHD facilities shall be provided as specified in Attachment IV to this contract and the County shall own the facilities used by the CHD unless otherwise provided in Attachment IV.

b. The County shall ensure adequate fire and casualty insurance coverage for County-owned CHD offices and buildings and for all furnishings and equipment in CHD offices through either a self-insurance program or insurance purchased by the County.

c. All vehicles will be transferred to the ownership of the County and registered as County vehicles. The County shall ensure insurance coverage for these vehicles is available through either a self-insurance program or insurance purchased by the County. All vehicles will be used solely for CHD operations. Vehicles purchased through the County Health Department Trust Fund shall be sold at fair market value when they are no longer needed by the CHD and the proceeds returned to the County Health Department Trust Fund.

8. TERMINATION.

a. Termination at Will. This contract may be terminated by either party without cause upon no less than one-hundred eighty (180) calendar days notice in writing to the other party unless a lesser time is mutually agreed upon in writing by both parties. Said notice shall be delivered by certified mail, return receipt requested, or in person to the other party's contract manager with proof of delivery.

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

c. Termination for Breach. This contract may be terminated by one party, upon no less than thirty (30) days notice, because of the other party's failure to perform an obligation hereunder. Said notice shall be delivered by certified mail, return receipt requested, or in person to the other party's contract manager with proof of delivery. Waiver of breach of any provisions of this contract shall not be deemed to be a waiver of any other breach and shall not be construed to be a modification of the terms of this contract.

9. MISCELLANEOUS. The parties further agree:

a. Availability of Funds. If this contract, any renewal hereof, or any term, performance or payment hereunder, extends beyond the fiscal year beginning July 1, 2021, 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:

Maria Stahl D.N.P., R.N.
Name
Administrator/Health Officer
Title
2565 Judge Fran Jamieson Way
Viera, Florida 32940
Address
321.454.7112
Telephone

For the County:

Frank Abbate
Name
County Manager
Title
2725 Judge Fran Jamieson Way
Viera, Florida 32940
Address
321.633.2001
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 20 page contract, with its attachments as referenced, including Attachment I (two pages), Attachment II (6 pages), Attachment III (1 pages), Attachment IV (2 pages), and Attachment V (1 pages), to be executed by their undersigned officials as duly authorized effective the 1st day of October, 2020.

**BOARD OF COUNTY COMMISSIONERS STATE OF FLORIDA
FOR BREVARD COUNTY DEPARTMENT OF HEALTH**

SIGNED BY: _____

NAME: Bryan Andrew Lober

TITLE: Chair

DATE: _____

SIGNED BY: _____

NAME: Scott A. Rivkees, MD

TITLE: State Surgeon General

DATE: _____

ATTESTED TO:

SIGNED BY: _____

NAME: Scott Ellis

TITLE: Clerk

DATE: _____

SIGNED BY: Maria Stahl

NAME: Maria Stahl D.N.P., R.N.

TITLE: CHD Director/Administrator

DATE: 8/20/20

Reviewed for legal form and content

By: Robin Rogers

**Robin Rogers, Esq.
Assistant County Attorney**

ATTACHMENT I
BREVARD 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
BREVARD 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 09/30/20	0	1650217	1650217
2. Drawdown for Contract Year October 1, 2020 to September 30, 2021	0	1	1
3. Special Capital Project use for Contract Year October 1, 2020 to September 30, 2021	0	-300000	-300000
4. Balance Reserved for Contingency Fund October 1, 2020 to September 30, 2021	0	1350218	1350218

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

ATTACHMENT II

BREVARD COUNTY HEALTH DEPARTMENT

Part II, Sources of Contributions to County Health Department

October 1, 2020 to September 30, 2021

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
1. GENERAL REVENUE - STATE					
015040 AIDS PATIENT CARE	100,000	0	100,000	0	100,000
015040 AIDS PREVENTION & SURVEILLANCE - GENERAL REVENUE	69,954	0	69,954	0	69,954
015040 CHD - TB COMMUNITY PROGRAM	157,808	0	157,808	0	157,808
015040 CORONAVIRUS GENERAL REVENUE	1,640,345	0	1,640,345	0	1,640,345
015040 DENTAL SPECIAL INITIATIVE PROJECTS	6,191	0	6,191	0	6,191
015040 HEALTHY BEACHES MONITORING	13,852	0	13,852	0	13,852
015040 FAMILY PLANNING GENERAL REVENUE	307,881	0	307,881	0	307,881
015040 PRIMARY CARE PROGRAM	518,419	0	518,419	0	518,419
015040 SCHOOL HEALTH SERVICES - GENERAL REVENUE	475,772	0	475,772	0	475,772
015050 CHD GENERAL REVENUE NON-CATEGORICAL	3,793,467	0	3,793,467	0	3,793,467
GENERAL REVENUE TOTAL	7,083,689	0	7,083,689	0	7,083,689
2. NON GENERAL REVENUE - STATE					
015010 ENVIRONMENTAL BIOMEDICAL WASTE PROGRAM	23,475	0	23,475	0	23,475
NON GENERAL REVENUE TOTAL	23,475	0	23,475	0	23,475
3. FEDERAL FUNDS - STATE					
007000 BREAST & CERVICAL CANCER - ADMIN/CASE MANAGEMENT	115,000	0	115,000	0	115,000
007000 WIC BREASTFEEDING PEER COUNSELING PROG	101,565	0	101,565	0	101,565
007000 COASTAL BEACH WATER QUALITY MONITORING	8,321	0	8,321	0	8,321
007000 COMPREHENSIVE COMMUNITY CARDIO - PHBG	35,000	0	35,000	0	35,000
007000 EPID & LAB FOR INFECTIOUS DISEASE COVID-19	128,212	0	128,212	0	128,212
007000 FAMILY PLANNING TITLE X - GRANT	232,455	0	232,455	0	232,455
007000 IMMUNIZATION ACTION PLAN	62,610	0	62,610	0	62,610
007000 WIC INFRASTRUCTURE GRANT 2020	72,600	0	72,600	0	72,600
007000 MCH SPECIAL PRJCT UNPLANNED PREGNANCY	81,390	0	81,390	0	81,390
007000 MCH BLOCK GRANT FLORIDA'S HEALTHY BABIES	22,570	0	22,570	0	22,570
007000 OVERDOSE DATE TO ACTION	211,000	0	211,000	0	211,000
007000 BASE COMMUNITY PREPAREDNESS CAPABILITY	132,255	0	132,255	0	132,255
007000 BASE PUB HLTH SURVEILLANCE & EPI INVESTIGATION	225,371	0	225,371	0	225,371
007000 CRI MEDICAL COUNTERMEASURES DISPENSING	49,207	0	49,207	0	49,207
007000 AIDS PREVENTION	79,498	0	79,498	0	79,498
007000 WIC PROGRAM ADMINISTRATION	1,946,151	0	1,946,151	0	1,946,151
015075 SUPPLEMENTAL SCHOOL HEALTH	156,446	0	156,446	0	156,446
015075 REFUGEE HEALTH SCREENING REIMBURSEMENT ADMIN	675	0	675	0	675
015075 REFUGEE HEALTH SCREENING REIMBURSEMENT SERVICES	3,750	0	3,750	0	3,750
018005 AIDS DRUG ASSISTANCE PROGRAM ADMIN HQ	134,367	0	134,367	0	134,367
018005 RYAN WHITE TITLE II CARE GRANT	39,119	0	39,119	0	39,119
FEDERAL FUNDS TOTAL	3,837,562	0	3,837,562	0	3,837,562
4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE					
001020 CHD STATEWIDE ENVIRONMENTAL FEES	427,900	0	427,900	0	427,900
001092 CHD STATEWIDE ENVIRONMENTAL FEES	884,424	0	884,424	0	884,424
001206 ON SITE SEWAGE DISPOSAL PERMIT FEES	46,710	0	46,710	0	46,710

