

**CONTRACT BETWEEN  
BROWARD COUNTY  
AND  
STATE OF FLORIDA DEPARTMENT OF HEALTH  
FOR OPERATION OF  
THE BROWARD COUNTY HEALTH DEPARTMENT  
CONTRACT YEAR 2017-2018**

This Contract ("Contract") is made and entered into between the State of Florida, Department of Health ("State") and Broward County, a political subdivision of the State of Florida ("County"), through their undersigned authorities, effective October 1, 2017.

**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. Broward County Health Department ("CHD") is one of the created County Health Departments.

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

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

1. RECITALS. The parties mutually agree that the forgoing recitals are true and correct and incorporated herein by reference.

2. TERM. The parties mutually agree that this contract shall be effective from October 1, 2017, through September 30, 2018, or until a written contract replacing this contract is entered into between the parties, whichever is later, unless this contract is otherwise terminated pursuant to the termination provisions set forth in paragraph 8. below.

3. SERVICES MAINTAINED BY THE CHD. The parties mutually agree that the CHD shall provide those services as set forth on Part III of Attachment II hereof, in order to maintain the following three levels of service pursuant to section 154.01(2), Florida Statutes, as defined below:

a. "Environmental health services" are those services which are organized and operated to protect the health of the general public by monitoring and regulating activities in the environment which may contribute to the occurrence or transmission of disease. Environmental health services shall be supported by available federal, state and local

funds and shall include those services mandated on a state or federal level. Examples of environmental health services include, but are not limited to, food hygiene, safe drinking water supply, sewage and solid waste disposal, swimming pools, group care facilities, migrant labor camps, toxic material control, radiological health, and occupational health.

b. "Communicable disease control services" are those services which protect the health of the general public through the detection, control, and eradication of diseases which are transmitted primarily by human beings. Communicable disease services shall be supported by available federal, state, and local funds and shall include those services mandated on a state or federal level. Such services include, but are not limited to, epidemiology, sexually transmissible disease detection and control, HIV/AIDS, immunization, tuberculosis control and maintenance of vital statistics.

c. "Primary care services" are acute care and preventive services that are made available to well and sick persons who are unable to obtain such services due to lack of income or other barriers beyond their control. These services are provided to benefit individuals, improve the collective health of the public, and prevent and control the spread of disease. Primary health care services are provided at home, in group settings, or in clinics. These services shall be supported by available federal, state, and local funds and shall include services mandated on a state or federal level. Examples of primary health care services include, but are not limited to: first contact acute care services; chronic disease detection and treatment; maternal and child health services; family planning; nutrition; school health; supplemental food assistance for women, infants, and children; home health; and dental services. See Attachment VI.

4. FUNDING. The parties further agree that funding for the CHD will be handled as follows:

a. The funding to be provided by the parties and any other sources is set forth in Part II of Attachment II hereof. This funding will be used as shown in Part I of Attachment II.

i. The State's appropriated responsibility (*direct contribution excluding any state fees, Medicaid contributions or any other funds not listed on the Schedule C*) as provided in Attachment II, Part II is an amount not to exceed \$ 36,108,129 (*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. In the event that the Legislature fails to make an appropriation for the full amount of its obligation for the period July 1, 2018 through September 30, 2018, then the County reserves the right to cease funding for the period July 1, 2018 through September 30, 2018.

ii. The County's appropriated responsibility (*direct contribution excluding any fees, other cash or local contributions*) as provided in Attachment II, Part II is an amount not to exceed \$ 1,827,864 (*amount listed under the "Board of County Commissioners Annual Appropriations section of the revenue attachment*).

b. Overall expenditures will not exceed available funding or budget authority, whichever is less, (either current year or from surplus trust funds) in any service category.

Unless requested otherwise, any surplus at the end of the term of this contract in the County Health Department Trust Fund that is attributed to the CHD shall be carried forward to the next contract period.

c. Either party may establish service fees as allowed by law to fund activities of the CHD. Where applicable, such fees shall be automatically adjusted to at least the Medicaid fee schedule.

d. Either party may increase or decrease funding of this contract during the term hereof by notifying the other party in writing of the amount and purpose for the change in funding. If the State initiates the increase/decrease, the CHD will revise the Attachment II and send a copy of the revised pages to the County and the Department of Health, Office of Budget and Revenue Management. If the County initiates the increase/decrease, the County shall notify the CHD. The CHD will then revise the Attachment II and send a copy of the revised pages to the Department of Health, Office of Budget and Revenue Management.

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

County Health Department Trust Fund  
Broward County  
780 SW 24<sup>th</sup> Street  
Ft. Lauderdale, FL 33315

f. The County may, at the request of the CHD, make payments on its behalf for organizational assessments by an independent organization which utilizes a nationally recognized standard of excellence. These payments shall count toward the county's contribution in 4.a. ii. above. The purpose of these assessments will be to continuously improve the quality of services for the residents and visitors of Broward County. The process itself will identify and evaluate areas of improvement and benchmarks facilitating improved organizational performance and increased efficiencies that will lead to long term sustainability efforts for the CHD.

5. CHD DIRECTOR/ADMINISTRATOR. Both parties agree the director/administrator of the CHD shall be a State employee or under contract with the State and will be under the day-to-day direction of the Deputy Secretary for County Health Systems. The director/administrator shall be selected by the State with the concurrence of the County. The director/administrator of the CHD shall ensure that non-categorical sources of funding are used to fulfill public health priorities in the community and the Long Range Program Plan. 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 contract. State procedures must be followed for all leases on facilities not enumerated in Attachment IV.

c. The CHD shall maintain books, records and documents in accordance with the Generally Accepted Accounting Principles (GAAP), as promulgated by the Governmental Accounting Standards Board (GASB), and the requirements of federal or state law. These records shall be maintained as required by the Department of Health Policies and Procedures for Records Management and shall be open for inspection at any time by the parties and the public, except for those records that are not otherwise subject to disclosure as provided by law which are subject to the confidentiality provisions of 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 Information Resource (FLAIR) System.
- ii.* The client registration and services reporting requirements of the minimum data set as specified in the most current version of the Client Information System/Health Management Component Pamphlet;
- iii.* Financial procedures specified in the Department of Health's Accounting Procedures Manuals, Accounting memoranda, and Comptroller's memoranda;
- iv.* The CHD is responsible for assuring that all contracts with service providers include provisions that all subcontracted services be reported to the CHD in a manner consistent with the client registration and service reporting requirements of the minimum data set as specified in the Client Information System/Health Management Component Pamphlet.

