



BOARD OF COUNTY COMMISSIONERS

THE KEYSTONE COUNTY-ESTABLISHED 1827

435 W. Walnut St., Monticello, Florida 32344

**Benjamin "Benny"
Bishop**
District 1

John Nelson, Sr.
District 2

Hines F. Boyd
District 3

Betsy Barfield
District 4

Stephen Walker
District 5

**Regular Session Agenda
October 15, 2013 at the Courthouse Annex
435 W. Walnut St. Monticello, FL 32344**

1. **6:00 P.M. – Call to Order, Invocation, Pledge of Allegiance**
2. **Public Announcements, Presentations, & Awards**
 - a) **Volunteer Firefighter Training Program** – Mike Long
 - b) **Heritage Roads Committee Presentation** – Troy Avera
3. **Consent Agenda**
 - a) **Approval of Agenda**
 - b) **Meridian SHIP Program Contract Addendum**
4. **Citizens Request & Input on Non-Agenda Items (3 Minute Limit, No Commissioner Discussion)**
5. **General Business**
 - a) **Jefferson County Health Department-Contract/Fee Schedule** – Kim Allbritton/Colleen Harmon
 - b) **Granny Flat Tax Ordinance** – Attorney Buck Bird
 - c) **Small Business Development Consulting Contract** – Comm. Boyd/Julie Conley
 - d) **Redistricting Map Selection** – Commissioners
 - e) **County Coordinator Contract Extension** – Chairman Nelson
6. **County Coordinator's Report**
 - a) **Fire Assessment Rate Selection** – Parrish Barwick
7. **Citizen's Forum (3 Minute Limit, Commissioner Discussion Allowed)**
8. **Commissioner Discussion Items**
9. **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.

Kirk Reams
Clerk of Courts

Parrish Barwick
County Coordinator

Bird & Sparkman, P.A.
County Attorney
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ITEM 2: PUBLIC ANNOUNCEMENTS, PRESENTATIONS, & AWARDS

**HERITAGE ROAD COMMITTEE
REPORT TO JEFFERSON COUNTY BOCC
October 15, 2013**

Request: Consensus and/or Resolution Adopting Heritage Road System, Designing Specific Heritage Roads, and Approving Distinctive Signs for the Heritage Road System.

Narrative: The Heritage Road Committee (“HRC”) proposed adoption of a Heritage Road System (Map, Appendix A), with additional canopy roads (Proposed Heritage Road List, Appendix B) to be in a new HR code section or as an amendment to the existing Land Use Code.

It is the Committee’s belief that the adoption of the Heritage Road System will provide both a cultural benefit to the residents of Jefferson County and provide an economic benefit with increased Heritage Tourism, with very little cost to the County.

Heritage Roads are more than just canopy roads, they are glimpses of who we were as a community and they are pathways to what how we want our County to look like and what we want our County to be. Jefferson County has some of the most interestingly diverse topography, some of the most scenic rolling hills, with its farms, ranches, and timber lands, and dramatic drop to the Flatwoods at the Cody escarpment and we still have a handful of untouched roads with sections of

beautiful canopies. Our Heritage Roads should include the exploits of early explorers (Native Americans, Spanish, English and early settlers), and also the agriculture, timber, and ranching history and also the historic sites in our County.

The HRC, has proposed a Heritage Road System, consisting of four named Trails (Proposed Heritage Road System, Appendix C: 1) Miccosukee-Magnolia Trail (NW); 2) Plantation Trail (NE); 3) Spanish Trail (Mid); and 4) Flatwoods-Wilderness Trail (SO)). The system includes designated canopy roads and scenic roads. Each of the proposed routes was constructed to travel the best of the canopy and scenic roads in the area, and to touch on as many of the historic sites and points of interest as well as travel through all the towns and communities in the County. The HRC has cataloged all the points of interest, historic sites and other attractions and included them as rationales for choosing the particular routes.

The proposed Heritage Road System, with its list the points and sites of interest, can be used to print brochures and also construct a Web Site for use by visitors and county residents to explore Jefferson County.

A distinctive color for the road signs for Heritage Road Trails, distinctive color for each route, is also being proposed, where permitted and appropriate to reduce any confusion in following the route. It will also serve to identify them to the residents of the County and perhaps increase pride in the history of our county.

HERITAGE ROAD COMMITTEE PROPOSED HERITAGE ROADS

Present Canopy Roads - As Designated in Jefferson County Land Use Code

1. Whitehouse Road
2. WPA Road
3. Tecumseh Road
4. Maloy Landing
5. Avalon Road

Potential Heritage Canopy or Canopy Road Candidates

1. Bippus Road*
2. Gum Swamp Road*
3. South Barber Road (Old St. Augustine Loop (Lamont))*
4. North Barber Road (Old St. Augustine Loop (Lamont))
5. Old St. Augustine Road (West of Wakeenah)*
6. West Lake Road
7. Brock Road
8. Groover Road
9. Oetinger Road
10. Cocroft Road
11. Georgia Forks Road
12. Simpson Road
13. West US. 90 (Mahan Drive)
14. East Dogwood (Avenue of Oaks)

Potential Heritage Road Routes/Loops

1. Northwest: Miccosukee-Magnolia Trail
2. Northeast: Plantation Trail
3. Central: Spanish Trace
4. South: Flatwoods Wilderness Trail

HERITAGE ROAD COMMITTEE
Northwest Proposed Loop
MAGNOLIA-MICCOSUKEE TRAIL Rev 10/03/13

	ROAD	TYPE	HISTORIC SITES	RATIONALES
1.	West Lake	C/S	Hopkins Landing Wards Creek, Festus, May Pond, Green Star Nursery, Churches, Junius Hill, Ford Chapel, Union Branch AME,	
2.	Lake	S	Norias Plantation Mount Olive Cemetery	Cotton Trail, Thomasville
3.	Cocroft	C/S		
4.	Georgia Forks	C/S	Meander Plantation	
5.	Simpson	C/S		
6.	Lake	S	JCKC Golden Acres Full Moon Apiary	Connector to Plantation Trail, Thomasville,
7.	US-19			Monticello
Alternate Route				
8.	Oetinger, (Alt)	C/S		
9.	Tecumseh(Alt.)	DC		
10.	Still Road			Plantation Trail

**Central Proposed Loop
SPANISH TRACE TRAIL**

Rev 10/03/13

	ROAD		HISTORIC SITES	RATIONALES
1.	Mahan (US 90)	S	Old DeSoto Trail Iwo Jima Memorial Letchworth Mounds	Mahan Scenic
2.	Old Lloyd Rd	S	Lloyd RR Depot Bond House Lafite Store	
3.	Lloyd Ck/Cherry Tree Rd	S	Whitehouse Rd (DC) Springfield Church Cemetery	
4.	Barrington	S		Connector
5.	SR-59			Connector
6.	W. Capps Hwy			Connector
7.	St Augustine Rd	C/S/H		Bellamy Rd Old Spanish Trail
8.	County 259	S	Spanish Mission Sites	
9.	Beth Page	S	Cody Escarpment	
10.	SR 59		Wacissa Springs	
11.	Pin Hook		Wacissa, Thomas City	
12.	Waukeenah			
13.	Peter Brown	S	Spanish Mission Sites	

15.	Avalon Rd	DC/S	Avalon Plantation	
16.	E Capps Hwy		Rosewood House WPA (DC) Tung Oil Plant Turner Youth Camp	
17.	S/N Barber Rd	C/S	Lamont, Aucilla River Lamont School	Old St. Augustine Rd
18.	S. Salt Road	S	Redhills Plantation	
19.	Drifton Aucilla	S	Aucilla, ACA	
20.	US 19		Monticello Vineyards	Monticello

North East Proposed Loop
PLANTATION TRAIL

Rev. 10/03/13

	ROAD	TYPE	HISTORIC SITES	RATIONALES
1.	Pearl Street	S	Avenue of Oaks	
2.	Ashville Hwy	S	Walker/Bassett Dairy	
3.	Bassett Dairy	S	Elizabeth Church	
4.	N. Salt			
5.	Blue Lake			Connector

7.	Whiporwill (Madison)			
8.	White Dove (Madison)			
9.	Gum Swamp	C/S	Lyndhurst Plantation	
10.	Ashville Hwy	S	Dixie Plantation Aucilla River Sneads Smoke House	
11.	Brock	C/S	Pinckney Hill Plantation	Part of Old Salt Road
12.	Dills (Alt)			Short Cut
13.	Groover	C/S	Elizabeth School Merrily Plantation	T-Ville Boston Hwy
14.	Boston Hwy	S	Live Oak Plantation Golden Acres Farm	
15.	US 19		JCKC	Monticello

North East Proposed Loop
ALTERNATE PLANTATION TRAIL Rev. 10/03/13

	ROAD	TYPE	HISTORIC SITES	RATIONALES
1.	Pearl Street	S	Avenue of Oaks	
2.	Ashville Hwy	S	Walker/Bassett Dairy	
3.	Bassett Dairy	S	Elizabeth Church	
4.	N. Salt			
5.	Blue Lake			Connector

6.	US 90		Aucilla River	
6a	Honey Lake	S	Honey Lake Plantation	
6b.	Quitman Hwy	S		
6b.	Bippus Rd	C/S		
7.	Gum Swamp	C/S	Lyndhurst Plantation	
8.	Ashville Hwy	S	Dixie Plantation Aucilla River Sneads Smoke House	
9.	Brock	C/S	Pinckney Hill Plantation	Part of Old Salt Road
10.	Dills (Alt)			Short Cut
11.	Groover	C/S	Elizabeth School Merrily Plantation	Thomasville Boston Hwy
12.	Boston Hwy	S	Live Oak Plantation Golden Acres Farm	
13.	US 19		JCKC	Monticello

**South Proposed Loop
FLATWOODS WILDERNESS TRAIL** Rev 10/03/13

	ROAD	TYPE	HISTORIC SITES	RATIONALES
1.	US-19			
2.	Waukeenah Hwy		Monticello Vineyards	
3.	Wacissa Hwy		Spanish Missions	Bellamy Rd

			Cody Escarpment Wacissa Springs	Old Spanish Trail
4.	Fla. 59		Flatwoods	Natural Bridge
5.	US-98		Aucilla River, Aucilla WMA, Mandalay, Old Salt Factory	St Marks LtH St Marks WFMA St Marks River
6.	Powell Hammock			S. Salt Road
7.	Goose Pasture Rd		Goose pasture Aucilla Sinks Aucilla Trails	
8.	Oneal Tram			
9.	Walker Springs		Thomas City Flatwoods	
10.	Avalon Road	DC/S	Avalon Plantation	
11.	E. Capps		Rosewood House, Tung Oil Plant Turner Youth Camp	
12.	US-19			Monticello

**South Alternate Route
FLATWOODS WILDERNESS TRAIL**

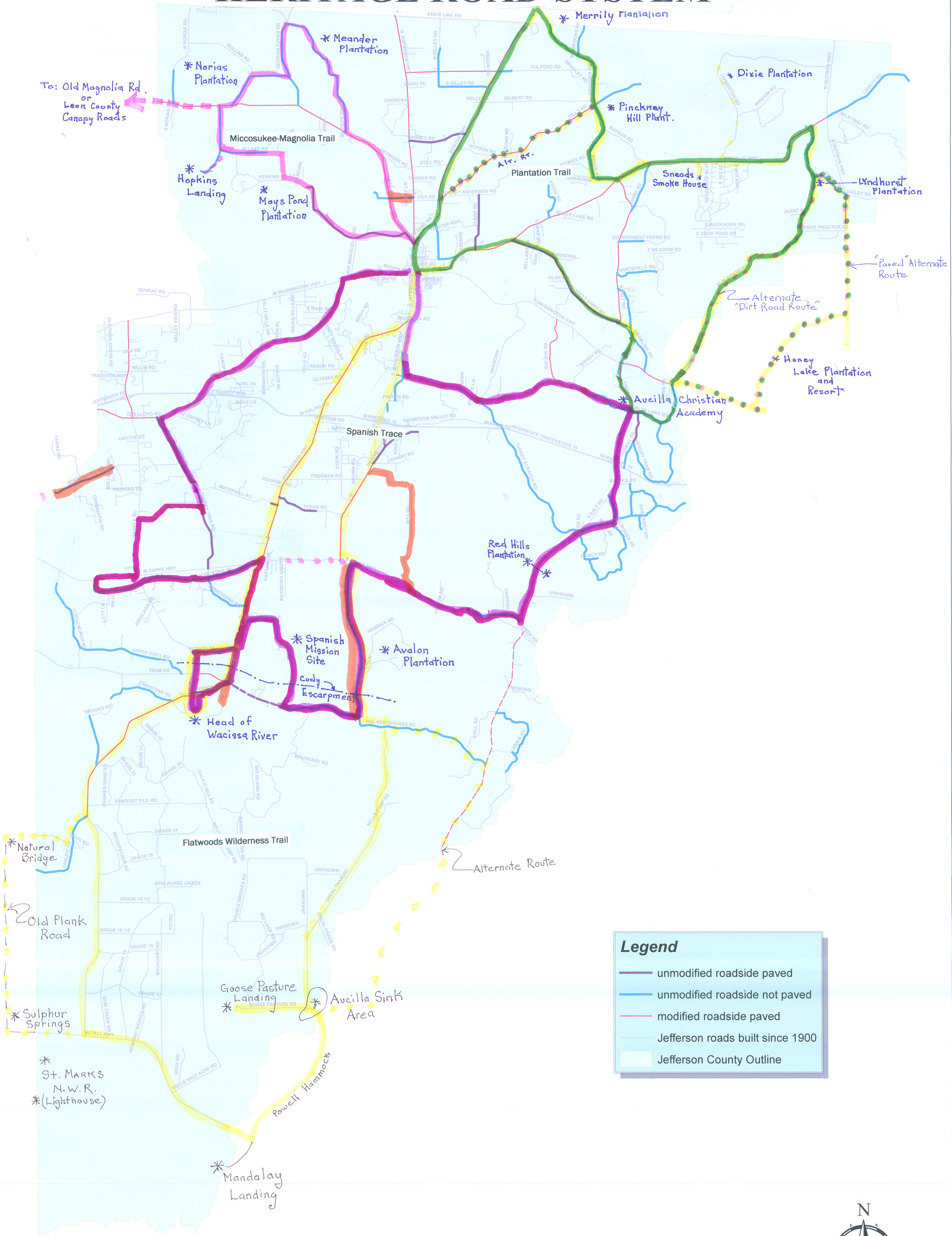
Rev 10/03/13

	ROAD	TYPE	HISTORIC SITES	RATIONALES
1.	US-19			
2.	Waukeenah Hwy		Monticello Vineyards	
3.	Wacissa Hwy		Spanish Missions Cody Escarpment Cody Escarpment Wacissa Springs	Bellamy Rd CaminoReal

			Flatwoods	Natural Bridge
4a.	Fanlew			
4b.	Natural Bridge		Natural Bridge	
4c.	Old Plank Rd		Sulphur Springs	Magnolia Site
5.	US-98		Aucilla River, Aucilla WMA, Mandalay, Old Salt Plant	St Marks LtH St Marks WFMA St Marks River
6.	Powell Hammock			S. Salt Road
7.	Goose Pasture Rd		Goose pasture Aucilla Sinks Aucilla Trails	
8.	Oneal Tram			
9.	Walker Springs		Thomas City Flatwoods	
10.	Avalon Road	DC/S	Avalon Plantation	
11.	E. Capps		Rosewood House, Tung Oil Plant Turner Youth Camp	
12.	US-19			Monticello

JEFFERSON COUNTY

HERITAGE ROAD SYSTEM



Legend

- unmodified roadside paved
- unmodified roadside not paved
- modified roadside paved
- Jefferson roads built since 1900
- Jefferson County Outline



ITEM 3: CONSENT AGENDA MATERIALS

ADDENDUM 8

Program Administration/Project Delivery Services Contract
Jefferson County Ongoing Housing, Community and Economic Development Projects
Funding through FFY 2012/2013, 2013/2014 and 2014/2015 (if appropriated)

Addendum 8

Program Administration/Project Delivery Services for State Housing Initiatives
Partnership (SHIP) Program

Scope of Services- Program Administration/Project Delivery

- ✓ Review and update required local policies
- ✓ Review leveraging opportunities/other possible source of financing
- ✓ Representation during site visits and monitorings
- ✓ Develop project information management and filing system
- ✓ Develop project financial management system for receiving and disbursing funds
- ✓ Develop work plans for project contract document
- ✓ Preparation of project contract document
- ✓ Develop and track budget for project contract
- ✓ Oversight of project schedule and compliance
- ✓ Coordination with agencies and contracts, as necessary
- ✓ Review bid documents and contract documents for compliance
- ✓ Conduct pre-construction conference
- ✓ Monitor contractor and construction specialist progress
- ✓ Conduct preliminary inspections and work write-ups
- ✓ Conduct construction progress inspections
- ✓ Supervision of payment authorizations
- ✓ Develop and process contract amendments, as needed
- ✓ Review change orders and amendments for compliance, as needed
- ✓ Monitor all project activity to ensure compliance
- ✓ Provide all other necessary technical assistance
- ✓ Review final change orders, pay requests, and construction documents
- ✓ Balance final project budget for state annual reporting
- ✓ Prepare documents for administrative/financial close-out

Total Fee for Services: 10% of total funds received by the County, including program income to be paid in equal monthly payments over a nine (9) month period based upon the allocation for each fiscal year noted under this contract Addendum. Should the project be completed prior to the nine (9) period ending, the balance will be due upon completion of the project. Invoices will be submitted on a monthly basis in accordance with Section C (2) of the contract and subject to the administrative and project delivery ceilings imposed by the funding agency and/or the County's Local Housing Assistance Plan (LHAP).