ATTACHMENT II

BREVARD COUNTY HEALTH DEPARTMENT

Part II, Sources of Contributions to County Health Department

October 1, 2020 to September 30, 2021

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
001206 SANITATION CERTIFICATES (FOOD INSPECTION)	18,000	0	18,000	0	18,000
001206 SEPTIC TANK RESEARCH SURCHARGE	6,810	0	6,810	0	6,810
001206 SEPTIC TANK VARIANCE FEES 50%	1,800	0	1,800	0	1,800
001206 PUBLIC SWIMMING POOL PERMIT FEES-10% HQ TRANSFER	10,000	0	10,000	0	10,000
001206 DRINKING WATER PROGRAM OPERATIONS	4,290	0	4,290	0	4,290
001206 REGULATION OF BODY PIERCING SALONS	200	0	200	0	200
001206 TANNING FACILITIES	500	0	500	0	500
001206 ONSITE SEWAGE TRAINING CENTER	5,000	0	5,000	0	5,000
001206 TATTO PROGRAM ENVIRONMENTAL HEALTH	3,000	0	3,000	0	3,000
001206 MOBILE HOME & RV PARK FEES	4,000	0	4,000	0	4,000
FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL	1,412,634	0	1,412,634	0	1,412,634
5. OTHER CASH CONTRIBUTIONS - STATE:					
	0	0	0	0	0
090001 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	0	0	0	0
OTHER CASH CONTRIBUTION TOTAL	0	0	0	0	0
6. MEDICAID - STATE/COUNTY:					
001057 CHD CLINIC FEES	0	455,705	455,705	0	455,705
001148 CHD CLINIC FEES	0	1,806,713	1,806,713	0	1,806,713
001148 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES	0	1,000	1,000	0	1,000
MEDICAID TOTAL	0	2,263,418	2,263,418	0	2,263,418
7. ALLOCABLE REVENUE - STATE:					
001004 CHD STATEWIDE ENVIRONMENTAL FEES	1,500	0	1,500	0	1,500
001009 CHD CLINIC FEES	25	0	25	0	25
018000 CHD CLINIC FEES	3,712	0	3,712	0	3,712
031005 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES	54,000	0	54,000	0	54,000
038000 CHD STATEWIDE ENVIRONMENTAL FEES	50	0	50	0	50
ALLOCABLE REVENUE TOTAL	59,287	0	59,287	0	59,287
8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE					
ADAP	0	0	0	571,552	571,552
PHARMACY DRUG PROGRAM	0	0	0	36,108	36,108
WIC PROGRAM	0	0	0	7,553,157	7,553,157
BUREAU OF PUBLIC HEALTH LABORATORIES	0	0	0	65,825	65,825
IMMUNIZATIONS	0	0	0	802,273	802,273
OTHER STATE CONTRIBUTIONS TOTAL	0	0	0	9,028,915	9,028,915
9. DIRECT LOCAL CONTRIBUTIONS - BCC/TAX DISTRICT					
008005 CHD LOCAL REVENUE & EXPENDITURES	0	467,415	467,415	0	467,415
DIRECT COUNTY CONTRIBUTIONS TOTAL	0	467,415	467,415	0	467,415
10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY					
001077 CHD CLINIC FEES	0	285,631	285,631	0	285,631
001094 CHD LOCAL ENVIRONMENTAL FEES	0	1,093,300	1,093,300	0	1,093,300

ATTACHMENT II

BREVARD COUNTY HEALTH DEPARTMENT

Part II, Sources of Contributions to County Health Department October 1, 2020 to September 30, 2021

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
001110 VITAL STATISTICS CERTIFIED RECORDS	0	518,700	518,700	0	518,700
FEES AUTHORIZED BY COUNTY TOTAL	0	1,897,631	1,897,631	0	1,897,631
11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY					
001029 CHD CLINIC FEES	0	249,409	249,409	0	249,409
001029 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES	0	34,582	34,582	0	34,582
001090 CHD CLINIC FEES	0	2,520	2,520	0	2,520
001090 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES	0	3,820	3,820	0	3,820
008050 SCHOOL HEALTH CLINICS FUNDED BY SCHOOL BOARD	0	2,908,000	2,908,000	0	2,908,000
010300 STATE UNDERGROUND PETROLEUM RESPONSE ACT	0	20,000	20,000	0	20,000
010400 CHD SALE OF SERVICES IN OR OUTSIDE OF STATE GOVT	0	12,232	12,232	0	12,232
011000 HEALTHY START NURSE FAMILY PARTNERSHIP PRGM CHD	0	188,209	188,209	0	188,209
011000 UNITED WAY CONTRACTS WITH CHDS	0	106,808	106,808	0	106,808
011001 CHD HEALTHY START COALITION CONTRACT	0	81,400	81,400	0	81,400
011001 HEALTHY START NURSE FAMILY PARTNERSHIP PRGM CHD	0	101,765	101,765	0	101,765
090002 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	-1	-1	0	-1
OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL	0	3,708,744	3,708,744	0	3,708,744
12. ALLOCABLE REVENUE - COUNTY					
001004 CHD STATEWIDE ENVIRONMENTAL FEES	0	1,500	1,500	0	1,500
001009 CHD CLINIC FEES	0	25	25	0	25
018000 CHD CLINIC FEES	0	3,712	3,712	0	3,712
031005 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES	0	54,000	54,000	0	54,000
038000 CHD STATEWIDE ENVIRONMENTAL FEES	0	50	50	0	50
COUNTY ALLOCABLE REVENUE TOTAL	0	59,287	59,287	0	59,287
13. BUILDINGS - COUNTY					
ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	0	0
OTHER (Specify)	0	0	0	0	0
UTILITIES	0	0	0	0	0
BUILDING MAINTENANCE	0	0	0	28,000	28,000
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	28,000	28,000
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	12,416,647	8,396,495	20,813,142	9,056,915	29,870,057

ATTACHMENT II

BREVARD COUNTY HEALTH DEPARTMENT

Part III, Planned Staffing, Clients, Services and Expenditures By Program Service Area Within Each Level of Service
October 1, 2020 to September 30, 2021

