

**Lee County Board Of County Commissioners
Agenda Item Summary**

September 27, 2002

Blue Sheet No. *20021111*

1. REQUESTED MOTION.

ACTION REQUESTED: Approve and execute a contract between the State of Florida, Department of Health and the Lee County Board of County Commissioners for services provided by the Lee County Public Health Unit from October 1, 2002 through September 30, 2003

WHY ACTION IS NECESSARY: To provide County funds in the amount of \$1,318,174 for public health services, retention of the County assessed portion of public health fees and other revenues, and in-kind services. Funds were approved during the Fiscal Year 2003 Budget Public Hearings.

WHAT ACTION ACCOMPLISHES: Provides County funding and support to the Lee County Public Health Unit.

2. DEPARTMENTAL CATEGORY:
COMMISSION DISTRICT #

C5C

3. MEETING DATE:

10-15-2002

4. AGENDA:

- CONSENT
- ADMINISTRATIVE
- APPEALS
- PUBLIC
- WALK ON
- TIME REQUIRED:

5. REQUIREMENT/PURPOSE:

- STATUTE 154.001
- ORDINANCE
- ADMIN. CODE
- OTHER
- Laws of Florida 83-177

6. REQUESTOR OF INFORMATION:

- A. COMMISSIONER
- B. DEPARTMENT Human Services
- C. DIVISION

BY: Ann Arnall

Ann Arnall

7. BACKGROUND :

The purpose of this contract is to provide funding for services to Lee County residents at the Lee County Public Health Unit (LCPHU). Funds are utilized to provide primary care services, communicable disease control, and environmental health services. The LCPHU contracts with the Family Health Centers to fund primary care for patients without the means to pay for their own medical care. The Family Health Centers provides service at eight (8) locations in Lee County (Palm Beach Boulevard, Grand Avenue, Dunbar, Lehigh Acres, North Fort Myers, Bonita Springs, Cape Coral, and Myerlee). The LCPHU provides various services at eight (8) locations throughout Lee County (Contract Attachment IV).

The Board of County Commissioners approved a cash allocation to the Lee County Public Health Unit for FY2003 in the amount of \$1,318,174 during the budget process. This amount, in addition to County collected fees maintained by the Health Unit (\$1,120,500), other cash and local contributions and allocable County revenue earned by the Health Unit or trust fund interest (\$ 1,266,355), and the in-kind services provided by the County such as building space and maintenance (\$709,219), brings the total annual cash and in-kind contribution made by Lee County and other local contributions to \$4,414,248. The State of Florida provides cash contribution of \$6,952,731. The LCHD anticipates collecting \$1,288,181 in State fees, \$147,588 in Medicaid fees, earning \$502,670 in Federal grants, \$206,834 in State Health Insurance and COLA increases, \$171,953 in miscellaneous revenue, and in-kind services provided such as State Pharmacy, Laboratory, and WIC food in the amount of \$6,100,804. The total State estimated revenue is \$15,370,761. The total Contract estimated revenue for FY2003 from all sources is \$19,785,009.

Funds are available in account: FE5621000100.50XXX Health Department, State Health Program.

Attachment: Contract-four (4) originals

8. MANAGEMENT RECOMMENDATIONS: Recommend approval

9. RECOMMENDED APPROVAL:

A Department Director		B Purchasing or Contracts	C Human Resources	D Other	E County Attorney	F Budget Services				G County Manager	
						OA	OM	Risk	GC		
<i>Ann Arnall</i>		N/A	N/A		<i>Andrea Brasse</i>	<i>RK 10/2</i>	<i>10/3/02</i>	<i>10/3/02</i>	<i>10/3/02</i>	<i>10/4/02</i>	<i>[Signature]</i>

10. COMMISSION ACTION:

- APPROVED
- DENIED
- DEFERRED
- OTHER

RECEIVED BY
COUNTY ADMIN. *RK*
10/2/02
7a 915
COUNTY ADMIN.
FORWARDED TO: *BL*
10/3/02

REC'D.
BY CO. ATTY.
10/1/02
1:55 PM
CO. ATTY. *10/2/02*
FORWARDED TO:
Budget
[Signature]

**CONTRACT BETWEEN
LEE COUNTY BOARD OF COUNTY COMMISSIONERS
AND
STATE OF FLORIDA DEPARTMENT OF HEALTH
FOR OPERATION OF
THE LEE COUNTY HEALTH DEPARTMENT
CONTRACT YEAR 2002-2003**

This agreement ("Agreement") is made and entered into between the State of Florida, Department of Health ("State") and the Lee County Board of County Commissioners ("County"), through their undersigned authorities, effective October 1, 2002.

RECITALS

A. Pursuant to Chapter 154, F.S., 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. Lee County Health Department ("CHD") is one of the County Health Departments created throughout Florida. It is necessary for the parties hereto to enter into this Agreement in order to assure 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 forgoing recitals are true and correct and incorporated herein by reference.

2. TERM. The parties mutually agree that this Agreement shall be effective from October 1, 2002, through September 30, 2003, or until a written agreement replacing this Agreement is entered into between the parties, whichever is later, unless this Agreement 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, 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 are 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 \$ 6,952,731 (*State General Revenue, 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 \$1,318,174 (*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 Agreement 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. Fees are listed in Attachment II Part II of this contract and in the Environmental Health Fee Schedule which is provided by the Environmental Health Program Office. The estimated annual environmental health fee revenues accruing to the County Health Department Trust Fund are listed on Attachment VI.

d. Either party may increase or decrease funding of this Agreement 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, Bureau of Budget 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, Bureau of Budget Management.

e. The name and address of the official payee to who payments shall be made is:

County Health Department Trust Fund
Lee County
3920 Michigan Avenue
Fort Myers, FL 33916

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 State Health Officer. The director/administrator shall be selected by the State with the concurrence of the County. The director/administrator of the CHD shall insure that non-categorical sources of funding are used to fulfill public health priorities in the community and the Long Range Program Plan. A report detailing the status of public health as measured by outcome measures and similar indicators will be sent by the CHD director/administrator to the parties no later than October 1 of each year (*This is the standard quality assurance "County-State Goal Achievement" report located on the Department of Health Intranet*).

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 Client Information System/Health Management Component 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 Agreement. 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 those promulgated by the Generally Accepted Accounting Principles (GAAP) and 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 paragraph 6.i., 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 System Information Resource (FLAIR).
- 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 Lee 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 the core contract, then 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 State Health Officer has approved the transfer. The Deputy State Health Officer 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 Agreement. 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 Agreement for a period of five (5) years after termination of this Agreement. 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, dated September 1997, as amended, the terms of which are incorporated herein by reference. 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. hereof.

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 Agreement.

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 DE385L1 report if the variance exceeds or falls below 25 percent of the planned expenditure amount. However, if the cumulative amount of the variance between actual and planned expenditures does not exceed three percent of the cumulative 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, Bureau of Budget 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, 2003 for the report period October 1, 2002 through December 31, 2002;
- ii. June 1, 2003 for the report period October 1, 2002 through March 31, 2003;
- iii. September 1, 2003 for the report period October 1, 2002 through June 30, 2003; and
- iv. December 1, 2003 for the report period October 1, 2002 through September 30, 2003.

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 assure 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 assure 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 Agreement 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 Agreement become unavailable, either party may terminate this Agreement 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 Agreement 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 Agreement 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 Agreement.

9. MISCELLANEOUS. The parties further agree:

a. Availability of Funds. If this Agreement, any renewal hereof, or any term, performance or payment hereunder, extends beyond the fiscal year beginning July 1, 2002, it is agreed that the performance and payment under this Agreement are contingent upon an annual appropriation by the Legislature, in accordance with section 287.0582, Florida Statutes.

b. Modification. This Agreement and its Attachments contain all of the terms and conditions agreed upon between the parties. Modifications of this Agreement shall be enforceable only when reduced to writing and signed by all parties.

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

For the State:

William F. Mallett, Jr.
Assistant Director
Lee County Health Department

3920 Michigan Avenue
Fort Myers, FL 33916

(239) 332-9513

For the County:

Karen Hawes
Director
Lee County Human Services

83 Pondella Road
N. Fort Myers, FL 33093

(239) 652-7930

If different contract managers are designated after execution of this Agreement, 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 Agreement.

d. Captions. The captions and headings contained in this Agreement 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 32 page agreement to be executed by their undersigned officials as duly authorized effective the 1st day of October, 2002.