This addendum and Fee for Services covered herein are hereby agreed upon on this _____ day of _____, 2013.

APPROVED BY MERIDIAN:

APPROVED BY COUNTY:

Signature

Signature

Printed Name

Printed Name

**ITEM 5(a): JCHD CONTRACT/FEE
SCHEDULE**

**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 2013-2014**

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, 2013.

RECITALS

A. Pursuant to Chapter 154, Florida Statutes, the intent of the legislature is to "promote, protect, maintain, and improve the health and safety of all citizens and visitors of this state through a system of coordinated county health department services."

B. County Health Departments were created throughout Florida to satisfy this legislative intent through "promotion of the public's health, the control and eradication of preventable diseases, and the provision of primary health care for special populations."

C. Jefferson County Health Department ("CHD") is one of the County Health Departments created throughout Florida.

D. It is necessary for the parties hereto to enter into this Agreement in order to ensure coordination between the State and the County in the operation of the CHD.

NOW THEREFORE, in consideration of the mutual promises set forth herein, the sufficiency of which are hereby acknowledged, the parties hereto agree as follows:

1. RECITALS. The parties mutually agree that the 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, 2013, through September 30, 2014, 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 \$ 1,140,826 (State General Revenue, State Funds, Other State Funds and Federal Funds listed on the Schedule C). The State's obligation to pay under this contract is contingent upon an annual appropriation by the Legislature.

ii. The County's appropriated responsibility (direct contribution excluding any fees, other cash or local contributions) as provided in Attachment II, Part II is an amount not to exceed \$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 and Revenue Management. If the County initiates the increase/decrease, the County shall notify the CHD. The CHD will then revise the Attachment II and send a copy of the revised pages to the Department of Health, Bureau of Budget and Revenue 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 Street
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 Secretary for Statewide Services. The director/administrator shall be selected by the State with the concurrence of the County. The director/administrator of the CHD shall ensure that non-categorical sources of funding are used to fulfill public health priorities in the community and the Long Range Program Plan. 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 Division of Public Health Statistics and Performance Management 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 Secretary for Statewide Services has approved the transfer. The Deputy Secretary for Statewide Services 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. 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 and Revenue Management.

p. The dates for the submission of quarterly reports to the county shall be as follows unless the generation and distribution of reports is delayed due to circumstances beyond the CHD's control:

- i. March 1, 2014 for the report period October 1, 2013 through December 31, 2013;
- ii. June 1, 2014 for the report period October 1, 2013 through March 31, 2014;
- iii. September 1, 2014 for the report period October 1, 2013 through June 30, 2014; and
- iv. December 1, 2014 for the report period October 1, 2013 through September 30, 2014.

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

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

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

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

8. **TERMINATION.**

a. **Termination at Will.** This 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, 2014, 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:

For the County:

Colleen Harmon
Name

Kirk Reams
Name

Operations & Management
Consultant Manager
Title

Clerk of Court
Title

1255 W Washington St.

1 Court House Circle

Monticello, FL 32344
Address

Monticello, FL 32344
Address

850-342-0170, Ext. 202
Telephone

850-342-0218, Ext. 232
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 24 page agreement to be executed by their undersigned officials as duly authorized effective the 1st day of October, 2013.

BOARD OF COUNTY COMMISSIONERS
FOR JEFFERSON COUNTY

STATE OF FLORIDA
DEPARTMENT OF HEALTH

SIGNED BY: _____

NAME: John Nelson

TITLE: Chair

DATE: _____

ATTESTED TO:

SIGNED BY: _____

NAME: Kirk Reams

TITLE: Clerk of Court

DATE: _____

SIGNED BY: _____

NAME: John H. Armstrong, MD

TITLE: Surgeon General/Secretary of Health

DATE: _____

SIGNED BY: _____

NAME: Kim Allbritton

TITLE: Interim CHD Administrator

DATE: _____

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 F.A.C. 64D-3, F.S. 381 and F.S. 384.
2. Dental Health	Monthly reporting on DH Form 1008*. Additional reporting requirements, under development, will be required. The additional reporting requirements will be communicated upon finalization.
3. Special Supplemental Nutrition Program for Women, Infants and Children (including the WIC Breastfeeding Peer Counseling Program)	Service documentation and monthly financial reports as specified in DHM 150-24* and all federal, state and county requirements detailed in program manuals and published procedures.
4. Healthy Start/ Improved Pregnancy Outcome	Requirements as specified in the 2007 Healthy Start Standards and Guidelines and as specified by the Healthy Start Coalitions in contract with each county health department.
5. Family Planning	Periodic financial and programmatic reports as specified by the program office.
6. Immunization	Periodic reports as specified by the department pertaining to immunization levels in kindergarten and/or seventh grade pursuant to instructions contained in the Immunization Guidelines-Florida Schools, Childcare Facilities and Family Daycare Homes (DH Form 150-615) and Rule 64D-3.046, F.A.C. In addition, periodic reports as specified by the department pertaining to the surveillance/investigation of reportable vaccine-preventable diseases, adverse events, vaccine accountability, and assessment of immunization levels as documented in Florida. SHOTS and supported by CHD Guidebook policies and technical assistance guidance.
7. Environmental Health	Requirements as specified in Environmental Health Programs Manual 150-4* and DHP 50-21*
8. HIV/AIDS Program	Requirements as specified in F.S. 384.25 and F.A.C. 64D-3.030 and 64D-3.031. Case reporting should be on Adult HIV/AIDS Confidential Case Report CDC Form DH2139 and Pediatric HIV/AIDS Confidential Case Report CDC Form DH2140.

ATTACHMENT I (Continued)

Requirements as specified in F.A.C. 64D-2 and 64D-3, F.S. 381 and F.S. 384. Socio-demographic and risk data on persons tested for HIV in CHD clinics should be reported on Lab Request DH Form 1628 in accordance with the Forms Instruction Guide. Requirements for the HIV/AIDS Patient Care programs are found in the Patient Care Contract Administrative Guidelines.

9. **School Health Services**

Requirements as specified in the Florida School Health Administrative Guidelines (May 2012).

10. **Tuberculosis**

Tuberculosis Program Requirements as specified in F.A.C. 64D-3 and F.S. 392.

11. **General Communicable Disease Control**

Carry out surveillance for reportable communicable and other acute diseases, detect outbreaks, respond to individual cases of reportable diseases, investigate outbreaks, and carry out communication and quality assurance functions, as specified in F.A.C. 64D-3, F.S. 381, F.S. 384 and the CHD Epidemiology Guide to Surveillance and Investigations.

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

ATTACHMENT II

JEFFERSON COUNTY HEALTH DEPARTMENT

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

	Estimated State Share of CHD Trust Fund Balance	Estimated County Share of CHD Trust Fund Balance	Total
1. CHD Trust Fund Ending Balance 09/30/13	118,239	222,115	340,354
2. Drawdown for Contract Year October 1, 2013 to September 30, 2014	34,844	23,841	58,685
3. Special Capital Project use for Contract Year October 1, 2013 to September 30, 2014	0	0	
4. Balance Reserved for Contingency Fund October 1, 2013 to September 30, 2014	83,395	198,274	281,669

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

ATTACHMENT II.

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

October 1, 2013 to September 30, 2014

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
1. GENERAL REVENUE - STATE					
015040 AIDS PREVENTION	0	0	0	0	0
015040 ALG/CESSPOOL IDENTIFICATION AND ELIMINATION	0	0	0	0	0
015040 ALG/CONTR TO CHDS-AIDS PATIENT CARE NETWORK	0	0	0	0	0
015040 ALG/IPO HEALTHY START/IPO	0	0	0	0	0
015040 COMMUNITY SMILES - MIAMI-DADE	0	0	0	0	0
015040 COUNTY SPECIFIC DENTAL PROJECTS - ESCAMBIA	0	0	0	0	0
015040 DUVAL TEEN PREGANCY PREVENTION - DUVAL	0	0	0	0	0
015040 FL CLPPP SCREENING & CASE MANAGEMENT	0	0	0	0	0
015040 HEALTHY START GENERAL REVENUE CHD	0	0	0	0	0
015040 HEALTHY START MED-WAIVER - CLIENT SERVICES	0	0	0	0	0
015040 LA LIGA-LEAGUE AGAINST CANCER - MIAMI-DADE	0	0	0	0	0
015040 METRO ORLANDO URBAN LEAGUE - ORANGE	0	0	0	0	0
015040 MINORITY OUTREACH-PENALVER CLINIC - MIAMI-DADE	0	0	0	0	0
015040 PREPAREDNESS GRANT MATCH	0	0	0	0	0
015040 SCHOOL HEALTH GENERAL REVENUE	55,637	0	55,637	0	55,637
015040 STATEWIDE DENTISTRY NETWORK - ESCAMBIA	0	0	0	0	0
015040 STD GENERAL REVENUE	0	0	0	0	0
015040 TREASURE COAST MIDWIFERY - MARTIN	0	0	0	0	0
015040 AIDS SURVEILLANCE	0	0	0	0	0
015040 ALG/CONTR TO CHDS-AIDS PATIENT CARE	0	0	0	0	0
015040 ALG/CONTR TO CHDS-SOVEREIGN IMMUNITY	0	0	0	0	0
015040 ALG/PRIMARY CARE	44,926	0	44,926	0	44,926
015040 COMMUNITY TB PROGRAM	3,000	0	3,000	0	3,000
015040 DENTAL SPECIAL INITIATIVES	6,540	0	6,540	0	6,540
015040 FAMILY PLANNING GENERAL REVENUE	22,129	0	22,129	0	22,129
015040 FL HEPATITIS & LIVER FAILURE PREVENTION/CONTROL	0	0	0	0	0
015040 HEALTHY START MED WAIVER - SOBRA	0	0	0	0	0
015040 JESSIE TRICE CANCER CTR/HEALTH CHOICE - MIAMI-DADE	0	0	0	0	0
015040 MANATEE COUNTY RURAL HEALTH SERVICES	0	0	0	0	0
015040 MIGRANT LABOR CAMP SANITATION	0	0	0	0	0
015050 NON-CATEGORICAL GENERAL REVENUE	249,205	0	249,205	0	249,205
GENERAL REVENUE TOTAL	381,437	0	381,437	0	381,437
2. NON GENERAL REVENUE - STATE					
015010 ALG/CONTR. TO CHDS-BIOMEDICAL WASTE	1,796	0	1,796	0	1,796
015010 DOH INDIRECT	21,253	0	21,253	0	21,253
015010 SUPER ACT SERVICES	1,200	0	1,200	0	1,200
015010 SCHOOL HEALTH TOBACCO TF	12,655	0	12,655	0	12,655
015010 TOBACCO COMMUNITY INTERVENTION	109,255	0	109,255	0	109,255
015010 ALG/CONTR. TO CHDS-SAFE DRINKING WATER PRG	0	0	0	0	0
015010 MEDICAID INCENTIVE FOR ELECTRONIC HEALTH RECORDS	45,375	0	45,375	0	45,375
015010 PUBLIC SWIMMING POOL PROGRAM	0	0	0	0	0
015010 TOBACCO ADMINISTRATION & MANAGEMENT	0	0	0	0	0
015020 TRANSFER FROM ANOTHER STATE AGENCY	0	0	0	0	0
015020 TRANSFER FROM ANOTHER STATE AGENCY	0	0	0	0	0
015020 TRANSFER FROM ANOTHER STATE AGENCY	0	0	0	0	0
015060 NON-CATEGORICAL TOBACCO REBASING	2,719	0	2,719	0	2,719

ATTACHMENT II.

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

October 1, 2013 to September 30, 2014

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
NON GENERAL REVENUE TOTAL	194,253	0	194,253	0	194,253
3. FEDERAL FUNDS - State					
007000 ABSTINENCE EDUCATION GRANT PROGRAM	303,189	0	303,189	0	303,189
007000 AIDS PREVENTION	0	0	0	0	0
007000 BIOTERRORISM HOSPITAL PREPAREDNESS	0	0	0	0	0
007000 COASTAL BEACH MONITORING PROGRAM	0	0	0	0	0
007000 DENTAL SERVICES	14,423	0	14,423	0	14,423
007000 EPIDEMIOLOGY & LABORATORY CAPACITY FOR INFECTIOUS	0	0	0	0	0
007000 EXPANDED TESTING INITIATIVE (ETI)	0	0	0	0	0
007000 FGTF/BREAST & CERVICAL CANCER-ADMIN/CASE MAN	0	0	0	0	0
007000 HEPATITIS B VACCINATION PILOT PROJECT	0	0	0	0	0
007000 IMMUNIZATION AFIX	0	0	0	0	0
007000 IMMUNIZATION FIELD STAFF EXPENSE	0	0	0	0	0
007000 MCH BGTF-HEALTHY START COALITIONS	0	0	0	0	0
007000 MINORITY AIDS INITIATIVE	0	0	0	0	0
007000 MINORITY INVOLVEMENT IN HIV/AIDS PROGRAM	0	0	0	0	0
007000 PREGNANCY ASSOCIATED MORTALITY PREVENTION	0	0	0	0	0
007000 PUBLIC HEALTH PREPAREDNESS BASE	49,858	0	49,858	0	49,858
007000 RYAN WHITE	0	0	0	0	0
007000 RYAN WHITE-AIDS DRUG ASSIST PROG-ADMIN	0	0	0	0	0
007000 STATE OFFICE OF RURAL HEALTH	0	0	0	0	0
007000 STD FEDERAL GRANT - CSPS	0	0	0	0	0
007000 SYPHILIS ELIMINATION	0	0	0	0	0
007000 TOBACCO FAITH BASED PROJECT	17,500	0	17,500	0	17,500
007000 UNINTENDED/UNWANTED PREG-TEEN PREGNANCY PREV	0	0	0	0	0
007000 WIC BREASTFEEDING PEER COUNSELING	0	0	0	0	0
007000 ADULT VIRAL HEPATITIS PREVENTION & SURVEILLANCE	0	0	0	0	0
007000 AIDS SURVEILLANCE	0	0	0	0	0
007000 CHRONIC DISEASE PREVENTION & HEALTH PROMOTION	17,176	0	17,176	0	17,176
007000 COLORECTAL CANCER SCREENING	0	0	0	0	0
007000 ENHANCE COMPREHENSIVE PREVENTION PLANNING AND IMPL	0	0	0	0	0
007000 EPIDEMIOLOGY & LABORATORY CAPACITY HAI	0	0	0	0	0
007000 FGTF/AIDS MORBIDITY	0	0	0	0	0
007000 FGTF/FAMILY PLANNING-TITLE X	43,116	0	43,116	0	43,116
007000 HIV HOUSING FOR PEOPLE LIVING WITH AIDS	0	0	0	0	0
007000 IMMUNIZATION FEDERAL GRANT ACTIVITY SUPPORT	1,737	0	1,737	0	1,737
007000 MCH BGTF-GADSDEN SCHOOL CLINIC	0	0	0	0	0
007000 MEDICARE RURAL HOSPITAL FLEXIBILITY PROGRAM	11,152	0	11,152	0	11,152
007000 MINORITY AIDS INITIATIVE TCE COLLABORATIVE	0	0	0	0	0
007000 PHP - CITIES READINESS INITIATIVE	0	0	0	0	0
007000 BIOTERRORISM HOSPITAL PREPAREDNESS	2,000	0	2,000	0	2,000
007000 RAPE PREVENTION & EDUCATION	0	0	0	0	0
007000 RYAN WHITE - EMERGING COMMUNITIES	0	0	0	0	0
007000 RYAN WHITE-CONSORTIA	0	0	0	0	0
007000 STATEWIDE ASTHMA PROGRAM	0	0	0	0	0
007000 STD PROGRAM INFERTILITY PREVENTION PROJECT (IPP)	0	0	0	0	0
007000 TEENAGE PREGNANCY PREVENTION REPLICATION	0	0	0	0	0
007000 TUBERCULOSIS CONTROL - FEDERAL GRANT	0	0	0	0	0

ATTACHMENT II.

