

Board of County Commissioners

Jefferson County, Florida

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|----------------------------------|------------------------------|-----------------------------|------------------------------------|---------------------------------|
| Stephen G. Fulford District 1 | Eugene C. Hall District 2 | Hines F. Boyd District 3 | Felix "Skeet" Joyner District 4 | Danny Monroe, III District 5 |
|----------------------------------|------------------------------|-----------------------------|------------------------------------|---------------------------------|

Regular Session Agenda

September 17, 2009 at the Courthouse Annex
445 W. Walnut St. Monticello, FL 32344

- 1. 6:00 P.M. – Call to Order, Invocation, Pledge of Allegiance**
- 2. Consent Agenda**
 - a) Minutes – September 3, 2009 Regular Session
- 3. Citizens Request & Input on Non-Agenda Items**
(3 Minute Limit, No Commissioner Discussion)
- 4. General Business**
 - a) Special Assessments Clarification – Property Appraiser Angela Gray
 - b) Household Hazardous Waste Cooperative Collection Grant - Beth Thorne
 - c) Small County Grant – Beth Thorne
 - d) Fanlew Road – Noah Maloy, Jr.
 - e) Health Department Contract Renewal – Kim Barnhill
 - f) Ec. Development Incentive Ordinance Discussion – Commissioner Fulford
 - g) Fair land density changes – Paul Michael
 - h) Fire/EMS Department – Chairman Hall
 - i) Discussion/Finalization of Budget – Clerk of Court Kirk Reams
- 5. County Coordinator's Report**
 - a) Department Head Reports
 - b) Discussion/Approval of County Gov't Office Closures FY 09/10
- 6. Citizens Forum**
(3 Minute Limit, Discussion Allowed)
- 7. Commissioner Discussion Items**
- 8. Adjourn**

From the manual "Government in the Sunshine", page 40:

Paragraph C. Each board, commission or agency of this state or of any political subdivision thereof shall include in the notice of any meeting or hearing, if notice of meeting or hearing is required, of such board, commission, or agency, conspicuously on such notice, the advice that if a person decides to appeal any decision made by the board, agency or commission with respect to any matter considered at such meeting or hearing, he will need a record of the proceedings, and for such purpose he may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based.

JEFFERSON COUNTY BOARD OF COUNTY COMMISSIONERS
REGULAR SESSION
September 3, 2009

The Board met this date in Regular Session. Present were Chairman Eugene Hall, Commissioners Hines Boyd, Stephen Fulford, Felix "Skeet" Joyner and Danny Monroe III, County Coordinator Roy Schleicher, Clerk of Court Kirk Reams, and County Attorney Paula Sparkman.

1. On motion by Commissioner Boyd, seconded by Commissioner Fulford and unanimously carried, the consent agenda consisting of the minutes from the August 20th, 2009 regular session was approved.
2. Citizen Jerry Sutphin expressed support for the County Coordinator's position.
3. Citizen Carla Wheeler expressed concern with the lack of accountability for the money appropriated to the Chamber of Commerce.
4. Citizen Winston Lee gave a presentation on the Water Street Park and asked for a letter of support from the County Commission.
5. On motion by Commissioner Boyd, seconded by Commissioner Monroe and unanimously carried, the letter of support for the Water Street Park was approved.
6. Mark Hooks, with the Jefferson County Health Department, gave a presentation on the H1N1 virus and Swine Flu prevention.
7. Steve Minnis, with the Suwannee River Water Management District, presented the Board with a district activity update.
8. On motion by Commissioner Boyd, seconded by Commissioner Fulford and unanimously carried, the decision to issue an RFP for services at the closed landfill and hold a workshop in the future to discuss the RFP was approved.
9. On motion by Commissioner Monroe, seconded by Commissioner Fulford and unanimously carried, the updated bid award list for the NRCS projects, with City Concrete disqualified as a bidder, was approved.
10. County Engineer Frank Darabi also informed the Board that Watermill Road would be the most likely for CIGP funding and that he would provide cost estimates to FDOT for this project.
11. On motion by Commissioner Monroe, seconded by Commissioner Fulford and unanimously carried, the Board approved the reorganization of Emergency Management, moving it under the Sheriff's Department.
12. On motion by Commissioner Boyd, seconded by Commissioner Fulford and failed 1 – 4 (Boyd in favor), the reorganization of Public Works, consolidating Parks & Recreation with the Road Department was not approved.
13. Commissioner Fulford discussed his desire to restructure the County Coordinator's Office with one employee and questioned whether the office was functioning as the Board originally intended.
14. It was the consensus of the Board that there be a future workshop to address any changes or concerns about the County Coordinator's job description, function and the implementation of an evaluation system.
15. Clerk of Court Kirk Reams announced the next budget workshop for September 11th, 2009 at 2:00 p.m. at the Jefferson County Courthouse Annex.

BOARD OF COUNTY COMMISSIONERS
MINUTE BOOK 23, PAGE _____

16. The warrant register was reviewed and bills ordered paid.

17. On motion by Commissioner Joyner, seconded by Commissioner Monroe, and
unanimously carried, the meeting was adjourned.

Chairman

Attest: _____
Clerk



Jefferson County
Office Of The Property Appraiser

Angela Gray, Property Appraiser

September 14, 2009

Board of County Commissioners
c/o Chairman Gene Hall
1 Courthouse Circle
Monticello, FL 32344

Re: Clarification on Ordinances
Ordinance No. 89-3 Solid Waste & Fire Protection Ordinance No. 89-1, Amended 89-4

Dear Chairman Hall,

It has come to my attention that inconsistencies exist in the previous interpretations and application of the Solid Waste and Fire Special Assessments. In an effort to fairly administer the county's non-ad valorem special assessments I am requesting clarification of the BOCC's intent of the language provided in these ordinances.

The first clarification I am requesting concerns levying special assessments to structures on parcels of land that are not used for residential or commercial purposes. Based on the language in both ordinances, as summarized below, these assessments should not be levied until the BOCC has defined these classifications or sub-classifications and assigned appropriate rates.

Solid Waste Ordinance No. 89-3 Section 7 (g) and Fire Protection Services Ordinance No. 89-4 Section 5(g) both state the following: *"For the purpose of setting rates, each parcel shall be classified as residential, agricultural, business, or as commercial business, with sub-classifications as the Board may establish by this Ordinance and subsequent resolution. The definition and criteria for distinguishing between classifications and sub-classifications shall be fixed by ordinance of the Board."*

The second clarification I am requesting concerns un-occupied dwelling units. The previous administration was waiving solid waste fees for residential dwelling units that were unoccupied as of January 1st of the tax year, however fire fees were not waived. The ordinance for Solid Waste and Fire Protection both state that these assessments are to be levied whether or not occupied.

Solid Waste Ordinance No. 89-3 Section 3(E) and Fire Protection Services Ordinance No. 89-4 Section 4-A (E) both state the following: defines Dwelling Unit and states....Futher, all residences, including those residences held as rental property, are included whether or not occupied....".

I appreciate your time and consideration, please let me know your preference in handling these clarifications.

Yours very truly,
Angela C. Gray
Property Appraiser

cc: Kirk B. Reams, Clerk of Court
Buck Bird, Attorney



kirk reams <kirkbradleyreams@gmail.com>

Fanlew Road Maintenance

2 messages

NMaloyJr@aol.com <NMaloyJr@aol.com>

Sun, Sep

To: davidjrd@embarqmail.com

Cc: fulford4jeffco@earthlink, ghalboard@yahoo.com, hinesboyd@embarqmail.com, joynerstravel@embarqmail.com, kirkbradleyreams@gmail.com, monroe_hill@juno.com, Rschleicher1@a

Sirs,

I am writing this because I am very upset with the lack of response from our Jefferson County Road maintenance department.

On Tuesday August 18, 2009, I called the road department secretary to report a problem with my driveway being washed out. I explained my driveway is chronically washed the way the county road is now being scraped. The road is scraped at a slope to the west, which results in my driveway being washed out each time there is a heavy rain. I department secretary that I was tired of always having to repair the problem caused myself caused by the county's scraping. The secretary told me she would inform the rd and have him call me to discuss the problem. I gave her my work and home phone numbers. Both have answering services and caller id. That was almost a month ago and received a call.

On August 25, 2009, I talked with county commissioner Danny Monroe and explained my situation as listed above. Danny told me he would get with the road supervisor, C decide on what could be done. I never heard anything back from either Danny Monroe or David Harvey.

On September 4, 2009, I spoke with the secretary of the road department again, telling her nothing had been done, I was still upset and requested the address of the dep: a formal letter of complaint.

On September 04, 2009, I also spoke with clerk of court, Kirk Reams and requested time at the next county commission meeting to address the board.

On September 09, 2009, the county scrapped the road. Loggers started hauling out timber the same day! It has been over seven weeks since the roads were graded. In Aug over ten and a half inches of rain. According to your 2009 Jefferson County Yearbook, the average rainfall for August is 6.12 inches. And the high is 9.2. It seems to me that department should be concerned with the condition of the roads when the rainfall is far above normal. It is your business to be concerned enough to know the conditions roads. There was no concern for the condition of our roads in Fanlew or my driveway.

I am not the only resident/tax payer/registered voter of Fanlew who is upset with the job performance of the road department. Now I may be wrong, but it seems to me that county commissioners as well as employees of Jefferson county work for the residents/tax payers/registered voters of this county. We are not pleased! A rough count give and 69 residents of Fanlew. Leon county paved six miles of road from Natural Bridge to the Jefferson county line with out a single resident living past Natural Bridge. The rd us, but it brings more traffic through out poorly maintained roads.

I have never called or requested any assistance on the road maintenance. The one time when I do, I get totally ignored. I have photographs of the condition of the road at when I called for help. I also have photographs of the road after it was scrapped on 09/09/09. There was no attempt to do anything about the damage caused to my drivew

When I attend the next meeting I will be expecting answers to the following questions:

1. When a resident calls with a complaint, what is the procedure? Are complaints logged as they are received and are calls returned? If not... Why?
2. What is the scheduled frequency for the grading of the roads?
3. Who inspects the quality of the grading of the county roads?
4. Why did the road in Fanlew go almost two months without being graded?
5. How do I get a list of all the roads paved within the last ten years and the justification for the paving of those roads?
6. When an employer (Residents of Fanlew) is not pleased with the job performance of their employee (Jefferson County Road Department), how is it handled?

Now keep in mind these are my complaints. If you asked the mail carrier or the UPS driver about my driveway I'm sure they would have similar complaints. There are other who will be attending the meeting who may be very vocal about their concerns.

All of this could have been avoided if:

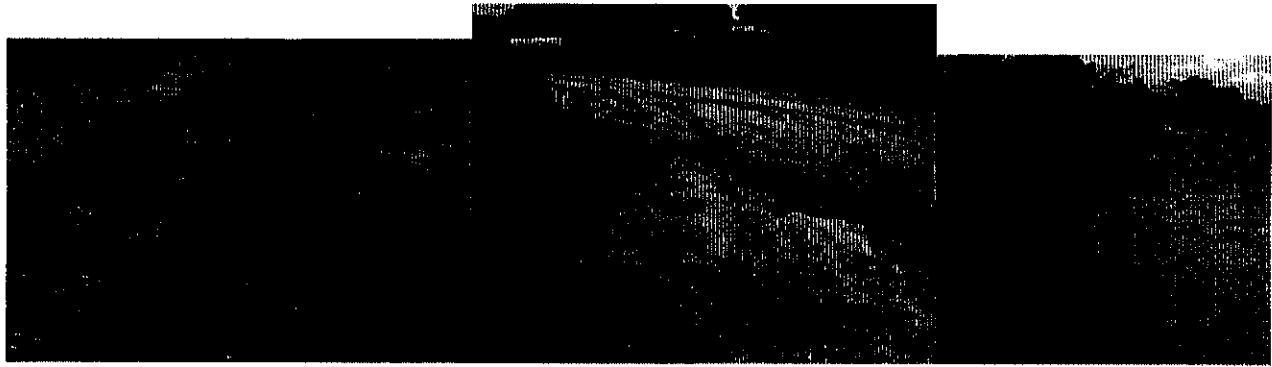
- When I called the road department on 08/18/09 complaining about my driveway, my called was returned and/or the problem was resolved.
- When (after I got no response from the road department) I called my county commissioner on 08/25/09 for help, action would have been taken to correct the
- Our roads were maintained in a timely manner.

My daughter is getting married at my home on November 14, 2009. There will be over 100 vehicles coming in and out of my drive. If any of the people attending have prot vehicles I will give the a copy of this letter and tell them to contact you!

Noah Maloy Jr.

Home - 850-997-3613

Work - 850-577-2593



David <davidjrd@embarqmail.com>

Mon, Sep 14, 2009 at 8:34 AM

To: NMaloyJr@aol.com, Milton Stubbins <M.Stubbins@co.jefferson.fl.us>

Cc: fulford4jeffco@earthlink, ghallboard@yahoo.com, hinesboyd@embarqmail.com, joynerstravel@embarqmail.com, kirkbradleyreams@gmail.com, monroe_hill@juno.com, Rschleicher1@aol.com

Thanks for the picture, it clearly shows you have no culvert for the water to run under your drive instead of over it .I will not apologize to you for the weather or our work ethics.