d. All funds for the CHD shall be deposited in the County Health Department Trust Fund maintained by the state treasurer. These funds shall be accounted for separately from funds deposited for other CHDs and shall be used only for public health purposes in BROWARD County.

e. That any surplus/deficit funds, including fees or accrued interest, remaining in the County Health Department Trust Fund account at the end of the contract year shall be credited/debited to the State or County, as appropriate, based on the funds contributed by each and the expenditures incurred by each. Expenditures will be charged to the program accounts by State and County based on the ratio of planned expenditures in this contract and funding from all sources is credited to the program accounts by State and County. The equity share of any surplus/deficit funds accruing to the State and County is determined each month and at contract year-end. Surplus funds may be applied toward the funding requirements of each participating governmental entity in the following year. However, in each such case, all surplus funds, including fees and accrued interest, shall remain in the trust fund until accounted for in a manner which clearly illustrates the amount which has been credited to each participating governmental entity. The planned use of surplus funds shall be reflected in Attachment II, Part I of this contract, with special capital projects explained in Attachment V.

f. There shall be no transfer of funds between the three levels of services without a contract amendment unless the CHD director/administrator determines that an emergency exists wherein a time delay would endanger the public's health and the Deputy Secretary for County Health Systems has approved the transfer. The Deputy Secretary for County Health Systems shall forward written evidence of this approval to the CHD within 30 days after an emergency transfer.

g. The CHD may execute subcontracts for services necessary to enable the CHD to carry out the programs specified in this contract. Any such subcontract shall include all aforementioned audit and record keeping requirements.

h. At the request of either party, an audit may be conducted by an independent CPA on the financial records of the CHD and the results made available to the parties within 180 days after the close of the CHD fiscal year. This audit will follow requirements contained in OMB Circular A-133 and may be in conjunction with audits performed by County government. If audit exceptions are found, then the director/administrator of the CHD will prepare a corrective action plan and a copy of that plan and monthly status reports will be furnished to the contract managers for the parties.

i. The CHD shall not use or disclose any information concerning a recipient of services except as allowed by federal or state law or policy.

j. The CHD shall retain all client records, financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to this contract for a period of five (5) years after termination of this contract. If an audit has been initiated and audit findings have not been resolved at the end of five (5) years, the records shall be retained until resolution of the audit findings.

k. The CHD shall maintain confidentiality of all data, files, and records that are confidential under the law or are otherwise exempted from disclosure as a public record under Florida law. The CHD shall implement procedures to ensure the protection and confidentiality of all such records and shall comply with sections 384.29, 381.004, 392.65

and 456.057, Florida Statutes, and all other state and federal laws regarding confidentiality. The CHD shall also comply with all applicable federal laws, rules and regulations regarding confidentiality of information held by the CHD, including but not limited to HIPAA and rules promulgated thereunder. All confidentiality procedures implemented by the CHD shall be consistent with the Department of Health Information Security Policies, Protocols, and Procedures. The CHD shall further adhere to any amendments to the State's security requirements and shall comply with any applicable professional standards of practice with respect to client confidentiality.

l. The CHD shall abide by all State policies and procedures, which by this reference are incorporated herein as standards to be followed by the CHD, except as otherwise permitted for some purchases using County procedures pursuant to paragraph 6.b.

m. The CHD shall establish a system through which applicants for services and current clients may present grievances over denial, modification or termination of services. The CHD will advise applicants of the right to appeal a denial or exclusion from services, of failure to take account of a client's choice of service, and of his/her right to a fair hearing to the final governing authority of the agency. Specific references to existing laws, rules or program manuals are included in Attachment I of this contract.

n. The CHD shall comply with the provisions contained in the Civil Rights Certificate, hereby incorporated into this Contract as Attachment III.

o. The CHD shall submit an annual Outcome Evaluation for the 2016-2017 Contract Period (Attachment VII) and an annual Outcomes for Contract Year 2017-2018 (Attachment VIII) in addition to 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, Office of Budget and Revenue Management.

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

*i.* March 1, 2018 for the report period October 1, 2017 through December 31, 2017;

*ii.* June 1, 2018 for the report period October 1, 2017 through March 31, 2018;

- iii. September 1, 2018 for the report period October 1, 2017 through June 30, 2018; and
- iv. December 1, 2018 for the report period October 1, 2017 through September 30, 2018.

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

8. TERMINATION.

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

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

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

9. Notice of Changes in Services or Service Locations. CHD agrees to provide notification to the County pursuant to paragraph 10.b, of any changes to services provided

pursuant to this Contract or service locations of the CHD for activities done in locations or facilities pursuant to this Contract no less than 30 days prior to making such changes.

10. MISCELLANEOUS. The parties further agree:

a. Availability of Funds. If this contract, any renewal hereof, or any term, performance or payment hereunder, extends beyond the fiscal year beginning October 1, 2017, it is agreed that the performance and payment under this contract shall be subject to the availability of funds from the County, in accordance with Chapter 129, Florida Statutes. If this contract, any renewal hereof, or any term, performance or payment hereunder, extends beyond the fiscal year beginning July 1, 2018, it is agreed that the performance and payment under this contract are contingent upon an annual appropriation by the Legislature, in accordance with section 287.0582, Florida Statutes.

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

For the State:

For the County:

Paula M. Thaqi, MD, M.P.H.  
Name

Mandy Wells  
Name

Director  
Title

Director  
Title

780 SW 24<sup>th</sup> Street

115 S. Andrews Ave., Room A360

Ft. Lauderdale, FL 33315  
Address

Ft. Lauderdale, FL 33301  
Address

(954)467-4811  
Telephone

(954)357-6202  
Telephone

If different contract managers are designated after execution of this contract, the name, address and telephone number of the new representative shall be furnished in writing to the other parties and attached to originals of this contract.

c. Except as provided in Paragraph 4(d) herein, no modification, amendment or alteration in the terms or conditions contained herein shall be effective unless contained in a written document executed with the same formality and of equal dignity herewith by the CHD and the County authorized representatives.

d. Captions. The captions and headings contained in this contract are for the convenience of the parties only and do not in any way modify, amplify, or give additional notice of the provisions hereof.