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

October 1, 2013 to September 30, 2014

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
3. FEDERAL FUNDS - State					
007000	WIC ADMINISTRATION	0	0	0	0
015009	MEDIPASS WAIVER-HLTHY STRT CLIENT SERVICES	0	0	0	0
015009	MEDIPASS WAIVER-SOBRA	0	0	0	0
007055	ARRA FEDERAL GRANT - SCHEDULE C	0	0	0	0
015075	SCHOOL HEALTH TITLE XXI	104,985	0	104,985	104,985
015075	SCHOOL HEALTH	0	0	0	0
015075	SCHOOL HEALTH	0	0	0	0
015075	SCHOOL HEALTH	0	0	0	0
FEDERAL FUNDS TOTAL		565,136	0	565,136	565,136
4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE					
001020	PUBLIC WATER ANNUAL OPER PERMIT	2,563	0	2,563	2,563
001020	NON-SDWA SYSTEM PERMIT	0	0	0	0
001020	SWIMMING POOLS	750	0	750	750
001020	BODY PIERCING	0	0	0	0
001020	MOBILE HOME AND PARKS	1,684	0	1,684	1,684
001020	BIOHAZARD WASTE PERMIT	255	0	255	255
001020	TANNING FACILITIES	234	0	234	234
001020	MIGRANT HOUSING PERMIT	0	0	0	0
001020	FOOD HYGIENE PERMIT	0	0	0	0
001020	PRIVATE WATER CONSTR PERMIT	2,190	0	2,190	2,190
001020	PUBLIC WATER CONSTR PERMIT	0	0	0	0
001020	SAFE DRINKING WATER	0	0	0	0
001092	OSDS PERMIT FEE	12,000	0	12,000	12,000
001092	AEROBIC OPERATING PERMIT	0	0	0	0
001092	NON SDWA LAB SAMPLE	0	0	0	0
001092	ENVIRONMENTAL HEALTH FEES	0	0	0	0
001092	I & M ZONED OPERATING PERMIT	0	0	0	0
001092	SEPTIC TANK SITE EVALUATION	0	0	0	0
001092	OSDS VARIANCE FEE	0	0	0	0
001092	OSDS REPAIR PERMIT	0	0	0	0
001170	LAB FEE CHEMICAL ANALYSIS	0	0	0	0
001170	NONPOTABLE WATER ANALYSIS	0	0	0	0
001170	WATER ANALYSIS-POTABLE	720	0	720	720
001206	CENTRAL OFFICE SURCHARGE	2,017	0	2,017	2,017
001093	CHD ON-LINE BILLING FEE	0	0	0	0
FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL		22,413	0	22,413	22,413
5. OTHER CASH CONTRIBUTIONS - STATE					
010304	STATIONARY POLLUTANT STORAGE TANKS	70,429	0	70,429	70,429
090001	DRAW DOWN FROM PUBLIC HEALTH UNIT	34,844	0	34,844	34,844
031005	CHDTF CASH TRANSFER	0	0	0	0
010306	DOH/DOC INTERAGENCY AGREEMENT	329,990	0	329,990	329,990
OTHER CASH CONTRIBUTIONS TOTAL		435,263	0	435,263	435,263
6. MEDICAID - STATE/COUNTY					
001056	MEDICAID PHARMACY	0	0	0	0

ATTACHMENT II.

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

October 1, 2013 to September 30, 2014

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
6. MEDICAID - STATE/COUNTY					
001076	MEDICAID TB	0	0	0	0
001078	MEDICAID ADMINISTRATION OF VACCINE	0	550	550	550
001079	MEDICAID CASE MANAGEMENT	0	0	0	0
001081	MEDICAID CHILD HEALTH CHECK UP	0	0	0	0
001082	MEDICAID DENTAL	0	5,000	5,000	5,000
001083	MEDICAID FAMILY PLANNING	0	15,433	15,433	15,433
001087	MEDICAID STD	0	478	478	478
001089	MEDICAID AIDS	0	0	0	0
001147	MEDICAID HMO CAPITATION	0	0	0	0
001191	MEDICAID MATERNITY	0	30,000	30,000	30,000
001192	MEDICAID COMPREHENSIVE CHILD	0	2,300	2,300	2,300
001193	MEDICAID COMPREHENSIVE ADULT	0	10,000	10,000	10,000
001194	MEDICAID LABORATORY	0	0	0	0
001208	MEDIPASS \$3.00 ADM. FEE	0	1,000	1,000	1,000
001059	MEDICAID LOW INCOME POOL	0	200,000	200,000	200,000
001051	EMERGENCY MEDICAID	0	0	0	0
001058	MEDICAID - BEHAVIORAL HEALTH	0	0	0	0
001071	MEDICAID - ORTHOPEDIC	0	0	0	0
001072	MEDICAID - DERMATOLOGY	0	0	0	0
001075	MEDICAID - SCHOOL HEALTH CERTIFIED MATCH	0	0	0	0
001069	MEDICAID - REFUGEE HEALTH	0	0	0	0
001055	MEDICAID - HOSPITAL	0	0	0	0
001148	MEDICAID HMO NON-CAPITATION	0	29,850	29,850	29,850
001074	MEDICAID - NEWBORN SCREENING	0	0	0	0
001180	DENTAL MEDICAID HMO	0	200,000	200,000	200,000
MEDICAID TOTAL	0	494,611	494,611	0	494,611
7. ALLOCABLE REVENUE - STATE					
018000	REFUNDS	0	0	0	0
037000	PRIOR YEAR WARRANT	0	0	0	0
038000	12 MONTH OLD WARRANT	0	0	0	0
ALLOCABLE REVENUE TOTAL	0	0	0	0	0
8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE					
	ADAP	0	0	0	0
	OTHER (SPECIFY)	0	0	0	0
	PHARMACY SERVICES	0	0	0	26,853
	TB SERVICES	0	0	0	0
	STD SERVICES	0	0	0	0
	WIC FOOD	0	0	0	287,747
	DENTAL SERVICES	0	0	0	0
	FLORIDA VFC PROGRAM	0	0	0	28,405
	LABORATORY SERVICES	0	0	0	4,359
	IMMUNIZATION SERVICES	0	0	0	0
	CONSTRUCTION/RENOVATION	0	0	0	0
OTHER STATE CONTRIBUTIONS TOTAL	0	0	0	347,364	347,364

ATTACHMENT II.

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

October 1, 2013 to September 30, 2014

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total	
9. DIRECT LOCAL CONTRIBUTIONS - BCC/TAX DISTRICT						
008010	CONTRIBUTION FROM CITY GOVERNMENT	0	0	0	0	
008020	CONTRIBUTION FROM HEALTH CARE TAX NOT THRU BCC	0	0	0	0	
008040	BCC GRANT/CONTRACT	0	0	0	0	
008030	CONTRIBUTION FROM HEALTH CARE TAX	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
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	PERSONAL HEALTH FEES	0	83,100	83,100	0	83,100
001077	CHILD CAR SEAT PROG	0	0	0	0	0
001077	AIDS CO-PAYS	0	0	0	0	0
001094	ADULT ENTER. PERMIT FEES	0	0	0	0	0
001094	LOCAL ORDINANCE FEES	0	3,660	3,660	0	3,660
001114	NEW BIRTH CERTIFICATES	0	7,880	7,880	0	7,880
001115	VITAL STATISTICS - DEATH CERTIFICATE	0	5,944	5,944	0	5,944
001117	VITAL STATS-ADM. FEE 50 CENTS	0	476	476	0	476
001073	CO-PAY FOR THE AIDS CARE PROGRAM	0	0	0	0	0
001025	CLIENT REVENUE FROM GRC	0	0	0	0	0
001040	CELL PHONE ADMINISTRATIVE FEE	0	0	0	0	0
FEES AUTHORIZED BY COUNTY TOTAL		0	101,060	101,060	0	101,060
11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY						
001009	RETURNED CHECK ITEM	0	0	0	0	0
001029	THIRD PARTY REIMBURSEMENT	0	0	0	0	0
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	3,550	3,550	0	3,550
001190	HEALTH MAINTENANCE ORGANIZATION	0	0	0	0	0
005040	INTEREST EARNED	0	0	0	0	0
005041	INTEREST EARNED-STATE INVESTMENT ACCOUNT	0	1,425	1,425	0	1,425
007010	U.S. GRANTS DIRECT	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
011001	HEALTHY START COALITION CONTRIBUTIONS	0	76,843	76,843	0	76,843
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	23,841	23,841	0	23,841
011000	GRANT-DIRECT	0	18,000	18,000	0	18,000

ATTACHMENT II.

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

October 1, 2013 to September 30, 2014

	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 DIRECT-ARROW	0	0	0	0	0
011000 GRANT-DIRECT	0	1,500	1,500	0	1,500
011000 GRANT DIRECT-ARROW	0	0	0	0	0
011000 GRANT DIRECT-HEALTH CARE DISTRICT PAHOKEE	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT DIRECT-NOVA UNIVERSITY CHD TRAINING	0	0	0	0	0
011000 GRANT DIRECT-COUNTY HEALTH DEPARTMENT DIRECT SERVICES	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT DIRECT-QUANTUM DENTAL	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT-DIRECT	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 GRANT	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
010500 REFUGEE HEALTH	0	0	0	0	0
005045 INTEREST EARNED-THIRD PARTY PROVIDER	0	0	0	0	0
005043 INTEREST EARNED-CONTRACT/GRANT	0	0	0	0	0
001053 MEDICARE - PART A	0	0	0	0	0
011002 ARRA FEDERAL GRANT - SUB-RECIPIENT	0	0	0	0	0
011004 LOW INCOME POOL - SUBRECIPIENT	0	0	0	0	0
001003 WIRE TRANSFER FEE	0	0	0	0	0
OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL	0	125,159	125,159	0	125,159
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
001053 CLIENT REVENUE FROM NCO	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
OTHER (SPECIFY)	0	0	0	0	0
UTILITIES	0	0	0	0	0
BUILDING MAINTENANCE	0	0	0	0	0
GROUNDS MAINTENANCE	0	0	0	0	0
INSURANCE	0	0	0	0	0
OTHER (SPECIFY)	0	0	0	0	0
BUILDINGS TOTAL	0	0	0	0	0

ATTACHMENT II.

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

October 1, 2013 to September 30, 2014

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
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	1,598,502	761,830	2,360,332	347,364	2,707,696

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, 2013 to September 30, 2014

	FTE's (0.00)	Clients Units	Services/ Visits	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd (Whole dollars only)	3rd	4th			
A. COMMUNICABLE DISEASE CONTROL:										
IMMUNIZATION (101)	0.52	253	277	7,604	6,516	7,604	7,603	5,377	23,950	29,327
STD (102)	0.30	64	97	5,924	5,077	5,924	5,922	20,769	2,078	22,847
HIV/AIDS PREVENTION (03A1)	0.00	0	0	0	0	0	0	0	0	0
HIV/AIDS SURVEILLANCE (03A2)	0.00	0	0	0	0	0	0	0	0	0
HIV/AIDS PATIENT CARE (03A3)	1.31	627	1,911	53,865	46,158	53,865	53,844	207,732	0	207,732
ADAP (03A4)	0.00	0	0	0	0	0	0	0	0	0
TB CONTROL SERVICES (104)	0.20	37	39	3,328	2,851	3,328	3,326	12,333	500	12,833
COMM. DISEASE SURV. (106)	0.11	0	0	1,778	1,524	1,778	1,777	6,857	0	6,857
HEPATITIS PREVENTION (109)	0.00	0	0	0	0	0	0	0	0	0
PUBLIC HEALTH PREP AND RESP (116)	1.14	0	0	16,577	14,205	16,577	16,569	63,928	0	63,928
REFUGEE HEALTH (118)	0.00	0	0	0	0	0	0	0	0	0
VITAL STATISTICS (180)	0.24	1,077	1,537	3,009	2,579	3,009	3,008	0	11,605	11,605
COMMUNICABLE DISEASE SUBTOTAL	3.82	2,058	3,861	92,085	78,910	92,085	92,049	316,996	38,133	355,129
B. PRIMARY CARE:										
CHRONIC DISEASE SERVICES (210)	0.37	0	0	8,835	7,571	8,835	8,830	34,071	0	34,071
TOBACCO PREVENTION (212)	1.80	0	70	33,950	29,092	33,950	33,936	130,928	0	130,928
WIC (21W1)	0.00	0	0	0	0	0	0	0	0	0
WIC BREASTFEEDING PEER COUNSELING (21W2)	0.00	0	0	0	0	0	0	0	0	0
FAMILY PLANNING (223)	2.04	262	650	38,866	33,306	38,866	38,852	97,290	52,600	149,890
IMPROVED PREGNANCY OUTCOME (225)	0.91	71	464	16,504	14,142	16,504	16,497	22,947	40,700	63,647
HEALTHY START PRENATAL (227)	1.20	70	500	17,739	15,201	17,739	17,731	0	68,410	68,410
COMPREHENSIVE CHILD HEALTH (229)	0.40	183	196	6,902	5,915	6,902	6,899	0	26,618	26,618
HEALTHY START INFANT (231)	0.33	20	75	4,314	3,697	4,314	4,314	0	16,639	16,639
SCHOOL HEALTH (234)	7.01	0	21,629	135,554	135,159	135,554	116,501	522,768	0	522,768
COMPREHENSIVE ADULT HEALTH (237)	5.55	480	1,695	85,993	73,690	85,993	85,960	100,986	230,650	331,636
COMMUNITY HEALTH DEVELOPMENT (238)	0.59	0	0	13,243	11,348	13,243	13,239	51,073	0	51,073
DENTAL HEALTH (240)	6.97	1,346	3,411	116,194	99,569	116,194	116,148	181,685	266,420	448,105
PRIMARY CARE SUBTOTAL	27.17	2,432	28,690	478,094	428,690	478,094	458,907	1,141,748	702,037	1,843,785
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)	0.10	15	78	2,175	1,864	2,175	2,174	8,028	360	8,388
PUBLIC WATER SYSTEM (358)	0.00	0	0	0	0	0	0	0	0	0
PRIVATE WATER SYSTEM (359)	0.02	0	16	299	256	299	300	1,154	0	1,154
INDIVIDUAL SEWAGE DISP. (361)	0.55	72	212	10,478	8,978	10,478	10,473	34,276	6,131	40,407
Group Total	0.67	87	306	12,952	11,098	12,952	12,947	43,458	6,491	49,949
Facility Programs										
FOOD HYGIENE (348)	0.14	14	33	2,723	2,333	2,723	2,722	10,501	0	10,501
BODY PIERCING FACILITIES SERVICES (349)	0.00	0	0	0	0	0	0	0	0	0
GROUP CARE FACILITY (351)	0.03	12	17	643	551	643	643	0	2,480	2,480
MIGRANT LABOR CAMP (352)	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, 2013 to September 30, 2014

	FTE's (0.00)	Clients Units	Services/ Visits	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd (Whole dollars only)	3rd	4th			
C. ENVIRONMENTAL HEALTH:										
Facility Programs										
HOUSING,PUBLIC BLDG SAFETY,SANITATION (353)	0.00	0	0	0	0	0	0	0	0	0
MOBILE HOME AND PARKS SERVICES (354)	0.03	13	17	643	551	643	643	2,480	0	2,480
SWIMMING POOLS/BATHING (360)	0.02	4	10	347	298	347	347	1,339	0	1,339
BIOMEDICAL WASTE SERVICES (364)	0.04	16	21	894	766	894	894	3,448	0	3,448
TANNING FACILITY SERVICES (369)	0.01	1	2	150	128	150	149	577	0	577
Group Total	0.27	60	100	5,400	4,627	5,400	5,398	18,345	2,480	20,825
Groundwater Contamination										
STORAGE TANK COMPLIANCE (355)	1.09	135	246	17,559	15,046	17,559	17,552	67,716	0	67,716
SUPER ACT SERVICE (356)	0.11	15	24	1,496	1,282	1,496	1,496	5,770	0	5,770
Group Total	1.20	150	270	19,055	16,328	19,055	19,048	73,486	0	73,486
Community Hygiene										
TATTOO FACILITIES SERVICES	0.00	0	0	0	0	0	0	0	0	0
COMMUNITY ENVIR. HEALTH (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)	0.01	13	20	150	128	150	149	577	0	577
RABIES SURVEILLANCE/CONTROL SERVICES (366)	0.02	15	22	398	341	398	397	1,298	236	1,534
ARBOVIRUS SURVEILLANCE (367)	0.01	0	0	150	128	150	149	577	0	577
RODENT/ARTHROPOD CONTROL (368)	0.23	0	1	3,229	2,767	3,229	3,228	0	12,453	12,453
WATER POLLUTION (370)	0.00	0	0	0	0	0	0	0	0	0
INDOOR AIR (371)	0.00	0	0	0	0	0	0	0	0	0
RADIOLOGICAL HEALTH (372)	0.00	0	0	0	0	0	0	0	0	0
TOXIC SUBSTANCES (373)	0.00	0	0	0	0	0	0	0	0	0
Group Total	0.27	28	43	3,927	3,364	3,927	3,923	2,452	12,689	15,141
ENVIRONMENTAL HEALTH SUBTOTAL	2.41	325	719	41,334	35,417	41,334	41,316	137,741	21,660	159,401
D. NON-OPERATIONAL COSTS:										
NON-OPERATIONAL COSTS (599)	0.00	0	0	0	0	0	0	0	0	0
ENVIRONMENTAL HEALTH SURCHARGE (399)	0.00	0	0	523	448	523	523	2,017	0	2,017
MEDICAID BUYBACK (611)	0.00	0	0	0	0	0	0	0	0	0
NON-OPERATIONAL COSTS SUBTOTAL	0.00	0	0	523	448	523	523	2,017	0	2,017
TOTAL CONTRACT	33.40	4,815	33,270	612,036	543,465	612,036	592,795	1,598,502	761,830	2,360,332

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
JEFFERSON COUNTY HEALTH DEPARTMENT
FACILITIES UTILIZED BY THE COUNTY HEALTH DEPARTMENT

<u>Facility Description</u>	<u>Location</u>	<u>Owned By</u>
Jefferson County Health Department	1255 W Washington St. Monticello, FL 32344	Jefferson County BOCC
Jefferson County Health Department Annex	1175 W Washington St. Monticello, FL 32344	Jefferson County BOCC

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>
2011-2012	\$ _____	\$ _____	\$ _____ -
2012-2013	\$ _____	\$ _____	\$ _____ -
2013-2014	\$ _____	\$ _____	\$ _____ -
2014-2015	\$ _____	\$ _____	\$ _____ -
2015-2016	\$ _____	\$ _____	\$ _____ -
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.