Danny Monroe physically took me down to visit your road in late august. we did place it on a schedule .I will this day find out why something was not done or if we did something and the flash flood undid it.

The last sentence in your nasty letter explains it all.

I will look at it again and work with my personnel to make some timely repairs.

We over spent \$3,650.00 repairing the Fanlew, Natural bridge roads from T.S.Fay.

I will respond later with your itemized requests.

David Harvey

[Quoted text hidden]

JBacc Copy

**CONTRACT BETWEEN
JEFFERSON COUNTY BOARD OF COUNTY COMMISSIONERS
AND
STATE OF FLORIDA DEPARTMENT OF HEALTH
FOR OPERATION OF
THE JEFFERSON COUNTY HEALTH DEPARTMENT
CONTRACT YEAR 2009-2010**

This agreement ("Agreement") is made and entered into between the State of Florida, Department of Health ("State") and the Jefferson County Board of County Commissioners ("County"), through their undersigned authorities, effective October 1, 2009.

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. Jefferson 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, 2009, through September 30, 2010, 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, 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 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 **\$881,929** (*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 **\$41,000** (*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.

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
Jefferson County
1255 W. Washington St.
Monticello, FL 32344**

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 Health Profile" report located on the Office of Planning, Evaluation & Data Analysis Intranet site*).

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 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 Jefferson 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 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 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 April 2005, 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 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, 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, 2010 for the report period October 1, 2009 through December 31, 2009;
- ii. June 1, 2010 for the report period October 1, 2009 through March 31, 2010;
- iii. September 1, 2010 for the report period October 1, 2009 through June 30, 2010; and
- iv. December 1, 2010 for the report period October 1, 2009 through September 30, 2010.

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, 2009, 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. Contract Managers. The name and address of the contract managers for the parties under this Agreement are as follows:

For the State:

Todd Watkins
Name

Business Manager
Title

Jefferson CHD
1255 W. Washington
Monticello, FL 32344
Address

(850) 342-0170, Ext. 202
Telephone

For the County:

Kirk Reams
Name

Clerk of Court
Title

Jefferson County Courthouse
Courthouse Circle
Monticello, FL 32344
Address

(850) 342-0218
Telephone

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.

c. 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 23 page agreement to be executed by their undersigned officials as duly authorized effective the 1st day of October, 2009.

**BOARD OF COUNTY COMMISSIONERS
FOR JEFFERSON COUNTY**

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

SIGNED BY: _____

NAME: Eugene C. Hall

TITLE: CHAIRMAN, JEFFERSON BOCC

DATE: _____

ATTESTED TO:

SIGNED BY: 

NAME: Kirk Reams

TITLE: Clerk of Court

DATE: 9/17/09

SIGNED BY: _____

NAME: Ana M. Viamonte Ros, M.D., M.P.H.

TITLE: State Surgeon General

DATE: _____

SIGNED BY: 

NAME: Kim E. Barnhill, MS, MPH

TITLE: CHD Director/Administrator

DATE: 9/11/09

ATTACHMENT I

JEFFERSON 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, F.S. 381 and F.S. 384 and the CHD Guidebook. |
| 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. |
| 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

JEFFERSON COUNTY HEALTH DEPARTMENT

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

| | Estimated State Share of CHD Trust Fund Balance as of 09/30/09 | Estimated County Share of CHD Trust Fund Balance as of 09/30/09 | Total |
|---|--|---|-----------|
| 1. CHD Trust Fund Ending Balance 09/30/09 | \$120,000 | \$35,000 | \$155,000 |
| 2. Drawup for Contract Year October 1, 2009 to September 30, 2010 | | | \$0 |
| 3. Special Capital Project use for Contract Year October 1, 2009 to September 30, 2010 | \$0 | \$0 | \$0 |
| 4. Balance Reserved for Contingency Fund October 1, 2009 to September 30, 2010 | \$120,000 | \$35,000 | \$155,000 |

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

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

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

October 1, 2009 to September 30, 2010

| | | State CHD Trust Fund (cash) | County CHD Trust Fund | Total CHD Trust Fund (cash) | Other Contribution | Total |
|-----------------------------------|--|-----------------------------------|-----------------------------|-----------------------------------|-----------------------|----------------|
| 1. GENERAL REVENUE - STATE | | | | | | |
| 015040 | ALG/CONTR. TO CHDS-MCH HEALTH - FIELD STAFF COST | 0 | 0 | 0 | 0 | 0 |
| 015040 | ALG/CONTRIBUTION TO CHDS-PRIMARY CARE | 10,571 | 0 | 10,571 | 0 | 10,571 |
| 015040 | ALG/IPO HEALTHY START/IPO | 0 | 0 | 0 | 0 | 0 |
| 015040 | ALG/SCHOOL HEALTH/SUPPLEMENTAL | 34,059 | 0 | 34,059 | 0 | 34,059 |
| 015040 | CLOSING THE GAP PROGRAM | 0 | 0 | 0 | 0 | 0 |
| 015040 | COMMUNITY SMILES - DADE | 0 | 0 | 0 | 0 | 0 |
| 015040 | COUNTY SPECIFIC DENTAL PROJECTS - ESCAMBIA | 0 | 0 | 0 | 0 | 0 |
| 015040 | DUVAL TEEN PREGNANCY PREVENTION | 0 | 0 | 0 | 0 | 0 |
| 015040 | FL CLPPP SCREENING & CASE MANAGEMENT | 0 | 0 | 0 | 0 | 0 |
| 015040 | HEALTHY BEACHES MONITORING | 0 | 0 | 0 | 0 | 0 |
| 015040 | HEALTHY START MED-WAIVER - CLIENT SERVICES | 0 | 0 | 0 | 0 | 0 |
| 015040 | MANATEE COUNTY RURAL HEALTH SERVICES | 0 | 0 | 0 | 0 | 0 |
| 015040 | MINORITY OUTREACH-PENALVER CLINIC-DADE | 0 | 0 | 0 | 0 | 0 |
| 015040 | SPECIAL NEEDS SHELTER PROGRAM | 0 | 0 | 0 | 0 | 0 |
| 015040 | STD GENERAL REVENUE | 0 | 0 | 0 | 0 | 0 |
| 015040 | ALG/CONTR TO CHDS-DENTAL PROGRAM | 0 | 0 | 0 | 0 | 0 |
| 015040 | ALG/CONTR. TO CHDS-IMMUNIZATION OUTREACH TEAMS | 1,242 | 0 | 1,242 | 0 | 1,242 |
| 015040 | ALG/CONTR TO CHDS-AIDS PATIENT CARE | 0 | 0 | 0 | 0 | 0 |
| 015040 | ALG/CONTR TO CHDS-AIDS PREV & SURV & FIELD STAFF | 0 | 0 | 0 | 0 | 0 |
| 015040 | ALG/CONTR. TO CHDS-INDOOR AIR ASSIST PROG | 0 | 0 | 0 | 0 | 0 |
| 015040 | ALG/CONTR TO CHDS-MIGRANT LABOR CAMP SANITATION | 0 | 0 | 0 | 0 | 0 |
| 015040 | ALG/FAMILY PLANNING | 28,285 | 0 | 28,285 | 0 | 28,285 |
| 015040 | ALG/CONTR. TO CHDS-SOVEREIGN IMMUNITY | 0 | 0 | 0 | 0 | 0 |
| 015040 | VARICELLA IMMUNIZATION REQUIREMENT | 664 | 0 | 664 | 0 | 664 |
| 015040 | STATEWIDE DENTISTRY NETWORK - ESCAMBIA | 0 | 0 | 0 | 0 | 0 |
| 015040 | PRIMARY CARE SPECIAL DENTAL PROJECTS | 0 | 0 | 0 | 0 | 0 |
| 015040 | METRO ORLANDO URBAN LEAGUE TEENAGE PREG PREV | 0 | 0 | 0 | 0 | 0 |
| 015040 | LA LIGA CONTRA EL CANCER | 0 | 0 | 0 | 0 | 0 |
| 015040 | HEALTHY START MED WAIVER - SOBRA | 0 | 0 | 0 | 0 | 0 |
| 015040 | FL HEPATITIS & LIVER FAILURE PREVENTION/CONTROL | 0 | 0 | 0 | 0 | 0 |
| 015040 | ENHANCED DENTAL SERVICES | 19,802 | 0 | 19,802 | 0 | 19,802 |
| 015040 | DENTAL SPECIAL INITIATIVE PROJECTS | 0 | 0 | 0 | 0 | 0 |
| 015040 | COMMUNITY TB PROGRAM | 7,057 | 0 | 7,057 | 0 | 7,057 |
| 015040 | COMMUNITY ENVIRONMENTAL HEALTH ADVISORY BOARD | 0 | 0 | 0 | 0 | 0 |
| 015040 | CATE - ESCAMBIA | 0 | 0 | 0 | 0 | 0 |
| 015040 | ALG/PRIMARY CARE | 129,046 | 0 | 129,046 | 0 | 129,046 |
| 015040 | ALG/CESSPOOL IDENTIFICATION AND ELIMINATION | 0 | 0 | 0 | 0 | 0 |
| 015050 | ALG/CONTR TO CHDS | 348,470 | 0 | 348,470 | 0 | 348,470 |
| GENERAL REVENUE TOTAL | | 579,196 | 0 | 579,196 | 0 | 579,196 |

2. NON GENERAL REVENUE - STATE

| | | | | | | |
|--------|--|--------|---|--------|---|--------|
| 015010 | IMMUNIZATION SPECIAL PROJECT | 724 | 0 | 724 | 0 | 724 |
| 015010 | PUBLIC SWIMMING POOL PROGRAM | 0 | 0 | 0 | 0 | 0 |
| 015010 | SUPPLEMENTAL/COMPREHENSIVE SCHOOL HEALTH - TOB TF | 12,655 | 0 | 12,655 | 0 | 12,655 |
| 015010 | ALG/CONTR TO CHDS-REBASING TOBACCO TF | 3,429 | 0 | 3,429 | 0 | 3,429 |
| 015010 | ALG/CONTR. TO CHDS-BIOMEDICAL WASTE/DEP ADM TF | 740 | 0 | 740 | 0 | 740 |
| 015010 | ALG/CONTR. TO CHDS-SAFE DRINKING WATER PRG/DEP ADM | 0 | 0 | 0 | 0 | 0 |
| 015010 | BASIC SCHOOL HEALTH - TOBACCO TF | 0 | 0 | 0 | 0 | 0 |

ATTACHMENT II.