In WITNESS THEREOF, the parties hereto have caused this 9 page contract, with its attachments as referenced, including Attachment I (two pages), Attachment II (six pages), Attachment III (one page), Attachment IV (one pages), Attachment V (one page), Attachment VI (one page), Attachment VII (one page) and Attachment VIII (one page), to be executed by their undersigned officials as duly authorized effective the 1<sup>st</sup> day of October, 2017.

**BOARD OF COUNTY COMMISSIONERS  
OF BROWARD COUNTY, FLORIDA**

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

SIGNED BY: \_\_\_\_\_

SIGNED BY: \_\_\_\_\_

NAME: \_\_\_\_\_

NAME: Celeste Philip, MD, MPH

TITLE: Mayor

TITLE: Surgeon General/Secretary of Health

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

**ATTESTED TO:**

SIGNED BY: \_\_\_\_\_

SIGNED BY: Paula M. Thaqi

NAME: Bertha Henry

NAME: Paula M. Thaqi, MD, MPH

TITLE: County Administrator

TITLE: CHD Director (Broward)

DATE: \_\_\_\_\_

DATE: 11-22-17

Reviewed and approved as to form:  
Andrew J. Meyers, County Attorney

By Karen S. Gordon 11/27/17  
Karen S. Gordon, Assistant County Attorney

By Sharon V. Thorsen 11/27/17  
Sharon V. Thorsen, Senior Assistant County Attorney

**APPROVED**  
Tim Crowley 11/27/17  
Tim Crowley  
**RISK INSURANCE AND CONTRACTS SECTION  
RISK MANAGEMENT DIVISION**

**ATTACHMENT I**  
**BROWARD COUNTY HEALTH DEPARTMENT**  
**PROGRAM SPECIFIC REPORTING REQUIREMENTS AND PROGRAMS REQUIRING**  
**COMPLIANCE WITH THE PROVISIONS OF SPECIFIC MANUALS**

Some health services must comply with specific program and reporting requirements in addition to the Personal Health Coding Pamphlet (DHP 50-20), Environmental Health Coding Pamphlet (DHP 50-21) and FLAIR requirements because of federal or state law, regulation or rule. If a county health department is funded to provide one of these services, it must comply with the special reporting requirements for that service. The services and the reporting requirements are listed below:

<u>Service</u>	<u>Requirement</u>
1. Sexually Transmitted Disease Program	Requirements as specified in F.A.C. 64D-3, F.S. 381 and F.S. 384.
2. Dental Health	Periodic financial and programmatic reports as specified by the program office.
3. Special Supplemental Nutrition Program for Women, Infants and Children (including the WIC Breastfeeding Peer Counseling Program)	Service documentation and monthly financial reports as specified in DHM 150-24* and all federal, state and county requirements detailed in program manuals and published procedures.
4. Healthy Start/ Improved Pregnancy Outcome	Requirements as specified in the 2007 Healthy Start Standards and Guidelines and as specified by the Healthy Start Coalitions in contract with each county health department.
5. Family Planning	Requirements as specified in Public Law 91-572, 42 U.S.C. 300, et seq., 42 CFR part 59, subpart A, 45 CFR parts 74 & 92, 2 CFR 215 (OMB Circular A-110) OMB Circular A-102, F.S. 381.0051, F.A.C. 64F-7, F.A.C. 64F-16, and F.A.C. 64F-19. Requirements and Guidance as specified in the Program Requirements for Title X Funded Family Planning Projects (Title X Requirements)(2014) and the Providing Quality Family Planning Services (QFP): Recommendations of CDC and the U.S. Office of Population Affairs published on the Office of Population Affairs website. Programmatic annual reports as specified by the program office as specified in the annual programmatic Scope of Work for Family Planning and Maternal Child Health Services, including the Family Planning Annual Report (FPAR), and other minimum guidelines as specified by the Policy Web Technical Assistance Guidelines.
6. Immunization	Periodic reports as specified by the department pertaining to immunization levels in kindergarten and/or seventh grade pursuant to instructions contained in the Immunization Guidelines-Florida Schools, Childcare Facilities and Family Daycare Homes (DH Form 150-615) and Rule 64D-3.046, F.A.C. In addition, periodic reports as specified by the department pertaining to the surveillance/investigation of reportable vaccine-preventable diseases, adverse events, vaccine accountability, and assessment of immunization

**ATTACHMENT I (Continued)**

- levels as documented in Florida SHOTS and supported by CHD Guidebook policies and technical assistance guidance.
7. Environmental Health  
Requirements as specified in Environmental Health Programs Manual 150-4\* and DHP 50-21\*
  8. HIV/AIDS Program  
Requirements as specified in F.S. 384.25 and F.A.C. 64D-3.030 and 64D-3.031. Case reporting should be on Adult HIV/AIDS Confidential Case Report CDC Form DH2139 and Pediatric HIV/AIDS Confidential Case Report CDC Form DH2140.  
  
Requirements as specified in F.A.C. 64D-2 and 64D-3, F.S. 381 and F.S. 384. Socio-demographic and risk data on persons tested for HIV in CHD clinics should be reported on Lab Request DH Form 1628 in accordance with the Forms Instruction Guide. Requirements for the HIV/AIDS Patient Care programs are found in the Patient Care Contract Administrative Guidelines.
  9. School Health Services  
Requirements as specified in the Florida School Health Administrative Guidelines (May 2012). Requirements as specified in F.S. 381.0056, F.S. 381.0057, F.S. 402.3026 and F.A.C. 64F-6.
  10. Tuberculosis  
Tuberculosis Program Requirements as specified in F.A.C. 64D-3 and F.S. 392.
  11. General Communicable Disease Control  
Carry out surveillance for reportable communicable and other acute diseases, detect outbreaks, respond to individual cases of reportable diseases, investigate outbreaks, and carry out communication and quality assurance functions, as specified in F.A.C. 64D-3, F.S. 381, F.S. 384 and the CHD Epidemiology Guide to Surveillance and Investigations.
  12. Refugee Health Program  
Programmatic and financial requirements as specified by the program office.

