

**CONTRACT BETWEEN  
BROWARD COUNTY  
AND  
STATE OF FLORIDA DEPARTMENT OF HEALTH  
FOR OPERATION OF  
THE BROWARD COUNTY HEALTH DEPARTMENT  
CONTRACT YEAR 2018-2019**

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, 2018.

**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, 2018, through September 30, 2019, 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 \$ 36,629,446 (*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, 2019 through September 30, 2019, then the County reserves the right to cease funding for the period July 1, 2019 through September 30, 2019.

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 2017-2018 Contract Period (Attachment VII) and an annual Outcomes for Contract Year 2018-2019 (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, 2019 for the report period October 1, 2018 through December 31, 2018;
- ii.* June 1, 2019 for the report period October 1, 2018 through March 31, 2019;
- iii.* September 1, 2019 for the report period October 1, 2018 through June 30, 2019; and

- iv. December 1, 2019 for the report period October 1, 2018 through September 30, 2019.

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, 2018, 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, 2019, 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

Darrell Cunningham  
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 page), Attachment V (three pages), 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, 2018.

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

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

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

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

TITLE: Mayor

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

ATTESTED TO:

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

NAME: Bertha Henry

TITLE: County Administrator

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

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

NAME: Celeste Philip, MD, MPH

TITLE: Surgeon General/Secretary of Health

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


SIGNED BY: 

NAME: Paula M. Thaqi, MD, MPH

TITLE: CHD Director (Broward)

DATE: 8-28-18

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

By  (11/06/2018)  
Hulda O. Estama, Assistant County Attorney

By  11/6/18  
Karen S. Gordon, Assistant County Attorney

**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 09/30/18	148833	3577915	3726748
2. Drawdown for Contract Year October 1, 2018 to September 30, 2019	-148833	711299	562466
3. Special Capital Project use for Contract Year October 1, 2018 to September 30, 2019	0	0	0
4. Balance Reserved for Contingency Fund October 1, 2018 to September 30, 2019	0	4289214	4289214

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, 2018 to September 30, 2019