BOARD OF COUNTY COMMISSIONERS
FOR LEE COUNTY

STATE OF FLORIDA
DEPARTMENT OF HEALTH

SIGNED BY: _____

SIGNED BY: _____

NAME: _____

NAME: John O. Agwunobi, M.D., M.B.A.

TITLE: Chairman

TITLE: Secretary

DATE: _____

DATE: _____

ATTESTED TO: _____

SIGNED BY: _____

SIGNED BY: 

NAME: _____

NAME: Judith A. Hartner, M.D., M.P.H.

TITLE: _____

TITLE: CHD Director

DATE: _____

DATE: Sept 4, 2002

ATTACHMENT I

LEE 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 FAC 64D-3 and F.S. 384 and the CHD Guidebook Internal Operating Policy STD 6 and 7.
2.	Dental Health	Monthly reporting on DH Form 1008*.
3.	Special Supplemental Nutrition Program for Women, Infants and Children.	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 Healthy Start Standards and Guidelines 1998 and as specified by the Health Start Coalitions in contract with each county health department.
5.	Family Planning	Periodic financial and programmatic reports as specified by the program office and in the CHD Guidebook, Internal Operating Policy FAMPLAN 14*
6.	Immunization	Periodic reports as specified by the department regarding the surveillance/investigation of reportable vaccine preventable diseases, vaccine usage accountability, the assessment of various immunization levels and forms reporting adverse events following immunization and Immunization Module quarterly quality audits and duplicate data reports.
7.	Chronic Disease Program	Requirements as specified in the Community Intervention Program (CIP) and the CHD Guidebook.
8.	Environmental Health	Requirements as specified in DHP 50-4* and 50-21*
9.	HIV/AIDS Program	Requirements as specified in Florida Statue 384.25 and 64D-3.016 and 3.017 F.A.C. and the CHD Guidebook. Case reporting on CDC Forms 50.42B (Adult/ Adolescent) and 50.42A (Pediatric). Socio-demographic data on persons tested for HIV in CHD clinics should be reported on Lab Request Form 1628 or Post-Test Counseling Form 1633. These reports are to be sent to the Headquarters HIV/AIDS office within 5 days of the initial post-test counseling appointment or within 90 days of the missed post-test counseling appointment.

ATTACHMENT I (Continued)

10. School Health Services

HRSM 150-25*, including the requirement for an annual plan as a condition for funding.

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

ATTACHMENT II

PART I. PLANNED USE OF COUNTY HEALTH UNIT TRUST FUND BALANCES

	Estimated State Share of CHD Trust Fund Balance as of 09/30/02	Estimated County Share of CHD Trust Fund Balance as of 09/30/02	Total
1. CHD Trust Fund Ending Balance 09/30/02	1,310,530	500,345	1,810,875
2. Drawdown for Contract Year October 1, 2002 to September 30, 2003	-	-	-
3. Special Capital Project use for Contract Year October 1, 2002 to September 30, 2003	-	-	-
4. State Funding for Information Technology Infrastructure and Construction	(428,092)		(428,092)
5. Balance Reserved for Contingency Fund of October 1, 2002 to September 30, 2003	882,438	500,345	1,382,783
Contract Total	12,974,986		
Percentage of Trust Fund by Funding Source and to Total Contract	63.82%	36.18%	10.66%

Note: The total of items 2, 3, 4 and 5 must equal the ending balance in item 1.

Funds designated for Special Capital Projects must be used for capital projects and durable goods without significant recurring costs. Examples of projects meeting this criteria include construction and renovation of facilities and associated infrastructure; purchase of information system hardware/software and purchase of telecommunications equipment. Examples of items not meeting this criteria include grant funds for direct services such as tobacco prevention and provision of child safety seats; staff salaries; retirement obligations; rent/leases and funds held in anticipation of Medicaid paybacks and/or budget reductions. Special capital project amounts in "3" above should reflect the total amount of funds anticipated to be expended for special capital projects during the contract year. This includes funds to complete unfinished projects from previous years as well as for projects initiated during the contract year. More detailed Special Capital Project information, including description and cost by each project, must be listed in Attachment V.

Pursuant to 154.02, F.S., At a minimum, the trust fund shall consist of: an operating reserve, consisting of 8.5 percent of the annual operating budget, maintained to ensure adequate cash flow from nonstate revenue sources.

ATTACHMENT II

**LEE COUNTY HEALTH DEPARTMENT
Part II. Sources of Contributions to County Health Department**

October 1, 2002 to September 30, 2003

		State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
1. GENERAL REVENUE - STATE						
015011	ALG/CONTRIBUTION TO CHDS-PRIMARY CARE	40,668	0	40,668	0	40,668
015011	ALG/PRIMARY CARE	526,264	0	526,264	0	526,264
015012	G/A EPILEPSY SERVICES	0	0	0	0	0
015048	ALG/CONTR TO CHDS-STD PROGRAM	41,636	0	41,636	0	41,636
015050	ALG/CESSPOOL IDENTIFICATION AND ELIMINATIO	0	0	0	0	0
015050	ALG/CONTR TO CHDS	2,968,553	0	2,968,553	0	2,968,553
015050	ALG/CONTR TO CHDS-MIGRANT LABOR CAMP SANI	5,061	0	5,061	0	5,061
015050	ALG/CONTR. TO CHDS-DENTAL PROGRAM	6,500	0	6,500	0	6,500
015050	ALG/CONTR. TO CHDS-IMMUNIZATION OUTREACH	28,551	0	28,551	0	28,551
015050	ALG/CONTR. TO CHDS-INDOOR AIR ASSIST PROG	0	0	0	0	0
015050	ALG/CONTR. TO CHDS-SOVEREIGN IMMUNITY	0	0	0	0	0
015050	CATE-ENVIRONMENTAL COMMUNITY HEALTH PR	0	0	0	0	0
015050	COMMUNITY ENV HLTH ADVISORY BOARD PILOT P	0	0	0	0	0
015050	COMMUNITY TB PROGRAM	36,353	0	36,353	0	36,353
015050	CONTR TO CHDS - DUVAL TEEN PREGNANCY PRE	0	0	0	0	0
015050	FAMU - RAISING GREYNA PROGRAM	0	0	0	0	0
015050	FIRST STEP - MOTHERS & INFANTS PROGRAM	0	0	0	0	0
015050	HEALTHY BEACHES MONITORING	22,450	0	22,450	0	22,450
015050	INTERDISCIPLINARY MANAGED CARE SERENITY H	0	0	0	0	0
015050	LA LIGA CONTRA EL CANCER	0	0	0	0	0
015050	LAB ASSISTANCE PROGRAM	0	0	0	0	0
015050	MANATEE COUNTY RURAL HEALTH SERVICES	0	0	0	0	0
015050	MEDIVAN PROJECT-ELDERLY INTEREST	0	0	0	0	0
015050	METRO ORLANDO URBAN LEAGUE TEENAGE PREG	0	0	0	0	0
015050	QUALITY MANAGEMENT DEMO PROJECT	10,560	0	10,560	0	10,560
015050	RED LEGISLATION - GAP GRANT (CAT 050310)	0	0	0	0	0
015050	RED LEGISLATION - GAP GRANT - IMMUN. (CAT 05	0	0	0	0	0
015050	SPECIAL NEEDS SHELTER PROGRAM	0	0	0	0	0
015065	ALG/CONTR TO CHDS-AIDS PATIENT CARE	199,337	0	199,337	0	199,337
015065	ALG/CONTR TO CHDS-AIDS PREV & SURV & FIELD S	81,954	0	81,954	0	81,954
015115	VOLUNTEER SCHOOL HEALTH NURSE GRANT	0	0	0	0	0
015123	ALG/FAMILY PLANNING	96,565	0	96,565	0	96,565
015124	ALG/IPO - OUTREACH SOCIAL WORKERS CAT. 0507	0	0	0	0	0
015124	ALG/IPO HEALTHY START	0	0	0	0	0
015124	ALG/IPO HEALTHY START/IPO CAT 050707	0	0	0	0	0
015124	ALG/IPO-INFANT MORTALITY PROJECT CAT. 0507	0	0	0	0	0
015124	ALG/MCH HEALTHY START/IPO CAT 050870	0	0	0	0	0
015124	ALG/MCH-INFANT MORTALITY PROJECT CAT. 050	0	0	0	0	0
015124	ALG/MCH-OUTREACH SOCIAL WORKERS CAT 0508	0	0	0	0	0
015137	ALG/CONTR. TO CHDS-MCH HEALTH - FIELD STAF	0	0	0	0	0
015137	ALG/IPO-HEALTHY START-DATA COLLECTION PR	0	0	0	0	0
015140	ALG/SCHOOL HEALTH/SUPPLEMENTAL	0	0	0	0	0
GENERAL REVENUE TOTAL		4,064,452	0	4,064,452	0	4,064,452