Florida Department of Health in Jefferson County
Sliding Fee Schedule
EFFECTIVE OCTOBER 1, 2013
MEDICAL FEES

Charges for Primary Care and Family Planning, 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 (Attach B).

FAMILY PLANNING SERVICES WILL NOT BE REFUSED IF CLIENT IS UNABLE TO PAY.

LABS MAY HAVE AN ADDITIONAL FEE AND ARE NOT ON SLIDING FEE SCALE

~~(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 PRIMARY CARE PATIENT SERVICES

NEW	EST.				Current	Proposed
99201	99211	OFFICE VISIT - PROBLEM FOCUS	10 min		\$ 65.00	
99202	99212	OFFICE VISIT - EXPANDED HISTORY	20 min		\$ 65.00	
99203	99213	OFFICE VISIT - DETAILED VISIT	30 min		\$ 65.00	
99204	99214	OFFICE VISIT - HIGH HISTORY	45 min		\$ 65.00	
99381	99391	OFFICE VISIT - WELL CHILD	0-1		\$ 65.00	
99382	99392	OFFICE VISIT - WELL CHILD	1-4		\$ 65.00	
99383	99393	OFFICE VISIT - WELL CHILD	5-11		\$ 65.00	
99384	99394	OFFICE VISIT - WELL CHILD	12-17		\$ 65.00	
99385	99395	OFFICE VISIT - WELL CHILD	18-20	EP	\$ 65.00	
99385	99395	OFFICE VISIT - ADULT HEALTH SCREENING	21-39		\$ 65.00	
99386	99396	OFFICE VISIT - ADULT HEALTH SCREENING	40-64		\$ 65.00	
99387	99397	OFFICE VISIT - ADULT HEALTH SCREENING	65 >		\$ 65.00	

STD PROGRAM

		STD CASE CONTACT/HIGH RISK TESTING		02	\$ 65.00	
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CHD FAMILY PLANNING PATIENT SERVICES

All Family Planning Services includes Labs

	99383	FAMILY PLANNING INITIAL EXAM	5-11	FP	\$ 125.00	
	99384	FAMILY PLANNING INITIAL EXAM	12-17	FP	\$ 125.00	
	99385	FAMILY PLANNING INITIAL EXAM	18-39	FP	\$ 125.00	
	99386	FAMILY PLANNING INITIAL EXAM	40-64	FP	\$ 125.00	
	99393	FAMILY PLANNING ANNUAL EXAM	5-11	FP	\$ 100.00	
	99394	FAMILY PLANNING ANNUAL EXAM	12-17	FP	\$ 100.00	
	99395	FAMILY PLANNING ANNUAL EXAM	18-39	FP	\$ 100.00	
	99396	FAMILY PLANNING ANNUAL EXAM	40-64	FP	\$ 100.00	
	99403	FAMILY PLANNING REPEAT PAP ONLY		FP	\$ 75.00	
	99212	FAMILY PLANNING BREAST EXAM ONLY			\$ 50.00	
	99403	COUNSELING / PROBLEM VISIT		FP	\$ 60.00	
	99211	SUPPLY VISIT		FP	\$ 60.00	
	58300	IUD INSERTION			\$ 125.00	
	58301	IUD REMOVAL			\$ 60.00	
	11975	IMPLANT INSERTION			\$ 125.00	
	11976	IMPLANT REMOVAL			\$ 125.00	

INSULIN PROGRAM

	5049	INSULIN (WITH PHYSICIANS PRESCRIPTION)			\$14.00	
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Florida Department of Health in Jefferson County

Set Fee Schedule

Effective October 1, 2013

FEE DUE AT TIME SERVICES RENDERED

				Current	Proposed
ADULT IMMUNIZATIONS:				Total	
90649	GARDASIL (HPV - Adult)	Admin Fee +	Pharm Chg	\$	
90633	HEP A Vaccine	\$ 15.00	Pharm Chg +	\$	
90636	HEP A/B Twinrix	\$ 15.00	Pharm Chg +	\$	
90744	HEP B Vaccine	\$ 15.00	Pharm Chg +	\$	
90658	INFLUENZA			\$ 20.00	
90733	MENACTRA/Menemune	\$ 15.00	Pharm Chg +	\$	
90707	MMR	\$ 15.00	Pharm Chg +	\$	
90732	Pneumococcal	\$ 15.00	Pharm Chg +	\$	
	RABIES (PRE & POST)	\$ 15.00	Pharm Chg +	\$	
PPD	TB Skin Test - Read Only			\$ 5.00	
86580	TB Skin Test & Reading			\$ 10.00	
90715	TDaP - Adult	\$ 15.00	Pharm Chg +	\$	
90714	TETANUS - TD	\$ 15.00	Pharm Chg +	\$	
90736	ZOSTAVAX (Shingles Vaccine)	\$ 15.00	Pharm Chg +	\$	

OTHER SERVICES:

83036	A1C HEMOGLOBIN (IN HOUSE ONLY)	CURRENT MARKET COST	\$		
11100	BIOPSY	OUTSIDE LAB BILL TO PT.	\$	25.00	
CAR SE	CAR SEAT (per seat) with 1 hour class		\$	10.00	
57452	COLPOSCOPY	OUTSIDE LAB BILL TO PT.	\$	125.00	
COPYF	COPY FEE		\$	0.20	1.00
CRIB	CRIBS (per crib) with 1 hour class		\$	10.00	
93010	EKG		\$	50.00	
WORK	EMPLOYMENT / WORK PHYSICALS	EKG EXTRA CHARGE	\$	50.00	\$75.00
99212	FEMALE HEALTH SCREEN (exam & pap)		\$	40.00	
36416	FINGER STICK	BLOOD TESTING	\$	5.00	
82270	HEMOCULT CARDS	CURRENT MARKET COST	\$		
96372	INJECTIONS (with patient medication)	Medication Injections	\$	15.00	
	LABS	BILLED AT CURRENT LAB COST	\$		
83655	LEAD TESTING WITH HEMOGLOBIN	IN HOUSE ONLY	\$	20.00	
11300	MOLE REMOVAL	OUTSIDE LAB BILL TO PT.	\$	25.00	
	PRESCRIPTION ASSISTANCE PROGRAM	PER PRESCRIPTION	\$	10.00	
	RETURN CHECK FEE (pending amount of check)			\$25/\$35/\$50	
SPHY	SCHOOL/SPORTS PHYSICALS		\$	30.00	\$45.00
STD	STD LAB SCREENING (Asymptomatic/no contact)		\$		\$ 25.00
SUT	SUTURE/STAPLE REMOVAL		\$	15.00	
36415	VENIPUNCTURE		\$	10.00	\$ 5.00
10060	WOUND INCISION & DRAINAGE		\$	25.00	

CHD OB PATIENT SERVICES:

59430	POSTPARTUM VISIT (plus lab fees)		\$	100.00	
H1000	PRENATAL VISIT (plus lab fees)		\$	100.00	

**Florida Department of Health in Jefferson County
Set Fee Schedule
EFFECTIVE OCTOBER 1, 2013**

FEE DUE AT TIME SERVICES RENDERED

VITAL STATISTICS:

	Current	Proposed
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	
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

INCOME GUIDELINES

Diagnostics		Current		Proposed	
		100%	50%	100%	50%
D9230	Analgesia, Anxiolysis, Inhalation of Nitrous Oxide	\$60.00	\$30.00	\$66.00	\$33.00
D0150	Comprehensive Exam (INCLUDING NECESSARY XRAYS)	\$90.00	No Slide	\$76.00	\$38.00
D0145	Cursory Oral Exam (under 3yrs old) - includes fluoride varnish	\$30.00	\$15.00	\$36.00	\$18.00
D0140	Limited/Emergency Exam (INCLUDING NECESSARY XRAYS)	\$70.00	\$35.00	\$95.00	No Slide
D0120	Periodic Exam (INCLUDING NECESSARY XRAYS)	\$60.00	\$30.00	\$55.00	No Slide
D0180	Periodontal Evaluation (no x-rays)	\$50.00	No Slide	\$66.00	\$33.00

Radiographs

D0210	FMX (14 PA, 4BW)	\$80.00	\$40.00	\$86.00	\$43.00
D0220	PA, first film	\$20.00	\$10.00	\$26.00	\$13.00
D0230	PA additional films	\$16.00	\$8.00	\$20.00	\$10.00
D0240	Occlusal film	\$20.00	\$10.00	\$26.00	\$13.00
D0270	Bitewing x-ray, single film	\$20.00	\$10.00	\$26.00	\$13.00
D0272	Bitewing x-ray, two films	\$30.00	\$15.00	\$36.00	\$18.00
D0274	Bitewing x-ray, four films	\$40.00	\$20.00	\$46.00	\$23.00
D0330	Panoramic film (includes additional x-rays as needed)	\$80.00	\$40.00	\$86.00	\$43.00
D0350	Oral/Facial Photographic Images	\$14.00	\$7.00	\$20.00	\$10.00
	Duplicate x-ray	\$5.00	No slide	\$10.00	No Slide
	Duplicate Panorex	\$10.00	No slide	\$15.00	No Slide

Preventive

D1110	Adult prophylaxis	\$50.00	No Slide	\$55.00	No Slide
D1120	Child Prophylaxis - Oral Health Instruction & Fluoride	\$40.00	No Slide	\$45.00	No Slide
D1203	Child topical application of fluoride	\$22.00	\$11.00	\$28.00	\$14.00
D1204	Adult Topical Application of Fluoride	\$22.00	\$11.00	\$28.00	\$14.00
D1206	Topical Fluoride Varnish	\$22.00	\$11.00	\$28.00	\$14.00
D1330	Oral Hygiene Instruction (when administered by itself)	\$12.00	No Slide	\$20.00	No Slide
D1351	Sealant, per quadrant	\$30.00	\$15.00	\$36.00	\$18.00
D1510	Space Maintainer, uni-lateral, fixed	\$150.00	\$75.00	\$156.00	\$78.00
D1515	Space Maintainer, bi-lateral, fixed	\$240.00	\$120.00	\$246.00	\$123.00
D1550	Re-cement Space Maintainer \$40 - \$80	\$36.00	\$18.00	\$40.00	\$20.00
D2391	Preventive Resin Restoration	\$45.00	\$22.50	\$56.00	\$28.00

Restorative

D2140	Amalgam-1 surface, permanent	\$70.00	\$35.00	\$76.00	\$38.00
D2150	Amalgam-2 surfaces, permanent	\$86.00	\$43.00	\$92.00	\$46.00
D2160	Amalgam-3 surfaces, permanent	\$110.00	\$55.00	\$116.00	\$58.00
D2161	Amalgam-4 or more surfaces, permanent	\$130.00	\$65.00	\$136.00	\$68.00
D2330	Resin-1 surface, anterior	\$80.00	\$40.00	\$86.00	\$43.00
D2331	Resin-2 surfaces, anterior	\$100.00	\$50.00	\$106.00	\$53.00
D2332	Resin-3 surfaces, anterior	\$120.00	\$60.00	\$126.00	\$63.00
D2335	Resin, 4 + surfaces, anterior	\$144.00	\$72.00	\$150.00	\$75.00
D2390	Resin-based composite crown, anterior (perm. Teeth)	\$248.00	\$124.00	\$254.00	\$127.00
D2390	Resin strip crown, primary	\$100.00	\$50.00	\$106.00	\$53.00
D2391	Resin, 1 surface, posterior	\$90.00	\$45.00	\$96.00	\$48.00
D2392	Resin, 2 surface, posterior	\$100.00	\$50.00	\$106.00	\$53.00
D2393	Resin, 3 surface, posterior	\$120.00	\$60.00	\$126.00	\$63.00
D2394	Resin, 4+ surfaces, posterior	\$240.00	\$120.00	\$246.00	\$123.00

**Florida Department of Health in Jefferson County
Dental Sliding Fee Schedule (Continued)
Effective October 1, 2013**

<u>Other Restorative Services</u>		100%	50%	100%	50%
D2920	Re-cement crown	\$69.00	\$34.50	\$76.00	\$38.00
D2930	Stainless steel crown	\$150.00	\$75.00	\$156.00	\$78.00
D2940	Sedative filling	\$60.00	\$30.00	\$66.00	\$33.00
D2951	Pin retention	\$16.00	\$8.00	\$20.00	\$10.00

<u>Endodontic Procedures</u>					
D3110	Direct pulp cap	\$30.00	\$15.00	\$36.00	\$18.00
D3120	Indirect pulp cap	\$30.00	\$15.00	\$36.00	\$18.00
D3220	Pulpotomy	\$100.00	\$50.00	\$106.00	\$53.00

<u>Periodontics</u>					
D4210	Gingivectomy or gingivoplasty (per quadrant)	\$120.00	\$60.00	\$126.00	\$63.00
D4211	Gingivectomy or gingivoplasty (2-3 teeth)	\$100.00	\$50.00	\$106.00	\$53.00
D4341	Scaling and root planning, per quadrant	\$120.00	\$60.00	\$126.00	\$63.00
D4342	Scaling and root planning, 1-3 per quadrant	\$90.00	\$45.00	\$96.00	\$48.00
D4355	Gross Debridement	\$60.00	No Slide	\$65.00	No Slide
D4910	Supportive peridontal therapy	\$60.00	\$30.00	\$66.00	\$33.00

<u>Removeable Prosthodontic Procedures</u>					
D5110	Complete maxillary denture - 5th Visit	\$650.00	No Slide	\$655.00	No Slide
D5120	Complete mandibular denture - Denture 5th Visit	\$650.00	No Slide	\$655.00	No Slide
D5211	Maxillary resin based partial - Denture 5th Visit	\$650.00	No Slide	\$655.00	No Slide
D5212	Mandibular resin based partial - Denture 5th Visit	\$650.00	No Slide	\$655.00	No Slide
D5410	Adjust maxillary complete denture	\$50.00	No Slide	\$55.00	No Slide
D5411	Adjust mandibular complete denture	\$50.00	No Slide	\$55.00	No Slide
D5421	Adjust maxillary partial denture	\$50.00	No Slide	\$55.00	No Slide
D5422	Adjust mandibular partial denture	\$50.00	No Slide	\$55.00	No Slide

<u>Other Fixed Partial Denture Services</u>					
D6930	Re-cement fixed partial denture	\$80.00	No Slide	\$85.00	No Slide

<u>Oral Surgery</u>					
D7111	Extraction, coronal remnants - deciduous tooth	\$54.00	\$27.00	\$60.00	\$30.00
D7140	Extraction, erupted tooth or exposed root	\$70.00	\$35.00	\$76.00	\$38.00
D7210	Extraction, surgical removal of erupted tooth	\$150.00	\$75.00	\$156.00	\$78.00
D7250	Surgical Removal of Residual Tooth Roots	\$110.00	\$55.00	\$116.00	\$58.00
D7280	Surgical access of an unerupted tooth	\$100.00	\$50.00	\$106.00	\$53.00
D7286	Soft Tissue Biopsy	\$100.00	No Slide	\$105.00	No Slide
D7510	Incise & Drainage of Abscess-intraoral soft tissue	\$94.00	\$47.00	\$100.00	\$50.00
D7520	Incise & Drainage of Abscess-extraoral soft tissue	\$134.00	\$67.00	\$140.00	\$70.00
D7970	Excision hyperplastic tissue	\$100.00	\$50.00	\$106.00	\$53.00
D7971	Operculectomy	\$100.00	\$50.00	\$106.00	\$53.00

<u>Adjunctive General Services</u>					
D9110	Palliative (Emergency) Treatment of Dental Pain-minor pro	\$40.00	\$20.00	\$46.00	\$23.00
D9940	Bite Guard	\$275.00	No Slide	\$280.00	No Slide

Note: All fees due at time of service.

