



# BOARD OF COUNTY COMMISSIONERS

THE KEYSTONE COUNTY-ESTABLISHED 1827

435 W. Walnut St., Monticello, Florida 32344

**Benjamin "Benny"  
Bishop**

District 1, Chair

**Eugene Hall**

District 2

**Hines F. Boyd**

District 3

**Betsy Barfield**

District 4

**Stephen Walker**

District 5, Vice Chair

**Regular Session Agenda  
October 6, 2015 at the Courthouse Annex  
435 W. Walnut St. Monticello, FL 32344**

1. **9:00 A.M. – Call to Order, Invocation, Pledge of Allegiance**
2. **Public Announcements, Presentations, & Awards**
3. **Consent Agenda**
  - a) **Approval of Agenda**
  - b) **Minutes of September 15, 2015 Regular Session**
  - c) **Minutes of September 15, 2015 Tentative Budget Hearing**
  - d) **Minutes of September 28, 2015 Final Budget Hearing**
  - e) **Small Grant Application – Chamber**
  - f) **Health Department Contract & Fee Schedule**
4. **Citizens Request & Input on Non-Agenda Items (3 Minute Limit)**
5. **PUBLIC HEARING – LLOYD INTERCHANGE BROWNFIELD DISTRICT**
6. **General Business**
  - a) **SHIP Ownership Rule Exemption Discussion – Parrish Barwick/Jay Mosley**
  - b) **VAB Volunteer Appointment – Kirk Reams**
  - c) **Mont./Jeff. Co. High School Historic Preservation Grant Bid Recommendation – Kirk Reams**
  - d) **US 19 Landscaping/Beautification Grant Bid Recommendation – Engineer Daryle Gray**
7. **County Coordinator**
  - a) **Equipment Purchase Discussion**
8. **Commissioner Discussion Items**
9. **Adjourn**

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

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

**Kirk Reams**  
Clerk of Courts

**Parrish Barwick**  
County Coordinator

**T. Buckingham Bird**  
County Attorney

**ITEM 3**

**CONSENT AGENDA ITEMS**

JEFFERSON COUNTY BOARD OF COUNTY COMMISSIONERS  
REGULAR SESSION  
September 15, 2015

The Board met this date in regular session. Present were Chairperson Benjamin “Benny” Bishop, Commissioners Betsy Barfield, Hines Boyd, Eugene Hall and Stephen Walker. Also present were County Attorney Buck Bird, County Coordinator Parrish Barwick and Clerk of Court Kirk Reams.

**ITEM 2: Public Announcements, Presentations & Awards**

1. Julie Conley, on behalf of the City Council, thanked Commissioner Barfield for all of her work on the CRTPA.

**ITEM 3: Consent Agenda**

2. **On motion by Commissioner Barfield, seconded by Commissioner Walker and unanimously carried, the consent agenda—consisting of the approval of the agenda, the minutes of the September 1<sup>st</sup>, 2015 Regular Session and the Property Appraiser Budget Transfer Request—was approved.**
3. County Coordinator Parrish Barwick stated the LDC Final Reading would have to be moved to a later date and re-advertised due to an issue with how it was advertised. It was the consensus of the Board to re-advertise for the October 20<sup>th</sup>, 2015 Regular Session.

**ITEM 4: Citizens Request & Input on Non-Agenda Items**

4. Citizen Anthony Charles stated he would like to see some County money expended on Courthouse beautification.
5. County Coordinator commented on inquiries about lawn maintenance at County facilities and noted that the Board had previously cut the budget for lawn maintenance. He also stated that the Courthouse and Annex facilities were on a regular schedule of approximately every two weeks.
6. Citizen Bill Brown stated he tried to find the County Coordinator at his office and was later informed his office had moved to the Road Department. He requested that if office locations change in the future the public be notified.
7. Anne Holt, Executive Director of Main Street, stated there was an international conference being held in Monticello beginning October 1<sup>st</sup>.
8. Citizen Franklin Brooks stated he was back before the Board regarding university logos on County vehicles. Chairman Bishop requested that County Coordinator Barwick address this issue.