	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	623,222	0	623,222	0	623,222
015040 SEXUALLY TRANSMITTED DISEASE CONTROL PROGRAM GR	215,205	0	215,205	0	215,205
015040 DENTAL SPECIAL INITIATIVE PROJECTS	5,977	0	5,977	0	5,977
015040 FAMILY PLANNING GENERAL REVENUE	172,845	0	172,845	0	172,845
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	1,480,491	0	1,480,491	0	1,480,491
015050 CHD GENERAL REVENUE NON-CATEGORICAL	9,003,324	0	9,003,324	0	9,003,324
<b>GENERAL REVENUE TOTAL</b>	<b>15,005,105</b>	<b>0</b>	<b>15,005,105</b>	<b>0</b>	<b>15,005,105</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	32,069	0	32,069	0	32,069
015010 SAFE DRINKING WATER ACT - HEADQUARTERS	42,938	0	42,938	0	42,938
015010 TOBACCO STATE AND COMMUNITY INTERVENTIONS	376,100	0	376,100	0	376,100
<b>NON GENERAL REVENUE TOTAL</b>	<b>467,107</b>	<b>0</b>	<b>467,107</b>	<b>0</b>	<b>467,107</b>
<b>3. FEDERAL FUNDS - STATE</b>					
007000 AIDS SURVEILLANCE - CORE	317,750	0	317,750	0	317,750
007000 BREAST & CERVICAL CANCER - ADMIN/CASE MANAGEMENT	202,500	0	202,500	0	202,500
007000 WIC BREASTFEEDING PEER COUNSELING PROG	200,935	0	200,935	0	200,935
007000 COASTAL BEACH WATER QUALITY MONITORING	17,067	0	17,067	0	17,067
007000 COMPREHENSIVE COMMUNITY CARDIO - PHBG	35,000	0	35,000	0	35,000
007000 CMS-MCH PURCHASED CLIENT SERVICES	44,191	0	44,191	0	44,191
007000 FAMILY PLANNING TITLE X - GRANT	260,817	0	260,817	0	260,817
007000 IMMUNIZATION FIELD STAFF	9,000	0	9,000	0	9,000
007000 IMMUNIZATION ACTION PLAN	265,352	0	265,352	0	265,352
007000 MCH SPECIAL PRJCT UNPLANNED PREGNANCY	56,657	0	56,657	0	56,657
007000 MCH SPECIAL PROJCT DENTAL	141,772	0	141,772	0	141,772
007000 BASE COMMUNITY PREPAREDNESS CAPABILITY	143,528	0	143,528	0	143,528
007000 BASE PUB HLTH SURVEILLANCE & EPI INVESTIGATION	306,186	0	306,186	0	306,186
007000 CRI MEDICAL COUNTERMEASURES DISPENSING	276,657	0	276,657	0	276,657
007000 AIDS PREVENTION	4,968,706	0	4,968,706	0	4,968,706
007000 MORBIDITY AND RISK BEHAVIOR SURVEILLANCE	68,600	0	68,600	0	68,600
007000 IMPROVING STD PROGRAMS	252,861	0	252,861	0	252,861
007000 STD AAPPS SUPPLEMENTAL AWARD	33,500	0	33,500	0	33,500
007000 FLORIDA STD SURVEILLANCE NETWORK PART A	9,400	0	9,400	0	9,400
007000 TB CONTROL PROJECT	193,758	0	193,758	0	193,758
007000 WIC PROGRAM ADMINISTRATION	7,729,956	0	7,729,956	0	7,729,956
007000 ZIKA ELC M1 ARBOVIRAL DISEASE-SUPPLEMENTAL	122,800	0	122,800	0	122,800
007000 ZIKA ELC SUPPLEMENTAL 01/01/17-07/31/18	4,193	0	4,193	0	4,193
015075 SUPPLEMENTAL SCHOOL HEALTH	346,120	0	346,120	0	346,120
015075 REFUGEE HEALTH SCREENING REIMBURSEMENT ADMIN	38,400	0	38,400	0	38,400
015075 REFUGEE HEALTH SCREENING REIMBURSEMENT SERVICES	320,000	0	320,000	0	320,000