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

ATTACHMENT II

BROWARD 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 09/30/17		4238335	4123133
2. Drawdown for Contract Year October 1, 2017 to September 30, 2018	-115202		
3. Special Capital Project use for Contract Year October 1, 2017 to September 30, 2018	0	-706646	-706646
4. Balance Reserved for Contingency Fund October 1, 2017 to September 30, 2018	0	0	0
		3531689	3416487

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

## ATTACHMENT II

### BROWARD COUNTY HEALTH DEPARTMENT

#### Part II, Sources of Contributions to County Health Department

October 1, 2017 to September 30, 2018

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>1. GENERAL REVENUE - STATE</b>					
015040 AIDS PATIENT CARE	2,320,000	0	2,320,000	0	2,320,000
015040 AIDS PREVENTION & SURVEILLANCE - GENERAL REVENUE	219,239	0	219,239	0	219,239
015040 CHD - TB COMMUNITY PROGRAM	606,301	0	606,301	0	606,301
015040 SEXUALLY TRANSMITTED DISEASE CONTROL PROGRAM GR	215,205	0	215,205	0	215,205
015040 DENTAL SPECIAL INITIATIVE PROJECTS	6,200	0	6,200	0	6,200
015040 FAMILY PLANNING GENERAL REVENUE	185,114	0	185,114	0	185,114
015040 HEPATITIS AND LIVER FAILURE PREVENTION & CONTROL	147,116	0	147,116	0	147,116
015040 PRIMARY CARE PROGRAM	817,686	0	817,686	0	817,686
015040 SCHOOL HEALTH SERVICES - GENERAL REVENUE	1,440,834	0	1,440,834	0	1,440,834
015050 CHD GENERAL REVENUE NON-CATEGORICAL	8,815,631	0	8,815,631	0	8,815,631
<b>GENERAL REVENUE TOTAL</b>	<b>14,773,326</b>	<b>0</b>	<b>14,773,326</b>	<b>0</b>	<b>14,773,326</b>
<b>2. NON GENERAL REVENUE - STATE</b>					
015010 STATE UNDERGROUND PETROLEUM RESPONSE ACT	16,000	0	16,000	0	16,000
015010 ENVIRONMENTAL BIOMEDICAL WASTE PROGRAM	35,284	0	35,284	0	35,284
015010 SAFE DRINKING WATER ACT - HEADQUARTERS	36,970	0	36,970	0	36,970
015010 TOBACCO STATE AND COMMUNITY INTERVENTIONS	376,100	0	376,100	0	376,100
015010 HURRICAN MATTHEW EXECUTIVE ORDER 16-230	73,683	0	73,683	0	73,683
<b>NON GENERAL REVENUE TOTAL</b>	<b>538,037</b>	<b>0</b>	<b>538,037</b>	<b>0</b>	<b>538,037</b>
<b>3. FEDERAL FUNDS - STATE</b>					
007000 AIDS SURVEILLANCE - CORE	340,602	0	340,602	0	340,602
007000 AFRICAN AMERICAN HIV TESTING INITIATIVE/CLINICAL	1,284,284	0	1,284,284	0	1,284,284
007000 AFRICAN AMERICAN HIV TESTING INITIATIVE/NONCLINC	470,244	0	470,244	0	470,244
007000 BREAST & CERVICAL CANCER - ADMIN/CASE MANAGEMENT	202,500	0	202,500	0	202,500
007000 WIC BREASTFEEDING PEER COUNSELING PROG	187,985	0	187,985	0	187,985
007000 COASTAL BEACH WATER QUALITY MONITORING	20,338	0	20,338	0	20,338
007000 COMPREHENSIVE COMMUNITY CARDIO - PHBG	35,000	0	35,000	0	35,000
007000 CMS-MCH PURCHASED CLIENT SERVICES	10,000	0	10,000	0	10,000
007000 FAMILY PLANNING TITLE X - GRANT	325,866	0	325,866	0	325,866
007000 IMMUNIZATION FIELD STAFF	9,000	0	9,000	0	9,000
007000 IMMUNIZATION ACTION PLAN	265,667	0	265,667	0	265,667
007000 MCH SPECIAL PROJCT DENTAL	126,411	0	126,411	0	126,411
007000 MCH BLOCK GRANT FLORIDA'S HEALTHY BABIES	110,000	0	110,000	0	110,000
007000 BASE COMMUNITY PREPAREDNESS CAPABILITY	144,654	0	144,654	0	144,654
007000 BASE PUB HLTH SURVEILLANCE & EPI INVESTIGATION	325,498	0	325,498	0	325,498
007000 CRI MEDICAL COUNTERMEASURES DISPENSING	304,252	0	304,252	0	304,252
007000 AIDS PREVENTION	3,688,662	0	3,688,662	0	3,688,662
007000 MORBIDITY AND RISK BEHAVIOR SURVEILLANCE	60,374	0	60,374	0	60,374
007000 REFUGEE HEALTH SCREENING REIMBURSEMENT SERVICES	417,851	0	417,851	0	417,851
007000 IMPROVING STD PROGRAMS	222,321	0	222,321	0	222,321
007000 FLORIDA STD SURVEILLANCE NETWORK PART A	9,400	0	9,400	0	9,400
007000 TB CONTROL PROJECT	201,392	0	201,392	0	201,392
007000 WIC PROGRAM ADMINISTRATION	7,330,204	0	7,330,204	0	7,330,204
007000 ZIKA ELC M2 PREGNANCY REGISTRY-SUPPLEMENTAL	72,187	0	72,187	0	72,187