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

October 1, 2009 to September 30, 2010

| | State CHD Trust Fund (cash) | County CHD Trust Fund | Total CHD Trust Fund (cash) | Other Contribution | Total |
|---|-----------------------------------|-----------------------------|-----------------------------------|-----------------------|---------------|
| 2. NON GENERAL REVENUE - STATE | | | | | |
| 015010 CHD PROGRAM SUPPORT | 0 | 0 | 0 | 0 | 0 |
| 015010 ENVIRONMENTAL HEALTH PACE PROJECTS | 0 | 0 | 0 | 0 | 0 |
| 015010 FOOD AND WATERBORNE DISEASE PROGRAM ADM TFDACS | 0 | 0 | 0 | 0 | 0 |
| 015010 FULL SERVICE SCHOOLS - TOBACCO TF | 42,308 | 0 | 42,308 | 0 | 42,308 |
| 015020 ALG/CONTR. TO CHDS-BIOMEDICAL WASTE/DEP ADM TF | 0 | 0 | 0 | 0 | 0 |
| 015020 ALG/CONTR. TO CHDS-SAFE DRINKING WATER PRG/DEP ADM | 0 | 0 | 0 | 0 | 0 |
| 015020 FOOD AND WATERBORNE DISEASE PROGRAM ADM TFDACS | 0 | 0 | 0 | 0 | 0 |
| NON GENERAL REVENUE TOTAL | 59,856 | 0 | 59,856 | 0 | 59,856 |
| 3. FEDERAL FUNDS - State | | | | | |
| 007000 CHILDHOOD LEAD POISONING PREVENTION | 0 | 0 | 0 | 0 | 0 |
| 007000 DIABETES PREVENTION & CONTROL PROGRAM | 0 | 0 | 0 | 0 | 0 |
| 007000 FAMILY PLANNING EXPANSION FUNDS2008-09 | 0 | 0 | 0 | 0 | 0 |
| 007000 FGTF/BREAST & CERVICAL CANCER-ADMIN/CASE MAN | 0 | 0 | 0 | 0 | 0 |
| 007000 FGTF/FAMILY PLANNING-TITLE X | 45,385 | 0 | 45,385 | 0 | 45,385 |
| 007000 FGTF/WIC ADMINISTRATION | 0 | 0 | 0 | 0 | 0 |
| 007000 HEALTHY PEOPLE HEALTHY COMMUNITIES | 38,310 | 0 | 38,310 | 0 | 38,310 |
| 007000 IMMUNIZATION FIELD STAFF EXPENSE | 0 | 0 | 0 | 0 | 0 |
| 007000 IMMUNIZATION WIC-LINKAGES | 0 | 0 | 0 | 0 | 0 |
| 007000 MCH BGTF-GADSDEN SCHOOL CLINIC | 0 | 0 | 0 | 0 | 0 |
| 007000 PHP - CITIES READINESS INITIATIVE | 0 | 0 | 0 | 0 | 0 |
| 007000 RAPE PREVENTION & EDUCATION GRANT | 0 | 0 | 0 | 0 | 0 |
| 007000 RYAN WHITE | 0 | 0 | 0 | 0 | 0 |
| 007000 BIOTERRORISM PLANNING & READINESS | 9,898 | 0 | 9,898 | 0 | 9,898 |
| 007000 AFRICAN AMERICAN TESTING INITIATIVE(AATI) | 0 | 0 | 0 | 0 | 0 |
| 007000 AIDS SURVEILLANCE | 0 | 0 | 0 | 0 | 0 |
| 007000 RYAN WHITE-AIDS DRUG ASSIST PROG-ADMIN | 0 | 0 | 0 | 0 | 0 |
| 007000 STD FEDERAL GRANT - CSFS | 0 | 0 | 0 | 0 | 0 |
| 007000 STD PROGRAM - PHYSICIANS TRAINING CENTER | 0 | 0 | 0 | 0 | 0 |
| 007000 STD PROGRAM-INFERTILITY PREVENTION PROJECT(IPP) | 0 | 0 | 0 | 0 | 0 |
| 007000 TITLE X HIV/AIDS PROJECT | 0 | 0 | 0 | 0 | 0 |
| 007000 WIC BREASTFEEDING PEER COUNSELING | 0 | 0 | 0 | 0 | 0 |
| 007000 TUBERCULOSIS CONTROL - FEDERAL GRANT | 0 | 0 | 0 | 0 | 0 |
| 007000 SYPHILIS ELIMINATION | 0 | 0 | 0 | 0 | 0 |
| 007000 STD PROGRAM INFERTILITY PREVENTION PROJECT(IPP) | 0 | 0 | 0 | 0 | 0 |
| 007000 STD PROGRAM - PHYSICIAN TRAINING CENTER | 0 | 0 | 0 | 0 | 0 |
| 007000 RYAN WHITE-CONSORTIA | 0 | 0 | 0 | 0 | 0 |
| 007000 BIOTERRORISM HOSPITAL PREPAREDNESS | 0 | 0 | 0 | 0 | 0 |
| 007000 AIDS PREVENTION | 0 | 0 | 0 | 0 | 0 |
| 007000 BIOTERRORISM SURVEILLANCE & EPIDEMIOLOGY | 0 | 0 | 0 | 0 | 0 |
| 007000 COASTAL BEACH MONITORING PROGRAM | 0 | 0 | 0 | 0 | 0 |
| 007000 FGTF/IMMUNIZATION ACTION PLAN | 1,878 | 0 | 1,878 | 0 | 1,878 |
| 007000 FGTF/FAMILY PLANNING TITLE X SPECIAL INITIATIVES | 0 | 0 | 0 | 0 | 0 |
| 007000 FGTF/AIDS MORBIDITY | 0 | 0 | 0 | 0 | 0 |
| 007000 ENVIRONMENTAL & HEALTH EFFECT TRACKING | 0 | 0 | 0 | 0 | 0 |
| 007000 RYAN WHITE - EMERGING COMMUNITIES | 0 | 0 | 0 | 0 | 0 |
| 007000 RISK COMMUNICATIONS | 0 | 0 | 0 | 0 | 0 |
| 007000 PUBLIC HEALTH PREPAREDNESS BASE | 56,316 | 0 | 56,316 | 0 | 56,316 |

ATTACHMENT II

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

October 1, 2009 to September 30, 2010

| | | State CHD Trust Fund (cash) | County CHD Trust Fund | Total CHD Trust Fund (cash) | Other Contribution | Total |
|---|--|-----------------------------------|-----------------------------|-----------------------------------|-----------------------|---------|
| 3. FEDERAL FUNDS - State | | | | | | |
| 007000 | FLORIDA PANDEMIC INFLUENZA | 600 | 0 | 600 | 0 | 600 |
| 007000 | H1N1 MASS VACCINATION | 24,721 | 0 | 24,721 | 0 | 24,721 |
| 007000 | IMMUNIZATION SUPPLEMENTAL | 0 | 0 | 0 | 0 | 0 |
| 007000 | HIV INCIDENCE SURVEILLANCE | 0 | 0 | 0 | 0 | 0 |
| 007000 | HEALTH PROGRAM FOR REFUGEES | 0 | 0 | 0 | 0 | 0 |
| 015009 | MEDIPASS WAIVER-HLTHY STRT CLIENT SERVICES | 0 | 0 | 0 | 0 | 0 |
| 015009 | MEDIPASS WAIVER-SOBRA | 0 | 0 | 0 | 0 | 0 |
| 015075 | SCHOOL HEALTH/SUPPLEMENTAL | 65,769 | 0 | 65,769 | 0 | 65,769 |
| 015075 | Summer Feeding Program | 0 | 0 | 0 | 0 | 0 |
| FEDERAL FUNDS TOTAL | | 242,877 | 0 | 242,877 | 0 | 242,877 |
| 4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE | | | | | | |
| 001020 | TANNING FACILITIES | 185 | 0 | 185 | 0 | 185 |
| 001020 | BODY PIERCING | 0 | 0 | 0 | 0 | 0 |
| 001020 | MIGRANT HOUSING PERMIT | 0 | 0 | 0 | 0 | 0 |
| 001020 | MOBILE HOME AND PARKS | 1,921 | 0 | 1,921 | 0 | 1,921 |
| 001020 | FOOD HYGIENE PERMIT | 3,144 | 0 | 3,144 | 0 | 3,144 |
| 001020 | BIOHAZARD WASTE PERMIT | 310 | 0 | 310 | 0 | 310 |
| 001020 | PRIVATE WATER CONSTR PERMIT | 0 | 0 | 0 | 0 | 0 |
| 001020 | PUBLIC WATER ANNUAL OPER PERMIT | 2,340 | 0 | 2,340 | 0 | 2,340 |
| 001020 | PUBLIC WATER CONSTR PERMIT | 0 | 0 | 0 | 0 | 0 |
| 001020 | NON-SDWA SYSTEM PERMIT | 2,294 | 0 | 2,294 | 0 | 2,294 |
| 001020 | SAFE DRINKING WATER | 0 | 0 | 0 | 0 | 0 |
| 001020 | SWIMMING POOLS | 300 | 0 | 300 | 0 | 300 |
| 001092 | OSDS PERMIT FEE | 0 | 0 | 0 | 0 | 0 |
| 001092 | I & M ZONED OPERATING PERMIT | 0 | 0 | 0 | 0 | 0 |
| 001092 | AEROBIC OPERATING PERMIT | 0 | 0 | 0 | 0 | 0 |
| 001092 | SEPTIC TANK SITE EVALUATION | 29,342 | 0 | 29,342 | 0 | 29,342 |
| 001092 | NON SDWA LAB SAMPLE | 0 | 0 | 0 | 0 | 0 |
| 001092 | OSDS VARIANCE FEE | 0 | 0 | 0 | 0 | 0 |
| 001092 | ENVIRONMENTAL HEALTH FEES | 736 | 0 | 736 | 0 | 736 |
| 001092 | OSDS REPAIR PERMIT | 0 | 0 | 0 | 0 | 0 |
| 001170 | LAB FEE CHEMICAL ANALYSIS | 0 | 0 | 0 | 0 | 0 |
| 001170 | WATER ANALYSIS-POTABLE | 0 | 0 | 0 | 0 | 0 |
| 001170 | NONPOTABLE WATER ANALYSIS | 0 | 0 | 0 | 0 | 0 |
| 010304 | MQA INSPECTION FEE | 0 | 0 | 0 | 0 | 0 |
| FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL | | 40,572 | 0 | 40,572 | 0 | 40,572 |
| 5. OTHER CASH CONTRIBUTIONS - STATE | | | | | | |
| 010304 | STATIONARY POLLUTANT STORAGE TANKS | 44,069 | 0 | 44,069 | 0 | 44,069 |
| 090001 | DRAW DOWN FROM PUBLIC HEALTH UNIT | 0 | 0 | 0 | 0 | 0 |
| OTHER CASH CONTRIBUTIONS TOTAL | | 44,069 | 0 | 44,069 | 0 | 44,069 |
| 6. MEDICAID - STATE/COUNTY | | | | | | |
| 001056 | MEDICAID PHARMACY | 0 | 0 | 0 | 0 | 0 |
| 001076 | MEDICAID TB | 0 | 0 | 0 | 0 | 0 |
| 001078 | MEDICAID ADMINISTRATION OF VACCINE | 363 | 363 | 725 | 0 | 725 |

ATTACHMENT II.

JEFFERSON COUNTY HEALTH DEPARTMENT Part II: Sources of Contributions to County Health Department

October 1, 2009 to September 30, 2010

| | | State CHD Trust Fund (cash) | County CHD Trust Fund | Total CHD Trust Fund (cash) | Other Contribution | Total |
|---|--|-----------------------------------|-----------------------------|-----------------------------------|-----------------------|---------|
| 6. MEDICAID - STATE/COUNTY | | | | | | |
| 001079 | MEDICAID CASE MANAGEMENT | 0 | 0 | 0 | 0 | 0 |
| 001081 | MEDICAID CHILD HEALTH CHECK UP | 0 | 0 | 0 | 0 | 0 |
| 001082 | MEDICAID DENTAL | 185,099 | 386,901 | 572,000 | 0 | 572,000 |
| 001083 | MEDICAID FAMILY PLANNING | 3,000 | 27,000 | 30,000 | 0 | 30,000 |
| 001087 | MEDICAID STD | 0 | 0 | 0 | 0 | 0 |
| 001089 | MEDICAID AIDS | 0 | 0 | 0 | 0 | 0 |
| 001147 | MEDICAID HMO RATE | 0 | 0 | 0 | 0 | 0 |
| 001191 | MEDICAID MATERNITY | 29,124 | 60,876 | 90,000 | 0 | 90,000 |
| 001192 | MEDICAID COMPREHENSIVE CHILD | 2,099 | 4,386 | 6,485 | 0 | 6,485 |
| 001193 | MEDICAID COMPREHENSIVE ADULT | 20,668 | 43,200 | 63,868 | 0 | 63,868 |
| 001194 | MEDICAID LABORATORY | 0 | 0 | 0 | 0 | 0 |
| 001208 | MEDIPASS \$3.00 ADM. FEE | 355 | 355 | 710 | 0 | 710 |
| 001059 | Medicaid Low Income Pool | 55,393 | 115,783 | 171,176 | 0 | 171,176 |
| 001051 | Emergency Medicaid | 0 | 0 | 0 | 0 | 0 |
| 001058 | Medicaid - Behavioral Health | 0 | 0 | 0 | 0 | 0 |
| 001071 | Medicaid - Orthopedic | 0 | 0 | 0 | 0 | 0 |
| 001072 | Medicaid - Dermatology | 0 | 0 | 0 | 0 | 0 |
| 001075 | Medicaid - School Health Certified Match | 0 | 0 | 0 | 0 | 0 |
| 001069 | Medicaid - Refugee Health | 0 | 0 | 0 | 0 | 0 |
| 001055 | Medicaid - Hospital | 0 | 0 | 0 | 0 | 0 |
| MEDICAID TOTAL | | 296,099 | 638,865 | 934,964 | 0 | 934,964 |
| 7. ALLOCABLE REVENUE - STATE | | | | | | |
| 018000 | REFUNDS | 0 | 0 | 0 | 0 | 0 |
| 037000 | PRIOR YEAR WARRANT | 0 | 0 | 0 | 0 | 0 |
| 038000 | 12 MONTH OLD WARRANT | 0 | 0 | 0 | 0 | 0 |
| ALLOCABLE REVENUE TOTAL | | 0 | 0 | 0 | 0 | 0 |
| 8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE | | | | | | |
| | PHARMACY SERVICES | 0 | 0 | 0 | 25,667 | 25,667 |
| | LABORATORY SERVICES | 0 | 0 | 0 | 6,061 | 6,061 |
| | TB SERVICES | 0 | 0 | 0 | 0 | 0 |
| | IMMUNIZATION SERVICES | 0 | 0 | 0 | 42,871 | 42,871 |
| | STD SERVICES | 0 | 0 | 0 | 0 | 0 |
| | CONSTRUCTION/RENOVATION | 0 | 0 | 0 | 0 | 0 |
| | WIC FOOD | 0 | 0 | 0 | 383,687 | 383,687 |
| | ADAP | 0 | 0 | 0 | 791 | 791 |
| | DENTAL SERVICES | 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 | 459,077 | 459,077 |
| 9. DIRECT COUNTY CONTRIBUTIONS - COUNTY | | | | | | |
| 008030 | BCC Contribution from Health Care Tax | 0 | 0 | 0 | 0 | 0 |
| 008034 | BCC Contribution from General Fund | 0 | 41,000 | 41,000 | 0 | 41,000 |
| DIRECT COUNTY CONTRIBUTION TOTAL | | 0 | 41,000 | 41,000 | 0 | 41,000 |

ATTACHMENT II.