**Sliding Fee Schedule
EFFECTIVE OCTOBER 1, 2013
MEDICAL FEES**

Charges for Primary Care and Family Planning, are provided on a sliding fee scale based on the Sliding fee rates are based on Health & Human Services Poverty Guidelines published annually in the Federal Register (Attach B).

FAMILY PLANNING SERVICES WILL NOT BE REFUSED IF CLIENT IS UNABLE TO PAY
LABS MAY HAVE AN ADDITIONAL FEE AND ARE NOT ON SLIDING FEE SCALE

CHD PRIMARY CARE PATIENT SERVICES

NEW	EST.				Proposed
99201	99211	OFFICE VISIT - PROBLEM FOCUS	10 min		\$ 65.00
99202	99212	OFFICE VISIT - EXPANDED HISTORY	20 min		\$ 65.00
99203	99213	OFFICE VISIT - DETAILED VISIT	30 min		\$ 65.00
99204	99214	OFFICE VISIT - HIGH HISTORY	45 min		\$ 65.00
99381	99391	OFFICE VISIT - WELL CHILD	0-1		\$ 65.00
99382	99392	OFFICE VISIT - WELL CHILD	1-4		\$ 65.00
99383	99393	OFFICE VISIT - WELL CHILD	5-11		\$ 65.00
99384	99394	OFFICE VISIT - WELL CHILD	12-17		\$ 65.00
99385	99395	OFFICE VISIT - WELL CHILD	18-20	EP	\$ 65.00
99385	99395	OFFICE VISIT - ADULT HEALTH SCREENING	21-39		\$ 65.00
99386	99396	OFFICE VISIT - ADULT HEALTH SCREENING	40-64		\$ 65.00
99387	99397	OFFICE VISIT - ADULT HEALTH SCREENING	65 >		\$ 65.00

STD PROGRAM

		STD CASE CONTACT/HIGH RISK TESTING		02	\$ 65.00
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CHD FAMILY PLANNING PATIENT SERVICES

	99383	FAMILY PLANNING INITIAL EXAM	5-11	FP	\$ 125.00
	99384	FAMILY PLANNING INITIAL EXAM	12-17	FP	\$ 125.00
	99385	FAMILY PLANNING INITIAL EXAM	18-39	FP	\$ 125.00
	99386	FAMILY PLANNING INITIAL EXAM	40-64	FP	\$ 125.00
	99393	FAMILY PLANNING ANNUAL EXAM	5-11	FP	\$ 100.00
	99394	FAMILY PLANNING ANNUAL EXAM	12-17	FP	\$ 100.00
	99395	FAMILY PLANNING ANNUAL EXAM	18-39	FP	\$ 100.00
	99396	FAMILY PLANNING ANNUAL EXAM	40-64	FP	\$ 100.00
	99403	FAMILY PLANNING REPEAT PAP ONLY		FP	\$ 75.00
	99212	FAMILY PLANNING BREAST EXAM ONLY			\$ 50.00
	99403	COUNSELING / PROBLEM VISIT		FP	\$ 60.00
	99211	SUPPLY VISIT		FP	\$ 60.00
	58300	IUD INSERTION			\$ 125.00
	58301	IUD REMOVAL			\$ 60.00
	11975	IMPLANT INSERTION			\$ 125.00
	11976	IMPLANT REMOVAL			\$ 125.00

INSULIN PROGRAM

	5049	INSULIN (WITH PHYSICIANS PRESCRIPTION)			\$14.00
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Florida Department of Health in Jefferson County
Set Fee Schedule
Effective October 1, 2013
FEE DUE AT TIME SERVICES RENDERED

Proposed

	ADULT IMMUNIZATIONS:	Admin Fee +	Pharm Chg	Total
90649	GARDASIL (HPV - Adult)	\$ 15.00	Pharm Chg +	\$
90633	HEP A Vaccine	\$ 15.00	Pharm Chg +	\$
90636	HEP A/B Twinrix	\$ 15.00	Pharm Chg +	\$
90744	HEP B Vaccine	\$ 15.00	Pharm Chg +	\$
90658	INFLUENZA			\$ 20.00
90733	MENACTRA/Menemune	\$ 15.00	Pharm Chg +	\$
90707	MMR	\$ 15.00	Pharm Chg +	\$
90732	Pneumococcal	\$ 15.00	Pharm Chg +	\$
	RABIES (PRE & POST)	\$ 15.00	Pharm Chg +	\$
PPD	TB Skin Test - Read Only			\$ 5.00
86580	TB Skin Test & Reading			\$ 10.00
90715	TDaP - Adult	\$ 15.00	Pharm Chg +	\$
90714	TETANUS - TD	\$ 15.00	Pharm Chg +	\$
90736	ZOSTAVAX (Shingles Vaccine)	\$ 15.00	Pharm Chg +	\$

OTHER SERVICES:

83036	A1C HEMOGLOBIN (IN HOUSE ONLY)	CURRENT MARKET COST	\$
11100	BIOPSY	OUTSIDE LAB BILL TO PT.	\$ 25.00
CAR SE	CAR SEAT (per seat) with 1 hour class		\$ 10.00
57452	COLPOSCOPY	OUTSIDE LAB BILL TO PT.	\$ 125.00
COPYF	COPY FEE		\$ 1.00
CRIB	CRIBS (per crib) with 1 hour class		\$ 10.00
93010	EKG		\$ 50.00
WORK	EMPLOYMENT / WORK PHYSICALS	EKG EXTRA CHARGE	\$ 75.00
99212	FEMALE HEALTH SCREEN (exam & pap)		\$ 40.00
36416	FINGER STICK	BLOOD TESTING	\$ 5.00
82270	HEMOCULT CARDS	CURRENT MARKET COST	\$
96372	INJECTIONS	MEDICATION INJECTIONS	\$ 15.00
	LABS	BILLED AT CURRENT LAB COST	
83655	LEAD TESTING WITH HEMOGLOBIN	IN HOUSE ONLY	\$ 20.00
11300	MOLE REMOVAL	OUTSIDE LAB BILL TO PT.	\$ 25.00
	PRESCRIPTION ASSISTANCE PROGRAM	PER PRESCRIPTION	\$ 10.00
	RETURN CHECK FEE (pending amount of check)		\$25/\$35/\$50
SPHY	SCHOOL/SPORTS PHYSICALS		\$ 45.00
STD	STD LAB SCREENING (Asymptomatic/no contact)		\$ 25.00
SUT	SUTURE/STAPLE REMOVAL		\$ 15.00
36415	VENIPUNCTURE		\$ 5.00
10060	WOUND INCISION & DRAINAGE		\$ 25.00

CHD OB PATIENT SERVICES:

59430	POSTPARTUM VISIT (plus lab fees)		\$ 100.00
H1000	PRENATAL VISIT (plus lab fees)		\$ 100.00

**Florida Department of Health in Jefferson County
Set Fee Schedule
EFFECTIVE OCTOBER 1, 2013**

FEE DUE AT TIME SERVICES RENDERED

VITAL STATISTICS:

Current No Change

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
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

**Florida Department of Health in Jefferson County
Dental Sliding Fee Schedule
Effective October 1, 2013**

**EXHIBIT A
(Continued)**

INCOME GUIDELINES

		Proposed	
<u>Diagnostics</u>		100%	50%
D9230	Analgesia, Anxiolysis, Inhalation of Nitrous Oxide	\$66.00	\$33.00
D0120	Periodic Exam	\$76.00	\$38.00
D0140	Limited/Emergency Exam	\$36.00	\$18.00
D0145	Cursory Oral Exam (under 3yrs old) - includes fluoride varnish	\$95.00	No Slide
D0150	Comprehensive Exam	\$55.00	No Slide
D0180	Periodontal Evaluation (no x-rays)	\$66.00	\$33.00

Radiographs

D0210	FMX (14 PA, 4BW)	\$86.00	\$43.00
D0220	PA, first film	\$26.00	\$13.00
D0230	PA additional films	\$20.00	\$10.00
D0240	Occlusal film	\$26.00	\$13.00
D0270	Bitewing x-ray, single film	\$26.00	\$13.00
D0272	Bitewing x-ray, two films	\$36.00	\$18.00
D0274	Bitewing x-ray, four films	\$46.00	\$23.00
D0330	Panoramic film (includes additional x-rays as needed)	\$86.00	\$43.00
D0350	Oral/Facial Photographic Images	\$20.00	\$10.00
	Duplicate x-ray	\$10.00	No Slide
	Duplicate Panorex	\$15.00	No Slide

Preventive

D1110	Adult prophylaxis	\$55.00	No Slide
D1120	Child Prophylaxis - Oral Health Instruction & Fluoride	\$45.00	No Slide
D1203	Child topical application of fluoride	\$28.00	\$14.00
D1204	Adult Topical Application of Fluoride	\$28.00	\$14.00
D1206	Topical Fluoride Varnish	\$28.00	\$14.00
D1330	Oral Hygiene Instruction (when administered by itself)	\$20.00	No Slide
D1351	Sealant, per quadrant	\$36.00	\$18.00
D1510	Space Maintainer, uni-lateral, fixed	\$156.00	\$78.00
D1515	Space Maintainer, bi-lateral, fixed	\$246.00	\$123.00
D1550	Re-cement Space Maintainer \$40 - \$80	\$40.00	\$20.00
D2391	Preventive Resin Restoration	\$56.00	\$28.00

Restorative

D2140	Amalgam-1 surface, permanent	\$76.00	\$38.00
D2150	Amalgam-2 surfaces, permanent	\$92.00	\$46.00
D2160	Amalgam-3 surfaces, permanent	\$116.00	\$58.00
D2161	Amalgam-4 or more surfaces, permanent	\$136.00	\$68.00
D2330	Resin-1 surface, anterior	\$86.00	\$43.00
D2331	Resin-2 surfaces, anterior	\$106.00	\$53.00
D2332	Resin-3 surfaces, anterior	\$126.00	\$63.00
D2335	Resin, 4 + surfaces, anterior	\$150.00	\$75.00
D2390	Resin strip crown, primary	\$254.00	\$127.00
D2390	Resin-based composite crown, anterior (perm. Teeth)	\$106.00	\$53.00
D2391	Resin, 1 surface, posterior	\$96.00	\$48.00
D2392	Resin, 2 surface, posterior	\$106.00	\$53.00
D2393	Resin, 3 surface, posterior	\$126.00	\$63.00
D2394	Resin, 4+ surfaces, posterior	\$246.00	\$123.00

**Florida Department of Health in Jefferson County
Dental Sliding Fee Schedule (Continued)
Effective October 1, 2013**

Other Restorative Services

		100%	50%
D2920	Re-cement crown	\$76.00	\$38.00
D2930	Stainless steel crown	\$156.00	\$78.00
D2940	Sedative filling	\$66.00	\$33.00
D2951	Pin retention	\$20.00	\$10.00

Endodontic Procedures

D3110	Direct pulp cap	\$36.00	\$18.00
D3120	Indirect pulp cap	\$36.00	\$18.00
D3220	Pulpotomy	\$106.00	\$53.00

Periodontics

D4210	Gingivectomy or gingivoplasty (per quadrant)	\$126.00	\$63.00
D4211	Gingivectomy or gingivoplasty (2-3 teeth)	\$106.00	\$53.00
D4341	Scaling and root planning, per quadrant	\$126.00	\$63.00
D4342	Scaling and root planning, 1-3 per quadrant	\$96.00	\$48.00
D4355	Gross Debridement	\$65.00	No Slide
D4910	Supportive periodontal therapy	\$66.00	\$33.00

Removeable Prosthodontic Procedures

D5110	Complete maxillary denture - 5th Visit	\$655.00	No Slide
D5120	Complete mandibular denture - Denture 5th Visit	\$655.00	No Slide
D5211	Maxillary resin based partial - Denture 5th Visit	\$655.00	No Slide
D5212	Mandibular resin based partial - Denture 5th Visit	\$655.00	No Slide
D5410	Adjust maxillary complete denture	\$55.00	No Slide
D5411	Adjust mandibular complete denture	\$55.00	No Slide
D5421	Adjust maxillary partial denture	\$55.00	No Slide
D5422	Adjust mandibular partial denture	\$55.00	No Slide

Other Fixed Partial Denture Services

D6930	Re-cement fixed partial denture	\$85.00	No Slide
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Oral Surgery

D7111	Extraction, coronal remnants - deciduous tooth	\$60.00	\$30.00
D7140	Extraction, erupted tooth or exposed root	\$76.00	\$38.00
D7210	Extraction, surgical removal of erupted tooth	\$156.00	\$78.00
D7250	Surgical Removal of Residual Tooth Roots	\$116.00	\$58.00
D7280	Surgical access of an unerupted tooth	\$106.00	\$53.00
D7286	Soft Tissue Biopsy	\$105.00	No Slide
D7510	Incise & Drainage of Abscess-intraoral soft tissue	\$100.00	\$50.00
D7520	Incise & Drainage of Abscess-extraoral soft tissue	\$140.00	\$70.00
D7970	Excision hyperplastic tissue	\$106.00	\$53.00
D7971	Operculectomy	\$106.00	\$53.00

Adjunctive General Services

D9110	Palliative (Emergency) Treatment of Dental Pain-minor pro	\$46.00	\$23.00
D9940	Bite Guard	\$280.00	No Slide

Note: All fees due at time of service.

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 Florida Department of Health in Jefferson County 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 the ____ day of October, 2013 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 Florida Department of Health in Jefferson County.
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 I the public records, the clerk of the Board is hereby directed to forward a copy of this Resolution to the Florida Department of Health in Jefferson County and the Florida Department of Health.

ATTEST,

BOARD OF COUNTY COMMISSIONERS
OF JEFFERSON COUNTY, FLORIDA

Kirk Reams, CLERK

BY: _____
John Nelson, CHAIR

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

**ITEM 5(a): JCHD CONTRACT/FEE
SCHEDULE**

JEFFERSON COUNTY - GRANNY FLAT TAX
2013

ORDINANCE NO: _____

AN ORDINANCE OF JEFFERSON COUNTY, A POLITICAL SUBDIVISION OF THE STATE OF FLORIDA; PROVIDING FOR REFERENCE AS THE “ELDER LIVING QUARTERS TEMPORARY ASSESSMENT ABEYANCE ORDINANCE”; PROVIDING FOR EXERCISE OF COUNTY POWERS; AUTHORIZING A TEMPORARY ABEYANCE IN THE INCREASE OF THE ASSESSED VALUE OF HOMESTEAD PROPERTY; PROVIDING THAT SAID TEMPORARY ABEYANCE IN THE INCREASED OF THE ASSESSED VALUE RESULTS FROM THE CONSTRUCTION OR RECONSTRUCTION OF THE PROPERTY FOR THE PURPOSE OF PROVIDING LIVING QUARTERS FOR ONE OR MORE NATURAL OR ADOPTIVE PARENTS OR GRANDPARENTS OF THE OWNERS OF THE PROPERTY OR THE OWNER’S SPOUSE IF AT LEASE ONE OF THE PARENTS OR GRANDPARENTS FOR WHOM THE LIVING QUARTERS ARE PROVIDED IS AT LEAST 62 YEARS OF AGE; PROVIDING FOR ADJUSTMENTS; ESTABLISHING ANNUAL FILING REQUIREMENTS; PROVIDING FOR A PENALTY; PROVIDING FOR SEVERABILITY; AND PROVIDING AN EFFECTIVE DATE.

WHEREAS, Article VII, Section 4(e), Florida Constitution, authorizes the State Legislature to enact a general law allowing counties to provide for a temporary abeyance in the increase of the assessed value of a homestead property; and

WHEREAS, said Article VII, Section 4(e), Florida Constitution provides a temporary abeyance in the increase of the assessed value of the homestead property to the extent it results from the construction and reconstruction of the property for the purpose of providing living quarters for one or more natural or adoptive parents or grandparents of the owner or of the owner’s spouse if at least one of the parents or grandparents for whom the living quarters are provided is 62 years of age or older. Article VII, Section 4(e), Florida Constitution further provides that the reduction may not exceed the lesser of: (1) the increase in assessed value resulting from construction or reconstruction of the property; or (2) twenty percent (20%) of the total assessed value of the property as improved; and

WHEREAS, Section 193.703, Florida Statutes, implements Article VII, Section 4(e), Florida Constitution, and Florida Administrative Code (F.A.C.) Chapter 12D-8.0068 provides for the administration of this statute; and

WHEREAS, the Board of County Commissioners finds that temporary abeyance in the increase of the assessed value of a homestead property within the provisions and limitations of

Article VII, Section 4(e), Florida Constitution, and Section 193.703, Florida Statutes is appropriate and beneficial to the citizens of Jefferson County; and

WHEREAS, a temporary abeyance in the increase of the assessed value of a homestead property should be in the form of an ordinance and should be filed with the Jefferson County Property Appraiser no later than December 30, 2013, to be effective in the 2014 tax year;

NOW, THEREFORE, BE IT ORDAINED by the Board of County Commissioners of Jefferson County, Florida;

Section 1. Elder Living Quarters Temporary Assessment Abeyance Ordinance. This ordinance shall be referenced, and commonly known as, the “Elder Living Quarters Temporary Assessment Abeyance Ordinance.”