**ATTACHMENT II**

**BROWARD COUNTY HEALTH DEPARTMENT**

**Part II, Sources of Contributions to County Health Department**

**October 1, 2017 to September 30, 2018**

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
007000 ZIKA ELC SUPPLEMENTAL 01/01/17-07/31/18	63,800	0	63,800	0	63,800
015075 SUPPLEMENTAL SCHOOL HEALTH	346,120	0	346,120	0	346,120
015075 REFUGEE HEALTH SCREENING REIMBURSEMENT ADMIN	50,143	0	50,143	0	50,143
018005 RYAN WHITE TITLE II ADAP DRUG REBATES	2,455,136	0	2,455,136	0	2,455,136
018005 AIDS DRUG ASSISTANCE PROGRAM ADMIN HQ	1,127,998	0	1,127,998	0	1,127,998
018005 RYAN WHITE TITLE II CARE GRANT	14,163	0	14,163	0	14,163
018005 RYAN WHITE TITLE II GRANT/CHD CONSORTIUM	1,216,263	0	1,216,263	0	1,216,263
<b>FEDERAL FUNDS TOTAL</b>	<b>21,438,315</b>	<b>0</b>	<b>21,438,315</b>	<b>0</b>	<b>21,438,315</b>
<b>4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE</b>					
001020 CHD STATEWIDE ENVIRONMENTAL FEES	1,436,616	0	1,436,616	0	1,436,616
001092 CHD STATEWIDE ENVIRONMENTAL FEES	166,900	0	166,900	0	166,900
<b>FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL</b>	<b>1,603,516</b>	<b>0</b>	<b>1,603,516</b>	<b>0</b>	<b>1,603,516</b>
<b>5. OTHER CASH CONTRIBUTIONS - STATE:</b>					
	0	0	0	0	0
090001 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	0	0	0	0
<b>OTHER CASH CONTRIBUTION TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>6. MEDICAID - STATE/COUNTY:</b>					
001148 CHD CLINIC FEES	0	3,308,800	3,308,800	0	3,308,800
<b>MEDICAID TOTAL</b>	<b>0</b>	<b>3,308,800</b>	<b>3,308,800</b>	<b>0</b>	<b>3,308,800</b>
<b>7. ALLOCABLE REVENUE - STATE:</b>					
018000 CHD SALE OF SERVICES IN OR OUTSIDE OF STATE GOVT	36,000	0	36,000	0	36,000
<b>ALLOCABLE REVENUE TOTAL</b>	<b>36,000</b>	<b>0</b>	<b>36,000</b>	<b>0</b>	<b>36,000</b>
<b>8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE</b>					
ADAP	0	0	0	22,195,601	22,195,601
PHARMACY DRUG PROGRAM	0	0	0	1,981,120	1,981,120
WIC PROGRAM	0	0	0	36,867,485	36,867,485
BUREAU OF PUBLIC HEALTH LABORATORIES	0	0	0	268,883	268,883
IMMUNIZATIONS	0	0	0	3,259,669	3,259,669
<b>OTHER STATE CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>64,572,758</b>	<b>64,572,758</b>
<b>9. DIRECT LOCAL CONTRIBUTIONS - BCC/TAX DISTRICT</b>					
008005 CHD LOCAL REVENUE & EXPENDITURES	0	1,827,864	1,827,864	0	1,827,864
<b>DIRECT COUNTY CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>1,827,864</b>	<b>1,827,864</b>	<b>0</b>	<b>1,827,864</b>
<b>10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY</b>					
001077 CHD CLINIC FEES	0	186,900	186,900	0	186,900
001094 CHD LOCAL ENVIRONMENTAL FEES	0	1,218,800	1,218,800	0	1,218,800
001110 VITAL STATISTICS CERTIFIED RECORDS	0	2,020,412	2,020,412	0	2,020,412
<b>FEES AUTHORIZED BY COUNTY TOTAL</b>	<b>0</b>	<b>3,426,112</b>	<b>3,426,112</b>	<b>0</b>	<b>3,426,112</b>
<b>11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY</b>					
005000 CHD LOCAL REVENUE & EXPENDITURES	0	25,000	25,000	0	25,000

**ATTACHMENT II**

**BROWARD COUNTY HEALTH DEPARTMENT**

**Part II, Sources of Contributions to County Health Department**

**October 1, 2017 to September 30, 2018**

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
011000 BREAST & CERVICAL CANCER SPECIAL DONATIONS	0	60,000	60,000	0	60,000
011000 CHILDRENS SERVICES COUN INFANT DROWNING PRVNTN	0	156,545	156,545	0	156,545
011000 DENTAL SERVICES - HEAD START	0	29,700	29,700	0	29,700
011000 SOCIAL SERVICES - KIDCARE	0	112,013	112,013	0	112,013
011000 SOCIAL SERVICES - KIDCARE	0	336,040	336,040	0	336,040
011000 MEMORIAL HOSPITAL ADULT DENTAL PROGRAM	0	156,000	156,000	0	156,000
011000 RYAN WHITE TITLE I TB/HIV COINFECTION GRANT	0	1,032,066	1,032,066	0	1,032,066
011000 RYAN WHITE TITLE I TB/HIV COINFECTION GRANT	0	516,033	516,033	0	516,033
011000 RYAN WHITE TITLE III - DIRECT TO CHD	0	88,691	88,691	0	88,691
011000 CHD SALE OF SERVICES IN OR OUTSIDE OF STATE GOVT	0	24,000	24,000	0	24,000
011000 SWAT GRANT HEATH FOUNDATION S FLORIDA	0	55,085	55,085	0	55,085
011000 UNITED WAY AGREEMENTS-COUNTY HEALTH DEPARTMENT	0	82,857	82,857	0	82,857
011000 UNITED WAY ORAL SEALANT GRANT BROWARD CO	0	89,248	89,248	0	89,248
011001 HEALTHY START RISK SCREENINGS	0	347,000	347,000	0	347,000
012020 CHD LOCAL ENVIRONMENTAL FEES	0	26,300	26,300	0	26,300
090002 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	706,646	706,646	0	706,646
<b>OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>3,843,224</b>	<b>3,843,224</b>	<b>0</b>	<b>3,843,224</b>
<b>12. ALLOCABLE REVENUE - COUNTY</b>					
018000 CHD SALE OF SERVICES IN OR OUTSIDE OF STATE GOVT	0	36,000	36,000	0	36,000
<b>COUNTY ALLOCABLE REVENUE TOTAL</b>	<b>0</b>	<b>36,000</b>	<b>36,000</b>	<b>0</b>	<b>36,000</b>
<b>13. BUILDINGS - COUNTY</b>					
ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	2,693,817	2,693,817
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
OTHER (Specify)	0	0	0	0	0
<b>BUILDINGS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,693,817</b>	<b>2,693,817</b>
<b>14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY</b>					
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
<b>OTHER COUNTY CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>GRAND TOTAL CHD PROGRAM</b>	<b>38,389,194</b>	<b>12,442,000</b>	<b>50,831,194</b>	<b>67,266,575</b>	<b>118,097,769</b>