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

October 1, 2009 to September 30, 2010

| | | State CHD Trust Fund (cash) | County CHD Trust Fund | Total CHD Trust Fund (cash) | Other Contribution | Total |
|---|---|-----------------------------------|-----------------------------|-----------------------------------|-----------------------|---------|
| 10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY | | | | | | |
| 001060 | CHD SUPPORT POSITION | 0 | 0 | 0 | 0 | 0 |
| 001077 | RABIES VACCINE | 0 | 0 | 0 | 0 | 0 |
| 001077 | CHILD CAR SEAT PROG | 0 | 0 | 0 | 0 | 0 |
| 001077 | PERSONAL HEALTH FEES | 0 | 53,873 | 53,873 | 0 | 53,873 |
| 001077 | AIDS CO-PAYS | 0 | 0 | 0 | 0 | 0 |
| 001094 | ADULT ENTER. PERMIT FEES | 0 | 0 | 0 | 0 | 0 |
| 001094 | LOCAL ORDINANCE FEES | 0 | 4,140 | 4,140 | 0 | 4,140 |
| 001114 | NEW BIRTH CERTIFICATES | 0 | 5,000 | 5,000 | 0 | 5,000 |
| 001115 | DEATH CERTIFICATES | 0 | 7,200 | 7,200 | 0 | 7,200 |
| 001117 | VITAL STATS-ADM. FEE 50 CENTS | 0 | 350 | 350 | 0 | 350 |
| 001073 | Co-Pay for the AIDS Care Program | 0 | 0 | 0 | 0 | 0 |
| 001025 | Client Revenue from GRC | 0 | 0 | 0 | 0 | 0 |
| FEES AUTHORIZED BY COUNTY TOTAL | | 0 | 70,563 | 70,563 | 0 | 70,563 |
| 11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY | | | | | | |
| 001009 | RETURNED CHECK ITEM | 0 | 0 | 0 | 0 | 0 |
| 001029 | THIRD PARTY REIMBURSEMENT | 0 | 90,444 | 90,444 | 0 | 90,444 |
| 001029 | HEALTH MAINTENANCE ORGAN (HMO) | 0 | 0 | 0 | 0 | 0 |
| 001054 | MEDICARE PART D | 0 | 0 | 0 | 0 | 0 |
| 001077 | RYAN WHITE TITLE II | 0 | 0 | 0 | 0 | 0 |
| 001090 | MEDICARE PART B | 0 | 4,210 | 4,210 | 0 | 4,210 |
| 001190 | Health Maintenance Organization | 0 | 0 | 0 | 0 | 0 |
| 005040 | INTEREST EARNED | 0 | 0 | 0 | 0 | 0 |
| 005041 | INTEREST EARNED-STATE INVESTMENT ACCOUNT | 0 | 750 | 750 | 0 | 750 |
| 007010 | U.S. GRANTS DIRECT | 0 | 0 | 0 | 0 | 0 |
| 008010 | Contribution from City Government | 0 | 0 | 0 | 0 | 0 |
| 008020 | Contribution from Health Care Tax not thru BCC | 0 | 0 | 0 | 0 | 0 |
| 008050 | School Board Contribution | 0 | 0 | 0 | 0 | 0 |
| 008060 | Special Project Contribution | 0 | 0 | 0 | 0 | 0 |
| 010300 | SALE OF GOODS AND SERVICES TO STATE AGENCIES | 0 | 0 | 0 | 0 | 0 |
| 010301 | EXP WITNESS FEE CONSULTNT CHARGES | 0 | 0 | 0 | 0 | 0 |
| 010405 | SALE OF PHARMACEUTICALS | 0 | 0 | 0 | 0 | 0 |
| 010409 | SALE OF GOODS OUTSIDE STATE GOVERNMENT | 0 | 0 | 0 | 0 | 0 |
| 011000 | GRANT DIRECT-NOVA UNIVERSITY CHD TRAINING | 0 | 0 | 0 | 0 | 0 |
| 011000 | GRANT-DIRECT | 0 | 199,908 | 199,908 | 0 | 199,908 |
| 011001 | HEALTHY START COALITION CONTRIBUTIONS | 0 | 122,478 | 122,478 | 0 | 122,478 |
| 011007 | CASH DONATIONS PRIVATE | 0 | 0 | 0 | 0 | 0 |
| 012020 | FINES AND FORFEITURES | 0 | 0 | 0 | 0 | 0 |
| 012021 | RETURN CHECK CHARGE | 0 | 0 | 0 | 0 | 0 |
| 028020 | INSURANCE RECOVERIES-OTHER | 0 | 0 | 0 | 0 | 0 |
| 090002 | DRAW DOWN FROM PUBLIC HEALTH UNIT | 0 | 0 | 0 | 0 | 0 |
| 011000 | GRANT DIRECT-COUNTY HEALTH DEPARTMENT DIRECT SERVICES | 0 | 0 | 0 | 0 | 0 |
| 011000 | DIRECT-ARROW | 0 | 0 | 0 | 0 | 0 |
| 011000 | GRANT-DIRECT | 0 | 0 | 0 | 0 | 0 |
| 011000 | GRANT-DIRECT | 0 | 0 | 0 | 0 | 0 |
| 011000 | GRANT-DIRECT | 0 | 0 | 0 | 0 | 0 |
| 011000 | GRANT-DIRECT | 0 | 0 | 0 | 0 | 0 |
| 011000 | GRANT-DIRECT | 0 | 0 | 0 | 0 | 0 |

ATTACHMENT II.

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

October 1, 2009 to September 30, 2010

| | | State CHD Trust Fund (cash) | County CHD Trust Fund | Total CHD Trust Fund (cash) | Other Contribution | Total |
|--|---|-----------------------------------|-----------------------------|-----------------------------------|-----------------------|-----------|
| 11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY | | | | | | |
| 011000 | GRANT-DIRECT | 0 | 0 | 0 | 0 | 0 |
| 011000 | GRANT-DIRECT | 0 | 0 | 0 | 0 | 0 |
| 011000 | GRANT DIRECT-ARROW | 0 | 0 | 0 | 0 | 0 |
| 011000 | GRANT DIRECT-QUANTUM DENTAL | 0 | 0 | 0 | 0 | 0 |
| 011000 | GRANT DIRECT-HEALTH CARE DISTRICT PAHOKEE | 0 | 0 | 0 | 0 | 0 |
| 010402 | Recycled Material Sales | 0 | 0 | 0 | 0 | 0 |
| 010303 | FDLE Fingerprinting | 0 | 0 | 0 | 0 | 0 |
| 007050 | ARRA Federal Grants Direct to CHD | 0 | 0 | 0 | 0 | 0 |
| 001010 | Recovery of Bad Checks | 0 | 0 | 0 | 0 | 0 |
| 008065 | FCO Contribution | 0 | 0 | 0 | 0 | 0 |
| 011006 | Restricted Cash Donation | 0 | 0 | 0 | 0 | 0 |
| 028000 | Insurance Recoveries | 0 | 0 | 0 | 0 | 0 |
| 001033 | CMS Management Fee - PMPMPC | 0 | 0 | 0 | 0 | 0 |
| 010400 | Sale of Goods Outside State Government | 0 | 0 | 0 | 0 | 0 |
| 001069 | Medicaid - Refugee Health | 0 | 0 | 0 | 0 | 0 |
| OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL | | 0 | 417,790 | 417,790 | 0 | 417,790 |
| 12. ALLOCABLE REVENUE - COUNTY | | | | | | |
| 018000 | REFUNDS | 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 | 0 | 0 | 0 | 0 |
| 13. BUILDINGS - COUNTY | | | | | | |
| | ANNUAL RENTAL EQUIVALENT VALUE | 0 | 0 | 0 | 0 | 0 |
| | GROUNDS MAINTENANCE | 0 | 0 | 0 | 0 | 0 |
| | OTHER (SPECIFY) | 0 | 0 | 0 | 0 | 0 |
| | INSURANCE | 0 | 0 | 0 | 0 | 0 |
| | UTILITIES | 0 | 0 | 0 | 0 | 0 |
| | OTHER (SPECIFY) | 0 | 0 | 0 | 0 | 0 |
| | BUILDING MAINTENANCE | 0 | 0 | 0 | 0 | 0 |
| BUILDINGS TOTAL | | 0 | 0 | 0 | 0 | 0 |
| 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 | | 1,262,669 | 1,168,218 | 2,430,887 | 459,077 | 2,889,964 |

ATTACHMENT II
JEFFERSON COUNTY HEALTH DEPARTMENT

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

October 1, 2009 to September 30, 2010

| | FTE's (0.00) | Clients Units | Services | Quarterly Expenditure Plan | | | | State | County | Grand Total |
|--|-----------------|------------------|----------|----------------------------|-----------------------------|---------|---------|-----------|-----------|----------------|
| | | | | 1st | 2nd (Whole dollars only) | 3rd | 4th | | | |
| A. COMMUNICABLE DISEASE CONTROL: | | | | | | | | | | |
| VITAL STATISTICS(180) | 0.30 | 690 | 1,193 | 3,500 | 4,500 | 3,500 | 4,500 | 10,000 | 6,000 | 16,000 |
| IMMUNIZATION(101) | 0.70 | 770 | 1,358 | 7,000 | 9,000 | 7,000 | 9,000 | 21,000 | 11,000 | 32,000 |
| STD (102) | 0.15 | 118 | 270 | 3,000 | 4,000 | 3,000 | 4,000 | 9,000 | 5,000 | 14,000 |
| A.I.D.S. (103) | 0.07 | 108 | 205 | 750 | 1,250 | 750 | 1,250 | 2,600 | 1,400 | 4,000 |
| TB CONTROL SERVICES (104) | 0.17 | 106 | 148 | 1,500 | 2,500 | 1,500 | 2,500 | 7,250 | 750 | 8,000 |
| COMM. DISEASE SURV. (106) | 0.29 | 0 | 0 | 2,000 | 2,500 | 2,000 | 2,500 | 6,000 | 3,000 | 9,000 |
| HEPATITIS PREVENTION(109) | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| PUBLIC HEALTH PREP AND RESP(116) | 1.11 | 0 | 366 | 28,180 | 34,180 | 28,180 | 34,181 | 124,721 | 0 | 124,721 |
| COMMUNICABLE DISEASE SUBTOTAL | 2.79 | 1,792 | 3,540 | 45,930 | 57,930 | 45,930 | 57,931 | 180,571 | 27,150 | 207,721 |
| B. PRIMARY CARE: | | | | | | | | | | |
| CHRONIC DISEASE SERVICES (210) | 2.00 | 1,984 | 3,078 | 22,000 | 26,000 | 22,000 | 27,578 | 69,578 | 28,000 | 97,578 |
| TOBACCO PREVENTION (212) | 1.50 | 0 | 670 | 33,000 | 49,000 | 43,000 | 49,000 | 134,000 | 40,000 | 174,000 |
| HOME HEALTH (215) | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| W.I.C. (221) | 0.00 | 8,820 | 882 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| FAMILY PLANNING(223) | 2.44 | 492 | 1,887 | 29,000 | 33,000 | 29,000 | 33,000 | 80,000 | 44,000 | 124,000 |
| IMPROVED PREGNANCY OUTCOME (225) | 1.00 | 112 | 1,641 | 14,500 | 16,500 | 14,500 | 16,500 | 40,000 | 22,000 | 62,000 |
| HEALTHY START PRENATAL(227) | 2.02 | 220 | 2,635 | 23,500 | 27,500 | 23,500 | 27,500 | 9,000 | 93,000 | 102,000 |
| COMPREHENSIVE CHILD HEALTH(229) | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| HEALTHY START INFANT(231) | 1.60 | 154 | 1,016 | 18,000 | 22,000 | 18,000 | 22,000 | 30,000 | 50,000 | 80,000 |
| SCHOOL HEALTH(234) | 3.40 | 0 | 20,392 | 47,000 | 53,000 | 47,000 | 53,000 | 175,000 | 25,000 | 200,000 |
| COMPREHENSIVE ADULT HEALTH(237) | 8.02 | 623 | 4,580 | 117,500 | 135,000 | 117,500 | 135,000 | 263,250 | 241,750 | 505,000 |
| DENTAL HEALTH(240) | 8.95 | 1,490 | 9,304 | 160,522 | 180,522 | 160,522 | 180,522 | 220,770 | 461,318 | 682,088 |
| Healthy Start Interconception Woman(232) | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| PRIMARY CARE SUBTOTAL | 30.93 | 13,895 | 46,085 | 465,022 | 542,522 | 475,022 | 544,100 | 1,021,598 | 1,005,068 | 2,026,666 |
| C. ENVIRONMENTAL HEALTH: | | | | | | | | | | |
| Water and Onsite Sewage Programs | | | | | | | | | | |
| COASTAL BEACH MONITORING(347) | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| LIMITED USE PUBLIC WATER SYSTEMS(357) | 0.15 | 19 | 110 | 2,250 | 3,250 | 2,250 | 3,250 | 0 | 11,000 | 11,000 |
| PUBLIC WATER SYSTEM(358) | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| PRIVATE WATER SYSTEM(359) | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| INDIVIDUAL SEWAGE DISP. (361) | 1.10 | 102 | 357 | 17,500 | 21,500 | 17,500 | 21,500 | 0 | 78,000 | 78,000 |
| Group Total | 1.25 | 121 | 467 | 19,750 | 24,750 | 19,750 | 24,750 | 0 | 89,000 | 89,000 |
| Facility Programs | | | | | | | | | | |
| FOOD HYGIENE (348) | 0.15 | 20 | 82 | 2,500 | 3,500 | 2,500 | 3,500 | 4,000 | 8,000 | 12,000 |
| BODY ART (349) | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| GROUP CARE FACILITY(351) | 0.14 | 22 | 37 | 2,000 | 3,000 | 2,000 | 3,000 | 2,500 | 7,500 | 10,000 |
| MIGRANT LABOR CAMP(352) | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| HOUSING,PUBLIC BLDG SAFETY,SANITATION(353) | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MOBILE HOME AND PARKS SERVICES (354) | 0.09 | 8 | 18 | 1,500 | 2,000 | 1,500 | 2,000 | 2,000 | 5,000 | 7,000 |
| SWIMMING POOLS/BATHING (360) | 0.09 | 7 | 13 | 1,500 | 2,250 | 1,500 | 2,250 | 0 | 7,500 | 7,500 |
| BIOMEDICAL WASTE SERVICES(364) | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