2. NON GENERAL REVENUE - STATE

001009	Debit Memo-Bad Checks	0	0	0	0	0
010304	Stationary Pollutant Storage Tanks	0	0	0	0	0
015000	Transfer	0	0	0	0	0

ATTACHMENT II

**LEE COUNTY HEALTH DEPARTMENT
Part II. Sources of Contributions to County Health Department**

October 1, 2002 to September 30, 2003

		State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
2. NON GENERAL REVENUE - STATE						
015010	ALG/CONTR TO CHDS-REBASING TOBACCO TF	2,773	0	2,773	0	2,773
015010	ENHANCED DENTAL SERVICES TOBACCO TF	0	0	0	0	0
015010	FL HEPATITIS AND LIVER FAILURE PREVENTION/CO	0	0	0	0	0
015010	SUPER ACT PROGRAM ADM TF	600	0	600	0	600
015016	G/A EPILEPSY PREVENTION AND EDUCATION EPIL	0	0	0	0	0
015020	FOOD AND WATERBORNE DISEASE PROGRAM AD	0	0	0	0	0
015026	ALG/CONTR. TO CHDS-BIOMEDICAL WASTE/DEP A	32,758	0	32,758	0	32,758
015029	Transfers Intra Agency	6,000	0	6,000	0	6,000
015047	SUPER ACT PROGRAM (CAT 050329 OCA 9V000)AD	0	0	0	0	0
015072	ALG/CONTR. TO CHDS-SAFE DRINKING WATER PRG	40,064	0	40,064	0	40,064
015084	VARICELLA IMMUNIZATION REQUIREMENT TOBAC	15,281	0	15,281	0	15,281
015121	Super Act Reimbursements	9,180	0	9,180	0	9,180
015170	TOBACCO COORDINATION	105,419	0	105,419	0	105,419
015172	FULL SERVICE SCHOOLS - TOBACCO TF	176,107	0	176,107	0	176,107
015174	BASIC SCHOOL HEALTH - TOBACCO TF	256,070	0	256,070	0	256,070
015139	Well Surveillance Reimbursement - Pesticide	0	0	0	0	0
NON GENERAL REVENUE TOTAL		644,252	0	644,252	0	644,252

3. FEDERAL FUNDS - State

007000	CHD INDIRECT COST	36,054	0	36,054	0	36,054
007000	RAPE PREVENTION & EDUCATION PROGRAM	0	0	0	0	0
007000	FEDERAL COASTAL BEACH MONITORING PROGRA	21,126	0	21,126	0	21,126
007030	PHBG/MIGRANT LABOR CAMP SANITATION	4,070	0	4,070	0	4,070
007044	PHBG/RAPE AWARENESS	0	0	0	0	0
007049	FRINGE BENEFITS FOR POSITION # 081332	0	0	0	0	0
007049	STD PROGRAM-CSPS	152,562	0	152,562	0	152,562
007049	STD PROGRAM-INFERTILITY PROJECT	0	0	0	0	0
007049	STD PROGRAM-MED & LAB SVCS TRNG CNTR	0	0	0	0	0
007049	STD PROGRAM-STD/PHY TRAINING CENTER	0	0	0	0	0
007049	STD PROGRAM-SYPHILIS ELIMINATION PROJECT	0	0	0	0	0
007051	FGTF/WIC ADMINISTRATION	1,201,970	0	1,201,970	0	1,201,970
007056	HEALTH PROGRAM FOR REFUGEES	0	0	0	0	0
007056	REFUGEE HEALTH PROGRAM	0	0	0	0	0
007058	FGTF/DIABETES CONTROL	0	0	0	0	0
007062	FGTF/AIDS EPIDEMIOLOGICAL RESEARCH STUDY	0	0	0	0	0
007063	PHBG/COMPREHENSIVE COMM CARDIO HEALTH PRG	0	0	0	0	0
007064	FGTF/AIDS SURVEILLANCE	54,006	0	54,006	0	54,006
007065	AIDS PREVENTION	263,941	0	263,941	0	263,941
007066	FGTF/RYAN WHITE	133,907	0	133,907	0	133,907
007066	FGTF/RYAN WHITE - EMERGING COMMUNITIES	0	0	0	0	0
007066	FGTF/RYAN WHITE-AIDS DRUG ASSIST PROG-ADMI	33,915	0	33,915	0	33,915
007066	FGTF/RYAN WHITE-CONSORTIA	0	0	0	0	0
007067	TUBERCULOSIS CONTROL - FEDERAL GRANT	301,152	0	301,152	0	301,152
007068	FGTF/AIDS INMATE INTERVENTION	0	0	0	0	0
007069	FGTF/AIDS MINORITY INVOLVEMENT IN HIV	0	0	0	0	0
007077	BIOTERRORISM EDUCATION & TRAINING	80,000	0	80,000	0	80,000
007077	BIOTERRORISM NETWORK COMMUNICATIONS	0	0	0	0	0
007077	BIOTERRORISM PLANNING & READINESS	68,780	0	68,780	0	68,780

ATTACHMENT II

**LEE COUNTY HEALTH DEPARTMENT
Part II. Sources of Contributions to County Health Department**

October 1, 2002 to September 30, 2003

		State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
3. FEDERAL FUNDS - State						
007084	FGTF/IMMUNIZATION ACTION PLAN	25,059	0	25,059	0	25,059
007084	FGTF/IMMUNIZATION-PROJECT FIELD STAFF	0	0	0	0	0
007084	FGTF/IMMUNIZATION-WIC LINKAGES	0	0	0	0	0
007084	IMMUNIZATION ACTION PLAN	22,553	0	22,553	0	22,553
007084	IMMUNIZATION SPECIAL PROJECT	13,805	0	13,805	0	13,805
007084	IMMUNIZATION SUPPLEMENTAL - 2002	21,961	0	21,961	0	21,961
007084	PERINATAL DISEASE PREVENTION	0	0	0	0	0
007085	FGTF/BREAST & CERVICAL CANCER-ADMIN/CASE M	0	0	0	0	0
007127	MCH BGTF-MCH/CHILD HEALTH	14,901	0	14,901	0	14,901
007127	MCH BGTF-MCH/CHILD HEALTH AGES 0-1 YR	0	0	0	0	0
007132	MCH BGTF-MCH/DENTAL PROJECTS	0	0	0	0	0
007133	FGTF/FAMILY PLANNING TITLE X SPECIAL INITIA	0	0	0	0	0
007133	FGTF/FAMILY PLANNING-TITLE X	117,029	0	117,029	0	117,029
007134	MCH BGTF-GADSDEN SCHOOL CLINIC	0	0	0	0	0
007134	MCH BGTF-HEALTHY START IPO	0	0	0	0	0
007134	MCH BGTF-INFANT MORTALITY PROJECT	0	0	0	0	0
007134	MCH BGTF-OUTREACH SOCIAL WORKERS	0	0	0	0	0
007135	FGTF/ABSTINENCE EDUCATION PROGRAM	0	0	0	0	0
015021	MEDIPASS WAIVER-HLTHY STRT CLIENT SERVICES	0	0	0	0	0
015021	MEDIPASS WAIVER-SOBRA	0	0	0	0	0
015060	Entrant Reimbursement Transfer	14,000	0	14,000	0	14,000
015075	FULL SERVICE SCHOOLS-TANF	21,119	0	21,119	0	21,119
015075	KIDCARE - TITLE XIX	20,204	0	20,204	0	20,204
015075	SCHOOL HEALTH-SUPPLEMENT-TANF	0	0	0	0	0
015075	Federal Grants	502,670	0	502,670	0	502,670
015075	Refugee Program	0	0	0	0	0
FEDERAL FUNDS TOTAL		3,124,784	0	3,124,784	0	3,124,784
4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE						
001026	Returned Check Ser Fees	0	0	0	0	0
001091	Communicable Disease Fees	193,500	0	193,500	0	193,500
001092	Environmental Health Fees	680,995	0	680,995	0	680,995
001092	OSDS Repair Permit	0	0	0	0	0
001092	OSDS Permit Fee	0	0	0	0	0
001092	Aerobic Operating Permit	0	0	0	0	0
001092	Septic Tank Site Evaluation	0	0	0	0	0
001113	Mobile Home and Parks	45,763	0	45,763	0	45,763
001132	Food Hygiene Permit	37,012	0	37,012	0	37,012
001135	OSDS Variance Fee	875	0	875	0	875
001092	I & M Zoned Operating Permit	0	0	0	0	0
001139	Migrant Housing Permit	2,050	0	2,050	0	2,050
001140	Biohazard Waste Permit	50,500	0	50,500	0	50,500
001142	Non SDWA Lab Sample	0	0	0	0	0
001144	Tanning Facilities	10,006	0	10,006	0	10,006
001145	Swimming Pools	153,000	0	153,000	0	153,000
001149	Body Piercing	4,050	0	4,050	0	4,050
001165	Private Water Constr Permit	0	0	0	0	0
001166	Non-SDWA System Permit	0	0	0	0	0