## ATTACHMENT II

## BROWARD COUNTY HEALTH DEPARTMENT

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

October 1, 2017 to September 30, 2018

	FTE's (0.00)	Clients Units	Services/ Visits	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd (Whole dollars only)	3rd	4th			
<b>A. COMMUNICABLE DISEASE CONTROL:</b>										
IMMUNIZATION (101)	20.17	16,818	21,904	281,692	328,560	281,692	328,560	1,027,208	193,296	1,220,504
SEXUALLY TRANS. DIS. (102)	35.66	185	531	694,031	809,502	694,031	809,503	1,475,324	1,531,743	3,007,067
HIV/AIDS PREVENTION (03A1)	33.68	0	9,493	1,339,844	1,562,765	1,339,844	1,562,765	5,805,218	0	5,805,218
HIV/AIDS SURVEILLANCE (03A2)	8.01	0	3	125,052	145,857	125,052	145,857	541,818	0	541,818
HIV/AIDS PATIENT CARE (03A3)	59.32	14	387	1,708,823	1,993,134	1,708,823	1,993,134	5,818,188	1,585,726	7,403,914
ADAP (03A4)	20.28	1	353	302,325	352,625	302,325	352,624	1,309,899	0	1,309,899
TUBERCULOSIS (104)	21.37	891	2,733	369,705	431,216	369,705	431,216	1,158,237	443,605	1,601,842
COMM. DIS. SURV. (106)	12.63	0	10,426	171,902	200,503	171,902	200,502	744,809	0	744,809
HEPATITIS (109)	1.72	2,787	3,045	39,131	45,642	39,131	45,642	169,546	0	169,546
PREPAREDNESS AND RESPONSE (116)	10.22	0	5,029	182,989	213,434	182,989	213,433	578,856	213,989	792,845
REFUGEE HEALTH (118)	7.83	2,945	5,543	169,143	197,285	169,143	197,285	732,856	0	732,856
VITAL RECORDS (180)	16.41	84,790	182,370	228,574	266,604	228,574	266,605	0	990,357	990,357
<b>COMMUNICABLE DISEASE SUBTOTAL</b>	<b>247.30</b>	<b>108,431</b>	<b>241,817</b>	<b>5,613,211</b>	<b>6,547,127</b>	<b>5,613,211</b>	<b>6,547,126</b>	<b>19,361,959</b>	<b>4,958,716</b>	<b>24,320,675</b>
<b>B. PRIMARY CARE:</b>										
CHRONIC DISEASE PREVENTION PRO (210)	0.43	139	6	26,418	30,813	26,418	30,812	114,461	0	114,461
WIC (21W1)	143.63	101,953	583,454	2,171,182	2,532,419	2,171,182	2,532,419	9,407,202	0	9,407,202
TOBACCO USE INTERVENTION (212)	6.13	0	146	117,726	137,313	117,726	137,313	454,993	55,085	510,078
WIC BREASTFEEDING PEER COUNSELING (21W2)	6.44	0	15,555	72,982	85,125	72,982	85,125	316,214	0	316,214
FAMILY PLANNING (223)	27.68	3,695	8,692	459,277	535,690	459,277	535,690	1,823,874	166,060	1,989,934
IMPROVED PREGNANCY OUTCOME (225)	0.00	0	0	0	0	0	0	0	0	0
HEALTHY START PRENATAL (227)	3.52	15	49	53,173	62,019	53,173	62,019	0	230,384	230,384
COMPREHENSIVE CHILD HEALTH (229)	11.44	1	106	174,293	203,292	174,293	203,293	221,880	533,291	755,171
HEALTHY START CHILD (231)	2.68	4	13	36,077	42,079	36,077	42,078	0	156,311	156,311
SCHOOL HEALTH (234)	12.72	0	1,794,894	455,504	531,289	455,504	531,289	1,973,586	0	1,973,586
COMPREHENSIVE ADULT HEALTH (237)	5.17	38	266	175,691	204,922	175,691	204,921	700,149	61,076	761,225
COMMUNITY HEALTH DEVELOPMENT (238)	6.63	0	415	170,046	198,338	170,046	198,339	736,769	0	736,769
DENTAL HEALTH (240)	69.84	44,063	58,149	1,391,969	1,623,561	1,391,969	1,623,561	1,080,724	4,950,336	6,031,060
<b>PRIMARY CARE SUBTOTAL</b>	<b>296.31</b>	<b>149,908</b>	<b>2,461,745</b>	<b>5,304,338</b>	<b>6,186,860</b>	<b>5,304,338</b>	<b>6,186,859</b>	<b>16,829,852</b>	<b>6,152,543</b>	<b>22,982,395</b>
<b>C. ENVIRONMENTAL HEALTH:</b>										
<b>Water and Onsite Sewage Programs</b>										
COSTAL BEACH MONITORING (347)	0.22	332	332	3,460	4,036	3,460	4,036	14,992	0	14,992
LIMITED USE PUBLIC WATER SYSTEMS (357)	0.73	15	35	10,683	12,460	10,683	12,460	46,286	0	46,286
PUBLIC WATER SYSTEM (358)	14.34	25	2,695	253,060	295,164	253,060	295,165	627,450	468,999	1,096,449
PRIVATE WATER SYSTEM (359)	0.51	16	451	8,458	9,865	8,458	9,866	0	36,647	36,647
ONSITE SEWAGE TREATMENT & DISPOSAL (361)	3.80	589	1,251	64,531	75,267	64,531	75,266	239,795	39,800	279,595
<b>Group Total</b>	<b>19.60</b>	<b>977</b>	<b>4,764</b>	<b>340,192</b>	<b>396,792</b>	<b>340,192</b>	<b>396,793</b>	<b>928,523</b>	<b>545,446</b>	<b>1,473,969</b>
<b>Facility Programs</b>										
TATTOO FACILITY SERVICES (344)	0.29	0	265	4,764	5,557	4,764	5,556	20,641	0	20,641
FOOD HYGIENE (348)	3.80	1,148	4,194	60,180	70,193	60,180	70,192	175,745	85,000	260,745