	Quarterly Expenditure Plan									Grand Total
	FTE's (0.00)	Clients Units	Services/ Visits	1st	2nd (Whole dollars only)	3rd	4th	State	County	
A. COMMUNICABLE DISEASE CONTROL:										
IMMUNIZATION (101)	4.57	3,100	3,761	145,016	124,330	145,016	124,329	263,099	275,592	538,691
SEXUALLY TRANS. DIS. (102)	8.24	1,701	2,504	150,737	129,235	150,737	129,234	118,750	441,193	559,943
HIV/AIDS PREVENTION (03A1)	1.90	0	353	33,299	28,549	33,299	28,548	123,695	0	123,695
HIV/AIDS SURVEILLANCE (03A2)	1.12	0	42	19,335	16,577	19,335	16,578	71,825	0	71,825
HIV/AIDS PATIENT CARE (03A3)	4.96	1	223	90,497	77,588	90,497	77,588	229,362	106,808	336,170
ADAP (03A4)	3.25	1	2	47,679	40,877	47,679	40,877	177,112	0	177,112
TUBERCULOSIS (104)	2.71	1,103	1,188	55,218	47,341	55,218	47,341	177,418	27,700	205,118
COMM. DIS. SURV. (106)	6.46	0	6,404	567,938	486,925	567,938	486,924	2,109,725	0	2,109,725
HEPATITIS (109)	0.00	0	0	0	0	0	0	0	0	0
PREPAREDNESS AND RESPONSE (116)	4.11	0	128	87,462	74,986	87,462	74,987	324,897	0	324,897
REFUGEE HEALTH (118)	0.49	131	196	7,858	6,737	7,858	6,738	29,191	0	29,191
VITAL RECORDS (180)	5.60	18,574	62,088	85,197	73,045	85,197	73,045	0	316,484	316,484
COMMUNICABLE DISEASE SUBTOTAL	43.41	24,611	76,889	1,290,236	1,106,190	1,290,236	1,106,189	3,625,074	1,167,777	4,792,851
B. PRIMARY CARE:										
CHRONIC DISEASE PREVENTION PRO (210)	3.59	0	0	98,437	84,396	98,437	84,396	363,857	1,809	365,666
WIC (21W1)	35.16	16,533	105,609	642,422	550,784	642,422	550,785	2,368,715	17,698	2,386,413
TOBACCO USE INTERVENTION (212)	0.00	0	0	0	0	0	0	0	0	0
WIC BREASTFEEDING PEER COUNSELING (21W2)	2.57	0	3,430	31,542	27,043	31,542	27,042	115,875	1,294	117,169
FAMILY PLANNING (223)	20.76	2,944	6,006	410,395	351,854	410,395	351,855	1,199,133	325,366	1,524,499
IMPROVED PREGNANCY OUTCOME (225)	31.62	1,666	11,235	713,988	612,141	713,988	612,142	647,045	2,005,214	2,652,259
HEALTHY START PRENATAL (227)	0.01	1,337	4,655	267	229	267	230	0	993	993
COMPREHENSIVE CHILD HEALTH (229)	0.02	0	0	534	458	534	457	0	1,983	1,983
HEALTHY START CHILD (231)	0.31	5,644	19,179	5,395	4,625	5,395	4,626	0	20,041	20,041
SCHOOL HEALTH (234)	110.54	0	1,412,545	1,246,598	1,068,777	1,246,598	1,068,777	1,667,098	2,963,652	4,630,750
COMPREHENSIVE ADULT HEALTH (237)	6.57	991	1,248	105,144	90,145	105,144	90,145	233,459	157,119	390,578
COMMUNITY HEALTH DEVELOPMENT (238)	0.24	0	0	6,725	5,766	6,725	5,765	24,981	0	24,981
DENTAL HEALTH (240)	12.69	4,173	5,646	226,428	194,129	226,428	194,130	332,186	508,929	841,115
PRIMARY CARE SUBTOTAL	224.08	33,288	1,569,553	3,487,875	2,990,347	3,487,875	2,990,350	6,952,349	6,004,098	12,956,447
C. ENVIRONMENTAL HEALTH:										
Water and Onsite Sewage Programs										
COSTAL BEACH MONITORING (347)	0.65	564	564	13,225	11,339	13,225	11,338	47,109	2,018	49,127
LIMITED USE PUBLIC WATER SYSTEMS (357)	0.10	30	147	27,356	23,454	27,356	23,455	96,301	5,320	101,621
PUBLIC WATER SYSTEM (358)	0.06	0	0	1,441	1,236	1,441	1,236	4,962	392	5,354
PRIVATE WATER SYSTEM (359)	3.73	3	5,819	84,596	72,529	84,596	72,529	2,689	311,561	314,250
ONSITE SEWAGE TREATMENT & DISPOSAL (361)	20.40	6,881	18,538	417,957	358,337	417,957	358,337	877,312	675,276	1,552,588
Group Total	24.94	7,478	25,068	544,575	466,895	544,575	466,895	1,028,373	994,567	2,022,940
Facility Programs										
TATTOO FACILITY SERVICES (344)	0.74	778	248	15,279	13,099	15,279	13,099	51,476	5,280	56,756
FOOD HYGIENE (348)	1.48	199	565	29,000	24,864	29,000	24,864	90,135	17,593	107,728

ATTACHMENT II

BREVARD COUNTY HEALTH DEPARTMENT

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

October 1, 2020 to September 30, 2021

	FTE's (0.00)	Clients Units	Services/ Visits	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd	3rd	4th			
				(Whole dollars only)						
BODY PIERCING FACILITIES SERVICES (349)	0.42	15	23	8,939	7,663	8,939	7,663	24,888	8,316	33,204
GROUP CARE FACILITY (351)	0.40	125	241	7,744	6,639	7,744	6,640	26,936	1,831	28,767
MIGRANT LABOR CAMP (352)	0.22	33	55	3,970	3,404	3,970	3,403	14,049	698	14,747
HOUSING & PUB. BLDG. (353)	0.00	0	0	27	23	27	23	0	100	100
MOBILE HOME AND PARK (354)	1.08	197	550	20,873	17,896	20,873	17,895	61,194	16,343	77,537
POOLS/BATHING PLACES (360)	4.16	1,172	3,164	81,943	70,254	81,943	70,253	171,502	132,891	304,393
BIOMEDICAL WASTE SERVICES (364)	1.58	651	613	31,889	27,340	31,889	27,340	101,513	16,945	118,458
TANNING FACILITY SERVICES (369)	0.55	104	263	11,157	9,566	11,157	9,566	39,244	2,202	41,446
Group Total	10.63	3,274	5,722	210,821	180,748	210,821	180,746	580,937	202,199	783,136
Groundwater Contamination										
STORAGE TANK COMPLIANCE SERVICES (355)	0.06	0	0	1,254	1,075	1,254	1,074	4,466	191	4,657
SUPER ACT SERVICES (356)	0.51	88	380	9,703	8,319	9,703	8,320	14,456	21,589	36,045
Group Total	0.57	88	380	10,957	9,394	10,957	9,394	18,922	21,780	40,702
Community Hygiene										
COMMUNITY ENVIR. HEALTH (345)	0.20	0	32	3,724	3,192	3,724	3,192	13,198	634	13,832
INJURY PREVENTION (346)	0.00	0	0	0	0	0	0	0	0	0
LEAD MONITORING SERVICES (350)	0.03	0	0	559	479	559	478	1,966	109	2,075
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)	0.92	976	2,764	15,947	13,672	15,947	13,873	56,384	2,855	59,239
RABIES SURVEILLANCE (366)	0.03	0	0	849	728	849	728	3,057	97	3,154
ARBORVIRUS SURVEIL. (367)	0.16	0	0	2,039	1,748	2,039	1,748	7,078	496	7,574
RODENT/ARTHROPOD CONTROL (368)	0.00	0	0	0	0	0	0	0	0	0
WATER POLLUTION (370)	0.21	0	32	4,597	3,941	4,597	3,940	16,398	677	17,075
INDOOR AIR (371)	0.07	0	0	1,885	1,617	1,885	1,617	6,782	222	7,004
RADIOLOGICAL HEALTH (372)	0.01	0	0	243	208	243	207	0	901	901
TOXIC SUBSTANCES (373)	0.02	0	0	426	365	426	365	1,499	83	1,582
Group Total	1.65	976	2,828	30,269	25,950	30,269	25,948	106,362	6,074	112,436
ENVIRONMENTAL HEALTH SUBTOTAL	37.79	11,816	33,998	796,622	682,987	796,622	682,983	1,734,594	1,224,620	2,959,214
D. 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	27,003	23,152	27,003	23,152	100,310	0	100,310
MEDICAID BUYBACK (611)	0.00	0	0	1,163	997	1,163	997	4,320	0	4,320
NON-OPERATIONAL COSTS SUBTOTAL	0.00	0	0	28,166	24,149	28,166	24,149	104,630	0	104,630
TOTAL CONTRACT	305.28	69,715	1,680,440	5,602,899	4,803,673	5,602,899	4,803,671	12,416,647	8,396,495	20,813,142