ATTACHMENT II

**LEE COUNTY HEALTH DEPARTMENT
Part II. Sources of Contributions to County Health Department**

October 1, 2002 to September 30, 2003

		State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE						
001166	Public Water Constr Permit	20,430	0	20,430	0	20,430
001166	Public Water Annual Oper Permit	0	0	0	0	0
001170	Lab Fee Chemical Analysis	0	0	0	0	0
001211	Safe Drinking Water	90,000	0	90,000	0	90,000
010403	Fees-Copy of Public Doc	0	0	0	0	0
015052	Transfers-Mobile Home/RV Park	0	0	0	0	0
FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL		1,288,181	0	1,288,181	0	1,288,181
5. OTHER CASH CONTRIBUTIONS - STATE						
090001	Draw down from Public Health Unit	0	0	0	0	0
OTHER CASH CONTRIBUTIONS TOTAL		0	0	0	0	0
6. MEDICAID - STATE/COUNTY						
001056	CHD Incm:Medicaid-Pharmacy	123,390	159,810	283,200	0	283,200
001080	CHD Incm:Medicaid-Other	6,100	7,900	14,000	0	14,000
001081	CHD Incm:Medicaid-EPSDT	0	0	0	0	0
001082	CHD Incm:Medicaid-Dental	0	0	0	0	0
001083	CHD Incm:Medicaid-FP	8,784	79,056	87,840	0	87,840
001084	CHD Incm:Medicaid-Physician	5,741	7,435	13,176	0	13,176
001085	CHD Incm:Medicaid-Nursing	3,573	4,627	8,200	0	8,200
001086	CHD Incm:Co-Insurance	0	0	0	0	0
001087	CHD Incm:Medicaid-STD	0	0	0	0	0
001088	CHD Incm:Med Reimb AZT Disp Fee	0	0	0	0	0
001089	Medicaid AIDS	0	0	0	0	0
001147	Medicaid HMO Rate	0	0	0	0	0
001148	Medicaid-HMO Admin	0	0	0	0	0
001181	CHD Incm:Medicaid Transportation	0	0	0	0	0
001191	CHD Incm:Medicaid Maternity	0	0	0	0	0
001192	CHD Incm:Medicaid Comp. Child	0	0	0	0	0
001193	CHD Incm:Medicaid Comp. Adult	0	0	0	0	0
001194	CHD Incm:Medicaid Sonogram	0	0	0	0	0
001208	Medipass \$3.00 Adm. Fee	0	0	0	0	0
001052	Medicaid Receipts - Part B	0	0	0	0	0
001059	Medicaid EIP	0	0	0	0	0
MEDICAID TOTAL		147,588	258,828	406,416	0	406,416
7. ALLOCABLE REVENUE - STATE						
005040	Interest Earned State Investment	0	0	0	0	0
005041	Interest Earned Local Investment	0	0	0	0	0
018001	Refunds, Salary	500	0	500	0	500
018003	Refunds, other Personal Services	0	0	0	0	0
018004	Refunds, Expenses	100	0	100	0	100
018005	Refunds Grants to Local Gov't	0	0	0	0	0
018006	Refunds, Operating Capital Outlay	0	0	0	0	0
018010	Refunds, Special Category	0	0	0	0	0
018011	Refunds, Other	0	0	0	0	0
018099	Refunds, Certified Forward	0	0	0	0	0

ATTACHMENT II

**LEE COUNTY HEALTH DEPARTMENT
Part II. Sources of Contributions to County Health Department**

October 1, 2002 to September 30, 2003

		State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
7. ALLOCABLE REVENUE - STATE						
029010	Sale of Fixed Assets	0	0	0	0	0
037000	Prior Year Warrant	0	0	0	0	0
038000	12 Month Old Warrant	100	0	100	0	100
ALLOCABLE REVENUE TOTAL		700	0	700	0	700
8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE						
	State Pharmacy Services	0	0	0	345,595	345,595
	State Laboratory Services	0	0	0	515,919	515,919
	State TB Services	0	0	0	0	0
	State Immunization Services	0	0	0	462,156	462,156
	State STD Services	0	0	0	0	0
	State Construction/Renovation	0	0	0	0	0
	WIC Food	0	0	0	4,777,134	4,777,134
	Other (specify)	0	0	0	0	0
	Other (specify)	0	0	0	0	0
	Other (specify)	0	0	0	0	0
	Other (specify)	0	0	0	0	0
OTHER STATE CONTRIBUTIONS TOTAL		0	0	0	6,100,804	6,100,804
9. BOARD OF COUNTY COMMISSIONERS ANNUAL APPROPRIATIONS - COUNTY						
008030	Grants-County Tax Direct	0	0	0	0	0
008034	Grants Cnty Commsn Other	0	1,318,174	1,318,174	0	1,318,174
BOARD OF COUNTY COMMISSIONERS TOTAL		0	1,318,174	1,318,174	0	1,318,174
10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY						
001004	Child Car Seat Prog	0	0	0	0	0
001060	Vital Statistics Fees Other	0	0	0	0	0
001074	Adult Enter. Permit Fees	0	0	0	0	0
001077	Primary Care Fees	0	210,000	210,000	0	210,000
001093	Communicable Disease Fees	0	26,000	26,000	0	26,000
001094	Environmental Health Fees	0	400,000	400,000	0	400,000
001114	New Birth Certificates	0	62,000	62,000	0	62,000
001115	Death Certificates	0	400,000	400,000	0	400,000
001116	Computer Access Fee	0	0	0	0	0
001117	Vital Stats-Adm. Fee 50 cents	0	4,500	4,500	0	4,500
001195	Primary Care Transfer Fees	0	0	0	0	0
001196	Water Analysis-Potable	0	0	0	0	0
001062	Rabies Vaccine	0	18,000	18,000	0	18,000
001062	Rabies Vaccine	0	0	0	0	0
FEES AUTHORIZED BY COUNTY TOTAL		0	1,120,500	1,120,500	0	1,120,500
11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY						
001010	Recovery-Bad Checks	0	0	0	0	0
001026	Returned Check Fee	0	0	0	0	0
001029	Third Party Reimbursement	0	0	0	0	0
001072	Ryan White Title I	0	0	0	0	0