Section 2. Exercise of County powers. This Ordinance represents an exercise of County powers, pursuant to Chapter 125, Florida Statutes. This Ordinance shall apply to the property tax levies of all taxing authorities levying tax within the County and shall be administered in compliance with F.A.C. Chapter 12D-8.0068, as amended.

Section 3. Temporary abeyance in the increase of the assessed value of a homestead property for living quarters of parents and grandparents. Commencing January 2014 and annually thereafter, pursuant to Article VII, Section 4(e), Florida Constitution, and Section 193.703, Florida Statutes, a temporary abeyance in the increase of the assessed value of homestead property is hereby authorized provided that the reduced assessment value results from the construction or reconstruction of the property for the purpose of providing living quarters for one or more natural or adoptive parents or grandparents of the owner of the property or of the owner’s spouse if at least one of the parents or grandparents for whom the living quarters are provided is at least 62 years of age.

Section 4. Local plans and regulations. The temporary abeyance in the increase of the assessed value may be granted pursuant to this Ordinance only to the owner of homestead property where the construction or reconstruction is consistent with local land development regulations.

Section 5. Application. The temporary abeyance in the increase of the assessed value which is granted pursuant to this Ordinance applies only to construction or reconstruction that has been substantially completed after January 1, 2013 to an existing homestead and applies only during taxable years during which at least one such parent or grandparent maintains his or her primary place of residence in such living quarters within the homestead property of the owner.

Section 6. Annual application and limit on amount of reduction. The temporary abeyance in the increase of the assessed value may be granted only upon an application filed annually with the Property Appraiser. The application must be made before March 1 of the year for which the temporary abeyance in the increase of the assessed value is to be granted. If the Property Appraiser is satisfied that the property is entitled to temporary abeyance in the increase of the assessed value pursuant to this Ordinance, the Property Appraiser shall approve the

application, and the value of such residential improvements shall be excluded from the value of the property for purposes of ad valorem taxation. The value excluded may not exceed the lesser of the following:

- (a) The increase in assessed value resulting from construction or reconstruction of the property; or
- (b) Twenty percent (20%) of the total assessed value of the property is improved.

Section 7. Penalty for violation. Pursuant to Section 193.703, Florida Statutes, if the owner of homestead property for which such temporary abeyance in the increase of the assessed value has been granted is found to have made any willfully false statement in the application for the reduction, the reduction shall be revoked, the owner is subject to a civil penalty of not more than \$1,000, and the owner shall be disqualified from receiving any such reduction for a period of five (5) years.

Section 8. Adjustment of assessed value. When the property owner no longer qualifies for the temporary abeyance in the increase of the assessed value for living quarters of parents or grandparents, the previously excluded just value of such improvements as of the first January 1 after the improvements were substantially completed shall be added back to the assessed value of the property.

Section 9. Severability. If any Section, subsection, sentence, clause, phrase or provision of this Ordinance is for any reason held invalid or unconstitutional by any court of competent jurisdiction, such holding shall not be construed to render the remaining provisions of this Ordinance invalid or unconstitutional.

Section 10. Effective date. This Ordinance shall take effect upon filing with the Secretary of State.

PASSED AND ENACTED by the Board of County Commissioners of Jefferson County, Florida, this _____ day of _____, 2013.

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

By: _____
Chairman

ATTEST: Kirk Reams, Clerk of Court

Rendition Date: _____

By: _____
Clerk

Effective Date: _____

**ITEM 5(c): SMALL BUSINESS
DEVELOPMENT CONSULTING CONTRACT**

Professional Services Agreement

Small Business Development Program Services

This consulting agreement is between CPI Consulting (Consultant) and the Jefferson County Board of County Commissioners (Board) for the operation of the Small Business Development Program (Program). The goal of this program is to provide assistance for the creation and expansion of local businesses, with support toward their success. Terms of the agreement follow.

A. Scope of Services

The Consultant will provide consulting and mentoring services to members of the public who want to start or expand a small business in Jefferson County. Interested individuals may become clients of the Program and receive support with: considerations in setting up and managing a successful small business, business feasibility analysis, business planning and plan development, potential funding sources and financial plan development, and business marketing concerns and techniques.

In addition, the Consultant:

- Will develop a statement to be provided to and signed by new clients of the Program outlining the services available and terms for their use
- May recommend criteria for prioritizing clients, and the amount of time spent per client, depending upon demand for services as well as consideration of economic development priorities of the County
- May create a Web page to include information about the Program to assist prospective clients in knowing what services are available and understanding what to expect as a client. Such a Web page can be used to save time for the Program while also being an effective marketing tool.
- Will assist with further defining desired outcomes and operating practices for the Program as needed

B. Term & Hours

This consulting agreement is for a period of one year starting on October 16, 2013 and ending on October 15, 2014.

The Consultant will work 20 hours per week. Records will be kept on hours worked. Hours will be set by the Consultant based on appointments with clients and other work planned for any given week. The Consultant may choose to meet clients after normal business hours or on weekends where helpful to the clients.

Six months from the start date of the contract the Consultant will report to the Board of County Commission (Board) and be available to appear before the Board for a review of results of the Consultant's work and the progress of the Program. The written report will address Program activities and results to-date as well as plans and needs for the future.

No hours will be required Thanksgiving week, Christmas week and one week during the summer for which scheduling will be negotiated. Partial hours will be worked New Year's week and the week of the contract start date given the partial work week.

C. Facilities & Staff Support

The Board will provide the Consultant with an appropriate office space to work with potential small business clients, a laptop computer with business software and mobile Internet connection, printer, projection equipment for presentations, binding equipment, cell phone and administrative assistant support of 8 hours per week to help with business plan printing and binding to send to potential funding sources and other related secretarial and administrative support.

The Consultant may also perform work from other locations, including offices of the Consultant.

D. Client Meetings

Most meetings with clients will take place in the designated County office space. In some instances the Consultant may choose to offer and provide a site visit at the facilities (or planned location) of a client.

Where effective in addressing client needs, the Consultant may also offer to meet with clients online. Where this is the case it is acknowledged that the Consultant will provide the technology services for online meetings and at no extra charge to the County or clients.

E. Reporting & Accountability

In addition to the six month report called for in Section B above, the Consultant will provide progress reports to the Board on a quarterly basis, including the following:

- Activities of the Consultant to advance the Program goals and priorities
- Number of potential clients that have contacted the Consultant for information or assistance
- Number of existing businesses that have requested assistance and become clients
- Number of potential new businesses that have asked for assistance and become clients
- New jobs projected by clients for their new or expanded businesses and anticipated time frames
- Business plans completed
- Business plans funded
- Verification of funding received by clients, with written statement from the funded client
- Verification of number of jobs created, with written statement from the client
- Other progress made and plans for advancement of the Program
- Any issues, needs or requests related to the Program

F. Payments

The Board shall pay the Consultant a consulting fee of \$24,000 for the year, payable in twice monthly installments.

G. Renewal & Cancellation

The Board and the Consultant may renew this agreement by mutual consent. Either party may cancel the contract with a thirty (30) day notice in writing.

H. Liability

The parties mutually covenant with each other to indemnify and hold each other harmless against any and all claims, demands, damages or injuries arising from the activities of this agreement.

Neither the County nor the Consultant may be held legally responsible to clients for any results produced or not produced as a result of the services they receive through the Small Business Development Program. Clients who accept these complimentary services of the County will be asked to sign a brief statement about the services to be voluntarily received which shall include acknowledgement of this provision.

I. Confidentiality

The Consultant will follow provisions of S. 119.0701, Florida Statutes, the Florida Public Records Act, with regard to confidentiality of client records. The statement referred to in section H above will advise clients of their rights to confidentiality of business information as provided under S. 288.075, F.S.

J. Independent Status

The parties recognize that the Consultant is not an employee of Jefferson County and is acting as an Independent Contractor.

K. Compliance & Venue

This agreement shall be governed in all respects by the laws of the State of Florida. The jurisdiction and venue of any action to enforce the terms of this agreement, or to resolve any disputes arising out of or relating to this agreement, shall be in the appropriate State court in Jefferson County, Florida.

IN WITNESS WHEREOF, the parties have affixed their signatures in agreement with the above terms.

Chairman, Jefferson County Board of County
Commissioners

Date: _____

Marcia Elder, President, CPI Consulting

Date: _____

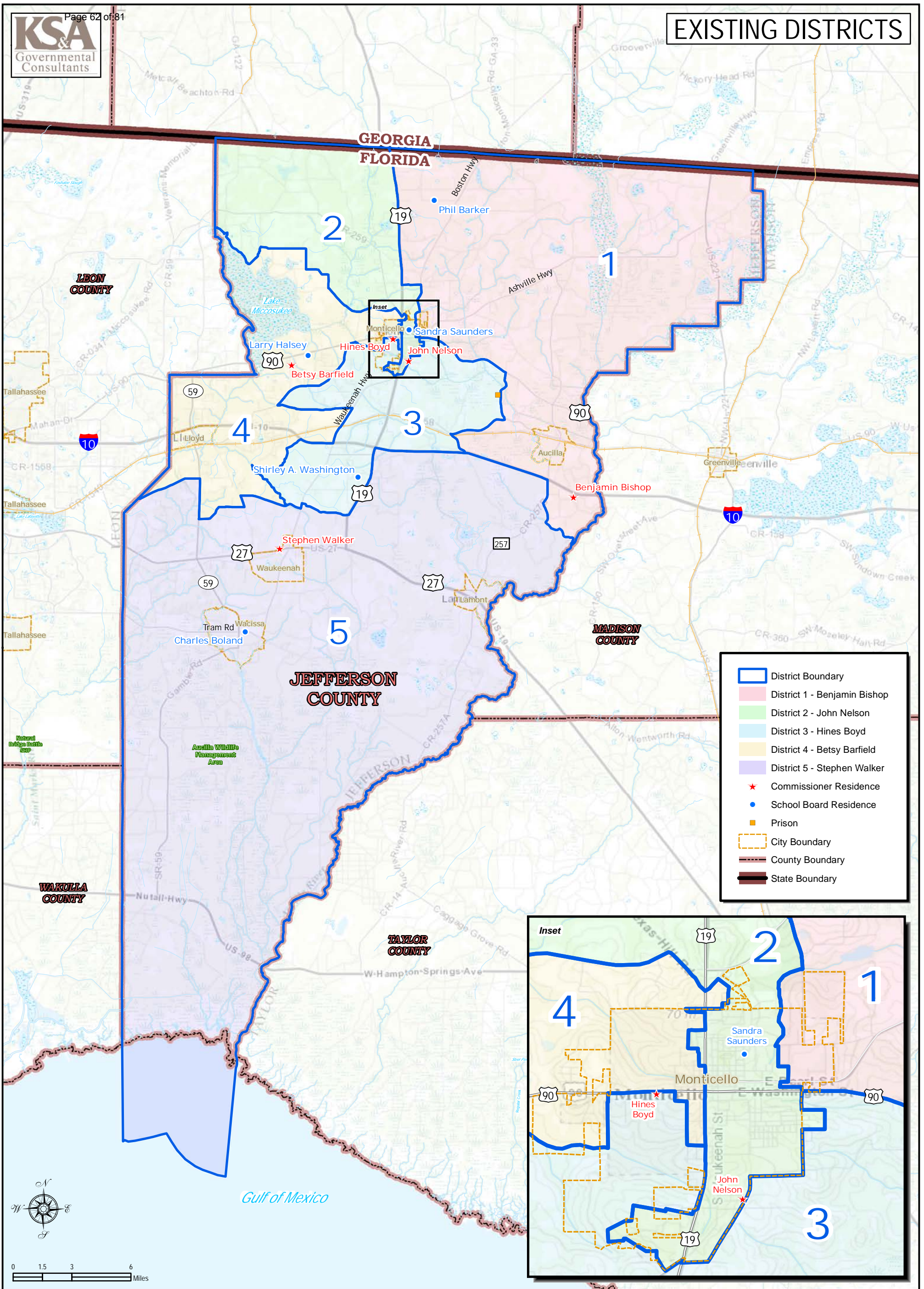
ATTEST:

Kirk Reams, Clerk of Court

Date: _____

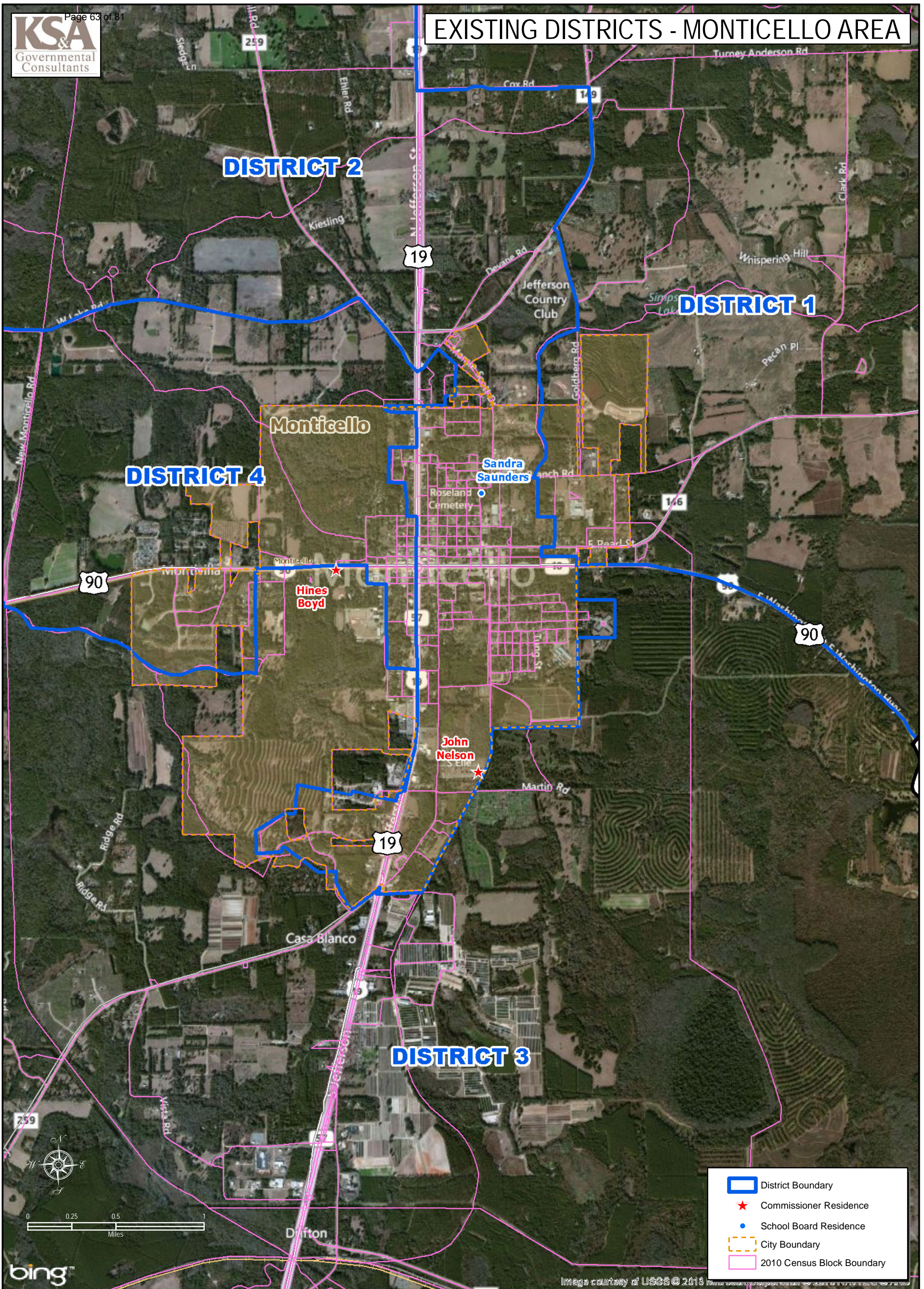
**ITEM 5(d): REDISTRICTING MAP
SELECTION**

EXISTING DISTRICTS



DISTRICT #	AVERAGE (MEAN) POPULATION	ACTUAL POPULATION	DEVIATION	PERCENT DEVIATION	WHITE	PERCENT WHITE	BLACK	PERCENT BLACK	HISPANIC	PERCENT HISPANIC	OTHER	PERCENT OTHER
1	2,952	3,108	156	5.28%	2,104	67.70%	874	28.12%	135	4.34%	130	4.18%
2	2,952	2,741	(211)	-7.15%	1,051	38.34%	1,602	58.45%	67	2.44%	88	3.21%
3	2,952	3,066	114	3.85%	1,663	54.24%	1,297	42.30%	165	5.38%	106	3.46%
4	2,952	3,113	161	5.45%	2,379	76.42%	629	20.21%	106	3.41%	105	3.37%
5	2,952	2,733	(219)	-7.42%	1,715	62.75%	938	34.32%	73	2.67%	105	3.85%