**ATTACHMENT II**

**BROWARD COUNTY HEALTH DEPARTMENT**

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

October 1, 2018 to September 30, 2019

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
018005 RYAN WHITE TITLE II ADAP DRUG REBATES	284,510	0	284,510	0	284,510
018005 RYAN WHITE TITLE II ADAP DRUG REBATES	105,104	0	105,104	0	105,104
018005 AIDS DRUG ASSISTANCE PROGRAM ADMIN HQ	1,193,469	0	1,193,469	0	1,193,469
018005 RYAN WHITE TITLE II CARE GRANT	65,505	0	65,505	0	65,505
018005 RYAN WHITE TITLE II GRANT/CHD CONSORTIUM	1,161,929	0	1,161,929	0	1,161,929
<b>FEDERAL FUNDS TOTAL</b>	<b>19,176,223</b>	<b>0</b>	<b>19,176,223</b>	<b>0</b>	<b>19,176,223</b>
<b>4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE</b>					
001020 CHD STATEWIDE ENVIRONMENTAL FEES	1,557,600	0	1,557,600	0	1,557,600
001092 CHD STATEWIDE ENVIRONMENTAL FEES	112,800	0	112,800	0	112,800
001206 ON SITE SEWAGE DISPOSAL PERMIT FEES	3,524	0	3,524	0	3,524
001206 SANITATION CERTIFICATES (FOOD INSPECTION)	14,800	0	14,800	0	14,800
001206 PUBLIC SWIMMING POOL PERMIT FEES-10% HQ TRANSFER	79,454	0	79,454	0	79,454
001206 REGULATION OF BODY PIERCING SALONS	700	0	700	0	700
001206 TANNING FACILITIES	900	0	900	0	900
001206 TATTO PROGRAM ENVIRONMENTAL HEALTH	8,400	0	8,400	0	8,400
001206 MOBILE HOME & RV PARK FEES	4,000	0	4,000	0	4,000
<b>FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL</b>	<b>1,782,178</b>	<b>0</b>	<b>1,782,178</b>	<b>0</b>	<b>1,782,178</b>
<b>5. OTHER CASH CONTRIBUTIONS - STATE:</b>					
	0	0	0	0	0
090001 DRAW DOWN FROM PUBLIC HEALTH UNIT	148,833	0	148,833	0	148,833
<b>OTHER CASH CONTRIBUTION TOTAL</b>	<b>148,833</b>	<b>0</b>	<b>148,833</b>	<b>0</b>	<b>148,833</b>
<b>6. MEDICAID - STATE/COUNTY:</b>					
001057 CHD CLINIC FEES	0	21,000	21,000	0	21,000
001148 CHD CLINIC FEES	0	3,562,960	3,562,960	0	3,562,960
<b>MEDICAID TOTAL</b>	<b>0</b>	<b>3,583,960</b>	<b>3,583,960</b>	<b>0</b>	<b>3,583,960</b>
<b>7. ALLOCABLE REVENUE - STATE:</b>					
018000 CHD SALE OF SERVICES IN OR OUTSIDE OF STATE GOVT	50,000	0	50,000	0	50,000
<b>ALLOCABLE REVENUE TOTAL</b>	<b>50,000</b>	<b>0</b>	<b>50,000</b>	<b>0</b>	<b>50,000</b>
<b>8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE</b>					
ADAP	0	0	0	23,133,427	23,133,427
PHARMACY DRUG PROGRAM	0	0	0	174,648	174,648