**ATTACHMENT II.
JEFFERSON COUNTY HEALTH DEPARTMENT**

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

October 1, 2009 to September 30, 2010

| | FTE's (0.00) | Clients Units | Services | Quarterly Expenditure Plan | | | | State | County | Grand Total |
|--|-----------------|------------------|----------|----------------------------|-----------------------------|---------|---------|-----------|-----------|----------------|
| | | | | 1st | 2nd (Whole dollars only) | 3rd | 4th | | | |
| C. ENVIRONMENTAL HEALTH: | | | | | | | | | | |
| Facility Programs | | | | | | | | | | |
| TANNING FACILITY SERVICES(369) | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Group Total | 0.47 | 57 | 150 | 7,500 | 10,750 | 7,500 | 10,750 | 8,500 | 28,000 | 36,500 |
| Groundwater Contamination | | | | | | | | | | |
| STORAGE TANK COMPLIANCE(355) | 0.80 | 37 | 87 | 12,000 | 14,000 | 12,000 | 14,000 | 48,000 | 4,000 | 52,000 |
| SUPER ACT SERVICE (356) | 0.12 | 20 | 52 | 1,500 | 2,500 | 1,500 | 2,500 | 4,000 | 4,000 | 8,000 |
| Group Total | 0.92 | 57 | 139 | 13,500 | 16,500 | 13,500 | 16,500 | 52,000 | 8,000 | 60,000 |
| Community Hygiene | | | | | | | | | | |
| RADIOLOGICAL HEALTH(372) | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOXIC SUBSTANCES (373) | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 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 |
| INJURY PREVENTION (346) | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| LEAD MONITORING SERVICES(350) | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| PUBLIC SEWAGE (362) | 0.00 | 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) | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| RABIES SURVEILLANCE/CONTROL SERVICES (366) | 0.03 | 11 | 30 | 400 | 600 | 400 | 600 | 0 | 2,000 | 2,000 |
| ARBOVIRUS SURVEILLANCE(367) | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| RODENT/ARTHROPOD CONTROL (368) | 0.15 | 0 | 1 | 2,000 | 2,500 | 2,000 | 2,500 | 0 | 9,000 | 9,000 |
| WATER POLLUTION(370) | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| AIR POLLUTION(371) | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Group Total | 0.18 | 11 | 31 | 2,400 | 3,100 | 2,400 | 3,100 | 0 | 11,000 | 11,000 |
| ENVIRONMENTAL HEALTH SUBTOTAL | 2.82 | 246 | 787 | 43,150 | 55,100 | 43,150 | 55,100 | 60,500 | 136,000 | 196,500 |
| 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 | 36.54 | 15,933 | 50,412 | 554,102 | 655,552 | 564,102 | 657,131 | 1,262,669 | 1,168,218 | 2,430,887 |

ATTACHMENT III
JEFFERSON 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

FACILITIES UTILIZED BY THE JEFFERSON COUNTY HEALTH DEPARTMENT

| <u>Facility Description</u> | <u>Location</u> | <u>Owned By</u> |
|---|--|--|
| Jefferson County Health Department Clinic Building | 1255 West Washington St. Monticello, FL 32344 | Jefferson Board of County Commissioners |
| Jefferson County Health Department Annex Building | 1175 West Washington St. Monticello, FL 32344 | Jefferson Board of County Commissioners |

ATTACHMENT V
JEFFERSON COUNTY HEALTH DEPARTMENT

SPECIAL PROJECTS SAVINGS PLAN

IDENTIFY THE AMOUNT OF CASH THAT IS ANTICIPATED TO BE SET ASIDE ANNUALLY FOR THE PROJECT.

| <u>CONTRACT YEAR</u> | <u>STATE</u> | <u>COUNTY</u> | <u>TOTAL</u> |
|----------------------|--------------|---------------|--------------|
| 2006-2007 | \$ _____ | \$ _____ | \$ _____ - |
| 2007-2008 | \$ _____ | \$ _____ | \$ _____ - |
| 2008-2009 | \$ _____ | \$ _____ | \$ _____ - |
| 2009-2010 | \$ _____ - | _____ - | \$ _____ - |
| 2010-2011 | \$ _____ - | \$ _____ - | \$ _____ - |
| PROJECT TOTAL | \$ _____ - | \$ _____ - | \$ _____ - |

SPECIAL PROJECT CONSTRUCTION/RENOVATION PLAN

PROJECT NAME: _____

LOCATION/ ADDRESS: _____

PROJECT TYPE: NEW BUILDING _____ ROOFING _____
 RENOVATION _____ PLANNING STUDY _____
 NEW ADDITION _____ OTHER _____

SQUARE FOOTAGE: _____

PROJECT SUMMARY: *Describe scope of work in reasonable detail.*

ESTIMATED PROJECT INFORMATION:

START DATE *(initial expenditure of funds)*: _____

COMPLETION DATE: _____

DESIGN FEES: \$ _____

CONSTRUCTION COSTS: \$ _____

FURNITURE/EQUIPMENT \$ _____

TOTAL PROJECT COST: \$ _____ -

COST PER SQ FOOT: \$ _____ #DIV/0!

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

**ATTACHMENT VI
JEFFERSON CHD**

Primary Care

"Primary Care" as conceptualized for the county health departments and for the use of categorical Primary Care funds (revenue object code 015040) is defined as:

"Health care services for the prevention or treatment of acute or chronic medical conditions or minor injuries of individuals which is provided in a clinic setting and may include family planning and maternity care."

Indicate below the county health department programs that will be supported at least in part with categorical Primary Care funds this contract year:

- ☒ Comprehensive Child Health (229/29)
- ☒ Comprehensive Adult Health (237/37)
- ☐ Family Planning (223/23)
- ☐ Maternal Health/IPO (225/25)
- ☐ Laboratory (242/42)
- ☐ Pharmacy (241/93)
- ☐ Other Medical Treatment Program (please identify) _____

Describe the target population to be served with categorical Primary Care funds.

The majority of the population served suffers from chronic disease, primarily hypertension and diabetes. Clients served range from infants to adults, including men, women and children. The racial demographic of the population we serve is 48.8% black, 47.3% white, 2.5% Hispanic, and 1.4% other.

Does the health department intend to contract with other providers for the delivery of primary health care services using categorical (015011) Primary Care funds? If so, please identify the provider(s), describe the services to be delivered, and list the anticipated contractual amount by provider. In addition, contract providers are required to provide data on patients served and the services provided so that the patients may be registered and the service data entered into HCMS.




Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., M.P.H.
Secretary of Health

TO: Members of the Board of County Commissioners

DATE: September 1, 2009

SUBJECT: Resolution to Establish the Jefferson CHD 2008/2009 Fee Schedule

FROM: Kim Barnhill, Administrator 
Jefferson County Health Department

DESCRIPTIONS & CONDITIONS

The Jefferson County Health Department is submitting the attached Proposed Fee Schedule for approval by the Board of Commissioners. The Jefferson County Health Department requests that these fees be effective October 1, 2009. Pursuant to Florida Statutes, Section 154.06 (1), the Board of Commissioners must establish the fee schedule by resolution. As such, a copy of this Resolution shall be signed by the Chairman of the Board, attested by the Clerk of the Board, and recorded in Public Records of Jefferson County Florida.

ATTACHMENTS

2009/2010 Proposed Fee Schedule

Resolution No.

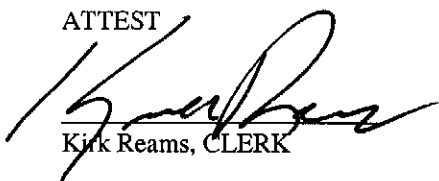
**A RESOLUTION OF THE BOARD OF COUNTY
COMMISSIONERS OF JEFFERSON COUNTY, FLORIDA,
ESTABLISHING A FEE SCHEDULE, FOR FEES TO BE
CHARGED AND COLLECTED BY THE JEFFERSON COUNTY
HEALTH UNIT.**

WHEREAS, the Board of County Commissioners of Jefferson County, Florida
Cooperation and participation with the Department of Health as per Chapter 154.06
and 402.33, Florida Statutes, has authorized the Jefferson County Health Department to
Collect and deposit fees to the Jefferson County Health Unit Trust Fund.

NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners
of Jefferson County, Florida, in regular session this 17th day of September, 2009 as follows:

1. The fees listed in Exhibit "A" attached hereto and made a part hereof by
reference, shall be instituted and imposed by the Jefferson County Health
Department.
2. This Resolution shall repeal all prior Resolutions inconsistent or in conflict
herewith.
3. A copy of this Resolution shall be signed by the Chairman of the Board,
Attested by the Clerk of the Board, and placed in the Public Records of Jefferson
County, Florida.
4. After placement in the public records, the clerk of the Board is hereby directed to forward a
Copy of this Resolution to the Jefferson County Health Department and the Florida
Department of Health.

ATTEST



Kirk Reams, CLERK

BOARD OF COUNTY COMMISSIONERS
OF JEFFERSON COUNTY, FLORIDA

BY: _____
Eugene C. Hall, CHAIRMAN

APPROVED AS TO FORM FOR THE
RELIANCE OF JEFFERSON COUNTY ONLY.

JEFFERSON COUNTY HEALTH DEPARTMENT

SLIDING FEE SCHEDULE

Effective October 1, 2009

MEDICAL FEES

Charges for Primary Care, Family Planning, OB Services and lab fees are provided on a sliding fee scale based on the household's income

Sliding fee rates are based on Health & Human Services Poverty Guidelines published annually in the Federal Register (Attachment B & C)

Medical services will NOT be refused if client is unable to pay.

CHD PRIMARY CARE PATIENT SERVICES

NEW PATIENT

| | | | | |
|--|----------|----------|----|--------|
| OFFICE VISIT - PROBLEM FOCUS | (10 min) | 99201 | \$ | 40.00 |
| OFFICE VISIT - EXPANDED HISTORY | (20 min) | 99202 | \$ | 70.00 |
| OFFICE VISIT - DETAILED VISIT | (30 min) | 99203 | \$ | 95.00 |
| OFFICE VISIT - HIGH HISTORY | (45 min) | 99204 | \$ | 135.00 |
| OFFICE VISIT - WELL CHILD 0-1 | | 99381 | \$ | 50.00 |
| OFFICE VISIT - WELL CHILD 1-4 | | 99382 | \$ | 50.00 |
| OFFICE VISIT - WELL CHILD 5-11 | | 99383 | \$ | 50.00 |
| OFFICE VISIT - WELL CHILD 12-17 | | 99384 | \$ | 50.00 |
| OFFICE VISIT - WELL CHILD 18-20 | | 99385 EP | \$ | 50.00 |
| OFFICE VISIT - ADULT HEALTH SCR 21-39 | | 99385 | \$ | 50.00 |
| OFFICE VISIT - ADULT HEALTH SCR 40-64 | | 99386 | \$ | 50.00 |
| OFFICE VISIT - ADULT HEALTH SCR 65 > YRS | | 99387 | \$ | 50.00 |

ESTABLISHED PATIENT

| | | | | |
|--|----------|----------|----|-------|
| OFFICE VISIT - PROBLEM FOCUS | (10 min) | 99211 | \$ | 30.00 |
| OFFICE VISIT - EXPANDED HISTORY | (20 min) | 99212 | \$ | 50.00 |
| OFFICE VISIT - DETAILED VISIT | (30 min) | 99213 | \$ | 65.00 |
| OFFICE VISIT - HIGH HISTORY | (45 min) | 99214 | \$ | 85.00 |
| OFFICE VISIT - WELL CHILD 0-1 | | 99391 | \$ | 40.00 |
| OFFICE VISIT - WELL CHILD 1-4 | | 99392 | \$ | 40.00 |
| OFFICE VISIT - WELL CHILD 5-11 | | 99393 | \$ | 40.00 |
| OFFICE VISIT - WELL CHILD 12-17 | | 99394 | \$ | 40.00 |
| OFFICE VISIT - WELL CHILD 18-20 | | 99395 EP | \$ | 40.00 |
| OFFICE VISIT - ADULT HEALTH SCR 21-39 | | 99395 | \$ | 40.00 |
| OFFICE VISIT - ADULT HEALTH SCR 40-64 | | 99396 | \$ | 40.00 |
| OFFICE VISIT - ADULT HEALTH SCR 65 > YRS | | 99397 | \$ | 40.00 |