ATTACHMENT II

**LEE COUNTY HEALTH DEPARTMENT
Part II. Sources of Contributions to County Health Department**

October 1, 2002 to September 30, 2003

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY					
001073 Ryan White Title II	0	30,000	30,000	0	30,000
001075 Ryan White Title III	0	0	0	0	0
001090 Medicare	0	120,000	120,000	0	120,000
001190 Health Maintenance Organ. (HMO)	0	0	0	0	0
008010 Grants Contracts Frm Cities Direct	0	0	0	0	0
008031 County AIDS Education	0	0	0	0	0
008033 County Contributions For Facilities	0	0	0	0	0
008050 Grants-Cnty Sch Board Direct	0	0	0	0	0
008090 Grants other Local Govn't Direct	0	740,749	740,749	0	740,749
008094 Grnts/Contracts other Agencies Direct	0	0	0	0	0
008095 Grants Cnty Sect 403.102 Air Pol	0	0	0	0	0
008099 Reimb/Rebate Local Govn't	0	0	0	0	0
010300 Sale of Goods and Services	0	0	0	0	0
010301 Exp Witness Fee Consultnt Charges	0	0	0	0	0
010302 Sale of Goods and Services, to Other Agencies	0	0	0	0	0
010402 Recycle Paper Sales	0	0	0	0	0
010403 Fees-Copies of Documents	0	800	800	0	800
010405 Sale of pharmaceuticals	0	54,278	54,278	0	54,278
010409 Sale of Goods and Services Outside State Government	0	0	0	0	0
011001 Healthy Start Coalition Contributions	0	0	0	0	0
011007 Cash Donations Private	0	0	0	0	0
011098 Donation School Based Clinic	0	0	0	0	0
011099 Other Grants/Donations Direct	0	500	500	0	500
011522 Other Grant DOE	0	0	0	0	0
012020 Fines and Forfeitures	0	16,000	16,000	0	16,000
012021 Return Check Charge	0	200	200	0	200
090002 Draw down from Public Health Unit	0	0	0	0	0
007010 U.S. Grants Direct	0	0	0	0	0
001000 Fees Other	0	0	0	0	0
OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL	0	962,527	962,527	0	962,527
12. ALLOCABLE REVENUE - COUNTY					
005040 Interest Earned State Investment	0	45,000	45,000	0	45,000
005041 Interest Earned Local Investment	0	0	0	0	0
018001 Refunds, Salary	0	0	0	0	0
018003 Refunds, other Personal Services	0	0	0	0	0
018004 Refunds, Expenses	0	0	0	0	0
018005 Refunds Grants to Local Gov't	0	0	0	0	0
018006 Refunds, Operating Capital Outlay	0	0	0	0	0
018010 Refunds, Special Category	0	0	0	0	0
018011 Refunds, Other	0	0	0	0	0
018099 Refunds, Certified Forward	0	0	0	0	0
029010 Sale of Fixed Assets	0	0	0	0	0
037000 Prior Year Warrant	0	0	0	0	0
038000 12 Month Old Warrant	0	0	0	0	0
COUNTY ALLOCABLE REVENUE TOTAL	0	45,000	45,000	0	45,000

ATTACHMENT II

**LEE COUNTY HEALTH DEPARTMENT
Part II. Sources of Contributions to County Health Department**

October 1, 2002 to September 30, 2003

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
13. BUILDINGS - COUNTY					
Annual Rental Equivalent Value	0	0	0	333,074	333,074
Other Contractual Services	0	0	0	75,000	75,000
Water and Sewer	0	0	0	15,000	15,000
Trash, Garbage and Sludge Removal	0	0	0	5,000	5,000
Electric	0	0	0	75,000	75,000
Janitorial Services	0	0	0	90,000	90,000
Land, Building and Parking Rental	0	0	0	31,008	31,008
BUILDINGS TOTAL	0	0	0	624,082	624,082
14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY					
Internal Telephones (IGS) and (IGS V)	0	0	0	20,831	20,831
Self-Insurance Assessment -1036	0	0	0	5,254	5,254
Self-Insurance Assessment - 1037	0	0	0	10,468	10,468
Internal Radio (IGS)	0	0	0	3,584	3,584
Other Grants and Aids - Healthy Kids	0	0	0	45,000	45,000
OTHER COUNTY CONTRIBUTIONS TOTAL	0	0	0	85,137	85,137
GRAND TOTAL CHD PROGRAM	9,269,957	3,705,029	12,974,986	6,810,023	19,785,009

ATTACHMENT II

LEE COUNTY HEALTH DEPARTMENT

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

October 1, 2002 to September 30, 2003

Quarterly Expenditure Plan

FTE's Clients Units Services (0.00)
1st 2nd 3rd 4th
(Whole dollars only)

County State Total
Grand Total

A. COMMUNICABLE DISEASE CONTROL:

Immunization (101)	13.09	0	40,000	223,617	191,671	223,617	191,671	288,968	541,608	830,576
STD (102)	17.37	1,800	22,000	208,263	178,512	208,263	178,512	300,051	473,499	773,550
A.I.D.S. (103)	20.85	3,600	11,000	309,257	265,077	309,257	265,076	189,791	958,876	1,148,667
TB Control Services (104)	16.17	3,050	10,500	240,224	205,906	240,224	205,906	136,006	756,254	892,260
Comm. Disease Surv. (106)	6.94	0	4,800	80,979	69,411	80,979	69,410	87,573	213,206	300,779
Hepatitis Prevention (109)	0.17	0	1,673	2,189	1,876	2,189	1,876	5,699	2,431	8,130
Public Health Preparedness and Response (116)	3.42	0	0	65,027	55,738	65,027	55,739	752	240,779	241,531
Vital Statistics (180)	4.45	0	0	47,842	41,008	47,843	41,008	177,701	0	177,701
COMMUNICABLE DISEASE SUBTOTAL	82.46	8,450	89,973	1,177,398	1,009,199	1,177,399	1,009,198	1,186,541	3,186,653	4,373,194
B. PRIMARY CARE:										
CHRONIC DISEASE SERVICES (210)	3.51	1,949	3,089	60,536	51,888	60,536	51,888	135,094	89,754	224,848
Tobacco Prevention (212)	1.20	0	1,590	28,684	24,587	28,684	24,587	265	106,277	106,542
Home Health (215)	0.00	0	0	0	0	0	0	0	0	0
W.I.C. (221)	40.78	15,000	95,000	372,104	318,946	372,104	318,946	0	1,382,100	1,382,100
Family Planning (223)	24.47	4,000	13,000	362,228	310,482	362,228	310,482	510,092	835,328	1,345,420
Improved Pregnancy Outcome (225)	0.00	0	0	0	0	0	0	0	0	0
Healthy Start Prenatal (227)	7.96	1,300	18,500	102,970	88,260	102,970	88,261	266,181	116,280	382,461
Comprehensive Child Health (229)	1.21	507	1,229	75,674	64,863	75,674	64,864	32,920	248,155	281,075
Healthy Start Infant (231)	7.34	660	12,232	87,912	75,353	87,912	75,353	214,909	111,621	326,530
School Health (234)	8.48	0	980,000	122,095	104,652	122,095	104,652	41,050	412,444	453,494
Comprehensive Adult Health (237)	5.19	1,750	2,000	195,314	167,412	195,314	167,411	287,540	437,911	725,451
Dental Health (240)	0.00	0	80	1,750	1,500	1,750	1,500	0	6,500	6,500
PRIMARY CARE SUBTOTAL	100.64	25,166	1,126,720	1,409,267	1,207,943	1,409,267	1,207,944	1,488,051	3,746,370	5,234,421
C. ENVIRONMENTAL HEALTH:										
WATER AND ONSITE SEWAGE PROGRAMS										
Coastal Beach Monitoring (347)	0.58	0	250	9,925	9,925	9,925	9,924	128	39,571	39,699
Private Water System (357)	9.69	2,100	30,000	114,617	98,244	114,617	98,244	289,484	136,238	425,722
Public Water System (358)	10.92	650	25,000	154,252	132,216	154,252	132,216	256,182	316,754	572,936
Individual Sewage Disp. (361)	19.74	9,500	16,000	293,080	255,247	293,080	255,247	47,588	1,049,066	1,096,654
Facility Programs										
Group Total	40.93	12,250	71,250	571,874	495,632	571,874	495,631	593,382	1,541,629	2,135,011
Food Hygiene (348)	2.56	300	1,400	34,459	29,536	34,459	29,535	45,901	82,088	127,989
Body Art (349)	0.05	10	20	418	418	418	420	12	1,662	1,674
Group Care Facility (351)	3.01	539	912	29,931	24,227	29,931	24,227	106,045	2,271	108,316
Migrant Labor Camp (352)	0.74	16	680	12,056	10,334	12,056	10,333	22,701	22,078	44,779
Housing, Public Bldg Safety, Sanitation (353)	0.17	0	35	808	1,022	908	1,022	2,638	1,122	3,760
Mobile Home and Parks Services (354)	1.35	150	420	11,358	8,760	11,358	8,761	2,828	37,409	40,237
Swimming Pools/Bathing (360)	6.43	1,464	4,200	83,502	71,573	83,502	71,574	112,490	197,661	310,151
Biomedical Waste Services (364)	3.77	1,500	2,000	50,988	43,704	50,988	43,705	31,832	157,553	189,385
Tanning Facility Services (369)	0.63	45	150	5,445	4,203	5,445	4,203	9,982	9,314	19,296
Group Total	18.71	4,024	9,817	228,965	193,777	228,965	193,780	334,429	511,158	845,587