WIC PROGRAM	0	0	0	37,429,871	37,429,871
BUREAU OF PUBLIC HEALTH LABORATORIES	0	0	0	229,434	229,434
IMMUNIZATIONS	0	0	0	2,488,635	2,488,635
<b>OTHER STATE CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>63,456,015</b>	<b>63,456,015</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	191,500	191,500	0	191,500
001094 CHD LOCAL ENVIRONMENTAL FEES	0	1,411,800	1,411,800	0	1,411,800



**ATTACHMENT II**

**BROWARD COUNTY HEALTH DEPARTMENT**

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

October 1, 2018 to September 30, 2019

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
001110 VITAL STATISTICS CERTIFIED RECORDS	0	2,024,715	2,024,715	0	2,024,715
<b>FEES AUTHORIZED BY COUNTY TOTAL</b>	0	3,628,015	3,628,015	0	3,628,015
<b>11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY</b>					
005000 CHD LOCAL REVENUE & EXPENDITURES	0	30,000	30,000	0	30,000
011000 CHD CLINIC FEES	0	6,332	6,332	0	6,332
011000 CHILDRENS SERVICES COUN INFANT DROWNING PRVNTN	0	208,070	208,070	0	208,070
011000 DENTAL SERVICES - HEAD START	0	30,000	30,000	0	30,000
011000 SOCIAL SERVICES - KIDCARE	0	106,250	106,250	0	106,250
011000 SOCIAL SERVICES - KIDCARE	0	318,750	318,750	0	318,750
011000 MEMORIAL HOSPITAL ADULT DENTAL PROGRAM	0	156,000	156,000	0	156,000
011000 RYAN WHITE TITLE I TB/HIV COINFECTION GRANT	0	958,002	958,002	0	958,002
011000 RYAN WHITE TITLE I TB/HIV COINFECTION GRANT	0	371,466	371,466	0	371,466
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	40,000	40,000	0	40,000
011001 HEALTHY START RISK SCREENINGS	0	294,566	294,566	0	294,566
012020 CHD LOCAL ENVIRONMENTAL FEES	0	125,000	125,000	0	125,000
090002 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	-711,299	-711,299	0	-711,299
<b>OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL</b>	0	1,957,137	1,957,137	0	1,957,137
<b>12. ALLOCABLE REVENUE - COUNTY</b>					
018000 CHD SALE OF SERVICES IN OR OUTSIDE OF STATE GOVT	0	50,000	50,000	0	50,000
<b>COUNTY ALLOCABLE REVENUE TOTAL</b>	0	50,000	50,000	0	50,000
<b>18. 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>	0	0	0	2,693,817	2,693,817
<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>	0	0	0	0	0
<b>GRAND TOTAL CHD PROGRAM</b>	36,629,446	11,046,976	47,676,422	66,149,832	113,826,254