CHD FAMILY PLANNING PATIENT SERVICES

All Family Planning Services includes Labs

| | | | | | |
|----------------------------------|-------|----------|----|--------|---------------------|
| FAMILY PLANNING INITIAL EXAM | 5-11 | 99383 FP | \$ | 125.00 | |
| FAMILY PLANNING INITIAL EXAM | 12-17 | 99384 FP | \$ | 125.00 | |
| FAMILY PLANNING INITIAL EXAM | 18-39 | 99385 FP | \$ | 125.00 | |
| FAMILY PLANNING INITIAL EXAM | 40-64 | 99386 FP | \$ | 125.00 | |
| FAMILY PLANNING ANNUAL EXAM | 5-11 | 99393 FP | \$ | 100.00 | |
| FAMILY PLANNING ANNUAL EXAM | 12-17 | 99394 FP | \$ | 100.00 | |
| FAMILY PLANNING ANNUAL EXAM | 18-39 | 99395 FP | \$ | 100.00 | |
| FAMILY PLANNING ANNUAL EXAM | 40-64 | 99396 FP | \$ | 100.00 | |
| FAMILY PLANNING REPEAT PAP ONLY | | 99403 FP | \$ | 55.00 | |
| FAMILY PLANNING BREAST EXAM ONLY | | 99212 | \$ | 50.00 | |
| COUNSELING / PROBLEM VISIT | | 99403 FP | \$ | 60.00 | |
| SUPPLY VISIT | | 99211 FP | \$ | 60.00 | |
| IUD INSERTION | | 58300 | \$ | 125.00 | (plus cost of kit) |
| IUD REMOVAL | | 58301 | \$ | 60.00 | |
| PROGESTERONE IMPLANT INSERTION | | 11975 | \$ | 125.00 | |
| PROGESTERONE IMPLANT REMOVAL | | 11976 | \$ | 125.00 | |

(OFFICE VISIT CHARGE INCLUDES STATE AND STATE CONTRACTED LAB SERVICES

ANY NON-CONTRACTED LABS WILL HAVE AN ADDITIONAL FEE AND ARE NOT ON SLIDING FEE SCALE)

CHD OB PATIENT SERVICES

| | | |
|----------------------|----|--------|
| PRENATAL VISIT | \$ | 100.00 |
| POST PARTUM VISIT | \$ | 100.00 |
| OBSTETRIC ULTRASOUND | | |

| | |
|--|---------|
| INSULIN (WITH PHYSICIANS PRESCRIPTION) | \$14.00 |
|--|---------|

JEFFERSON COUNTY HEALTH DEPARTMENT

SET FEE SCHEDULE

Effective October 1, 2009

ADULT IMMUNIZATIONS

| | |
|---|-------------------------|
| HEP A SERIES (2) \$30.00 EACH OR SERIES | \$ 60.00 |
| HEP B SERIES (3) \$60.00 EACH OR SERIES | \$ 180.00 |
| INFLUENZA | \$ 20.00 |
| MMR | \$ 55.00 |
| PNEUMONIA | \$ 30.00 |
| RABIES (PRE & POST) | Current pharmacy charge |
| TB Skin Test & Reading | \$ 10.00 |
| TB Skin Test - Read Only | \$ 5.00 |
| TETANUS - TD | \$ 25.00 |
| MENACTRA (MENINGITIS) | \$ 100.00 |
| ZOSTAVAX | \$ 160.00 |
| GARDASIL (3) \$130 PER DOSE >18 YEARS | \$ 390.00 |

OTHER SERVICES

| | |
|---|---|
| PHYSICALS(drug testing or EKG extra charge) | \$ 40.00 |
| DOT PHYSICALS (drug testing or EKG extra charge) | \$ 50.00 |
| DRUG TESTING | \$ 30.00 |
| EKG | \$ 50.00 |
| IN-HOUSE PHYSICIAN PROCEDURE (Wound Drainage/Mole Removal) | \$ 25.00 |
| JOINT INJECTIONS | \$ 50.00 |
| BIOPSY | \$50.00 (outside lab will bill patient for lab) |
| COLPOSCOPY (fee due at time service rendered) | \$ 125.00 (outside lab will bill patient for lab & pap) |
| FEMALE HEALTH SCREEN (exam & pap) | \$ 40.00 |
| BLOOD DRAW | \$ 10.00 |
| FINGER STICK (Hemoglobin/Blood Sugar Check) | \$ 5.00 |
| MICROALBUMIN (IN HOUSE ONLY) | \$ 5.00 |
| A1C HEMOGLOBIN (IN HOUSE ONLY) | \$ 10.00 |
| HEMOCULT | \$ 10.00 |
| HEP B titer | \$ 20.00 current lab charge |
| RAPID STREP TESTING | \$ 5.00 |
| GLUCOSE STRIPS (per box) | \$ 17.00 (or current market cost) |
| LANCETS (\$2 PER BOX) | \$ 2.00 (or current market cost) |
| PRESCRIPTION ASSISTANCE PROGRAM Per Prescription | \$ 10.00 |
| INJECTIONS (with patient own medication) | \$ 15.00 |
| PREGNANCY TEST (service NOT denied due to inability to pay) 99211TD | \$ 10.00 |
| MMR IMMUNITY PROFILE | \$ 25.00 |
| VARICELLA TITER | \$ 25.00 |
| RUBELLA TITER | \$ 15.00 |
| VARICELLA IMMUNE STATUS | \$ 10.00 |
| RUBELLA IMMUNE STATUS | \$ 10.00 |
| CAR SEAT (per seat) with 1 hour class | \$ 10.00 |
| INFANT CRIBS (per crib) with 1 hour class | \$ 10.00 |
| COPY FEE | \$ 0.20 |
| RETURN CHECK FEE | \$25/\$35/\$50 pending amount of check |

VITAL STATISTICS

| | |
|--|----------|
| FLORIDA BIRTH CERTIFICATE | |
| FLORIDA BIRTH CERTIFICATE | \$ 12.00 |
| ADDITIONAL BIRTH CERTIFICATE | \$ 12.00 |
| DEATH CERTIFICATES (Death occurred in County) | \$ 12.00 |
| EACH ADDITIONAL | \$ 12.00 |

ENVIRONMENTAL HEALTH SERVICES

| | |
|---|-----------|
| SEPTIC TANK - New application, repair, existing, modification | \$ 50.00 |
| SHIPPING FEE TO LAB | \$ 10.00 |
| WATER SAMPLE TEST - (Self collected) each sample | \$ 20.00 |
| GROUP CARE FACILITY ANNUAL FEE | \$ 75.00 |
| PUBLIC & PRIVATE SCHOOL < 100 STUDENTS ANNUAL FEE | \$ 100.00 |
| PUBLIC & PRIVATE SCHOOL > 100 STUDENTS ANNUAL FEE | \$ 200.00 |
| CHILD CARE FACILITIES ANNUAL FEE | \$ 150.00 |
| REINSPECTION FEE (2ND VISIT AND ANY ADDITIONAL) | \$ 50.00 |

FREE SERVICES

| |
|---------------------------------------|
| CHILDHOOD IMMUNIZATIONS (AGES 0 - 18) |
| BLOOD PRESSURE screening |
| HIV ANTIBODY SCREENING |
| TB - CASE CONTACT TESTING |
| STD CASE CONTACT/HIGH-RISK TESTING |

**Jefferson CHD
Fee Schedule
Dental Program
Effective 10/1/09**

INCOME GUIDELINES:

Diagnostics

**100%
Current**

**100%
Proposed**

**50%
Proposed**

| | | | | |
|-------|--|---------|---------|----------|
| D0120 | Periodic Exam (INCLUDING NECESSARY XRAYs) | \$50.00 | \$60.00 | \$30.00 |
| D0140 | Limited/Emergency Exam (INCLUDING NECESSARY XRAYs) | \$46.00 | \$70.00 | \$35.00 |
| D0145 | Cursory Oral Exam (under 3yrs old) - includes fluoride varnish | \$20.00 | \$30.00 | \$15.00 |
| D0150 | Comprehensive Exam (INCLUDING NECESSARY XRAYs) | \$70.00 | \$90.00 | No Slide |
| D0180 | Periodontal Evaluation (no x-rays) | | \$50.00 | No Slide |
| D9230 | Analgesia, Anxiolysis, Inhalation of Nitrous Oxide | \$56.00 | \$60.00 | \$30.00 |

Radiographs

| | | | | |
|-------|---|---------|---------|---------|
| D0210 | FMX (14 PA, 4BW) | \$80.00 | \$80.00 | \$40.00 |
| D0220 | PA, first film | \$16.00 | \$20.00 | \$10.00 |
| D0230 | PA additional films | \$10.00 | \$16.00 | \$8.00 |
| D0240 | Occlusal film | \$16.00 | \$20.00 | \$10.00 |
| D0270 | Bitewing x-ray, single film | \$16.00 | \$20.00 | \$10.00 |
| D0272 | Bitewing x-ray, two films | \$30.00 | \$30.00 | \$15.00 |
| D0274 | Bitewing x-ray, four films | \$40.00 | \$40.00 | \$20.00 |
| D0330 | Panoramic film (includes additional x-rays as needed) | | \$80.00 | \$40.00 |
| D0350 | Oral/Facial Photographic Images | \$14.00 | \$14.00 | \$7.00 |

Preventive

| | | | | |
|-------|--|---------|----------|----------|
| D1110 | Adult prophyl | \$50.00 | \$50.00 | No Slide |
| D1120 | Child Prophyl - Oral Health Instruction & Fluoride | \$40.00 | \$40.00 | No Slide |
| D1203 | Child topical application of fluoride | \$22.00 | \$22.00 | \$11.00 |
| D1204 | Adult Topical Application of Fluoride | \$22.00 | \$22.00 | \$11.00 |
| D1206 | Topical Fluoride Varnish | | \$22.00 | \$11.00 |
| D1330 | Oral Hygiene Instruction (when administered by itself) | \$12.00 | \$12.00 | No Slide |
| D1351 | Sealant, per quadrant | \$26.00 | \$30.00 | \$15.00 |
| D1510 | Space Maintainer, uni-lateral, fixed | | \$150.00 | \$75.00 |
| D1515 | Space Maintainer, bi-lateral, fixed | | \$240.00 | \$120.00 |
| D1550 | Re-cement Space Maintainer \$40 - \$80 | | \$36.00 | \$18.00 |

Restorative

| | | | | |
|-------|---|----------|----------|----------|
| D2140 | Amalgam-1 surface, permanent | \$62.00 | \$70.00 | \$35.00 |
| D2150 | Amalgam-2 surfaces, permanent | \$82.00 | \$86.00 | \$43.00 |
| D2160 | Amalgam-3 surfaces, permanent | \$102.00 | \$110.00 | \$55.00 |
| D2161 | Amalgam-4 or more surfaces, permanent | \$130.00 | \$130.00 | \$65.00 |
| D2330 | Resin-1 surface, anterior | \$80.00 | \$80.00 | \$40.00 |
| D2331 | Resin-2 surfaces, anterior | \$100.00 | \$100.00 | \$50.00 |
| D2332 | Resin-3 surfaces, anterior | \$120.00 | \$120.00 | \$60.00 |
| D2335 | Resin, 4 + surfaces, anterior | \$144.00 | \$144.00 | \$72.00 |
| D2390 | Resin-based composite crown, anterior (perm. Teeth) | | \$248.00 | \$124.00 |
| D2390 | Resin strip crown, primary | \$150.00 | \$100.00 | \$50.00 |
| D2391 | Resin, 1 surface, posterior | \$90.00 | \$90.00 | \$45.00 |
| D2392 | Resin, 2 surface, posterior | \$100.00 | \$100.00 | \$50.00 |
| D2393 | Resin, 3 surface, posterior | \$120.00 | \$120.00 | \$60.00 |
| D2394 | Resin, 4+ surfaces, posterior | \$140.00 | \$240.00 | \$120.00 |

Other Restorative Services

| | | | | |
|-------|-----------------------|--|----------|---------|
| D2930 | Stainless steel crown | | \$150.00 | \$75.00 |
| D2940 | Sedative filling | | \$60.00 | \$30.00 |

**Jefferson CHD
Fee Schedule
Dental Program
Effective 10/1/09**

Endodontic Procedures

| | | | | |
|-------|-------------------|--|----------|---------|
| D3110 | Direct pulp cap | | \$30.00 | \$15.00 |
| D3120 | Indirect pulp cap | | \$30.00 | \$15.00 |
| D3220 | Pulpotomy | | \$100.00 | \$50.00 |

Periodontics

| | | | | |
|-------|---|----------|----------|----------|
| D4341 | Scaling and root planning, per quadrant | \$100.00 | \$120.00 | \$60.00 |
| D4342 | Scaling and root planning, 1-3 per quadrant | \$50.00 | \$90.00 | \$45.00 |
| D4355 | Gross Debridement | \$60.00 | \$60.00 | No Slide |
| D4910 | Supportive periodontal therapy | \$0.00 | \$60.00 | \$30.00 |