ATTACHMENT III
BREVARD 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 - 2020 - 2021

Brevard County Health Department

Facilities Utilized by the County Health Department

Complete Location (Street Address, City, Zip)	Facility Description And Official Building Name (if applicable) (Admin, Clinic, Envrn Hlth, etc.)	Lease/ Agreement Number	Type of Agreement (Private Lease thru State or County, other - please define)	Complete Legal Name of Owner	SQ Feet	Employee Count (FTE/OPS/ Contract)
Administrative Headquarters	Viera Administration Facility	n/a	- State Owned Building	-Building - State of Florida	25,513	60
2565 Judge Fran Jamieson Way	(Administration, Admin Services, Epidemiology, Vital Statistics, School Health, Public Health Preparedness)		- County Land Lease	Board of County Commissioners		
Viera, Florida 32940			20 Years - 12/12/2006			
Melbourne Health Facility	Clinic	4703	Lease between	State of Florida	12,850	40
601 East University Blvd	(Maternity, Dental,		State of Florida	Department of		
Melbourne, FL 32901	Family Planning, WIC,		DEP and DOH	Environmental		
(After 11/01/2016)	Community Health)		50 Years - 01/11/2013	Protection		
Titusville Health Facility	Clinic,	n/a	County Owned	Brevard County	15,900	27
611 Singleton Avenue	(Maternity, Dental,			Board of County		
Titusville, FL 32796	Family Planning, WIC,			Commissioners		
	Community Health)					
Viera Health Facility	Clinic	n/a	County Owned	Brevard County	53,900	89
2555 Judge Fran Jamieson Way	(Maternity, Dental,			Board of County		
Viera, FL 32940	Family Planning, WIC,			Commissioners		
	Community Health)					
Environmental Health	Brevard County	n/a	County Owned	Brevard County	5,600	32
2725 Judge Fran Jamieson Way	Government Center			Board of County		
Viera, FL 32940	Building A			Commissioners		

Rockledge Annex Facility	STD,	n/a	County Owned	Brevard County	3,164	10
1748 Cedar Street	Disaster Preparedness,			Board of County		
Rockledge, FL 32955	TB			Commissioners		
The County will maintain the structures and grounds of all non-State public health facilities.						
The Health Department will provide routine maintenance, custodial service and alarm services to those facilities fully occupied by the Brevard County Health Department.						
The Health Department will provide lawn care for the Viera Health and CMS Facilities and the Melbourne Health Facility.						
To the extent budget allows, the County will provide improvement, expansion, land or replacement of any facility determined to be inadequate.						

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
BREVARD 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>
2019-2020*	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
2020-2021**	\$ <u>0</u>	\$ <u>300000</u>	\$ <u>300000</u>
2021-2022***	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
2022-2023***	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
PROJECT TOTAL	\$ <u>0</u>	\$ <u>300000</u>	\$ <u>300000</u>

SPECIAL PROJECTS CONSTRUCTION/RENOVATION PLAN

PROJECT NUMBER: 72005100

PROJECT NAME: Viera Public Health Facility - Chilled Water System Replacement

LOCATION/ADDRESS: 2555 Judge Fran Jamieson Way, Viera, Florida 32940

PROJECT TYPE:

NEW BUILDING	<u> </u>	ROOFING	<u> </u>
RENOVATION	<u> </u>	PLANNING STUDY	<u> </u>
NEW ADDITION	<u> </u>	OTHER	<u> X </u>

SQUARE FOOTAGE: 0

PROJECT SUMMARY: *Describe scope of work in reasonable detail.*
 Replacement of Viera Public Health Facility - Chilled Water System. Current system consists of two chillers, CH 1 - 155 ton and CH 2 - 40 ton. CH 1 is 12 years old and the system break down and repair costs are reflective of end-of-expected life of 10-15 years. CH 2 is 7 years old and evaluated as in good condition. The Engineering firm recommended by DOH Design & Construction reviewed the system and validated that the CH 1 unit needs a total replacement. The replacement of the CH 1 unit will provide necessary temperature control for staff providing services and clients receiving services in this public health facility. This replacement unit will save the public health facility funds by decreasing the monthly electric costs, improving the efficiency of the temperature control and reducing maintenance costs associated with the frequent break downs. This project is expected to begin September 1, 2020 and be completed by June 30, 2021.

START DATE (Initial expenditure of funds) : September 1, 2020

COMPLETION DATE: June 30, 2021

DESIGN FEES: \$ 23750

CONSTRUCTION COSTS: \$ 276250

FURNITURE/EQUIPMENT: \$ 0

TOTAL PROJECT COST: \$ 300000

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 9/30/20 6.53%
 ** Cash to be transferred to FCO account. 300000
 *** Cash anticipated for future contract years.

Fee Resolution for Brevard County Health Department Recommended Changes for FY 2020-2021

[illegible]

RESOLUTION _____

BREVARD COUNTY, FLORIDA

THE FOLLOWING RESOLUTION ESTABLISHING AND REVISING CERTAIN FEES AND CHARGES FOR HEALTH AND ENVIRONMENTAL SERVICES OF THE BREVARD COUNTY HEALTH DEPARTMENT AND REPEALING PAST RESOLUTIONS INCONSISTENT WITH THIS RESOLUTION WAS ADOPTED AT THE REGULAR MEETING OF THE BOARD OF COUNTY COMMISSIONERS OF BREVARD COUNTY, FLORIDA ON THE DAY OF OCTOBER, 2020.

WHEREAS, Chapter 154, Florida Statutes, authorizes the Board of County Commissioners to establish public health service fees; and

WHEREAS, the Board of County Commissioners has entered into a contract with the State of Florida Department of Health, and

WHEREAS, the Board of County Commissioners of Brevard County, Florida, in order to support and expand existing public health services to the community at large, finds it appropriate to establish such fees and revise them as needed from time to time; and

WHEREAS, the current fee and service schedule is in need of revision in order to accurately reflect services and charges offered as directed under the revised Florida Administrative Code; and

WHEREAS, except as provided by law, fees remain in Brevard County to help offset the cost of public health services, and

WHEREAS, the Board of County Commissioners of Brevard County, Florida has determined that the fees and charges hereinafter specified are reasonable.

NOW, THEREFORE, BE IT RESOLVED that the Board of County Commissioners of Brevard County, Florida, hereby establishes the following fees for the Brevard County Health Department.

SECTION 1. FLORIDA DEPARTMENT OF HEALTH IN BREVARD COUNTY

FEE SCHEDULE

The schedule of fees and charges for review of the Brevard County Health Department shall henceforth be as follows:

SECTION A. ENVIRONMENTAL HEALTH SERVICES

The following Environmental Health fees are hereby adopted as authorized by State of Florida Administrative Code or Policy, unless otherwise indicated.