**ATTACHMENT II.
LEE COUNTY HEALTH DEPARTMENT**

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

October 1, 2002 to September 30, 2003

	FTE's (0.00)	Clients Units	Services	Quarterly Expenditure Plan				County	State	Grand Total
				1st	2nd (Whole dollars only)	3rd	4th			
C. ENVIRONMENTAL HEALTH:										
Groundwater Contamination										
Storage Tank Compliance (355)	0.00	0	0	0	0	0	0	0	0	0
Super Act Service (356)	0.30	0	550	4,300	3,686	4,300	3,686	4,815	11,157	15,972
Group Total	0.30	0	550	4,300	3,686	4,300	3,686	4,815	11,157	15,972
Community Hygiene										
Occupational Health (344)	0.00	0	0	0	0	0	0	0	0	0
Consumer Product Safety (345)	0.00	0	0	0	0	0	0	0	0	0
Emergency Medical (346)	5.68	0	1,000	91,541	78,464	91,541	78,463	77,656	262,353	340,009
Lead Monitoring Services (350)	0.11	0	13	1,448	1,170	1,448	1,170	3,089	2,147	5,236
Public Sewage (362)	0.00	0	0	0	0	0	0	0	0	0
Solid Waste Disposal (363)	0.00	0	0	0	0	0	0	0	0	0
Sanitary Nuisance (365)	0.72	6	35	1,052	959	1,052	959	4,022	0	4,022
Rabies Surveillance/Control Services (366)	0.00	0	0	0	0	0	0	0	0	0
Arbovirus Surveillance (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)	0.03	0	0	362	310	362	310	892	452	1,344
Air Pollution (371)	0.42	0	170	5,089	4,362	5,089	4,361	11,176	7,725	18,901
Radiological Health (372)	0.02	0	0	347	297	347	298	976	313	1,289
Toxic Substances (373)	0.00	0	0	0	0	0	0	0	0	0
Group Total	6.98	6	1,218	99,839	85,562	99,839	85,561	97,811	272,990	370,801
ENVIRONMENTAL HEALTH SUBTOTAL	66.92	16,280	82,835	904,978	778,657	905,078	778,658	1,030,437	2,336,934	3,367,371
D. SPECIAL CONTRACTS:										
Special Contracts (599)	0.00	0	0	0	0	0	0	0	0	0
SPECIAL CONTRACTS SUBTOTAL	0.00	0	0	0	0	0	0	0	0	0
TOTAL CONTRACT	250.02	49,896	1,299,528	3,491,643	2,995,799	3,491,744	2,995,800	3,705,029	9,269,957	12,974,986

ATTACHMENT III

LEE 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 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
LEE COUNTY HEALTH DEPARTMENT
FACILITIES UTILIZED BY THE COUNTY HEALTH DEPARTMENT

<u>Facility Description</u>	<u>Location</u>	<u>Owned By</u>
Michigan Clinic	3920 Michigan Avenue Fort Myers, FI 33916	County
Lehigh Clinic	391 Lee Boulevard #200 Lehigh Arces, FI 33936	Leased
Environmental Engineering	60 Danley Drive, Unit 1 Fort Myers, FI 33907	County
WIC and Nutrition	3691 Evans Avenue Fort Myers, FI 33901	Leased
North Annex Clinic	83 Pondella Road North Fort Myers, FI 33903	County
Environmental Engineering Environmental Health	1039 S. E. 9 th Place Cape Coral, FI 33990	Leased
WIC and Nutrition	4450 Bonita Beach Road Unit 15 Bonita Springs, FI 33923	Leased
McGregor Clinic Inc.	2506 Second Street Fort Myers, FI 33901	Leased

ATTACHMENT V

DESCRIPTION OF USE OF CHD TRUST FUND BALANCES
FOR SPECIAL PROJECTS, IF APPLICABLE
(From Attachment II, Part I)

None

DESCRIPTION OF SPECIAL CONTRACTS
(Please list separately)

Special contracts are contracts for services for which there are no comparable services in the county health department core programs; no service codes in Departmental coding manuals; projects that are locally designed and have no standard statewide set of services and therefore cannot be accounted for within existing county health department programs. These contracts are coded to SAMAS Level 599 and include some contracts formerly handled at the district offices such as Epilepsy, colposcopy, Project WARM, community planning and special family planning and teen mother projects.

None

ATTACHMENT VI

LEE COUNTY HEALTH DEPARTMENT

ESTIMATE OF ENVIRONMENTAL HEALTH FEES FISCAL YEAR 2002 - 2003

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	OBJECT CODE	Est. Ann. Revenue Accruing to CHD Trust Fund
PUBLIC SWIMMING POOLS AND BATHING PLACES					181,757.00
1. Annual Permit - Up to (and including) 25,000 gallons	75.00	67.50	XX-360	001145	
1a. Transfer to headquarters		7.50	99-910	001205	
2. More than 25,000 gallons	160.00	144.00	XX-360	001145	
2a. Transfer to headquarters		16.00	99-910	001205	
3. Exempted Condo Pools (over 32 units)	50.00	45.00	XX-360	001145	
3a. Transfer to headquarters		5.00	99-910	001205	
OTHER FEES					
Collected by the 13 delegated counties					
Broward, Dade, Duval, Hillsborough, Lee, Manatee,					
Collier, Palm Beach, Pinellas, Polk, Sarasota, Volusia, Escambia.					
Permits and variances for Okaloosa, Santa Rosa, Walton, Bay,					
Homes, and Washington Counties are processed by Escambia					
County and variances and permits for Pasco County are processed					
by Pinellas County are processed as follows:					
1. Plan review (new construction)	275.00	275.00	XX-360	001092	
2. Plan review for modification of original construction	100.00	100.00	XX-360	001092	
3. Plan/application review for bathing place development	275.00	275.00	XX-360	001092	
4. Initial operating permit	125.00	125.00	XX-360	001092	
5. Variance applications	240.00	216.00	XX-360	001092	
5.a. Transfer to Headquarters		24.00	99-910	001205	
All other counties are to send the fee to Bureau of Water					
Programs in Tallahassee or the Environmental Engineering					
section in Orlando as follows:					
1. Plan review (new construction)	275.00	275.00	00-000	001044	
2. Plan review for modification of original construction	100.00	100.00	00-000	001044	
3. Plan/application review for bathing place development	275.00	275.00	00-000	001044	
4. Initial operating permit	125.00	125.00	00-000	001044	
5. Variance applications	240.00	240.00	00-000	001044	
MOBILE HOME & RECREATIONAL VEHICLE PARKS					45,763.00
<i>(FEES ARE PRORATED ON A QUARTERLY BASIS)</i>					
1. Annual permit for 5 to 14 spaces	50.00	45.00	XX-354	001113	
1a. Transfer to headquarters		5.00	99-910	001113	
2. Annual permit for 15 to 171 spaces	3.50 per space		XX-354	001113	
2a. Transfer to headquarters		10%	99-910	001113	
3. Annual permit for 172 and above spaces	600.00	540.00	XX-354	001113	
3a. Transfer to headquarters		60.00	99-910	001113	
MIGRANT LABOR CAMPS					2,050.00