Removeable Prosthodontic Procedures

| | | | | |
|-------|---|--|----------|----------|
| D5110 | Complete maxillary denture - 5th Visit | | \$650.00 | No Slide |
| D5120 | Complete mandibular denture - Denture 5th Visit | | \$650.00 | No Slide |
| D5211 | Maxillary resin based partial - Denture 5th Visit | | \$650.00 | No Slide |
| D5212 | Mandibular resin based partial - Denture 5th Visit | | \$650.00 | No Slide |
| D5410 | Adjust maxillary complete denture | | \$50.00 | No Slide |
| D5411 | Adjust mandibular complete denture | | \$50.00 | No Slide |
| D5421 | Adjust maxillary partial denture | | \$50.00 | No Slide |
| D5422 | Adjust mandibular partial denture | | \$50.00 | No Slide |
| D5899 | Dentures in Progress - Visits 2, 3, & 4. Includes final impression, wax rims & try-in | | | |
| | | | | |
| | | | | |
| | <u>Other Fixed Partial Denture Services</u> | | | |
| D6930 | Re-cement fixed partial denture | | \$80.00 | No Slide |

Oral Surgery

| | | | | |
|-------|--|----------|----------|----------|
| D7111 | Extraction, coronal remnants - deciduous tooth | \$54.00 | \$54.00 | \$27.00 |
| D7140 | Extraction, erupted tooth or exposed root | \$70.00 | \$70.00 | \$35.00 |
| D7210 | Extraction, surgical removal of erupted tooth | \$150.00 | \$150.00 | \$75.00 |
| D7250 | Surgical Removal of Residual Tooth Roots | \$0.00 | \$110.00 | \$55.00 |
| D7286 | Soft Tissue Biopsy | | \$100.00 | No Slide |
| D7510 | Incise & Drainage of Abscess-intraoral soft tissue | \$94.00 | \$94.00 | \$47.00 |
| D7520 | Incise & Drainage of Abscess-extraoral soft tissue | \$134.00 | \$134.00 | \$67.00 |

Adjunctive General Services

| | | | | |
|-------|---|--------|----------|----------|
| D9110 | Palliative (Emergency) Treatment of Dental Pain-minor pro | \$0.00 | \$40.00 | \$20.00 |
| D9940 | Bite Guard | | \$275.00 | No Slide |



Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

INTEROFFICE MEMORANDUM

DATE:

TO: Gary J. Mahoney, Director
Division of Administration

FROM: Kim Barnhill, Administrator
Jefferson County Health Department


SUBJECT: Core Contract Certification

INFORMATION ONLY

- ☒ I certify that no changes have been made to the 2009-2010 Core Contract document or attachments by the Jefferson County Health Department.
- ☐ I certify that the following changes have been made to the 2009-2010 Core Contract document and attachments by the _____ County Health Department as follows:

| Page | Paragraph | Document Changes |
|------|-----------|--|
| | | (State exact changes to language or new language.) |
| | | |
| | | |
| | | |
| | | |

| Page | Section | Attachment Changes |
|------|---------|--|
| | | (State exact changes to language or format.) |
| | | |
| | | |
| | | |
| | | |



Signature (Administrator/Director)

9/11/09

Date

DRAFT

ORDINANCE NO. 2009-

AN ORDINANCE CREATING THE ECONOMIC DEVELOPMENT FUND TO BE USED TO INDUCE BUSINESS DEVELOPMENT WITHIN JEFFERSON COUNTY; PROVIDING FOR LEGISLATIVE FINDINGS; PROVIDING FOR THE SOURCE AND USE OF FUNDS; PROVIDING FOR APPLICATION AND REVIEW PROCEDURES; PROVIDING FOR GRANT AGREEMENTS, AUDITS AND ANNUAL REPORTS; PROVIDING FOR SEVERABILITY; AND PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS Jefferson County wishes to initiate an aggressive economic development program to diversity the local economy, provide for protection against economic recession and downturns, and create quality jobs for its residents; and

WHEREAS the establishment of the Economic Development Fund is necessary for Jefferson County to become competitive in attracting industries and businesses to the County and to provide incentives to existing industries and businesses that need assistance in expanding and creating new, quality jobs.

NOW, THEREFORE, BE IT ORDAINED BY THE BOARD OF COUNTY COMMISSIONERS OF JEFFERSON COUNTY, FLORIDA:

SECTION 1. FUND AUTHORIZED AND ESTABLISHED.

The Board of County Commissioners (the "Board") hereby creates a separate fund to be known and designated as the Economic Development Fund. The Economic Development Fund will be funded through appropriations from General Revenue, or other proper sources, and through additional funding as may be authorized by the Board.

SECTION 2. USE OF FUNDS.

Grants from the Economic Development Fund shall be made for the purpose of, among other things, promoting and fostering the economic development of Jefferson County, inducing additional investment through a new location or expansion of any industry of business, and bringing additional year-round payrolls to supplement the present economy. Such uses and purposes are hereby declared to be a County purpose.

SECTION 3. AMOUNT OF GRANT.

The availability and amount of grants from the Economic Development Fund shall be decided on a case-by-case basis by the Board based on the fund balance, the proposed use of the funds and other considerations deemed appropriate by the Board. Generally, the incentives will be based on job development and capital investment. An outline of types and amounts of incentives is attached as Exhibit "A", and is intended to be a basis for discussion. The Board shall have final discretion in the awarding of funds.

SECTION 4. POWERS OF BOARD WITH RESPECT TO FUND.

The Board may spend monies from the Economic Development fund directly or indirectly; and the Board may, at its discretion, make available all or part of such funds to the Jefferson County Economic Development Council, Inc., to be used by such Council solely for the purposes set forth in this ordinance and subject to such supervision, accounting and regulation as the Board may impose.

SECTION 5. GRANT APPLICATIONS.

Any business relocating to, or expanding within, Jefferson County may make application, on a form approved by the Board. Said grant application shall be submitted to the Jefferson County Economic Development Council, Inc., which is designated as the County's economic development representative. Applicants to the program must be recommended by the Jefferson County Economic Development Council to the Board, and the Board must approve the application. The Jefferson County Economic Development Council should consult with the Clerk of Court, Property Appraiser and other county departments to determine the availability of funds, to verify taxable values and to otherwise evaluate the application.

The Jefferson County Economic Development Council, Inc. shall provide the Board with quarterly reports detailing new jobs created and an analysis of the performance of the program.

SECTION 6. GRANT AGREEMENTS.

Each successful applicant shall execute a grant agreement approved by the Board, which shall include but not be limited to criteria and time frames for carrying out the grant requirements. Failure to comply with requirements of the grant agreement shall be considered a default and will result in the forfeiture of all funds paid to the grantee.

SECTION 7. RECORDS AND REPORTS.

Each grantee shall, in addition to other requirements in the grant agreement, document the use of funds and certify that funds have been expended in accordance with the grant agreement; create and maintain records of new jobs created; and supply to the Board all

records relating to the grant on an annual basis. For a period of five (5) years after execution of the grant agreement, the grantee must provide the Board with an annual status report of its business operations and must maintain all such records for five (5) years after termination of the grant.

SECTION 8. SEVERABILITY.

If any provision of this Ordinance or the application thereof to any person or circumstance is held invalid, it is the intent of the Board that such holding shall not affect any other provision of the Ordinance that may be given effect without the invalid provision or application and, to this end, the provisions of this Ordinance are declared severable.

SECTION 9. EFFECTIVE DATE. *(insert appropriate language)*

PASSED AND APPROVED IN OPEN SESSION THIS ____ DAY OF _____, 2009.

**BOARD OF COUNTY COMMISSIONERS
JEFFERSON COUNTY, FLORIDA**

ATTEST:

KIRK BRADLEY REAMS
Clerk of Circuit Court

BY: _____
GENE HALL
Chairman

JOB DEVELOPMENT INCENTIVES

1. To be eligible the applicant must create no less than five new, quality jobs. This applies to new and expanding businesses. The jobs must be created within 24 months of execution of the grant agreement.
2. Quality jobs are full-time jobs that:
 - Provide individual wages equal to or exceeding 70% of the Jefferson County average wage. (NOTE: In 2007, the Jefferson County average wage was \$29,211. The 70% adjustment equals \$20,447 or \$9.83/hr.)
 - Provide full-time, year-round employment for 90% of the total payroll.
 - Provide monetary employer-paid benefits equal to at least 20% of the adjusted annual salary. This may include health/life insurance, retirement, or other employee benefits.
3. Job development incentive amounts are not cumulative and are based on the Jefferson County adjusted wage, as produced by the Jefferson County Economic Development Council, as follows:

\$500 for each quality job with a salary equal to or greater than the Jefferson County adjusted wage.

\$1000 for each quality job with a salary equal to or greater than the Jefferson County average wage.

\$2000 for each quality job with a salary equal to or greater than the Jefferson County average wage, plus 15%.

CAPITAL INCENTIVES

1. Capital incentives shall be based on specified levels of capital investment in Jefferson County. Capital investments are defined as buildings, fixtures and improvements to real property and personal tangible property, specifically excluding inventory.
2. The rate for capital incentives is \$1000 per \$100,000 of real and personal tangible property value added to the tax roll. The incentives are available for a three-year period after verification that the additional value has been added to the tax roll.
3. The maximum capital incentive grant per applicant is \$50,000.

Exhibit "A"

METHOD OF PAYMENT

1. Job development incentives may be provided in the form of off-sets or direct payments. In cases where an applicant will incur permitting or development fees, utility connection fees or similar fees, the incentive will be paid in the form of an off-set against sums owed to the County. If the applicant will not incur such fees, the incentive will be paid in cash to the applicant. Verification of the applicant's quarterly payroll records (941 Forms) will be required prior to payment.
2. Capital improvement incentives shall be paid in the form of ad valorem tax credits, after verification of added value to the tax rolls.

Jefferson County Cooperative Extension Office
Monthly Report – Board of County Commissioners
August, 2009 (submitted to County Coordinator, September 9)

4-H Youth Activities

- JGL – North Florida Fair Meeting , August 10
- JGL – Meeting with Senior @ Jefferson County High School, August 13
- JGL – Workforce Plus Meeting, August 17
- JGL - BCC Budget Hearings, August 18
- JGL - Water Park Meeting, August 18
- JGL - Deliver Fruit Basket to 4-H Donors, August 19
- JGL - Extension Professional Association of Florida Planning Meeting, August 20
- JGL - Epsilon Sigma Phi Board Meeting, August 21
- JGL - BCC Budget Hearing, August 25
- JGL - Ag Adventure Meeting, August 25
- JGL - Safe and Nurturing Environment Committee Meeting, August 25
- JGL - Waters Street Park Meeting, August 25
- JGL - 4-H Leaders Council Meeting, August 27
- JGL - 4-H Staff Meeting, August 28
- JGL - Extension Professional Association of Florida Planning Meeting, August 31

Family & Consumer Sciences

- **POSITION IS CLOSED - APPLICATIONS ARE BEING SCREENED AT UF**

Agriculture and Natural Resources Activities

- JED - Small Farms and Alternative Enterprises Meeting; Kissimmee, August 1&2
- JED - Big Bend Horsemen's Association Show, August 8
- JED - Big Bend Horsemen's Association Meeting, August 10
- JED - Jefferson County Soil and Water Conservation Board Meeting, August 13
- JED - Weed Identification In-Service Training; Micanopy, August 14
- JED - Dove and Waterfowl FL-GA Wildlife Update Series Pinckney Hill Plantation, August 21
- JED - Florida Pecan Growers Association Meeting; Monticello, August 27
- JED –Leon-Jefferson Equine series; Monticello, August 27
- JED - Florida Barrel Horse event Tall Oaks Arena, August 29
- JED - Extension Professional Association of Florida, Orlando, August 31

Ongoing- Plant pest identification; weed ID; soil test interpretation; forage field visits;

Planning- Leon-Jefferson Equine Series; NW district Equine Series (Polycom) SEP-OCT; GA-FL Wildlife Habitat Update series SEP-NOV; Florida Pecan Growers' Annual Meeting

Administrative and Other Activities, Faculty and Staff

- JGL - Dept Heads Meeting, August 21
- JGL - BCC Budget Hearing, August 25
- JGL - BCC Budget Hearing, August 27
- JGL - 4-H Staff Meeting, August 28

Memorandum

Date: September 10, 2009

**To: Roy Schleicher/County Coordinator
County Commissioners**

From: Beth Thorne

Subject: Monthly Report for August

| | | |
|-----------------------|------------------|--------------------|
| Revenue from: | Recyclables | \$ 2,313.45 |
| | Roll-off Rentals | \$ 400.00 |
| | Refuse Billing | <u>\$ 1,775.00</u> |
| Total Month Revenues: | | \$ 4,448.45 |

| | | |
|---------------------------|----------------------|-------|
| Manned Site Tonnage from: | Aucilla Site | 28.96 |
| | Bassett Site | 25.80 |
| | Fulford Site | 16.69 |
| | Lamont Site | 30.03 |
| | Lloyd Site | 78.24 |
| | Nash Site | 58.79 |
| | New Monticello Site | 63.80 |
| | Main Office Site | 14.59 |
| | Pinckney Hill Site | 15.40 |
| | Recreation Park Site | 57.11 |
| | Tyson Road Site | 36.11 |
| | Wacissa Site | 45.54 |
| | Waste Tires | 23.18 |

| | |
|-----------------------------|-----------------------|
| Landfill Budgeted Amount: | \$1,658,644.00 |
| Current Month Expenditures: | \$ 23,888.97 |
| Year-to-date Expenditures: | <u>\$1,169,358.28</u> |
| Remaining Balance: | \$ 489,285.72 |

| | |
|-----------------------------|---------------------|
| Refuse Budgeted Amount: | \$248,892.00 |
| Current Month Expenditures: | \$ 21,240.60 |
| Year-to-date Expenditures: | <u>\$188,489.57</u> |
| Remaining Balance: | \$ 60,402.43 |

| | |
|---------------------------------|--------------------|
| Animal Control Budgeted Amount: | \$17,000.00 |
| Year-to-date Expenditures: | \$15,251.72 |
| Year-to-date Revenues: | <u>\$ 2,025.00</u> |
| Remaining Balance: | \$ 1,748.28 |

**JEFFERSON
COUNTY ROAD
DEPARTMENT**

Memo

To: Jefferson County Board of County Commissioners

From: David R. Harvey, Road Superintendent

Date: September 8, 2009

Re: Informational Item – Road Department Summary of Monthly Activities for August 2009

General Roadway and Drainage Maintenance

- A) Routine road surface grading, stabilization and ditch maintenance activities were conducted on 128 County Roads. Work on many roads was conducted up to 2 times during the month.
- B) Right-of-way brushing and trimming on 8 Roads. Mowing on 51 roads.
- C) Patching also occurred on 9 roadways.