A. Public Swimming Pools and Bathing Places

Annual permits are prorated semi-annually

1. Annual operating permit - up to and including 25,000 gallons
 - State fee \$ 125.00
 - BCC resolution fee 100.00
 - Total \$ 225.00
2. Annual operating permit - more than 25,000 gallons
 - State fee \$ 250.00
 - BCC resolution fee 100.00
 - Total \$ 350.00
3. Exempted Condo or Co-op Pools (over 32 units)
 - State fee \$ 50.00
 - BCC resolution fee 100.00
 - Total \$ 150.00
4. Re-inspection (no charge for 1st reinspection)
 - BCC resolution fee \$ 60.00
 - Total \$ 60.00
5. Initial Operating Permit
 - State fee \$ 150.00
 - BCC resolution fee 50.00
 - Total \$ 200.00
6. Exempted Condo or Co-op Pools (32 units or less)
 - BCC resolution fee \$ 100.00
7. Bathing Place Sampling Request per visit
 - BCC resolution fee Lab Cost + \$30.00

8. River Sampling Request per visit
 - BCC resolution fee Lab Cost + \$30.00
9. Late fee - (on permits paid after June 30)
 - BCC resolution fee \$ 35.00
10. Variance Request
 (full amount is transferred to Bureau of Water)
 - State Fee \$300.00

B. Mobile Home & Recreational Vehicle Parks

Fees are prorated on a quarterly basis

1. Annual permit for 5 – 25 spaces
 - State Fee \$ 100.00
 - BCC resolution fee 75.00
 Total \$ 175.00
2. Annual permit for 26-149 spaces
 - State Fee - per space \$ 4.00
 - BCC resolution fee \$ 75.00
3. Annual permit for 150 and above spaces
 - State Fee \$ 600.00
 - BCC resolution fee 75.00
 Total \$ 675.00
4. Re-Inspection fee (no charge for first re-inspection)
 - BCC resolution fee \$ 60.00
5. Late fee (on permits paid after October 1)
 - BCC resolution fee \$ 35.00

C. Migrant Labor Camps

No Proration

1. Annual permit for facilities with 5 to 50 occupants
 - State fee \$ 125.00
2. Annual permit for facilities with 51-100 occupants
 - State fee \$ 225.00
3. Annual permit for facilities with over 100 occupants
 - State fee \$ 500.00
4. Re-Inspection Fee (no charge for first re-inspection)
 - BCC resolution fee \$ 60.00

- | | | |
|----|--|----------|
| 5. | Late Fee (on permits paid after October 1) | |
| - | BCC resolution fee | \$ 35.00 |

D. Biomedical Waste Generators
No Proration

- | | | |
|----|--|--------------|
| 1. | Initial permit - Biomedical Waste Generators,
Storage or Treatment | |
| - | State fee | \$ 85.00 |
| - | BCC resolution fee | <u>10.00</u> |
| | Total | \$ 95.00 |
| 2. | Renewal of annual permit (except exempt generator
producing less than 25 lbs/30 days) postmarked
by October 1 | |
| - | State fee | \$ 85.00 |
| - | BCC resolution fee | <u>10.00</u> |
| | Total | \$ 95.00 |
| 3. | Renewal of annual permit (except exempt generator
producing less than 25 lbs/30 days) postmarked
after October 1 | |
| - | State fee | \$ 105.00 |
| - | BCC resolution fee | <u>10.00</u> |
| | Total | \$ 115.00 |
| 4. | Initial Transporter Registration (includes one truck) | |
| - | State fee | \$ 85.00 |
| 5. | Initial Registration of Each Additional Truck | |
| - | State fee | \$ 10.00 |
| 6. | Annual Registration Renewal (postmarked by 10/01,
includes one truck) | |
| - | State fee | \$ 85.00 |
| 7. | Annual Registration Renewal (postmarked after 10/01,
Includes one truck) | |
| - | State fee | \$ 105.00 |
| 8. | Annual Registration of Each Additional Truck | |
| - | State fee | \$ 10.00 |
| 9. | Re-Inspection Fee (no charge for first re-inspection) | |
| - | BCC resolution fee | \$ 60.00 |

E. Tanning Facilities

Fees are prorated on a quarterly basis

1.	Annual License State fee-Facility (with one device)	\$ 150.00
	- State fee for each additional device	\$ 55.00
	- BCC resolution fee	\$ 25.00
2.	Late fee (on permits paid after October 1)	
	- State fee	\$ 35.00
3.	Maximum license fee that can be charged for tanning Facilities	
	- State fee	\$ 315.00
	- BCC resolution fee	<u>25.00</u>
	Total Maximum license fee that can be charged	\$ 340.00
4.	Re-inspection fee (no charge after first re-inspection)	
	- BCC resolution fee	\$ 60.00
5.	Plan Review Fee (For New Facilities or Modifications)	
	- BCC resolution fee	\$ 40.00

F. Body Piercing

Fees are prorated on a quarterly basis – Initial license only

1.	Initial License	
	- - State fee	\$ 150.00
	- BCC resolution fee	<u>20.00</u>
		\$ 170.00
2.	Temporary Establishment	
	- State fee	\$ 75.00
	- BCC resolution fee	<u>20.00</u>
		\$ 95.00
3.	Annual Renewal License Fee	
	- State fee	\$ 150.00
	- BCC resolution fee	<u>20.00</u>
		\$ 170.00
4.	Late fee (on permits paid after October 1)	
	- State fee	\$ 100.00
5.	Re-Inspection fee (no charge after first re-inspection)	
	- BCC resolution fee	\$ 60.00

G. Tattooing
No Proration

1.	Initial Establishment License	
	- State fee	\$ 200.00
	- BCC resolution fee	<u>20.00</u>
		\$ 220.00
2.	Temporary Establishment License	
	- State fee	\$ 200.00
	- BCC resolution fee	<u>20.00</u>
		\$ 220.00
3.	Annual Establishment Renewal License	
	- State fee	\$ 200.00
	- BCC resolution fee	<u>20.00</u>
		\$ 220.00
4.	Tattoo Artist License	
	- State fee	\$ 60.00
5.	Tattoo Artist Renewal License	
	- State fee	\$ 60.00
6.	Guest Tattoo Artist Registration	
	- State fee	\$ 35.00
7.	Guest Tattoo Artist Re-registration	
	- State fee	\$ 35.00
8.	Reactivation Tattoo Establishment License (Late Fee)	
	- State fee	\$ 75.00
9.	Reactivation of Tattoo Artist License (Late Fee)	
	- State fee	\$ 25.00
10.	Re-Inspection fee (no charge for first re-inspection)	
	- BCC resolution fee	\$ 60.00

H. Food Service
Fees are prorated on a quarterly basis

1.	Annual Permit for Fraternal/Civic organizations,	
	- State fee	\$ 190.00
	- BCC resolution fee	<u>40.00</u>
	Total Annual Permit Fee	\$ 230.00