**ITEM 6: PUBLIC HEARING – LLOYD INTERCHANGE BROWNFIELDS**

9. Economic Development Director Julie Conley introduced this item and informed everyone it was the second hearing on this issue, with the first having been held at the Lloyd Interchange. Mrs. Conley along with Attorneys Joe Ullo and Bob Fingar gave an extensive presentation on the Brownfields designation process.

**ITEM 7a: Mosquito Control Contract**

10. County Coordinator Barwick introduced this item and stated it was the annual contract with the Department of Agriculture to continue the mosquito control program. **On motion by Commissioner Barfield, seconded by Commissioner Walker and unanimously carried, the Board approved the contract.**

**ITEM 7b: Road Department Equipment Purchase & Trade**

11. County Coordinator Barwick introduced this item and stated it was mainly for informational purposes. He noted he would be trading in several vehicles in the near future and obtaining newer vehicles under lease-to-purchase agreements. He stated this would reduce the number of leased vehicles, but the three vehicles would be retro-fitted and better equipped in order to exceed current hauling capacity. Commissioner Boyd stated his concern with having fewer vehicles in the event of a major storm, to which Coordinator Barwick stated the newly equipped vehicles will be better suited to move equipment and haul than our current fleet. County Coordinator Barwick also stated he would like to replace the old batwing mower with a new model and also purchase a tractor to utilize the existing off-set mower. Mr. Barwick also noted that two graders at were at the end of their five year lease and would be traded in.

**ITEM 7c: Fire/EMS Grant**

12. Fire Rescue Chief Mark Matthews presented this item to the Board. He stated his intention to utilize this grant in conjunction with some leftover funds from the previous years' grant to purchase a new stretcher. **On motion by Commissioner Barfield, seconded by Commissioner Hall and unanimously carried, the Board approved the resolution for Florida county EMS grant.**

**ITEM 7d: US 19 Beautification/Landscaping Grant Recommended Bidder**

13. Debbie Preble, for county engineer Preble-Rish, stated that the County only received on bid, so it was decided to extend the bidding period. She also noted she would be pro-actively reaching out to landscaping contractors for bids and that the recommended bidder would be announced at the October 5<sup>th</sup> morning meeting.

**ITEM 7e: Old Lloyd Road Sidewalk CEI Services Recommendation**

14. Clerk of Court Kirk Reams stated that the Committee consisting of himself, County Coordinator Barwick and Commissioner Barfield reviewed the RFQs received for CEI services and recommended GPI. Commissioner Barfield inquired if this would be paid for with Federal money, to which Mr. Reams

responded in the affirmative. **On motion by Commissioner Barfield, seconded by Commissioner Walker and unanimously carried, the Board approved the recommendation of GPI for CEI services.**

**ITEM 9: Commissioner Discussion Items**

15. County Attorney Buck Bird stated that the county option to acquire a 10-acre tract adjoining the Industrial Park would expire tomorrow (September 16<sup>th</sup>, 2015). County Coordinator Barwick recommended a professional look at the land to see if it was usable. Chairman Bishop stated that perhaps the county engineer could look at the land. Property Appraiser Angela Gray recommended an appraisal. Citizen Paul Henry urged the Board to keep this land in the private sector and on the tax roll. Property Appraiser Angela Gray stated she could provide the Board with maps and comparable sales from her office, as all of this was public record. It was the consensus of the Board to further research this purchase.
16. Commissioner Barfield stated she was approached by a citizen that wanted to purchase land at the closed solid waste site. It was the consensus of the Board to explore the possibility of selling this land.
17. Commissioner Barfield stated there would be approximately \$20,000-\$30,000 of bike/pedestrian money remaining. She suggested using this money at the Wacissa River for a self-composting toilet, gazebo and area to park bikes at the head of the River. She requested the Board think about this proposal or coming up with another idea to quickly utilize the money. Commissioner Walker suggested the Wacissa River Committee look into this issue.
18. Commissioner Hall stated he had provided staff with some information from the Florida Association of Counties and would like it distributed to the Commissioners at the next meeting.