**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, 2018 to September 30, 2019**

	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)	13.15	10,729	13,611	215,251	251,063	215,251	251,063	550,242	382,386	932,628
SEXUALLY TRANS. DIS. (102)	25.04	38	264	650,633	758,884	650,633	758,884	1,680,361	1,138,673	2,819,034
HIV/AIDS PREVENTION (03A1)	27.96	0	1,801	1,290,302	1,504,979	1,290,302	1,504,979	5,590,562	0	5,590,562
HIV/AIDS SURVEILLANCE (03A2)	7.82	0	6	127,923	149,207	127,923	149,206	554,259	0	554,259
HIV/AIDS PATIENT CARE (03A3)	51.65	60	345	1,262,966	1,473,096	1,262,966	1,473,097	4,142,656	1,329,469	5,472,125
ADAP (03A4)	22.02	2	386	364,745	425,430	364,745	425,430	1,580,350	0	1,580,350
TUBERCULOSIS (104)	20.35	782	2,627	366,217	427,148	366,217	427,148	1,586,730	0	1,586,730
COMM. DIS. SURV. (106)	12.50	0	15,331	211,720	246,946	211,720	246,947	917,333	0	917,333
HEPATITIS (109)	1.49	1,082	1,302	39,160	45,675	39,160	45,674	169,669	0	169,669
PREPAREDNESS AND RESPONSE (116)	7.95	0	26	163,932	191,207	163,932	191,207	710,278	0	710,278
REFUGEE HEALTH (118)	2.91	684	1,297	93,375	108,911	93,375	108,910	404,571	0	404,571
VITAL RECORDS (180)	15.02	69,065	145,510	230,048	268,323	230,048	268,324	0	996,743	996,743
<b>COMMUNICABLE DISEASE SUBTOTAL</b>	<b>207.86</b>	<b>82,442</b>	<b>182,506</b>	<b>5,016,272</b>	<b>5,850,869</b>	<b>5,016,272</b>	<b>5,850,869</b>	<b>17,887,011</b>	<b>3,847,271</b>	<b>21,734,282</b>
<b>B. PRIMARY CARE:</b>										
CHRONIC DISEASE PREVENTION PRO (210)	0.48	3,804	108	10,230	11,933	10,230	11,933	44,326	0	44,326
WIC (21W1)	143.64	79,200	566,673	2,325,660	2,712,599	2,325,660	2,712,599	10,076,518	0	10,076,518
TOBACCO USE INTERVENTION (212)	5.00	0	181	114,774	133,870	114,774	133,870	457,288	40,000	497,288
WIC BREASTFEEDING PEER COUNSELING (21W2)	4.08	0	9,712	61,982	72,295	61,982	72,295	268,554	0	268,554
FAMILY PLANNING (223)	24.82	3,148	7,450	442,955	516,653	442,955	516,653	1,826,487	92,729	1,919,216
IMPROVED PREGNANCY OUTCOME (225)	0.08	0	0	1,530	1,785	1,530	1,784	0	6,629	6,629
HEALTHY START PRENATAL (227)	4.61	15	73	58,234	67,923	58,234	67,924	0	252,315	252,315
COMPREHENSIVE CHILD HEALTH (229)	8.86	1	64	198,088	231,046	198,088	231,046	408,843	449,425	858,268
HEALTHY START CHILD (231)	2.58	3	17	34,845	40,642	34,845	40,643	150,975	0	150,975
SCHOOL HEALTH (234)	10.71	0	1,577,110	460,841	537,514	460,841	537,514	1,996,710	0	1,996,710
COMPREHENSIVE ADULT HEALTH (237)	5.17	87	518	144,004	167,963	144,004	167,964	611,368	12,567	623,935
COMMUNITY HEALTH DEVELOPMENT (238)	5.94	0	251	125,048	145,854	125,048	145,854	541,804	0	541,804
DENTAL HEALTH (240)	49.79	43,022	56,410	1,185,420	1,382,648	1,185,420	1,382,647	571,387	4,564,748	5,136,135
<b>PRIMARY CARE SUBTOTAL</b>	<b>265.76</b>	<b>129,280</b>	<b>2,218,576</b>	<b>5,163,611</b>	<b>6,022,725</b>	<b>5,163,611</b>	<b>6,022,726</b>	<b>16,954,260</b>	<b>5,418,413</b>	<b>22,372,673</b>
<b>C. ENVIRONMENTAL HEALTH:</b>										
<b>Water and Onsite Sewage Programs</b>										
COSTAL BEACH MONITORING (347)	0.34	545	545	7,018	8,185	7,018	8,185	30,406	0	30,406
LIMITED USE PUBLIC WATER SYSTEMS (357)	0.74	9	75	11,688	13,633	11,688	13,632	50,641	0	50,641
PUBLIC WATER SYSTEM (358)	9.58	176	1,533	186,870	217,962	186,870	217,962	203,248	606,416	809,664
PRIVATE WATER SYSTEM (359)	0.56	36	749	9,786	11,414	9,786	11,413	0	42,399	42,399
ONSITE SEWAGE TREATMENT & DISPOSAL (361)	3.32	457	1,153	61,322	71,524	61,322	71,524	222,892	42,800	265,692
<b>Group Total</b>	<b>14.54</b>	<b>1,223</b>	<b>4,055</b>	<b>276,684</b>	<b>322,718</b>	<b>276,684</b>	<b>322,716</b>	<b>507,187</b>	<b>691,615</b>	<b>1,198,802</b>
<b>Facility Programs</b>										
TATTOO FACILITY SERVICES (344)	1.55	0	1,376	27,863	32,499	27,863	32,500	120,725	0	120,725
FOOD HYGIENE (348)	6.14	1,709	5,860	103,792	121,061	103,792	121,060	155,800	293,905	449,705
BODY PIERCING FACILITIES SERVICES (349)	0.24	92	164	4,393	5,124	4,393	5,124	5,000	14,034	19,034