2.	Annual permit for School Cafeteria: operating for 9 months or less	
	- State fee	\$ 170.00
	- BCC resolution fee	<u>20.00</u>
	Total Annual Permit Fee	\$ 190.00
3.	Annual Permit School Cafeteria Operating for more than 9 months	
	- State fee	\$ 200.00
	- BCC resolution fee	<u>20.00</u>
		\$ 220.00
4.	Annual permit for Movie Theatres	
	- State fee	\$ 40.00
	- BCC resolution fee	<u>40.00</u>
	Total Annual Permit Fee	\$ 80.00
5.	Annual Permit for Jails/Prisons	
	- State fee	\$ 250.00
6.	Annual Permit for Bars/Lounges (Drink Service Only)	
	- State Fee	\$ 190.00
	- BCC resolution fee	<u>40.00</u>
	Total Annual Permit Fee	\$ 230.00
7.	Annual permit for Residential Facilities	
	- State fee	\$ 135.00
	- BCC resolution fee	<u>40.00</u>
	Total Annual Permit Fee	\$ 175.00
8.	Annual permit for Limited Food Service	
	- State fee	\$ 110.00
9.	Annual permit Other Food Service	
	- State fee	\$ 190.00
	- BCC resolution fee	<u>40.00</u>
	Total Annual Permit Fee	\$ 230.00
10.	Annual permit for Catering Service	
	- State fee	\$ 180.00
11.	Annual permit for Mobile Food Unit	
	- State fee	\$ 180.00
12.	Annual permit for Vending Machine dispensing Potentially Hazardous Food (PHF)	
	- State fee	\$ 85.00

13.	Annual permit for multiple food operations operating in the same building	
	- State fee	\$ 300.00
14.	Plan Review For New Facilities	
	- State fee	\$ 40.00
	- BCC resolution fee	<u>35.00</u>
	Total Plan Review Fee for New Facilities	\$ 75.00
15.	Plan Review For Modifications Only	
	- State fee	\$ 40.00
	- BCC resolution fee	<u>10.00</u>
	Total Plan Review Fee for Modifications	\$ 50.00
16.	Food Worker Training (per person)	
	- State fee	\$ 10.00
17.	Request for Inspection	
	- State fee	\$ 40.00
18.	Re-inspection Fee (no charge for first re-inspection)	
	- State fee	\$ 75.00
19.	Late fee (on permits paid after October 1)	
	- State fee	\$ 25.00
	- BCC resolution fee	<u>10.00</u>
	Total Late Fee	\$ 35.00
20.	Alcoholic Beverage Inspection Approval	
	- State fee	\$ 30.00
21.	Temporary event for Food Service establishment for Sponsor without an existing sanitation certificate (serving non-PHF for 4 or more days or serving PHF for any number of days)	
	- State fee	\$ 100.00
	- BCC resolution fee	<u>20.00</u>
	Total fee	\$ 120.00
22.	Temporary Event for Food Service establishment vendor or booth w/o existing sanitation certificate (if serving PHF and not licensed by a State agency for food service, serving non-PHF for 4 or more days, or currently State licensed for food service by another agency and serving PHF for 4 or more days)	
	- State fee	\$ 50.00

23. Temporary Event for Food Service establishment for Sponsor with an existing sanitation certificate serving Any type of food or w/o existing sanitation certificate and serving non-PHF for 3 days or less) for any number of days)
 - BCC resolution fee \$ 40.00

H. Onsite Sewage Treatment and Disposal Systems – OSTDS (Septic Tanks)
 No Proration (except OSTED Service – prorated quarterly)

1. Application fee – includes application and plan review for new systems (including holding tanks but not including new performance-based treatment systems).
 - State fee \$ 100.00
 - BCC resolution fee 15.00
 - \$ 115.00**

2. Application and approval for existing system (does not include system inspection)
 - State fee \$ 35.00
 - BCC resolution fee 25.00
 - Total \$ 60.00**

3. Application and Existing System evaluation for Repairs and modifications)/Inspection of existing system
 - State fee \$ 50.00

4. Application for permitting of a new Performance-Based Treatment System
 - State fee \$ 125.00

5. Site evaluation
 - State fee \$ 115.00

6. Site re-evaluation
 - State fee \$ 50.00

7. Permit for a new system or system repair
 - State fee \$ 55.00
 - State research and training surcharge fee 5.00
 - BCC resolution fee 135.00
 - Total \$ 195.00**

8.	Permit for modification of a system	
	- State fee	\$ 55.00
	- BCC resolution fee	<u>135.00</u>
	Total	\$ 190.00
9.	Permit for holding tank (s)	
	- State Fee	\$ 55.00
	- State research fee	<u>5.00</u>
	Total	\$ 60.00
10.	Initial system inspection	
	- State fee	\$ 75.00
	- BCC resolution fee	<u>10.00</u>
		\$ 85.00
11.	Mound stabilization inspection fee	
	- BCC resolution fee	\$ 25.00
12.	Excavation inspection fee	
	- BCC resolution fee	\$ 10.00
13.	Re-inspection fee per each non-compliance re-inspection	
	- State fee	\$ 50.00
	- BCC resolution fee	<u>25.00</u>
	Total	\$ 75.00
14.	System abandonment permit (includes permit issuance and inspection)	
	- State fee.	\$ 50.00
	- BCC resolution fee	<u>20.00</u>
	Total	\$ 70.00
15.	Annual operating permit fee for systems in Industrial Manufacturing and equivalent areas, and for systems receiving commercial waste	
	- State fee	\$150.00
16.	Amendments or changes to the operating permit during the permit period per change or amendment	
	- State fee	\$ 50.00
17.	Aerobic treatment unit oper. Permit (every 2 years)	
	- State fee	\$ 100.00
	- BCC resolution fee	<u>50.00</u>
	Total	\$ 150.00

18.	Biennial operating permit fee for performance-based treatment systems. A prorated fee is to be charged beginning with second year of operation	
	- State fee	\$ 100.00
	- BCC resolution fee	<u>50.00</u>
	Total	\$ 150.00
19.	Review of application due to proposed amendments or changes after initial operating permit issuance for a performance-based treatment system	
	- State fee	\$ 75.00
20.	Septic tank manufacturer's inspection per year	
	- State fee	\$ 100.00
	- BCC resolution fee	<u>75.00</u>
	Total	\$ 175.00
21.	Septic disposal service permit (annual)	
	- State fee	\$ 75.00
	- BCC resolution fee	<u>100.00</u>
	Total	\$ 175.00
22.	Portable or temporary toilet service permit (annual)	
	- State fee	\$ 75.00
	- BCC resolution fee	<u>100.00</u>
	Total	\$ 175.00
23.	Additional charge per pump-out vehicle as it relates to items 20 and 21 above	
	- State fee	\$ 35.00
	- BCC resolution fee	<u>25.00</u>
	Total	\$ 60.00
24.	Septage stabilization facility inspection fee per year	
	- State fee	\$ 150.00
25.	Septage disposal site evaluation fee per year	
	- State fee	\$ 200.00
26.	Aerobic treatment unit maintenance entity annual permit	
	- State fee	\$ 25.00
27.	Variance application for a single family residence per each lot or building site (State variance)	
	- State fee	\$ 200.00
	- BCC resolution fee	<u>100.00</u>
	Total	\$ 300.00

28.	Variance application for a multi-family or commercial building per each building site (State variance)	
	- State fee	\$ 300.00
	- BCC resolution fee	<u>125.00</u>
	Total	\$ 425.00
29.	Variance application for Brevard County code requirements	
	- BCC resolution fee	\$ 90.00
30.	Land Development Application review fee	
	- BCC resolution fee	\$ 50.00
31.	Late Fees for Delinquent Onsite Sewage Operating Permits	
	- BCC resolution fee	\$ 35.00
32.	Scheduling Fee – Voluntary requests	
	- Pre-Scheduling of inspection times by appointment	
	- BCC resolution fee	\$ 30.00