ATTACHMENT VI

LEE COUNTY HEALTH DEPARTMENT

ESTIMATE OF ENVIRONMENTAL HEALTH FEES FISCAL YEAR 2002 - 2003

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	OBJECT CODE	Est. Ann. Revenue Accruing to CHD Trust Fund
1. Annual permit for facilities with 5-50 occupants	125.00	125.00	XX-352	001139	
2. Annual permit for facilities with 51-100 occupants	225.00	225.00	XX-352	001139	
3. Annual permit for facilities with over 100 occupants	500.00	500.00	XX-352	001139	
BIOMEDICAL WASTE GENERATORS					50,500.00
1. Initial permit	55.00	55.00	XX-364	001140	
2. Renewal of annual permit(except physician office generating less than 25lbs/30 days) postmarked by October 1	55.00	55.00	XX-364	001140	
2. Renewal of annual permit(except physician office generating less than 25lbs/30 days) postmarked after October 1	75.00	75.00	XX-364	001140	
3. Storage facilities permit postmarked by October 1	55.00	55.00	XX-364	001140	
3. Storage facilities permit postmarked after October 1	75.00	75.00	XX-364	001140	
4. Treatment facilities operating permit by October	55.00	55.00	XX-364	001140	
4. Treatment facilities operating permit after October 1	75.00	75.00	XX-364	001140	
5. Transporter registration (one vehicle) postmarked by 10/1	55.00	55.00	XX-364	001140	
5. Transporter registration (one vehicle) after 10/1	75.00	75.00	XX-364	001140	
6. Transporter registration additional vehicle	10.00	10.00	XX-364	001140	
TANNING FACILITIES					10,006.00
1. Annual license fee	150.00	135.00	XX-369	001144	
1a. Transfer to headquarters		15.00	99-910	001144	
2. Fee for each additional device	55.00	49.50	XX-369	001144	
2.a. Transfer to headquarters		5.50	99-910	001144	
3. Late fee	25.00	25.00	XX-369	001092	
BODY PERIERCING					4,050.00
1. Annual Licence Fee	150.00	135.00	XX-364	001149	
1a. Transfer to headquarters		15.00	99-910	001149	
2. Temporary Establishment	75.00	67.50	XX-364	001149	
2a. Transfer to headquarters		7.50	99-910	001149	
3. Late fee	100.00	100.00	XX-364	001149	
FOOD ESTABLISHMENTS					38,650.00
1. Annual Permit for Fraternal/Civic	160.00	144.00	XX-348	001132	
1a. Transfer to headquarters		16.00	99-910	001132	
2. Annual Permit School Cafeteria Operating for 9 months or less	130.00	117.00	XX-348	001132	
2a. Transfer to headquarters		13.00	99-910	001132	
3. Annual Permit School Cafeteria Operating for more than 9 months	160.00	144.00	XX-348	001132	
3a. Transfer to headquarters		16.00	99-910	001132	
4. Annual Permit for Hospital/Nursing Food Service	210.00	189.00	XX-348	001132	
4a. Transfer to headquarters		21.00	99-910	001132	

ATTACHMENT VI

LEE COUNTY HEALTH DEPARTMENT

ESTIMATE OF ENVIRONMENTAL HEALTH FEES FISCAL YEAR 2002 - 2003

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	OBJECT CODE	Est. Ann. Revenue Accruing to CHD Trust Fund
5. Annual Permit for Movie Theaters	160.00	144.00	XX-348	001132	
5a. Transfer to headquarters		16.00	99-910	001132	
6. Annual Permit for Jails/Prisons	210.00	189.00	XX-348	001132	
6a. Transfer to headquarters		21.00	99-910	001132	
7. Annual Permit for Bars/Lounges (Drink Service Only)	160.00	144.00	XX-348	001132	
7a. Transfer to headquarters		16.00	99-910	001132	
8. Annual Permit for Residential Facilities	110.00	99.00	XX-348	001132	
8a. Transfer to headquarters		11.00	99-910	001132	
9. Annual Permit for Child Care Centers without C&F license	85.00	76.50	XX-348	001132	
9a. Transfer to headquarters		8.50	99-910	001132	
10. Annual Permit for Limited Food Service	85.00	76.50	XX-348	001132	
10a. Transfer to headquarters		8.50	99-910	001132	
11. Annual Permit Other Food Service	160.00	144.00	XX-348	001132	
11a. Transfer to headquarters		16.00	99-910	001132	
12. Plan Review	\$35/hour	\$35/hour	XX-348	001092	
13. Food Worker Training	10.00	10.00	XX-348	001092	
14. Request for Inspection	40.00	40.00	XX-348	001092	
15. Reinspection (after the first reinspection)	30.00	30.00	XX-348	001092	
16. Late Renewal	25.00	25.00	XX-348	001092	
17. Alcoholic Beverage Inspection Approval	30.00	30.00	XX-348	001092	
ONSITE SEWAGE DISPOSAL PROGRAM (OSTDS)					650,000.00
1. Application for permitting of an onsite sewage treatment and disposal system which includes application and plan review for new and repair permits	25.00	23.00	XX-361	001092	
1a. Transfer to headquarters		2.00	99-910	001203	
2. Site evaluation for a new system	60.00	55.20	XX-361	001092	
2a. Transfer to headquarters		4.80	99-910	001203	
3. Site evaluation for a system repair or modification of system	40.00	36.80	XX-361	001092	
3a. Transfer to headquarters		3.20	99-910	001203	
4. Site re-evaluation, new or repair or modification	40.00	36.80	XX-361	001092	
4a. Transfer to headquarters		3.20	99-910	001203	
5. Permit for new systems, or modification to system	55.00	50.60	XX-361	001092	
5a. Transfer to headquarters		4.40	99-910	001203	
6. New system or system modification installation inspection	55.00	50.60	XX-361	001092	
6a. Transfer to headquarters		4.40	99-910	001203	
7. Research fee to be collected in addition, and concurrent with the permit for a new system installation fee until 6/30/2002.	5.00	5.00	99-910	001201	
8. Repair permit issuance which includes inspection	50.00	41.40	XX-361	001092	

ATTACHMENT VI

LEE COUNTY HEALTH DEPARTMENT

ESTIMATE OF ENVIRONMENTAL HEALTH FEES FISCAL YEAR 2002 - 2003

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	OBJECT CODE	Est. Ann. Revenue Accruing to CHD Trust Fund
8a. Transfer to headquarters		3.60	99-910	001203	
8b. Transfer to headquarters for training center		5.00	99-910	001067	
9. Inspection of system previously in use	50.00	46.00	XX-361	001092	
9a. Transfer to headquarters		4.00	99-910	001203	
10. Reinspection fee per visit for site inspections after system construction approval	25.00	23.00	XX-361	001092	
10a. Transfer to headquarters		2.00	99-910	001203	
11. Installation reinspection of non-compliant system per each site visit	25.00	23.00	XX-361	001092	
11a. Transfer to headquarters		2.00	99-910	001203	
12. System abandonment permit, includes permit issuance and inspection	40.00	36.80	XX-361	001092	
12a. Transfer to headquarters		3.20	99-910	001203	
13. Annual operating permit fee for systems in IM and equivalent areas, and for systems receiving commercial waste	150.00	138.00	XX-361	001092	
13a. Transfer to headquarters		12.00	99-910	001203	
14. Amendments or changes to the operating permit during the permit period per change or amendment	25.00	23.00	XX-361	001092	
14a. Transfer to headquarters		2.00	99-910	001203	
15. Aerobic treatment unit operating permit (biennial)	100.00	92.00	XX-361	001092	
15a. Transfer to headquarters		8.00	99-910	001203	
16. Tank manufacturer's inspection per annum	100.00	50.00	XX-361	001092	
16a. Transfer to headquarters		50.00	99-910	001203	
17. Septage disposal service permit per annum	50.00	46.00	XX-61	001092	
17a. Transfer to headquarters		4.00	99-910	001203	
18. Additional charge per pumpout vehicle	25.00	23.00	XX-361	001092	
18a. Transfer to headquarters		2.00	99-910	001203	
19. Portable or temporary toilet service permit per annum	50.00	46.00	XX-361	001092	
19a. Transfer to headquarters		4.00	99-910	001203	
20. Additional charge per pumpout vehicle	25.00	23.00	XX-361	001092	
20a. Transfer to headquarters		2.00	99-910	001203	
21. Septage stabilization facility inspection fee per annum	150.00	138.00	XX-361	001092	
21a. Transfer to headquarters		12.00	99-910	001203	
22. Septage disposal site evaluation fee per annum	100.00	92.00	XX-361	001092	
22a. Transfer to headquarters		8.00	99-910	001203	
23. Aerobic treatment unit maintenance entity permit per annum	25.00	23.00	XX-361	001092	
23a. Transfer to headquarters		2.00	99-910	001203	
24. Variance application for a single family residence per	150.00	75.00	XX-361	001135	