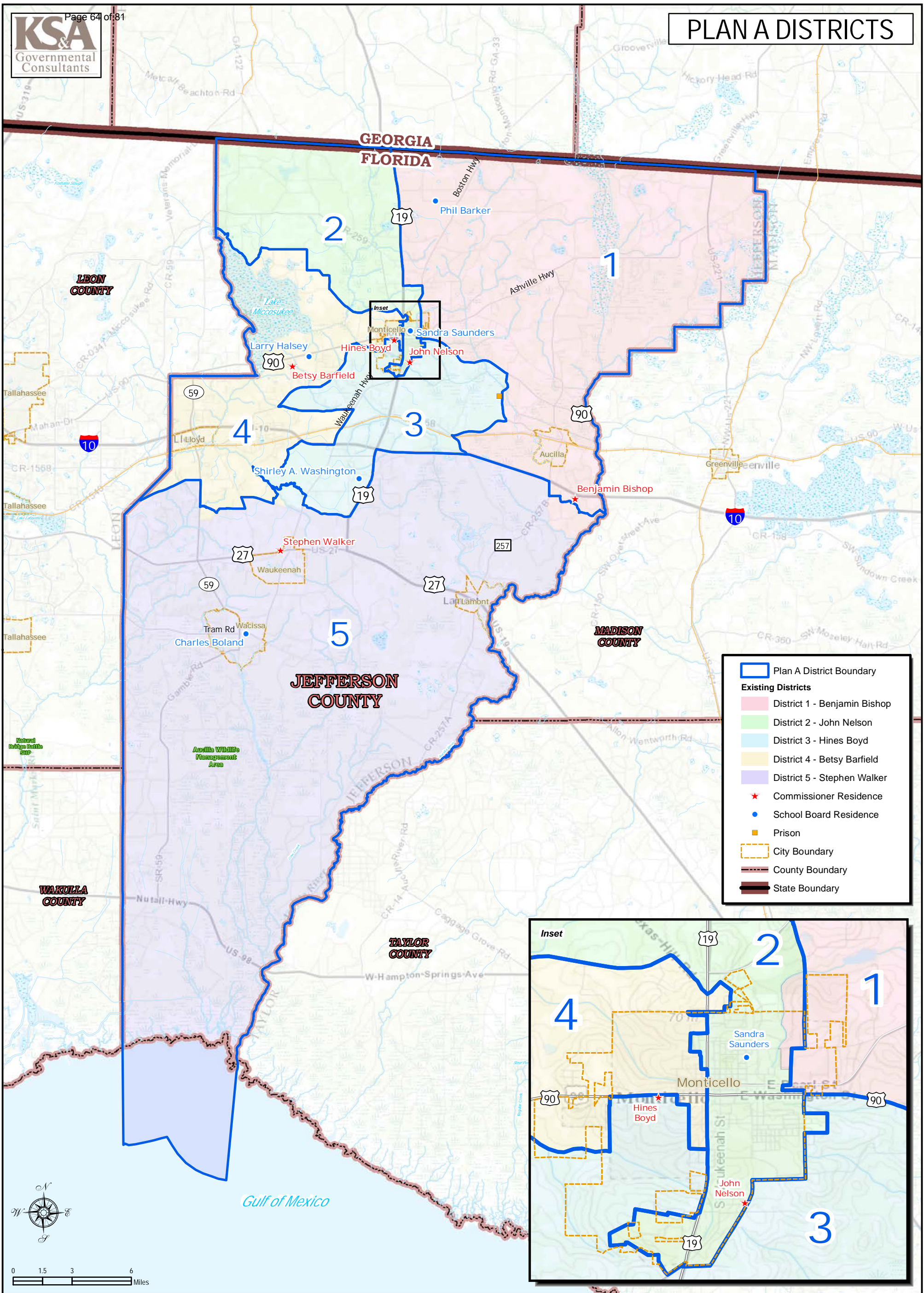
EXISTING DISTRICTS - MONTICELLO AREA



- District Boundary
- ★ Commissioner Residence
- School Board Residence
- City Boundary
- 2010 Census Block Boundary

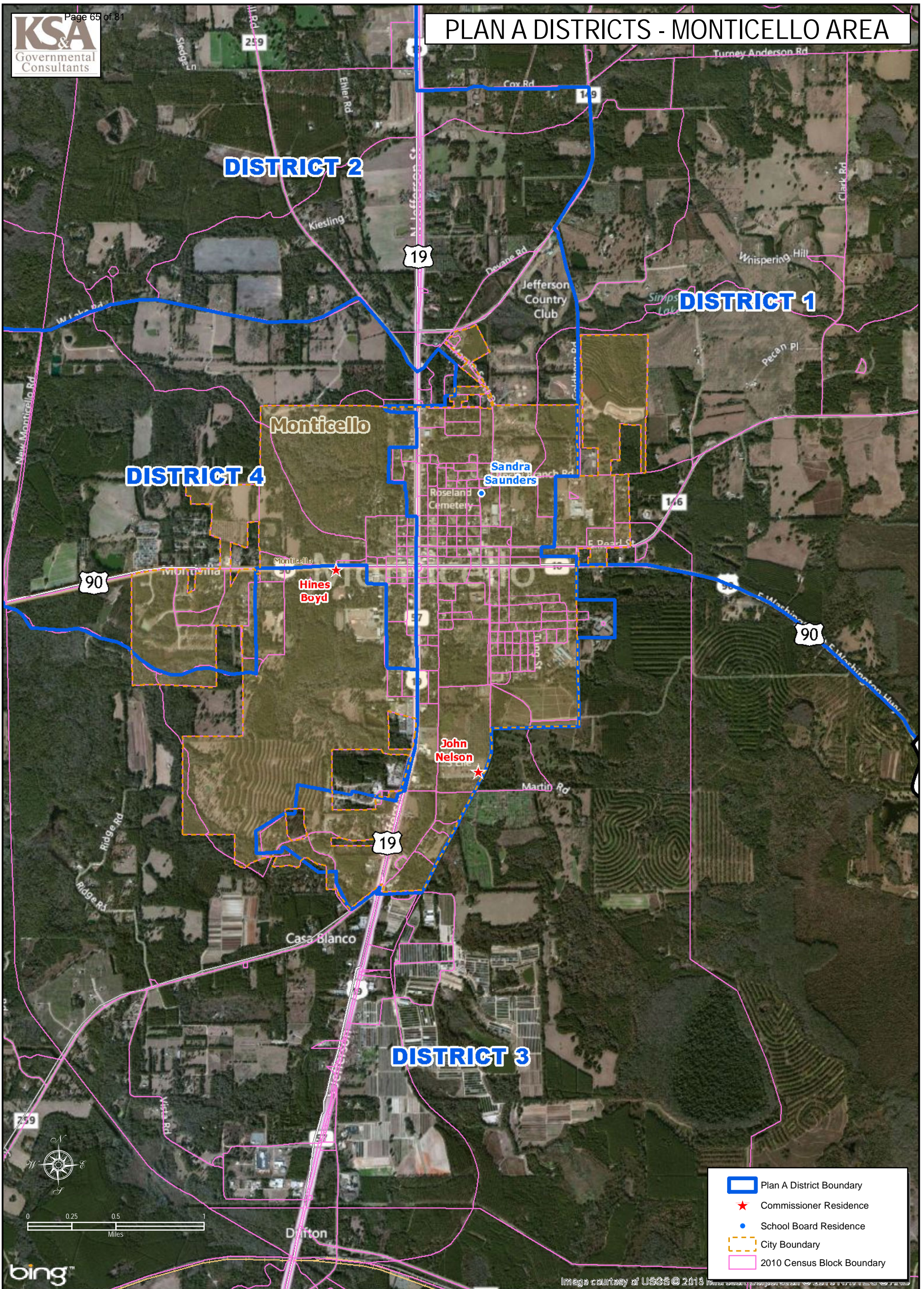
DISTRICT #	AVERAGE (MEAN) POPULATION	ACTUAL POPULATION	DEVIATION	PERCENT DEVIATION	WHITE	PERCENT WHITE	BLACK	PERCENT BLACK	HISPANIC	PERCENT HISPANIC	OTHER	PERCENT OTHER
1	2,952	3,108	156	5.28%	2,104	67.70%	874	28.12%	135	4.34%	130	4.18%
2	2,952	2,741	(211)	-7.15%	1,051	38.34%	1,602	58.45%	67	2.44%	88	3.21%
3	2,952	3,066	114	3.85%	1,663	54.24%	1,297	42.30%	165	5.38%	106	3.46%
4	2,952	3,113	161	5.45%	2,379	76.42%	629	20.21%	106	3.41%	105	3.37%
5	2,952	2,733	(219)	-7.42%	1,715	62.75%	938	34.32%	73	2.67%	105	3.83%

PLAN A DISTRICTS



DISTRICT #	AVERAGE (MEAN) POPULATION	ACTUAL POPULATION	DEVIATION	PERCENT DEVIATION	WHITE	PERCENT WHITE	BLACK	PERCENT BLACK	HISPANIC	PERCENT HISPANIC	OTHER	PERCENT OTHER
1	2,952	2,998	46	1.55%	2,078	69.31%	790	26.35%	129	4.30%	130	4.34%
2	2,952	2,822	(130)	-4.41%	1,057	37.46%	1,677	59.43%	73	2.59%	88	3.12%
3	2,952	3,051	99	3.35%	1,652	54.15%	1,297	42.51%	165	5.41%	102	3.34%
4	2,952	3,073	121	4.09%	2,348	76.41%	623	20.27%	104	3.38%	102	3.32%
5	2,952	2,817	(135)	-4.58%	1,777	63.08%	953	33.83%	75	2.66%	102	3.09%

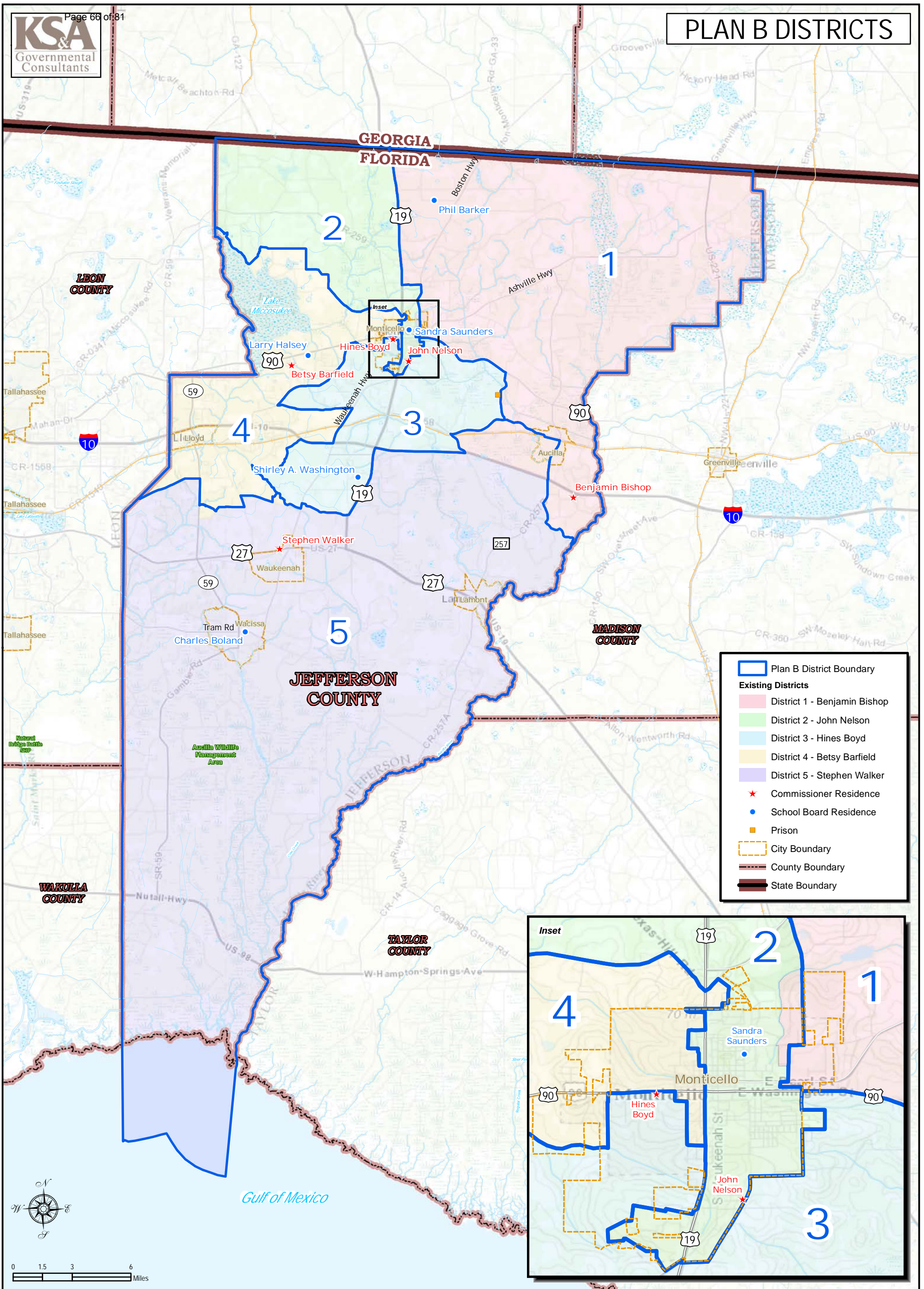
PLAN A DISTRICTS - MONTICELLO AREA



- Plan A District Boundary
- ★ Commissioner Residence
- School Board Residence
- City Boundary
- 2010 Census Block Boundary

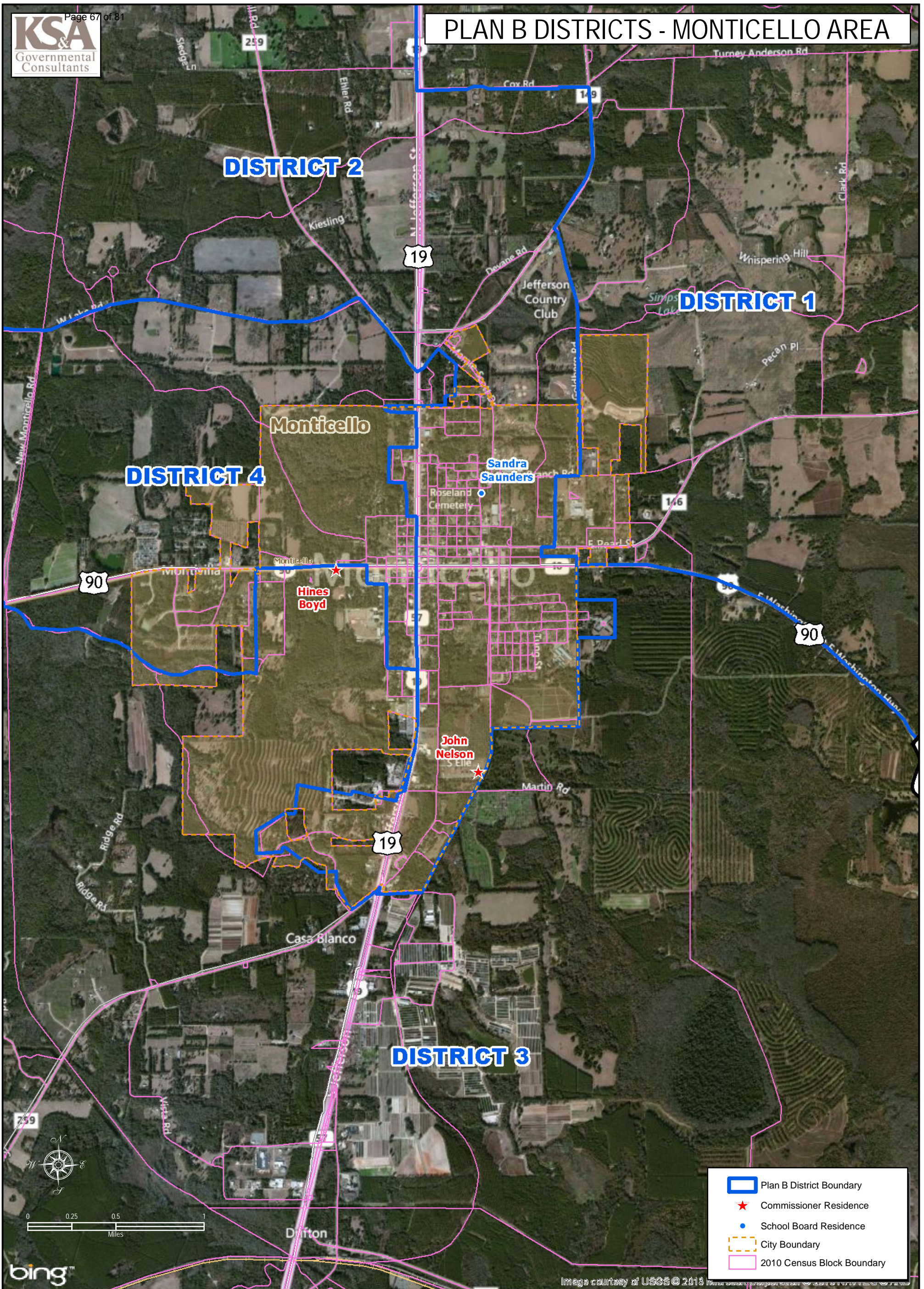
DISTRICT #	AVERAGE (MEAN) POPULATION	ACTUAL POPULATION	DEVIATION	PERCENT DEVIATION	WHITE	PERCENT WHITE	BLACK	PERCENT BLACK	HISPANIC	PERCENT HISPANIC	OTHER	PERCENT OTHER
1	2,952	2,998	46	1.55%	2,078	69.31%	790	26.35%	129	4.30%	130	4.34%
2	2,952	2,822	(130)	-4.41%	1,057	37.46%	1,677	59.43%	73	2.59%	88	3.12%
3	2,952	3,051	99	3.35%	1,652	54.15%	1,297	42.51%	165	5.41%	102	3.34%
4	2,952	3,073	121	4.09%	2,348	76.41%	623	20.27%	104	3.38%	102	3.32%
5	2,952	2,817	(135)	-4.58%	1,777	63.08%	953	33.83%	75	2.66%	102	3.09%