I. **Drinking Water**

Fees are prorated on a quarterly basis

Except systems constructed on or after 01/01/1993 have no proration

1.	Public water system construction and operation permit fee – Limited use (First year)	
	- State fee	\$ 90.00
	- BCC resolution fee	<u>20.00</u>
	Total	\$ 110.00
2.	Public water system annual operation permit fee – Limited use (Second year and beyond or change of owner/business)	
	- State fee	\$ 90.00
	- BCC resolution fee	<u>20.00</u>
	Total	\$ 110.00
3.	Multi-Family Water System Construction Permit	
	- State fee	\$ 75.00
4.	Initial operating permit fee after March 31 of any year	
	- State fee	\$ 45.00
	- BCC resolution fee	<u>10.00</u>
	Total	\$ 55.00

5. Non-SDWA Lab Sample (Sample collection/Review of analytical results/Health risk interpretation):

Microbiological Sample Collection

- State fee	\$ 50.00
- BCC resolution fee	Lab cost + <u>10.00</u>
Total	Lab cost + \$ 60.00

Chemical Sample Collection

- State fee	\$ 60.00
- BCC resolution fee	Lab cost + <u>10.00</u>
Total	Lab cost + \$ 70.00

Combined Microbiological and Chemical Collection

- State fee	\$ 70.00
- BCC resolution fee	Lab cost + <u>10.00</u>
Total	Lab cost + \$ 80.00

6. Re-Inspection of Multi-family water system
(no charge for first re-inspection)

- State fee	\$ 40.00
- BCC resolution fee	<u>20.00</u>
Total	\$ 60.00

7. Re-inspection of Limited Use Public water system
(no charge for first re-inspection)

- State fee	\$ 40.00
- BCC resolution fee	<u>20.00</u>
Total	\$ 60.00

8. Delineated Area clearance fee

- State fee	\$ 50.00
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9. Limited use commercial Public Water system registration
or re-registration

- State fee	\$ 15.00
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10. Family Day Care establishment, Annual operating permit

- State fee	\$ 30.00
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11. Family Day Care establishment, Initial Operating
Permit fee after March 31

- State fee	\$ 15.00
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12. SDWA Lab Sample (Sample collection/Review of Analytical Results/Health risk interpretation):

Microbiological water sampling per site visit

- BCC resolution fee Lab cost + \$ 50.00

Chemical water sampling per site visit

- BCC resolution fee Lab cost + \$60.00

Combined Microbiological and Chemical Collection per site visit

- BCC resolution fee Lab cost + \$70.00

13. Chemical sampling per site visit for delineated areas

- BCC resolution fee Lab cost + \$ 60.00

14. Late Fee (on permits paid after October 1)

- BCC resolution fee \$ 35.00

J. Miscellaneous Program Facilities

No Proration

1. Adult Entertainment fee (no bar)

- BCC resolution fee \$ 35.00

2. Animal Care Facility permit fee

- BCC resolution fee \$ 75.00

3. Animal Shelter permit fee

- BCC resolution fee \$ 75.00

4. Other Public Building fee

- BCC resolution fee \$ 40.00

5. Re-Inspection fee (no charge for first re-inspection)

- BCC resolution fee \$ 60.00

6. Late Fee for Animal Care Facility
(on permits paid after expiration date)

- BCC resolution fee \$ 35.00

K. Group Care Facilities

No Proration

1. Adult Congregate Living Facility fee
- BCC resolution fee \$ 35.00
2. Foster Home fee
- BCC resolution fee \$ 25.00
3. Intermediate Care Facility fee
- BCC resolution fee \$ 35.00
4. Residential Facility (Private) fee
- BCC resolution fee \$ 35.00
5. Re-Inspection fee (no charge for first re-inspection)
- BCC resolution fee \$ 50.00

L. Well Construction Program – St. Johns River Water Management District

1. Public Well Construction permit (D.E.P. 62-555)
- BCC resolution fee \$ 300.00
2. Public Well Construction, permit (D.O.H., Limited Use 64E-8)0.00
- BCC resolution fee \$ 200.00
3. Private Residential Potable Well and Alternative Emergency
Use Well Construction Permit
- BCC resolution fee \$ 150.00
4. Irrigation Well Construction Permit
- BCC resolution fee \$ 75.00
5. Monitoring Well Construction Permits
- BCC resolution fee (for one) \$ 50.00
- BCC resolution fee (2 or more on one site/facility) . . . \$ 100.00
6. Well Abandonment Permit
- BCC resolution fee \$ 35.00
7. Re-inspection or Reinvestigation of Complaint
- BCC resolution fee \$ 50.00
8. Late Fee / No Application for Public Well Construction,
D.E.P. 62-555 (includes permit fee)
- BCC resolution fee \$ 600.00

9.	Late Fee / No Application for Public Well Construction, D.O.H. Limited Use 64E-8 (includes permit fee)	
-	BCC resolution fee	\$ 400.00
10.	Late Fee / No Application for Portable Well Construction And Alternative Emergency Use Wells (includes permit fee)	
-	BCC resolution fee	\$ 300.00
11.	Late Fee / No Application for Irrigation Well Construction (includes permit fee)	
-	BCC resolution fee	\$ 150.00
12.	Late Fee / No Application for Monitoring Well Construction (1) (includes permit fee)	
-	BCC resolution fee	\$ 100.00
13.	Late Fee / No Application for Monitoring Well Construction (2 or more on one site/facility) (includes permit fee)	
-	BCC resolution fee	\$ 200.00
14.	Late Fee / No Application for Well Abandonment (includes permit fee)	
-	BCC resolution fee	\$ 70.00
15.	Drinking Water Bacteriological Test (not sampled by D.O.H)	
-	BCC resolution fee	Lab cost
16.	Well Variance Request	
-	BCC resolution fee	\$ 150.00
17.	Requested Site evaluation	
-	BCC resolution fee	\$ 50.00
18.	Emergency Well Permit	
-	BCC resolution fee	\$ 25.00

M. Other Services

1.	Review and revision of Plot Plan or Septic Plan for commercial, single family residence, mobile home installations or septic installs	
-	BCC resolution fee	\$ 30.00

2. Permit reviews for house decks, screen enclosures,
glass rooms, car ports canopies, sheds, pools and
related structures
 - BCC resolution fee \$ 30.00
3. Water to air (HVAC) plan review
 - BCC resolution fee \$ 20.00
4. Copying of Public Records
 - BCC resolution fee \$.25 per page

SECTION B. PRIMARY CARE SERVICES

A. Primary Care Services:

1. Acute/Episodic Illness - Primary care services will be charged on a fee-for-service basis using the current Medicare fee schedule for each service unless otherwise indicated. The fee will be derived by considering the type of visit, the client sliding fee group based on Federal OMB Guidelines, and the current Medicare rate. Medicaid insurance will be accepted as full payment.
2. Family Planning - The fee will be derived by considering the type of visit, the client sliding fee group based on Federal OMB Guidelines, and the current Medicare rate unless otherwise indicated. Medicaid insurance will be accepted as full payment.
3. Well Child Services - The fee will be derived by considering the client sliding fee group, which is calculated at eligibility determination, based on Federal OMB Guidelines. The fee group will be applied to the rate established by the Medicare program unless otherwise indicated. Medicaid insurance will be accepted as full payment.
4. Maternity Services - The fee will be derived by considering the client sliding fee group, which is calculated at eligibility determination, based on Federal OMB Guidelines. Clients who are presumed eligible will receive continued prenatal care through delivery and postpartum care. Eligible uninsured Prenatal care clients will be placed on a self-pay global maternity payment package. Medicaid insurance will be accepted as full payment.
5. Dental Services - The fee is based on the Medicare rate unless otherwise indicated. Brevard County residents between the ages of 4 -18 who do not have insurance will qualify for the Uninsured Pediatric Dental Care program. The Adult Indigent Dental Program is available for eligible adult visits.
6. Pharmacy – The Brevard County Health Department does not operate an in-house retail Pharmacy.
7. P.A.T.H. (Primary Access to Health) services, in collaboration with Space Coast Volunteers in Medicine, are available to indigent adults who are uninsured and whose income meets the eligibility guidelines. These services are available at specific locations during specific days and times on an appointment basis.