Driveway Connections

A total of 5 driveways were inspected.

Roadway and Drainage Reconstruction

Tropical Storm Fay road work on Limestone Rd and Indian Hills Rd.

Other Activities

Two (2) inmate crew from the Jefferson Correctional Institute did bridge work, put out silk fence, mowed election office, extension office, courthouse, cemeteries and Lloyd Park, cleaned ditches, patched roads, cleaned office, cleaned out pipes, replaced a mailbox, cut trees, cut around curves, guard rails, pipes and signs, picked up trash.

JEFFERSON COUNTY/CITY OF MONTICELLO

BUILDING INSPECTION AND CONTRACTOR LICENSING

445 WEST PALMER MILL ROAD (*) MONTICELLO, FLORIDA 32344

Phone: (850) 342-0223

Fax: (850) 342-0225

MONTHLY REPORT

| August 2009 | | August 2008 | |
|---------------------|------------|---------------------|------------|
| | | | |
| Building | 15 | Building | 8 |
| Electrical | 18 | Electrical | 11 |
| Plumbing | 9 | Plumbing | 1 |
| Mechanical | 7 | Mechanical | 8 |
| Mobile Homes | 2 | Mobile Homes | 4 |
| Relocate | 1 | Relocate | 0 |
| Demolish | 0 | Demolish | 0 |
| Miscellaneous | 2 | Miscellaneous | 2 |
| | | | |
| City Permit | 19 | City Permits | 7 |
| City Fees | \$1,510.00 | City Fees | \$1,090.00 |
| County Permits | 35 | County Permits | 27 |
| County Fees | \$5,515.39 | County Fees | \$5,445.11 |
| | | | |
| Total | | Total | |
| City/County Permits | 54 | City/County Permits | 34 |
| City/County Fees | \$7,025.39 | City/County Fees | \$6,535.11 |

| August 2009 | | August 2008 | |
|---------------------------|-------------------|---------------------------|-------------------|
| | | | |
| Radon Fee | \$298.68 | Radon Fee | \$85.64 |
| Building Permit Fee | \$6,241.71 | Building Permit Fee | \$5,484.47 |
| Mobile Home Permit Fee | \$485.00 | Mobile Home Permit Fee | \$965.00 |
| Home Inspections Fee | \$0.00 | Home Inspections Fee | \$0.00 |
| Contractor Licenses Fee | \$445.00 | Contractor Licenses Fee | \$1,030.00 |
| Business & Home Occup Fee | \$0.00 | Business & Home Occup Fee | \$300.00 |
| | | | |
| Total | \$7,470.39 | Total | \$7,865.11 |

| August 2009 | | August 2008 | |
|---|-----------|---|-----------|
| | | | |
| New Construction Permits (Residential) | 3 | New Construction Permits (Residential) | 3 |
| Commercial Permits (Non-Residential) | 1 | Commercial Permits (Non-Residential) | 0 |
| Mobile Home Permits | 2 | Mobile Home Permits | 4 |
| Repair & Addition Permits | 47 | Repair & Addition Permits | 25 |
| Miscellaneous Permits (Sheds, Workshop, Signs, Bams, Pools) | 1 | Miscellaneous Permits (Sheds, Workshop, Signs, Bams, Pools) | 2 |
| Total | 54 | Total | 34 |
| | | | |
| Valuation | | Valuation | |
| Valuation Home Permits | \$415,480 | Valuation Home Permits | \$482,973 |
| Valuation Commercial Permits | \$1,800 | Valuation Commercial Permits | \$0 |
| Valuation Other Permits (Including Additions, Re-roof, & Non-Residential Structures) | \$118,218 | Valuation Other Permits (Including Additions, Re-roof, & Non-Residential Structures) | \$139,615 |

JEFFERSON COUNTY PLANNING AND ZONING DEPARTMENT

445 WEST PALMER MILL ROAD (*) MONTICELLO, FLORIDA 32344

Phone: (850) 342-0223
Fax: (850) 342-0225

| August 2009 | | August 2008 | |
|--|-------------------|---|-------------------|
| | | | |
| Zoning Verification Fee | \$0.00 | Zoning Verification Fee | \$0.00 |
| Simple Lot Split Fee | 100.00 | Simple Lot Split Fee | \$0.00 |
| Family Subdivision Fee | \$0.00 | Family Subdivision Fee | \$0.00 |
| Minor Development Fee | \$0.00 | Minor Development Fee | \$0.00 |
| Major Development Fee | \$0.00 | Major Development Fee | \$0.00 |
| Variance Fee | \$0.00 | Variance Fee | \$0.00 |
| Minor Re-plat Fee | \$200.00 | Minor Re-plat Fee | \$0.00 |
| Comp Plan Amendment Fee | \$0.00 | Comp Plan Amendment Fee | \$0.00 |
| Development Permits Fee (Mobile Homes) | \$435.00 | Development Permits Fee (Mobile Homes) | \$1,005.00 |
| Development Permits Fee (Residential) | \$2,531.83 | Development Permits Fee (Residential) | \$2,006.68 |
| Development Permits Fee (Commercial) | \$0.00 | Development Permits Fee (Commercial) | \$0.00 |
| Development Permits Fee (Misc: Sheds, Workshop, Signs, Barns, Pools, Septic, Temp RV, Temp Use) | \$300.00 | Development Permits Fee (Misc: Sheds, Workshop, Signs, Barns, Pools, Septic, Temp RV, Temp Use) | \$400.00 |
| | | | |
| Total | \$3,566.83 | Total | \$3,411.68 |

| August 2009 | | August 2008 | |
|---|-----------|---|-----------|
| Simple Lot Splits (No. Lots Created _____) | 1 | Simple Lot Splits (No. Lots Created _____) | 0 |
| Family Subdivisions (No. Lots Created _____) | 0 | Family Subdivisions (No. Lots Created _____) | 0 |
| Minor Development (No. Lots Created _____) | 0 | Minor Development (No. Lots Created _____) | 0 |
| Major Development (No. Lots Created _____) | 0 | Major Development (No. Lots Created _____) | 0 |
| Variance | 0 | Variance | 0 |
| Minor Replats | 2 | Minor Replats | 0 |
| Comp. Plan Amendments | 0 | Comp. Plan Amendments | 0 |
| Development Permits (Mobile Homes) | 2 | Development Permits (Mobile Homes) | 0 |
| Development Permits (Residential) | 4 | Development Permits (Residential) | 3 |
| Development Permits (Commercial) | 0 | Development Permits (Commercial) | 0 |
| Development Permits (Misc: Sheds, Workshop, Signs, Barns, Pools, Septic, Temp RV, Temp Use) | 2 | Development Permits (Misc: Sheds, Workshop, Signs, Barns, Pools, Septic, Temp RV, Temp Use) | 3 |
| | | | |
| Total | 11 | Total | 10 |

| August 2009 | | August 2008 | |
|------------------------------|-------------------|------------------------------|--------------------|
| | | | |
| Emergency Medical Impact Fee | \$247.44 | Emergency Medical Impact Fee | \$371.16 |
| Fire/Rescue Impact Fee | \$192.64 | Fire/Rescue Impact Fee | \$288.96 |
| Transportation Impact Fee | \$0.00 | Transportation Impact Fee | \$7,395.00 |
| Law Enforcement Impact Fee | \$0.00 | Law Enforcement Impact Fee | \$1,443.75 |
| | | | |
| 911 Address Fee | \$500.00 | 911 Address Fee | \$700.00 |
| Driveway Permit Fee | \$159.00 | Driveway Permit Fee | \$530.00 |
| | | | |
| Total | \$1,099.08 | Total | \$10,728.87 |



Jefferson County Parks and Recreation Department

"Where EveryBODY Plays"

Recreation Park- 1380 Mamie Scott Drive -850-342 0240 Mike Holm Park Manager
College Park – 2726 West Washington Street- no phone or manager at this time.
River Park – no phone or manager at this time (planning stage)

Monthly Report

August- 2009

Recreational Park

Registration for Flag football and Cheerleading took place during the month of August. Turnout was great with over 30 players for football and 10 for cheerleading. Work continues to go on at the park.

A Halloween activity is scheduled to take place at the Recreational Park on October 30th Friday evening together with Perry Grantham as a fund raiser for his charity and for the Parks Department.

College Park

Work at College park continues waiting for the Road Department to finish the work. The drainage still needs to be addressed around the arena and the road to the parking area.

A meeting was held with Silver Spurs Rodeo from Osceola County. Representatives from the Rodeo visited the site and we discussed the possibilities of a Rodeo here in Jefferson County at College Park. We are looking for a date next fall, it will be a two evening event Friday and Saturday nights. They stated that lighting and seating were the major items that would be needed but stated that those items could be rented.

They also stated that we could anticipate a crowd of 5,000 per event. They left a packet with us to review stating the cost to the county.

I have asked Commissioner Hines Boyd to set a meeting with North Florida Community College (Pat Garner), Roy and or John, and myself to discuss the rumors on the street and to eliminate them all. I also asked Commissioner Boyd to be present at this meeting. (No time or date has been set as if this time

River Park

The facility is inspected on a weekly basis to insure the area is maintained and kept clean by the Parks and Recreational Department.

A request was made on Friday before the labor day weekend to cut the grass at the river, which such late notice it was not possible to do.

Submitted by,

Henry G. Gohlke

9/09/09

Board of County Commissioners
Jefferson County, Florida
Room 10, County Courthouse, Monticello, Florida 32344

The Keystone County - Established 1827

| | | | | |
|----------------------------------|-----------------------------------|-----------------------------|------------------------------------|---------------------------------|
| Stephen G. Fulford District 1 | Gene C. Hall District 2, Chair | Hines F. Boyd District 3 | Felix "Skeet" Joyner District 4 | Danny Monroe, III District 5 |
|----------------------------------|-----------------------------------|-----------------------------|------------------------------------|---------------------------------|

DATE: For September 17, 2009 BOCC meeting agenda

TO: County Commissioners

CC: Final calendar to be sent to the Constitutional Officers

FROM: Roy Schleicher

RE: Office Closure Schedule for Fiscal Year 2009/2010 - **DRAFT for BOCC consideration 9/17/09**

The scheduled Jefferson County Government office closings for Fiscal Year October 1, 2009 to September 30, 2010 are -

- | | |
|--|--|
| 1. Veteran's Day | Wednesday, November 11, 2009 |
| 2. Thanksgiving Day | Thursday, November 26, 2009 |
| 3. Day after Thanksgiving Day | Friday, November 27, 2009 |
| 4. Christmas Day | Friday, December 25, 2009 |
| 5. Day before or day after Christmas Day (Dec. 24 or Dec. 26)* | Thursday, December 24, 2009 <u>OR</u> Monday, December 28, 2009 |
| 6. New Years Day | Friday, January 1, 2010 |
| 7. Martin Luther King, Jr. Birthday | Monday, January 18, 2010 |
| 8. Good Friday | Friday, April 2, 2010 |
| 9. Memorial Day | Monday, May 31, 2010 |
| 10. Independence Day | Monday, July 5, 2010 (Observed) |
| 11. Labor Day | Monday, September 6, 2010 |

* By Personnel Policy the Board of County Commissioners determines the day before or the day after Christmas Day as the employee's day off.

Kirk Reams
Clerk of Courts 850/342-0218

Roy Schleicher
County Coordinator 850/342-0287