PLAN B DISTRICTS



DISTRICT #	AVERAGE (MEAN) POPULATION	ACTUAL POPULATION	DEVIATION	PERCENT DEVIATION	WHITE	PERCENT WHITE	BLACK	PERCENT BLACK	HISPANIC	PERCENT HISPANIC	OTHER	PERCENT OTHER
1	2,952	2,983	31	1.04%	2,066	69.26%	789	26.45%	129	4.32%	128	4.29%
2	2,952	2,822	(130)	-4.41%	1,057	37.46%	1,677	59.43%	73	2.59%	88	3.12%
3	2,952	3,066	114	3.85%	1,663	54.24%	1,297	42.30%	165	5.38%	106	3.46%
4	2,952	3,073	121	4.09%	2,348	76.41%	623	20.27%	104	3.38%	102	3.32%
5	2,952	2,817	(135)	-4.58%	1,778	63.12%	954	33.87%	75	2.66%	102	3.02%

PLAN B DISTRICTS - MONTICELLO AREA



DISTRICT #	AVERAGE (MEAN) POPULATION	ACTUAL POPULATION	DEVIATION	PERCENT DEVIATION	WHITE	PERCENT WHITE	BLACK	PERCENT BLACK	HISPANIC	PERCENT HISPANIC	OTHER	PERCENT OTHER
1	2,952	2,983	31	1.04%	2,066	69.26%	789	26.45%	129	4.32%	128	4.29%
2	2,952	2,822	(130)	-4.41%	1,057	37.46%	1,677	59.43%	73	2.59%	88	3.12%
3	2,952	3,066	114	3.85%	1,663	54.24%	1,297	42.30%	165	5.38%	106	3.46%
4	2,952	3,073	121	4.09%	2,348	76.41%	623	20.27%	104	3.38%	102	3.32%
5	2,952	2,817	(135)	-4.58%	1,778	63.12%	954	33.87%	75	2.66%	102	3.02%

**ITEM 5(e): COUNTY COORDINATOR
CONTRACT EXTENSION**

STATE OF FLORIDA
COUNTY OF JEFFERSON

EMPLOYMENT AGREEMENT

This Agreement made and entered into this ____ day of **July, 2012** between Jefferson County, Florida, a political subdivision of the State of Florida, acting by and through its Board of Commissioners, as the part of the first part (hereinafter referred to as "the County") and **GEORGE P. BARWICK, of Crawfordville**, Florida, as the party of the second part (hereinafter referred to as the "the Employee");

WITNESSETH:

WHEREAS, Jefferson County **desires to employ** the Employee for the position of the county coordinator of the County under the terms and conditions as set forth herein; and

WHEREAS, the Employee is willing to accept the position of county coordinator and devote his full time and efforts to said position under the terms and conditions as set forth herein.

NOW, THEREFORE, in consideration of the benefits to the parties as contained herein, the parties by these presents do covenant and agree between themselves as follows:

1.

The County hereby agrees to **employ the Employee** as the county coordinator of Jefferson County, Florida. The duties and responsibilities of the Employee shall include those duties and responsibilities of the position of county coordinator as set forth in the job description adopted by the County on April 17, 2012, which by reference is incorporated herein, and to perform such other and specific duties as may from time to time be assigned to him by the Board of Commissioners of Jefferson County. (see attached copy of job description)

2.

The Employee hereby accepts such employment and agrees that he will render services to the County and devote his full time and efforts to carrying out the duties and responsibilities of the position of county coordinator. The Employee agrees that he will not accept any other employment or perform any other services for compensation during the term of his employment hereunder without the prior written consent of the County. ~~The employee agrees to maintain a Jefferson County residence within twelve (12) months of this date.~~

3.

The term of the Employee's employment pursuant to this Agreement shall consist of a period of ~~two (2) years commencing on July 5, 2012,~~ and ending on whichever events is first to occur, to wit:

- (a) The termination date of the period of employment;
- (b) The date of the Employee's death;
- (c) The date, if any, after the commencement date on which the employment of the Employee is terminated by the County, with such termination being at the absolute discretion of the County, with or without cause, as the Employee shall serve at the pleasure of the County; or
- (d) Sixty (60) days notice from the Employee to the County of his resignation as county coordinator.

4.

The County hereby agrees to ~~compensate the Employee,~~ and the Employee hereby agrees to accept, as compensation for Employee's services hereunder the following: (a) an ~~annual~~ salary of \$ 68,900.00, ~~prorated as of the commencement date of County Coordinator Contract employment under this Agreement,~~ paid in equal bi-weekly payments on the same day as other County employees are paid; (b) cost of living increase as paid to other County employees;

(c) group health insurance benefits as provided to all other County Employees; (d) retirement benefits as provided in the County's Personnel Policies; (e) travel mileage for any use of Employee's personal vehicle in the performance of his duties as county coordinator at the same rate per mile amount as paid to all other County employees per existing County policy, to be paid on a monthly basis, within 10 days of the Employee submitting a travel voucher to the County; and (f) ~~two (2) weeks paid vacation during the first year of employment and in subsequent years.~~

5.

In the event this Agreement is terminated, without just cause, by the County prior to its expiration date ~~of the initial two (2) year term~~, the County agrees to pay to the Employee a sum equal to nine month's salary ~~or the salary of the number of months remaining in the current term if less than twelve (12) months.~~ All salary paid shall be less normal federal and state deductions.

6.

This Contract for Employment may be renewed for successive ~~twelve (12) months terms after the termination of the initial term~~ without further action by the parties unless terminated by written notice of either the Employee or the County to the other party, by certified mail, return receipt requested, not less than thirty (30) days before the then existing term ends.

7

In the event that any provision of this Agreement shall finally be determined to be invalid, ineffective or unenforceable, every other provision of the Agreement shall remain in full force and effect. The invalid, ineffective or unenforceable portion of the Agreement shall, without further action by the parties, be automatically amended to affect the original purpose and intent of the portion of the Agreement declared to be invalid, ineffective or

unenforceable provision.

8

This Agreement sets forth the entire understanding of the parties hereto with respect to the subject matter hereof and supersedes all prior contracts, agreements, arrangements communications, discussions, and/or representations, either oral or written, between the parties hereto.

9

This Agreement shall in all respects be governed by and construed and enforced in accordance with the laws of the State of Florida.

10

This Agreement nor any of the rights, benefits or obligations provided for herein may be assigned by a party in any manner. The terms hereof shall inure to the benefit of and be binding upon the parties and their successor and personal representatives.

IN WITNESS WHEREOF, the parties have executed this Agreement on the day and year first above written.

SIGNATURE PAGE TO FOLLOW

4

SIGNATURE PAGE OF EMPLOYMENT AGREEMENT

JEFFERSON COUNTY FLORIDA BOARD OF
COUNTY COMMISSIONERS

By: _____
HINES BOYD, Chairman

Attest: _____
KIRK REAMS, Clerk

Signed, sealed and delivered
on the ____ day of June,
2012, in the presence of:

EMPLOYEE

George Parrish Barwick

Unofficial Witness

Notary Public
My Commission Expires:

STATE OF FLORIDA
COUNTY OF JEFFERSON

EMPLOYMENT AGREEMENT

This Agreement made and entered into this ____ day of October, 2013 between Jefferson County, Florida, a political subdivision of the State of Florida, acting by and through its Board of Commissioners, as the part of the first part (hereinafter referred to as "the County") and **GEORGE PARRISH BARWICK**, of Lloyd, Florida, as the party of the second part (hereinafter referred to as the "the Employee");

WITNESSETH:

WHEREAS, Jefferson County has employed the Employee for the position of the county coordinator of the County under terms and conditions set forth in previous writing; and

WHEREAS, the Employee was willing to accept the position of county coordinator and devote his full time and efforts to said position under the terms and conditions as set forth herein.

NOW, THEREFORE, in consideration of the benefits to the parties as contained herein, the parties by these presents do covenant and agree between themselves as follows:

1.

The County hereby agrees to extend employment to the Employee as the county coordinator of Jefferson County, Florida. The duties and responsibilities of the Employee shall include those duties and responsibilities of the position of county coordinator as set forth in the job description adopted by the County on April 17, 2012, which by reference is incorporated herein, and to perform such other and specific duties as may from time to time be assigned to him by the Board of Commissioners of Jefferson County. (see attached copy of job description)

2.

The Employee hereby accepts such employment and agrees that he will render services to the County and devote his full time and efforts to carrying out the duties and responsibilities of the position of county coordinator. The Employee agrees that he will not accept any other employment or perform any other services for compensation during the term of his employment hereunder without the prior written consent of the County.

3.

The term of the Employee's employment pursuant to this Agreement shall consist of a period of three (3) years commencing on July 1, 2014, and ending on whichever events is first to occur, to wit:

- (a) The termination date of the period of employment;
- (b) The date of the Employee's death;
- (c) The date, if any, after the commencement date on which the employment of the Employee is terminated by the County, with such termination being at the absolute discretion of the County, with or without cause, as the Employee shall serve at the pleasure of the County; or
- (d) Sixty (60) days notice from the Employee to the County of his resignation as county coordinator.

4.

The County hereby agrees to increase current compensation by 10% on July 1, 2014; 3% July 1, 2015; and 3% July 1, 2016 to the Employee, and the Employee hereby agrees to accept, as compensation for Employee's services hereunder the following: (a) an original base annual salary of \$68,900.00, paid in equal bi-weekly payments on the same day as other County employees are paid; (b) cost of living increase as paid to other County employees; (c) group health insurance benefits as provided to all other County Employees or 45% of health insurance cost paid directly

to Employee for outside health coverage; (d) retirement benefits as provided in the County's Personnel Policies – (the difference from regular class to senior class as changed by State Legislature during 2013 Session be paid directly to the Employee for retirement use at his discretion); (e) travel mileage for any use of Employee's personal vehicle in the performance of his duties as county coordinator at the same rate per mile amount as paid to all other County employees per existing County policy, to be paid on a monthly basis, within 10 days of the Employee submitting a travel voucher to the County.

5.

In the event this Agreement is terminated, without just cause, by the County prior to its expiration date, the County agrees to pay to the Employee a sum equal to nine month's salary. All salary paid shall be less normal federal and state deductions.

6.

This Contract for Employment may be renewed for successive two (2) year terms without further action by the parties unless terminated by written notice of either the Employee or the County to the other party, by certified mail, return receipt requested, not less than thirty (30) days before the then existing term ends.

7

In the event that any provision of this Agreement shall finally be determined to be invalid, ineffective or unenforceable, every other provision of the Agreement shall remain in full force and effect. The invalid, ineffective or unenforceable portion of the Agreement shall, without further action by the parties, be automatically amended to affect the original purpose and intent of the portion of the Agreement declared to be invalid, ineffective or unenforceable provision.

8

This Agreement sets forth the entire understanding of the parties hereto with respect to the subject matter hereof and supersedes all prior contracts, agreements, arrangements communications, discussions, and/or representations, either oral or written, between the parties hereto.

9

This Agreement shall in all respects be governed by and construed and enforced in accordance with the laws of the State of Florida.

10

This Agreement nor any of the rights, benefits or obligations provided for herein may be assigned by a party in any manner. The terms hereof shall inure to the benefit of and be binding upon the parties and their successor and personal representatives.

IN WITNESS WHEREOF, the parties have executed this Agreement on the day and year first above written.

SIGNATURE PAGE TO FOLLOW

4

SIGNATURE PAGE OF EMPLOYMENT AGREEMENT

JEFFERSON COUNTY FLORIDA BOARD OF
COUNTY COMMISSIONERS

By: _____
JOHN NELSON SR. Chairman

Attest: _____
KIRK REAMS, Clerk

Signed, sealed and delivered
on the ____ day of October.
2013.in the presence of:

EMPLOYEE

George P. Barwick

Unofficial Witness

Notary Public
My Commission Expires:

**ITEM 6(a): FIRE ASSESSMENT RATE
SELECTION**

Fire Assessment Workshop

8-Oct-13

2012 Fire Assessment Revenue \$626,104

2013 Fire Assessment Revenue \$633,198

2014 Fire Assessment Revenue Projection \$912,000

Scenario #1	County Rate	City Rate	Fire Budget Total
Existing	SF \$101.16	\$101.16	\$785,938
	MF \$57.46	\$57.46	
	COM \$.056/sf	\$.056/sf	
	CMIN \$143.75	\$143.75	
	CMAX \$3,327.50	\$3,327.50	
	VAC \$0.00	\$0.00	
	\$633,200.00	\$152,738.00	
Add Vacant	\$.17/acre	\$.17/acre	\$51,913
(Wakulla's Rate)	\$51,676.00	\$237.00	\$837,851
Add Vacant	\$.07/acre	\$.07/acre	\$855,823
(Madison's Rate)	\$10.47 min	\$10.47 min	
	\$64,665.00	\$5,220.00	

Scenario #2	County Rate	City Rate	Fire Assessment Total
Existing Residential & Adjusted Commercial \$.10/sf	SF \$101.16	\$101.16	\$861,495
	MF \$50.58	\$50.58	
	COM \$.10/sf	\$.10/sf	
	CMIN \$143.75	\$143.75	
	CMAX \$3,327.50	\$3,327.50	
	VAC \$0.00	\$0.00	
	\$674,093.00	\$187,402.00	
Add Vacant	\$.17/acre	\$.17/acre	\$51,913
(Wakulla's Rate)	\$51,676.00	\$237.00	\$913,408
Add Vacant	\$.07/acre	\$.07/acre	\$931,380
(Madison's Rate)	\$10.47 min	\$10.47 min	
	\$64,665.00	\$5,220.00	

Scenario #3		County Rate	City Rate	Fire Assessment Total
Slightly Lower Residential & Adjusted Commercial \$.10	SF	\$98.00	\$98.00	\$841,005
	MF	\$49.00	\$49.00	
	COM	\$.10/sf	\$.10/sf	
	CMIN	\$143.75	\$143.75	
	CMAX	\$3,327.50	\$3,327.50	
	VAC	\$0.00	\$0.00	
		<u>\$657,117.00</u>	<u>\$183,888.00</u>	
Add Vacant		\$.17/acre	\$.17/acre	\$51,913
(Wakulla's Rate)		<u>\$51,676.00</u>	<u>\$237.00</u>	
				\$892,918
Add Vacant		\$.07/acre	\$.07/acre	\$69,885
(Madison's Rate)		\$10.47 min	\$10.47 min	
		\$64,665.00	\$5,220.00	
				\$910,890

Scenario #4		County Rate	City Rate	Fire Assessment Total
Flat Rate Parcels	All	Parcel #	8,929	\$911,967
		Parcel \$	\$86.97	
			<u>\$776,555.13</u>	

*excludes Govt, TP Disabled Vets, Churches, Non-Profits
10 parcel max per "same name on deed owner"*

Scenario #5		County Rate	City Rate	Fire Assessment Total
GSG Proposed Rates	SF	\$130.81	\$130.81	\$1,271,445
	MF	\$65.41	\$65.41	
	COM	\$.1436/sf	\$.1436/sf	
	CMIN	\$143.75	\$143.75	
	CMAX	\$3,327.50	\$3,327.50	
	VAC	\$0.00	\$0.00	
		<u>\$980,357.00</u>	<u>\$291,088.00</u>	