Flat Fee Services

Services that do not appear on the Medicaid fee schedule are assigned a flat fee. These services are itemized below:

1.	Initial/Annual Family Planning Package (Includes visit, contraception method and basic lab)	\$ 100.00
2.	Initial/Annual Family Planning Package (Includes visit, Condoms and basic lab)	\$ 40.00
3.	Supply Visit for Family Planning (Includes visit and contraception method)	\$ 50.00
4.	Pregnancy test and Counseling	\$ 25.00
5.	STD (Sexually Transmitted Diseases) screening w/ Urine Test	\$ 40.00
6.	STD (Sexually Transmitted Diseases) screening w/o Urine Test	\$ 30.00
7.	TB Screening Test and Assessment for pre-employment, continued employment or school/college/university entry requirement. This includes the screening assessment form (if indicated) or the Tuberculin (TB) skin test, with reading, Nurse counseling, education and follow up (if needed)	\$ 30.00
8.	Laboratory specimen collection draw fee (Lab Only Visits), per patient	\$ 12.00
9.	Tuberculosis (TB) Sputum Culture for suspected, confirmed or symptomatic contact or case	No Charge

10. International Travel, Adult and Non VFC Vaccinations

The charge is based upon the sum of a and b below:

- a. Vaccine administration, counseling and education fees
per shot, per person, per visit \$ 20.00
- b. Cost of vaccine (see list below)

11. Immunizations / Vaccinations

- a. Pneumococcal Vaccine (Pneumonia shot) \$ 82.00
(Includes vaccine administration fees)
Medicare will be accepted as full payment where applicable
- b. Influenza Vaccine (Flu shot) Cost plus vaccine admin fee
(Includes vaccine administration fees) \$30.00
Medicare will be accepted as full payment where applicable
- c. Hepatitis A - Adult (age 19+) Initial / Booster,
cost per each \$39.00
Vaccine administration fees 20.00
Total \$59.00
- d. Hepatitis B – Adult Initial / Booster, cost per each \$ 62.00
Vaccine administration fees 20.00
Total \$ 82.00
- e. Hepatitis A / B Twinrix, Recombination,
cost per each \$ 112.00
Vaccine administration fees. 20.00
Total \$ 132.00
- f. IM Hib for Adults, cost per each \$ 22.00
Vaccine administration fees 20.00
Total \$ 42.00
- g. Measles / Mumps / Rubella, cost per each \$68.00
Vaccine administration fees 20.00
Total \$88.00

h.	Meningococcal (Menactra/Menomune), cost per each	\$ 120.00
	Vaccine administration fees	<u>20.00</u>
	Total	\$ 140.00
i.	Polio, Injectable, cost per each	\$ 31.00
	Vaccine administration fees	<u>20.00</u>
	Total	\$ 51.00
j.	Tetanus (Td) (Decavac), cost per each	\$ 33.00
	Vaccine administration fees.	<u>20.00</u>
	Total	\$ 53.00
k.	TDAP (Adacel)	\$ 36.00
	Vaccine administration fees	<u>20.00</u>
	Total	\$ 56.00
l.	TDAP (Boostrix)	\$ 36.00
	Vaccine administration fees.	<u>20.00</u>
	Total	\$ 56.00
m.	Typhoid Fever, cost per each	\$64.00
	Vaccine administration fees	<u>20.00</u>
	Total	\$84.00
n.	Varicella, cost per each.	\$ 184.00
	Vaccine administration fees.	<u>20.00</u>
	Total	\$ 204.00
o.	Yellow Fever, cost per each	\$ 139.00
	Vaccine administration fees.	<u>20.00</u>
	Total	\$ 159.00
p.	Gama Stan (2 ml), cost for each	\$ 77.00
	Vaccine administration fees.	<u>20.00</u>
	Total	\$ 97.00
q.	H.I.B. (Haemophilus Influenzae Type B) for Adults cost per each	\$ 22.00
	Vaccine administration fees	<u>20.00</u>
	Total	\$ 42.00
r.	All other immunizations and available vaccines for adults provided at cost of vaccine plus	\$ 20.00 each

- | | | |
|-----|--|--------------|
| 12. | Required Immunizations for eligible children up to age 18 -
From VFC (Vaccine For Children) stock | No Charge |
| 13. | Global Maternity Package for eligible self-pay patients | |
| | Prenatal visits, labs, ultrasound | \$ 1,000.00 |
| | Delivery | 848.00 |
| | Post partum visit | <u>52.00</u> |
| | Total | \$ 1,900.00 |
| 14. | Class/Seminar attendance registration | |
| | Per person charge for non-Brevard CHD employees | |
| | - Cost of booklets given to each attendee plus | \$ 10.00 |

SECTION C - VITAL STATISTICS

- | | | |
|----|--|-------------|
| 1. | Birth Certificates: | |
| | - State fee | \$ 9.00 |
| | - Fee pursuant to BCC Resolution | <u>3.00</u> |
| | Total Fee for Birth Certificates | \$12.00 |
| 2. | Additional Copies of Birth Certificates when ordered
at the same time | |
| | - State fee | \$ 4.00 |
| | - Fee pursuant to BCC Resolution | <u>8.00</u> |
| | Total Fee for Additional Copies of Birth Certificates | \$ 12.00 |
| 3. | Death Certificates - Certified Copy | |
| | - State fee | \$5.00 |
| | - Fee pursuant to BCC Resolution | <u>4.00</u> |
| | Total Fee for Death Certificate | \$ 9.00 |
| 4. | Additional copies of Death Certificates when ordered
at the same time | |
| | a. State fee | \$ 4.00 |
| | b. Fee pursuant to BCC Resolution | <u>5.00</u> |
| | Total Fee for Additional Copies of Death Certificates | \$ 9.00 |
| 5. | On-line processing, overnight mail, expedite fee | |
| | - Fee pursuant to BCC Resolution | \$ 30.00 |
| 6. | Birth or Death Certificate protective covers | |
| | - Fee pursuant to BCC Resolution | \$ 2.00 |

3. Notary Public Fee
 - Fee pursuant to BCC Resolution \$ 10.00

D. Records:

1. Copying of Medical Record (per one sided copy) 15 cents
2. Copying of Medical Record (per two sided copy) 20 cents
3. Certified copy of Medical Record, per page \$ 1.00
4. Copying of Public Record (per page) 25 cents

BE IT FURTHER RESOLVED that Resolution Number _____ and all other resolutions or parts of resolutions in conflict herewith by establishing fees inconsistent with those established herein, are hereby appealed. All fees established herein shall go into effect immediately.

DONE, ORDERED AND ADOPTED, in regular session, this day of October, 2020.

ATTEST:

BOARD OF COUNTY COMMISSIONERS
BREVARD COUNTY, FLORIDA

Scott Ellis
Clerk of the
Board of County Commissioners
of Brevard County, Florida

BY: _____
Bryan Andrew Lober
Chairman

Review for legal form and content
By: Robin Rogers
Robin Rogers, Esq.
Assistant County Attorney