**ITEM 10: Adjournment**

19. The warrant register was reviewed and bills ordered paid.
20. **On motion by Commissioner Walker, seconded by Commissioner Hall and unanimously carried, the meeting was adjourned.**

\_\_\_\_\_  
Chairman

Attest: \_\_\_\_\_  
Clerk

JEFFERSON COUNTY BOARD OF COUNTY COMMISSIONERS  
TENTATIVE BUDGET HEARING  
September 15, 2015

The Board met this date for the tentative budget hearing. Present were Chairperson Benjamin “Benny” Bishop, Commissioners Betsy Barfield, Hines Boyd, Eugene Hall and Stephen Walker. Also present were County Attorney Buck Bird, County Coordinator Parrish Barwick and Clerk of Court Kirk Reams.

**ITEM 1: Call to Order, Invocation, Pledge of Allegiance**

1. County Coordinator Parrish Barwick led the invocation and pledge of allegiance.

**ITEM 2: Tentatively Adopt Millage Rate – 8.3114 mills**

2. **Commissioner Boyd made a motion to reduce the millage rate to 7.99, to which Commissioner Hall seconded for discussion. The motion failed 2 to 3 (Barfield, Bishop and Walker opposed).** Chairman Bishop stated that if the trend with revenues continued for 2-3 more years, then perhaps he would support lowering the millage rate. **On motion by Commissioner Walker, seconded by Commissioner Barfield and carried 3 to 2 (Boy, Hall opposed), the Board tentatively adopted the millage rate at 8.3114 mills.**

**ITEM 3: Tentative Adopt Budget - \$23,296,425**

3. **On motion by Commissioner Walker, seconded by Commissioner Barfield and carried 4 to 1 (Boyd opposed), the Board tentatively adopted the budget at \$23,296,425.** Commissioner Hall inquired if every employee would get a raise, to which County Coordinator Barwick stated no, that he and each supervisor would discuss their respective departments and document efficiencies made/how raises would be determined.

**ITEM 4: Announce Final Hearing**

4. Clerk of Court Kirk Reams announced the Final Budget Hearing would be held September 28, 2015 at 6 pm.
5. Chairman Bishop adjourned the tentative budget hearing.

\_\_\_\_\_  
Chairman

Attest: \_\_\_\_\_  
Clerk

JEFFERSON COUNTY BOARD OF COUNTY COMMISSIONERS  
FINAL BUDGET HEARING  
September 28, 2015

The Board met this date for the final budget hearing. Present were Chairperson Benjamin “Benny” Bishop, Commissioners Hines Boyd, Eugene Hall and Stephen Walker. Commissioner Barfield appeared via telephone. Also present were County Coordinator Parrish Barwick and Clerk of Court Kirk Reams.

**ITEM 1: Call to Order, Invocation, Pledge of Allegiance**

1. Chairman Benny Bishop led the invocation and pledge of allegiance.

**ITEM 2: Adopt Millage Rate – 8.3114 mills**

2. **On motion by Commissioner Walker, seconded by Commissioner Hall and carried 4 to 1 (Boyd opposed), the Board adopted the millage rate at 8.3114 mills.**

**ITEM 3: Adopt Budget - \$23,296,425**

3. **Commissioner Walker made a motion to adopt the budget at \$23,296,425, to which Commissioner Hall seconded for discussion.** Commissioner Hall asked if the BP oil spill settlement of approximately \$263,000 was part of the adopted budget, to which Clerk of Court Kirk Reams responded in the affirmative. Commissioner Hall asked about the \$40,000 increase to the County Coordinator’s budget for salary augmentation and stated an evaluation process or method for determining raises would be helpful. He also commented on county ground maintenance. Commissioner Boyd commented that the Road Department had been busy with road building and other items and this had affected ground maintenance. County Coordinator Barwick stated he was aware of the above issues, but that the Board had cut funding for ground maintenance. He stated that in order for the County to increase its ground maintenance, the Board would have to allocate funding. Chairman Bishop recommended that further grounds maintenance discussion take place at a future meeting. **The above motion carried 4 to 1 (Boyd opposed).**