**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, 2018 to September 30, 2019**

	FTE's (0.00)	Clients Units	Services/ Visits	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd (Whole dollars only)	3rd	4th			
GROUP CARE FACILITY (351)	1.35	678	1,075	23,829	27,794	23,829	27,793	0	103,245	103,245
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)	0.30	111	266	4,740	5,529	4,740	5,528	12,447	8,090	20,537
POOLS/BATHING PLACES (360)	11.85	3,420	14,265	205,896	240,153	205,896	240,153	589,817	302,281	892,098
BIOMEDICAL WASTE SERVICES (364)	2.68	3,350	2,809	47,499	55,402	47,499	55,401	155,858	49,943	205,801
TANNING FACILITY SERVICES (369)	0.19	100	157	3,387	3,950	3,387	3,950	10,674	4,000	14,674
<b>Group Total</b>	<b>24.30</b>	<b>9,460</b>	<b>25,972</b>	<b>421,399</b>	<b>491,512</b>	<b>421,399</b>	<b>491,509</b>	<b>1,050,321</b>	<b>775,498</b>	<b>1,825,819</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)	0.25	38	52	4,425	5,161	4,425	5,160	19,171	0	19,171
<b>Group Total</b>	<b>0.25</b>	<b>38</b>	<b>52</b>	<b>4,425</b>	<b>5,161</b>	<b>4,425</b>	<b>5,160</b>	<b>19,171</b>	<b>0</b>	<b>19,171</b>
<b>Community Hygiene</b>										
COMMUNITY ENVIR. HEALTH (345)	0.00	0	0	0	0	0	0	0	0	0
INJURY PREVENTION (346)	3.92	0	444	72,513	84,577	72,513	84,576	0	314,179	314,179
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 SERVICE (363)	0.00	0	0	0	0	0	0	0	0	0
SANTARY NUISANCE (365)	0.80	926	832	13,595	15,856	13,595	15,856	58,902	0	58,902
RABIES SURVEILLANCE (366)	0.00	0	0	0	0	0	0	0	0	0
ARBOVIRUS SURVEIL. (367)	0.00	0	0	0	0	0	0	0	0	0
RODENT/ARTHROPOD CONTROL (368)	0.00	0	0	116	136	116	136	504	0	504
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)	0.57	0	0	8,030	9,366	8,030	9,366	34,792	0	34,792
TOXIC SUBSTANCES (373)	0.00	0	0	0	0	0	0	0	0	0
<b>Group Total</b>	<b>5.29</b>	<b>926</b>	<b>1,276</b>	<b>94,254</b>	<b>109,935</b>	<b>94,254</b>	<b>109,934</b>	<b>94,198</b>	<b>314,179</b>	<b>408,377</b>
<b>ENVIRONMENTAL HEALTH SUBTOTAL</b>	<b>44.38</b>	<b>11,617</b>	<b>31,355</b>	<b>796,762</b>	<b>929,326</b>	<b>796,762</b>	<b>929,319</b>	<b>1,670,877</b>	<b>1,781,292</b>	<b>3,452,169</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	25,798	30,091	25,798	30,091	111,778	0	111,778
MEDICAID BUYBACK (611)	0.00	0	0	1,274	1,486	1,274	1,486	5,520	0	5,520
<b>NON-OPERATIONAL COSTS SUBTOTAL</b>	<b>0.00</b>	<b>0</b>	<b>0</b>	<b>27,072</b>	<b>31,577</b>	<b>27,072</b>	<b>31,577</b>	<b>117,298</b>	<b>0</b>	<b>117,298</b>
<b>TOTAL CONTRACT</b>	<b>518.00</b>	<b>223,369</b>	<b>2,432,437</b>	<b>11,003,717</b>	<b>12,834,497</b>	<b>11,003,717</b>	<b>12,834,491</b>	<b>36,629,446</b>	<b>11,046,976</b>	<b>47,676,422</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 - 2018 - 2019**