## ATTACHMENT II

## BROWARD COUNTY HEALTH DEPARTMENT

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

October 1, 2017 to September 30, 2018

	FTE's (0.00)	Clients Units	Services/ Visits	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd (Whole dollars only)	3rd	4th			
BODY PIERCING FACILITIES SERVICES (349)	0.16	42	73	2,802	3,268	2,802	3,267	7,139	5,000	12,139
GROUP CARE FACILITY (351)	0.98	588	786	14,954	17,442	14,954	17,442	0	64,792	64,792
MIGRANT LABOR CAMP (352)	0.00	0	0	0	0	0	0	0	0	0
HOUSING & PUB. BLDG. (353)	0.00	0	0	0	0	0	0	0	0	0
MOBILE HOME AND PARK (354)	0.03	14	21	528	616	528	617	1,387	902	2,289
POOLS/BATHING PLACES (360)	15.68	5,151	18,512	225,355	262,849	225,355	262,848	639,178	337,229	976,407
BIOMEDICAL WASTE SERVICES (364)	3.25	3,804	3,648	50,853	59,314	50,853	59,314	190,636	29,698	220,334
TANNING FACILITY SERVICES (369)	0.11	57	91	1,949	2,273	1,949	2,274	6,334	2,111	8,445
<b>Group Total</b>	<b>24.30</b>	<b>10,804</b>	<b>27,590</b>	<b>361,385</b>	<b>421,512</b>	<b>361,385</b>	<b>421,510</b>	<b>1,041,060</b>	<b>524,732</b>	<b>1,565,792</b>
<b>Groundwater Contamination</b>										
STORAGE TANK COMPLIANCE SERVICES (355)	0.00	0	0	0	0	0	0	0	0	0
SUPER ACT SERVICES (356)	0.09	36	74	1,465	1,709	1,465	1,708	6,347	0	6,347
<b>Group Total</b>	<b>0.09</b>	<b>36</b>	<b>74</b>	<b>1,465</b>	<b>1,709</b>	<b>1,465</b>	<b>1,708</b>	<b>6,347</b>	<b>0</b>	<b>6,347</b>
<b>Community Hygiene</b>										
COMMUNITY ENVIR. HEALTH (345)	0.00	0	0	0	0	0	0	0	0	0
INJURY PREVENTION (346)	3.18	0	290	60,138	70,144	60,138	70,143	0	260,563	260,563
LEAD MONITORING SERVICES (350)	0.00	0	0	0	0	0	0	0	0	0
PUBLIC SEWAGE (362)	0.00	0	0	79	92	79	93	343	0	343
SOLID WASTE DISPOSAL SERVICE (363)	0.00	0	0	0	0	0	0	0	0	0
SANITARY NUISANCE (365)	0.80	744	1,045	12,174	14,200	12,174	14,200	52,748	0	52,748
RABIES SURVEILLANCE (366)	0.00	0	0	0	0	0	0	0	0	0
ARBORVIRUS SURVEIL. (367)	0.00	0	0	53	62	53	63	231	0	231
RODENT/ARTHROPOD CONTROL (368)	0.00	0	0	66	77	66	77	286	0	286
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)	0.77	0	0	9,577	11,170	9,577	11,171	41,495	0	41,495
TOXIC SUBSTANCES (373)	0.00	0	0	0	0	0	0	0	0	0
<b>Group Total</b>	<b>4.75</b>	<b>744</b>	<b>1,335</b>	<b>82,087</b>	<b>95,745</b>	<b>82,087</b>	<b>95,747</b>	<b>95,103</b>	<b>260,563</b>	<b>355,666</b>
<b>ENVIRONMENTAL HEALTH SUBTOTAL</b>	<b>48.74</b>	<b>12,561</b>	<b>33,763</b>	<b>785,129</b>	<b>915,758</b>	<b>785,129</b>	<b>915,758</b>	<b>2,071,033</b>	<b>1,330,741</b>	<b>3,401,774</b>
<b>D. NON-OPERATIONAL COSTS:</b>										
NON-OPERATIONAL COSTS (599)	0.00	0	0	0	0	0	0	0	0	0
ENVIRONMENTAL HEALTH SURCHARGE (399)	0.00	0	0	27,569	32,156	27,569	32,156	119,450	0	119,450
MEDICAID BUYBACK (611)	0.00	0	0	1,593	1,857	1,593	1,857	6,900	0	6,900
<b>NON-OPERATIONAL COSTS SUBTOTAL</b>	<b>0.00</b>	<b>0</b>	<b>0</b>	<b>29,162</b>	<b>34,013</b>	<b>29,162</b>	<b>34,013</b>	<b>126,350</b>	<b>0</b>	<b>126,350</b>
<b>TOTAL CONTRACT</b>	<b>592.35</b>	<b>270,900</b>	<b>2,737,325</b>	<b>11,731,840</b>	<b>13,683,758</b>	<b>11,731,840</b>	<b>13,683,756</b>	<b>38,389,194</b>	<b>12,442,000</b>	<b>50,831,194</b>

**ATTACHMENT III**  
**BROWARD COUNTY HEALTH DEPARTMENT**  
**CIVIL RIGHTS CERTIFICATE**

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

The applicant assures that it will comply with:

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

Attachment IV  
 Fiscal Year - 2017 - 2018  
 Broward County Health Department  
 Facilities Utilized by the County Health Department

Complete Location (Street Address, City, Zip)	Facility Description And Official Building Name (if applicable) (Admin, Clinic, Evmt Hlth, etc.)	Lease/ Agreement Number	Type of Agreement (Private Lease thru State or County, other - please define)	Complete Legal Name of Owner	SQ Feet	Employee Count (FTE/OPS/ Contract)
601 W Atlantic Blvd, Pompano Beach, FL 33060	North Regional Health Center		County owned	Broward County Government	23490	33
205 NW 6 Ave, Pompano Beach, FL 33060	Paul W. Hughes Building		County owned	Broward County Government	20675	18
2421 SW 6 Ave, Fort Lauderdale, FL 33315	Fort Lauderdale Health Center		County owned	Broward County Government	33916	138
900 NW 31st Ave., Fort Lauderdale, FL 33311	Edgar Mills Center		County owned	Broward County Government	12181	59
4105 Pembroke Rd., Hollywood, FL 33021	South Regional Health Center		County owned	Broward County Government	36026	27
10077 NW 29th Street, Coral Springs, FL 33065	WIC Satellite Office, Family Success Center NW		County owned	Broward County Government	2500	19
1600 S. Andrews Avenue, West Wing, 3rd Floor, Fort Lauderdale, FL 33316	WIC Satellite Office, Broward General Medical Center		Hospital Taxing District	North Broward Hospital District	1000	1
8276 Pines Boulevard, Pembroke Pines, FL 33024	WIC Satellite Office, University Marketplace	640:0393	Private Lease	UMP Real Estate Holdings, LLC	3260	17
4481B N. State Road 7, Lauderdale Lakes, FL 33319	WIC Satellite Office, Lakes Medical Center	640:0396	Private Lease	Lakes Medical Center, LLC	4999	22
780 SW 24th Street, Fort Lauderdale, FL 33315	Administrative Center		State owned	State of Florida	47080	155
2421-A SW 6 Avenue, Fort Lauderdale, FL 33315	Operations Center		County owned	Broward County Government	20750	103
2240 SW 70th Avenue, Units I, C, Davie, FL 33317	Warehouse	640:0297 & 640:0343	Private Lease	Sanjiaz Nova Davie, LLC	9250	0
2230 SW 70th Avenue, Suite 8, Davie, FL 33317	Warehouse	640:0343	Private Lease	Sanjiaz Nova Davie, LLC	4950	6