**ITEM 4: Adopt Fire Assessment Resolution**

4. **On motion by Commissioner Boyd, seconded by Commissioner Walker and unanimously carried, the Board approved the Fire Assessment Resolution.**

**ITEM 5: Adopt Solid Waste Resolution**

5. **On motion by Commissioner Boyd, seconded by Commissioner Hall and unanimously carried, the Board approved the Fire Assessment Resolution.**

**ITEM 6: Adjournment**

6. **On motion by Commissioner Walker, seconded by Commissioner Boyd and unanimously carried, the meeting was adjourned.**

Attest: \_\_\_\_\_  
Clerk

\_\_\_\_\_  
Chairman



**SMALL GRANT PROGRAM**  
**APPLICATION**

Thank you for your interest in Jefferson County's Small Grant Program. Our goal is to provide support for activities and initiatives that encourage economic development and enhance the quality of life in our community.

Please complete this application (typewritten applications are preferred) and return it to the County Coordinator's office at least 60 days prior to the date on which the funds are needed.

The process for evaluation of applications is as follows:

1. Within 30 days of receipt of a completed application, the Small Grant Program Review Committee will meet to evaluate the application. This meeting will be advertised and open to the public. You will be personally notified of the meeting and invited to have an open discussion with the Committee regarding your project. This will be the only forum in which your application will be discussed.
2. The Committee's evaluation and recommendation will be forwarded to the Board of County Commissioners and placed on the Consent Agenda for the next available meeting (but no later than 30 days following the Review Committee's meeting). You will receive notice of the meeting. However, there will be no further input or discussion and the Board will either accept or reject the Committee's recommendation.
3. The County Coordinator will notify applicants of the County Commission's decision regarding the grant request.
4. If your funding request is granted, you are required to submit a report outlining the development, implementation and overall assessment of the project or event. Please provide as many details as possible to assist the Review Committee and County Commission in evaluating the impact of the project or event. This report should be submitted to the County Coordinator's office no later than 30 days following the completion of the project or event.

Project name:           Jefferson's County Fair & BBQ Contest

Organization name: Chamber of Commerce

Type of organization (charitable, 501(c)(3), etc.           Non-Profit 501(c)(6)

**Name, address, telephone number and e-mail address of primary contact:**

**Katrina Richardson  
Chamber of Commerce  
420 West Washington Street  
Monticello, FL 32344  
850-997-5552  
850-567-6451 cell  
info@monticellojeffersonfl.com**

**Please describe how the project meets the criteria established for this program. You may create your own narrative or respond by answering the questions below. Please limit your narrative or responses to one page and attach it to this application.**

- **How does the project respond to a demonstrated or emerging community need?**  
Our community businesses and locals will have the opportunity to host a booth which will boost their profits. BBQ contests are a booming trend and Jefferson County has the opportunity to showcase our local cooks as well as those in the surrounding area while also promoting our local businesses which is a community need.
- **What product or service will be rendered as a result of receiving funding?**  
In conjunction with the anticipated TDC money the Chamber will be able to properly advertise the event in Florida, Georgia & Alabama to draw other cook teams, vendors and spectators thus promoting Jefferson County. We anticipate having 3 bands, a corn hole tournament, baked goods contests and other activities therefore creating a fun “family day” for our county. If we are unsuccessful in obtaining the many sponsors needed – part of the funding from BOCC may be used for prize money.
- **Is the project tied to economic development?**  
The Jefferson’s County Fair & BBQ Contest would definitely have economic ties by bringing in crowds of people for the weekend event to lodge, eat and shop in our county.
- **How will the project be implemented?**  
Several local volunteers and personnel from the Florida BBQ Association as well as 8-10 BBQ Queens from Florida, Alabama & Georgia will be on hand to man stations, take surveys, take up tickets, etc. Certified BBQ Judges and 2 Master Judges from the BBQ Association will be present controlling the judging process. Our committee has experience in producing successful festivals and this one will be no different.
- **Are volunteer services and fundraising efforts being used as leverage to implement the project?**  
Yes volunteer services are counted on for a successful event. This is a fund raiser for the Chamber of Commerce but more importantly we are offering this opportunity for members and others to raise their profit margin while also promoting our community as a stable and active place to live, work and play..
- **Is the project currently receiving public funding from other sources?**  
We have applied for a \$1,500 grant from TDC
- **Are matching funds available?**  
I’m not aware of any available matching funds
- **How will the project be sustained when the requested funds are exhausted?**  
With funding requested from the TDC and the Small Grant Program as well as outside sponsors, sufficient funds will be in place to sustain the event. We anticipate hosting the