**Broward County Health Department**

**Facilities Utilized by the County Health Department**

<b>Complete Location</b> (Street Address, City, Zip)	<b>Facility Description</b> <b>And Official Building</b> <b>Name (if applicable)</b> (Admin, Clinic, Envrn Hlth, etc.)	<b>Lease/ Agreement</b> <b>Number</b>	<b>Type of</b> <b>Agreement</b> (Private Lease thru State or County, other - please define)	<b>Complete</b> <b>Legal Name</b> <b>of Owner</b>	<b>SQ</b> <b>Feet</b>	<b>Employee</b> <b>Count</b> (FTE/OPS/ Contract)
601 W Atlantic Blvd, Pompano Beach, FL 33060	North Regional Health Center		County owned	Broward County Government	23490	10
205 NW 6 Ave, Pompano Beach, FL 33060	Paul W. Hughes Building		County owned	Broward County Government	20675	39
2421 SW 6 Ave, Fort Lauderdale, FL 33315	Fort Lauderdale Health Center		County owned	Broward County Government	33916	147
900 NW 31st Ave., Fort Lauderdale, FL 33311	Edgar Mills Center		County owned	Broward County Government	12181	58
4105 Pembroke Rd., Hollywood, FL 33021	South Regional Health Center		County owned	Broward County Government	36026	28
10077 NW 29th Street, Coral Springs, FL 33065	WIC Satellite Office, NW Family Success Center		County owned	Broward County Government	2500	15
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	Bellino University Drive, LLC	3260	20
4481B N. State Road 7, Lauderdale Lakes, FL 33319	WIC Satellite Office, Lakes Medical Center	640:0396	Private Lease	Lakes Medical Center, LLC	4999	20
780 SW 24th Street, Fort Lauderdale, FL 33315	Administrative Center		State owned	State of Florida	47080	167
2421-A SW 6 Avenue, Fort Lauderdale, FL 33315	Operations Center		County owned	Broward County Government	20750	107
2240 SW 70th Avenue, Units I, C, Davie, FL 33317	Warehouse	640:0297 & 640:0343	Private Lease	Samjaz Nova Davie, LLC	9250	0
2230 SW 70th Avenue, Suite 8, Davie, FL 33317	Warehouse	640:0343	Private Lease	Samjaz 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>
2017-2018*	\$ <u>0</u>	\$ <u>400,000</u>	\$ <u>400,000</u>
2018-2019**	\$ <u>0</u>	\$ <u>-</u>	\$ <u>-</u>
2019-2020***	\$ <u>0</u>	\$ <u>-</u>	\$ <u>-</u>
2020-2021***	\$ <u>0</u>	\$ <u>-</u>	\$ <u>-</u>
<b>PROJECT TOTAL</b>	\$ <u>0</u>	\$ <u>400,000</u>	\$ <u>400,000</u>

**SPECIAL PROJECTS CONSTRUCTION/RENOVATION PLAN**

PROJECT NUMBER: 71806100

PROJECT NAME: Parking Modifications

LOCATION/ADDRESS: 780 SW 24th Street, Fort Lauderdale, FL

PROJECT TYPE:

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

SQUARE FOOTAGE: 0

PROJECT SUMMARY: *Describe scope of work in reasonable detail.*  
 Labor, equipment, materials and supervision required to (1) extend parking lot along the north west area of lot, (2) modify and regrade the existing retention area, (3) construct retaining wall along modified retention area, (4) redesign other parking spaces as indicated on drawings, (5) remodel landscaping as required, (6) construct new employee entrance with card access, (7) seal coating and re-marking entire parking area.

START DATE (Initial expenditure of funds) : 09/01/18

COMPLETION DATE: 01/31/19

DESIGN FEES: \$ 50,000

CONSTRUCTION COSTS: \$ 350,000

FURNITURE/EQUIPMENT: \$ -

TOTAL PROJECT COST: \$ 400,000

COST PER SQ FOOT: \$ 0

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

\* Cash balance as of 9/30/18

\*\* Cash to be transferred to FCO account.

\*\*\* Cash anticipated for future contract years.



**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>
2017-2018*	\$ <u>0</u>	\$ <u>105,777</u>	\$ <u>105,777</u>
2018-2019**	\$ <u>0</u>	\$ <u>-</u>	\$ <u>-</u>
2019-2020***	\$ <u>0</u>	\$ <u>-</u>	\$ <u>-</u>
2020-2021***	\$ <u>0</u>	\$ <u>-</u>	\$ <u>-</u>
PROJECT TOTAL	\$ <u>0</u>	\$ <u>105,777</u>	\$ <u>105,777</u>

**SPECIAL PROJECTS CONSTRUCTION/RENOVATION PLAN**

PROJECT NUMBER: 71706200

PROJECT NAME: Administration Building Façade Repairs

LOCATION/ADDRESS: 780 SW 24th Street, Fort Lauderdale, FL

PROJECT TYPE:

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

SQUARE FOOTAGE: 0

PROJECT SUMMARY: *Describe scope of work in reasonable detail.*  
 Labor, equipment, materials and supervision required for (1) "wet sealing" and window caulking of the exterior perimeter windows, (2) pressure cleaning and sealing of all Decorative Block Walls, (3) painting of the exterior metal railings and staircase, (4) waterproofing of the exterior stucco wall portions of the building, (5) fabrication and installation of sheet metal coping on "Wing Wall" at SE corner of building, (6) stucco remediation at various areas of the building.