*Facility - a fixed site managed by DOH/CHD personnel for the purpose of providing or supporting public health services. Includes county-owned, state-owned, and leased facilities. Includes DOH/CHD warehouse and administrative sites. Includes facilities managed by DOH/CHD that may be shared with other organizations. Does not include schools, jails or other facilities where DOH/CHD staff are out-posted or sites where services are provided on an episodic basis.*

**ATTACHMENT V  
BROWARD COUNTY HEALTH DEPARTMENT  
SPECIAL PROJECTS SAVINGS PLAN**

CASH RESERVED OR ANTICIPATED TO BE RESERVED FOR PROJECTS

<u>CONTRACT YEAR</u>	<u>STATE</u>	<u>COUNTY</u>	<u>TOTAL</u>
2016-2017*	\$ _____ 0	\$ _____ 0	\$ _____ 0
2017-2018**	\$ _____ 0	\$ _____ 0	\$ _____ 0
2018-2019***	\$ _____ 0	\$ _____ 0	\$ _____ 0
2019-2020***	\$ _____ 0	\$ _____ 0	\$ _____ 0
PROJECT TOTAL	\$ _____ 0	\$ _____ 0	\$ _____ 0

**SPECIAL PROJECTS CONSTRUCTION/RENOVATION PLAN**

PROJECT NUMBER: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

LOCATION/ADDRESS: \_\_\_\_\_

PROJECT TYPE:

NEW BUILDING	_____	ROOFING	_____
RENOVATION	_____	PLANNING STUDY	_____
NEW ADDITION	_____	OTHER	_____

SQUARE FOOTAGE: \_\_\_\_\_ 0

PROJECT SUMMARY: *Describe scope of work in reasonable detail.*  
**Special Capital Projects are new construction or renovation projects and new furniture or equipment associated with these projects mobile health vans.**

\* Cash balance as of 9/30/17  
 \*\* Cash to be transferred to FCO account.  
 \*\*\* Cash anticipated for future contract years.

**ATTACHMENT VI**  
**BROWARD COUNTY HEALTH DEPARTMENT**  
**PRIMARY CARE**

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

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

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

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

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

**Children and adults who meet income eligibility requirements. Eligibility is limited to clients with net income less than 100% of the most current non-farm poverty levels established by the U.S. Office of management and Budget (OMB).**

Does the health department intend to contract with other providers for the delivery of primary health care services using categorical (015040) Primary Care funds? If so, please identify the provider(s), describe the services to be delivered, and list the anticipated contractual amount by provider. In addition, contract providers are required to provide data on patients served and the services provided so that the patients may be registered and the service data entered into HMS.

<b><u>Providers:</u></b>	<b>FY 2017-18</b>
	<b><u>Contract</u></b>
North Broward Hospital District	<b>\$244,620</b>
South Broward Hospital District d/b/a Memorial Healthcare System	<b>149,568</b>
Broward Community & Family Health Center	<b>75,000</b>

**Services:**

**Comprehensive primary care services including medical examination, evaluation, diagnosis and treatment, as provided through face to face contact between a client and a physician, a physician assistant, or an advanced registered nurse practitioner. All services provided to registered primary care clients must be recorded and reported to BCHD within 7 days of provision of the service. Service information must include date of service, service location, program component and type of services.**

**ATTACHMENT VII**

**BROWARD COUNTY HEALTH DEPARTMENT  
Contract Year 2017-2018**

**Outcome Evaluation for  
2016-2017 Contract Period**

**GOAL: Improvement of Health Status of Broward County Residents.**

<b>OUTCOME</b>	<b>OBJECTIVE</b>	<b>RESULTS</b>
To increase breast feeding rates in Broward County.	To maintain the percentage of WIC infants who are initially breast fed to at least 85.0% during the year ending 06/30/2017.	The percentage of WIC infants that were initially breast fed was 89.2%.
To reduce the transmission of TB in Broward County.	To maintain at least 95% of active TB cases completing therapy within 12 months of initiation.	In 2015, the TB therapy completion rate was 98.6%.
To increase the safety of public swimming pools in Broward County.	To maintain at least 95% of public swimming pools rated "satisfactory" during the year ending 06/30/2017.	The percentage of public swimming pools rated "satisfactory" was 98.0%.

**ATTACHMENT VIII  
OUTCOMES FOR CONTRACT YEAR 2017-18**

Agency Name: Florida Department of Health in Broward County Program Name: Public Health

Division: N/A Main Contract #: \_\_\_\_\_

Division Contract #: \_\_\_\_\_

<b>Program Type</b>	<b>Activities</b>	<b>Outcomes</b>	<b>Type</b>	<b>Indicators</b>	<b>Data Source</b>	<b>Data Collection Method</b>
Public Health	Education Health Promotion Outreach	To increase breast feeding rates in Broward County.	Long-term	To maintain the percentage of WIC infants who are initially breast fed to at least 85.0% during the year ending 06/30/18.	Department of Health Bureau of WIC	WIC System
Public Health	Disease Surveillance Investigation Treatment Education	To reduce the transmission of TB in Broward County.	Long-term	To maintain at least 95% of active TB cases completing therapy within 12 months of initiation.	Florida CHARTS (Community Health Assessment Resource Tool Set)	DOH HMS (Health Management System)
Public Health	Education Inspection Enforcement	To increase the safety of public swimming pools in Broward County.	Long-term	To maintain at least 95% of public swimming pools rated "satisfactory" during the year ending 06/30/18.	DOH Division of Environmental Health EHDB	BCHD Environmental Health Database Program