ATTACHMENT VI

LEE COUNTY HEALTH DEPARTMENT

ESTIMATE OF ENVIRONMENTAL HEALTH FEES FISCAL YEAR 2002 - 2003

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	OBJECT CODE	Est. Ann. Revenue Accruing to CHD Trust Fund
each lot or building site					
24a. Transfer to headquarters		75.00	99-910	001204	
25. Variance application for a multi-family or commercial building per each building site	200.00	100.00	XX-361	001135	
25a. Transfer to headquarters		100.00	99-910	001204	
26. Inspection for construction of an injection well (FL Keys)	125.00	125.00	XX-361	001092	
Performance-based Treatment Systems					
1. Application for permitting of a new performance-based treatment system, which includes application and plan review	125.00	115.00	XX-361	001092	
1a. Transfer to headquarters		10.00	99-910	001203	
2. Permit for new performance-based treatment system	125.00	115.00	XX-361	001092	
2a. Transfer to headquarters		10.00	99-910	001203	
3. Installation inspection for new performance-based systems	75.00	69.00	XX-361	001092	
3a. Transfer to headquarters		6.00	99-910	001203	
3. Research fee to be collected in addition, and concurrent with the permit for a new performance-based system installation fee	5.00	5.00	99-910	001201	
4. Repair permit issuance which includes inspection	125.00	115.00	XX-361	001092	
4a. Transfer to headquarters		10.00	99-910	001203	
5. Inspection of system previously in use	25.00	23.00	XX-361	001092	
5a. Transfer to headquarters		2.00	99-910	001203	
6. Reinspection fee per visit for site inspections after system construction approval	25.00	23.00	XX-361	001092	
6a. Transfer to headquarters		2.00	99-910	001203	
7. Installation reinspection of non-compliant system per each site visit	50.00	46.00	XX-361	001092	
7a. Transfer to headquarters		4.00	99-910	001203	
8. System abandonment permit, includes permit issuance and inspection	75.00	69.00	XX-361	001092	
8a. Transfer to headquarters		6.00	99-910	001203	
Biennial Operating Permits	100.00	92.00	XX-361	001092	
9a. Transfer to headquarters		8.00	99-910	001203	
10. Review of application due to proposed amendments or changes after initial operating permit issuance.	75.00	69.00	XX-361	001092	
10a. Transfer to headquarters		6.00	99-910	001203	
11. Variance application for a single family residence per each lot or building site	150.00	75.00	XX-361	001135	
11a. Transfer to headquarters		75.00	99-910	001204	
12. Performance-based Treatment System Maintenance	25.00	23.00	XX-361	001092	

ATTACHMENT VI

LEE COUNTY HEALTH DEPARTMENT

ESTIMATE OF ENVIRONMENTAL HEALTH FEES FISCAL YEAR 2002 - 2003

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	OBJECT CODE	Est. Ann. Revenue Accruing to CHD Trust Fund
(Per annum)					
12a. Transfer to headquarters		2.00	99-910	001203	
FEE COLLECTED AT HEADQUARTERS - Onsite Sewage					
1. Application for innovative product approval	500.00			For headquarters use only	
2. Application for registration including initial examination	75.00			For headquarters use only	
3. Initial registration	100.00			For headquarters use only	
4. Renewal of registration	100.00			For headquarters use only	
5. Certificate of authorization each two-year period	250.00			For headquarters use only	
DRINKING WATER					21,030.00
1. First Year Public Water Annual Operation Permit and Construction Permit - Limited Use	75.00	67.50	XX-357	001166	
1a. Transfer to headquarters		7.50	99-910	001166	
2. Second Year Public Water Annual Operation Permit - Limited Use	70.00	63.00	XX-357	001166	
2a. Transfer to headquarters		7.00	99-910	001166	
4. Multi-Family Water Construction Permit - serving 3 or 4 non-rental residences	40.00	36.00	XX-357	001165	
4a. Transfer to headquarters		4.00	99-910	001165	
5. Initial Operating Permit Fee After March 31 of Any Year	35.00	31.50	XX-357	001166	
5a. Transfer to headquarters		3.50	99-910	001166	
6. Non-SDWA Lab Sample (Sample Collection/Review of Analytical Results/Health Risk Interpretation):					
Delineated Area	50.00	50.00	XX-357	001142	
Bacterial Sample Collection	40.00	40.00	XX-357	001142	
Chemical Sample Collection	50.00	50.00	XX-357	001142	
Combined Chemical microbiological	55.00	55.00	XX-357	001142	
7. Reinspection of multi-family Water System	25.00	25.00	XX-357	001092	
8. Reinspection of Public Water System	40.00	40.00	XX-357	001092	
9. Delineated Area Clearance Fee	50.00	50.00	XX-357	001092	
10. Limited Use Commercial Registered System	15.00	15.00	XX-357	001092	
11. Limited Use Commercial Public Water System Operating Permit Family Day Care Establishment	25.00	25.00	XX-357	001092	
12. Limited Use Commercial Public Water System Operating Permit Family Day Care Establishment After March 31 of Any Year.	15.00	15.00	XX-357	001092	
Safe Drinking Water Act (Delegated Counties)					90,000.00
1. Construction permit for each Category I through III treatment plant, as defined in Rule 62-699.310, F.A.C., with treatment other than disinfection only.					

ATTACHMENT VI

LEE COUNTY HEALTH DEPARTMENT

ESTIMATE OF ENVIRONMENTAL HEALTH FEES FISCAL YEAR 2002 - 2003

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	OBJECT CODE	Est. Ann. Revenue Accruing to CHD Trust Fund
a. Treatment plant - 5 MGD and above	7,500.00	7,500.00	XX-358	001211	
b. Treatment plant - 1 MGD up to 5 MGD	6,000.00	6,000.00	XX-358	001211	
c. Treatment plant - 0.25 MGD up to 1 MGD	4,000.00	4,000.00	XX-358	001211	
d. Treatment plant - 0.1 MGD up to .025 MGD	2,000.00	2,000.00	XX-358	001211	
e. Treatment plant - up to 0.1 MGD	1,000.00	1,000.00	XX-358	001211	
2. Construction permit for each Category IV treatment plant, as defined in Rule 62-699.310, F.A.C., with treatment other than disinfection only.					
a. Treatment plant - 5 MGD and above	7,500.00	7,500.00	XX-358	001211	
b. Treatment plant - 1 MGD up to 5 MGD	6,000.00	6,000.00	XX-358	001211	
c. Treatment plant - 0.25 MGD up to 1 MGD	4,000.00	4,000.00	XX-358	001211	
d. Treatment plant - 0.1 MGD up to .025 MGD	2,000.00	2,000.00	XX-358	001211	
e. Treatment plant - 0.01 up to 0.1 MGD	1,000.00	1,000.00	XX-358	001211	
f. Treatment plant - up to 0.01 MGD	400.00	400.00	XX-358	001211	
3. Construction permit for each Category V treatment plant, as defined in Rule 62-699.310, F.A.C., - Disinfection Only					
a. treatment plant - 5 MGD and above	5,000.00	5,000.00	XX-358	001211	
b. Treatment plant - 1 MGD up to 5 MGD	3,000.00	3,000.00	XX-358	001211	
c. Treatment plant - 0.25 MGD up to 1 MGD	1,000.00	1,000.00	XX-358	001211	
d. Treatment plant - 0.1 MGD up to .025 MGD	500.00	500.00	XX-358	001211	
e. Treatment plant - up to 0.1 MGD	300.00	300.00	XX-358	001211	
4. Distribution and transmission systems, including raw water lines into the plant, except those under general permit.					
a. Serving a community public water system	500.00	500.00	XX-358	1211	
b. Serving a non-transient non-community public water systems	350.00	350.00	XX-358	001211	
c. Serving a non-community public water system	250.00	250.00	XX-358	001211	
5. Construction permit for each public water supply well.					
a. Well located in a delineated area pursuant to Chapter 62-524, F.A.C.,	500.00	500.00	XX-358	001211	
b. Any other public water supply well.	250.00	250.00	XX-358	001211	
6. Major modifications to systems that alter the existing treatment without expanding the capacity of the system and are not considered substantial changes pursuant to Rule 62-4.050(7) below.					
a. 1MGD and above	2,000.00	2,000.00	XX-358	001211	
b. .1 MGD up to 1 MGD	1,000.00	1,000.00	XX-358	001211	
c. 0.01 up to .1 MGD	500.00	500.00	XX-358	001211	
d. Up to 0.01 MGD	100.00	100.00	XX-358	001211	

ATTACHMENT VI

LEE COUNTY HEALTH DEPARTMENT

ESTIMATE OF ENVIRONMENTAL HEALTH FEES FISCAL YEAR 2002 - 2003

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	OBJECT CODE	Est. Ann. Revenue Accruing to CHD Trust Fund
7. Minor modifications to systems that result in no change in the treatment or capacity.					
a. .1 MGD and above	300.00	300.00	XX-358	001211	
b. Up to 0.1 MGD	100.00	100.00	XX-358	001211	
8. Fines and Forfeitures	Variable	Variable	XX-358	012020	
9. General Permit Fee for any General Permit not specifically listed:	100.00	100.00	XX-358	001211	
a. General Permits requiring Professional Engineer or Professional Geologist certification	250.00	250.00	XX-358	001211	
a. General Permits not requiring Professional Engineer or Professional Geologist certification	100.00	100.00	XX-358	001211	
Total Estimated Revenue Accruing to CHD Trust Fund					1,093,806.00