START DATE *(Initial expenditure of funds)*  
 : 05/05/17

COMPLETION DATE: 08/31/18

DESIGN FEES: \$ 0

CONSTRUCTION COSTS: \$ 0

FURNITURE/EQUIPMENT: \$ 0

TOTAL PROJECT COST: \$ 105,777

COST PER SQ FOOT: \$ 0

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

\* Cash balance as of 9/30/18  
 \*\* Cash to be transferred to FCO account.  
 \*\*\* Cash anticipated for future contract years.

**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>
2017-2018*	\$ <u>0</u>	\$ <u>117,766</u>	\$ <u>117,766</u>
2018-2019**	\$ <u>0</u>	\$ <u>-</u>	\$ <u>-</u>
2019-2020***	\$ <u>0</u>	\$ <u>-</u>	\$ <u>-</u>
2020-2021***	\$ <u>0</u>	\$ <u>-</u>	\$ <u>-</u>
<b>PROJECT TOTAL</b>	\$ <u>0</u>	\$ <u>117,766</u>	\$ <u>117,766</u>

**SPECIAL PROJECTS CONSTRUCTION/RENOVATION PLAN**

PROJECT NUMBER: 71706100

PROJECT NAME: First and Second Floor Security Remodel

LOCATION/ADDRESS: 780 SW 24th Street, Fort Lauderdale, FL

PROJECT TYPE: NEW BUILDING  ROOFING

RENOVATION  PLANNING STUDY

NEW ADDITION  OTHER

SQUARE FOOTAGE: 0

PROJECT SUMMARY: *Describe scope of work in reasonable detail.*  
 Labor, equipment, materials and supervision required for (1) Installation of a new reception area at the first floor lobby, (2) Installation of a glass door and reception window in the first floor lobby, (3) Installation of a new door and sidelight in the corridor of the second floor, (4) Cutting in a new opening to the cafeteria on the second floor, (5) Filling in the existing opening going in to the cafeteria on the second floor, (6) Installation of all new electrical device as shown on the drawings, (7) Rerouting and adding fire protection devices as shown on the drawings, (8) Patching of all existing finishes.

START DATE *(Initial expenditure of funds)*: 05/05/17

COMPLETION DATE: 09/30/18

DESIGN FEES: \$ -

CONSTRUCTION COSTS: \$ 0

FURNITURE/EQUIPMENT: \$ 0

TOTAL PROJECT COST: \$ 117,766

COST PER SQ FOOT: \$ 0

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

\* Cash balance as of 9/30/18  
 \*\* 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.

Providers:

	FY 2018-19
	<u>Contract</u>
North Broward Hospital District	\$244,620
South Broward Hospital District d/b/a Memorial Healthcare System	149,568
Broward Community & Family Health Center	75,000

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 2018-2019**

**Outcome Evaluation for  
2017-2018 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 06/30/2018.	The percentage of WIC infants that were initially breast fed was 89.9%.
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 2016, the TB therapy completion rate was 98.2%.
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 06/30/2018.	The percentage of public swimming pools rated "satisfactory" was 96.7%.

**ATTACHMENT VIII  
OUTCOMES FOR CONTRACT YEAR 2018-19**

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

Division: Human Services Department – Health Care Services Section 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 06/30/19.	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 06/30/19.	DOH Division of Environmental Health EHDB	BCHD Environmental Health Database Program