event on an annual basis and will rely more heavily on private sector funding as the event gains momentum, i.e. becoming sanctioned next year by the Florida BBQ Association.

**Amount of funds requested: \$1500**

**Anticipated project completion date: November 7, 2015**

*Katrina Richardson*  
**Signature of Applicant**

**Executive Director, Monticello Jefferson  
Chamber of Commerce  
Title**

**July 31, 2015  
Date**

**CONTRACT BETWEEN  
JEFFERSON COUNTY BOARD OF COUNTY COMMISSIONERS  
AND  
STATE OF FLORIDA DEPARTMENT OF HEALTH  
FOR OPERATION OF THE  
JEFFERSON COUNTY HEALTH DEPARTMENT  
CONTRACT YEAR 2015-2016**

This contract is made and entered into between the State of Florida, Department of Health ("State") and the Jefferson County Board of County Commissioners ("County"), through their undersigned authorities, effective October 1, 2015.

**RECITALS**

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

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

C. Jefferson County Health Department ("CHD") is one of the 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, 2015, through September 30, 2016, 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.

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 \$971,174 (*State General Revenue, State Funds, Other State Funds and Federal Funds listed on the Schedule C*). The State's obligation to pay under this contract is contingent upon an annual appropriation by the Legislature.
- ii. The County's appropriated responsibility (*direct contribution excluding any fees, other cash or local contributions*) as provided in Attachment II, Part II is an amount not to exceed \$41,000 (*amount listed under the "Board of County Commissioners Annual Appropriations section of the revenue attachment*).

b. Overall expenditures will not exceed available funding or budget authority, whichever is less, (either current year or from surplus trust funds) in any service category. Unless requested otherwise, any surplus at the end of the term of this 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  
Jefferson County  
1255 W Washington Street  
Monticello, FL 32340

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 Jefferson County.

e. That any surplus/deficit funds, including fees or accrued interest, remaining in the County Health Department Trust Fund account at the end of the contract year shall be credited/debited to the State or County, as appropriate, based on the funds contributed by each and the expenditures incurred by each. Expenditures will be charged to the program accounts by State and County based on the ratio of planned expenditures in 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. 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 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, 2016 for the report period October 1, 2015 through December 31, 2015;
- ii.* June 1, 2016 for the report period October 1, 2015 through March 31, 2016;
- iii.* September 1, 2016 for the report period October 1, 2015 through June 30, 2016; and
- iv.* December 1, 2016 for the report period October 1, 2015 through September 30, 2016.

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

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

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

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

8. TERMINATION.

a. Termination at Will. This 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. MISCELLANEOUS. The parties further agree:

a. Availability of Funds. If this Agreement, any renewal hereof, or any term, performance or payment hereunder, extends beyond the fiscal year beginning July 1, 2015, it is agreed that the performance and payment under this Agreement are contingent upon an annual appropriation by the Legislature, in accordance with section 287.0582, Florida Statutes.

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

For the State:

For the County:

Colleen Hollingsworth  
Name  
Operations & MGMT Consultant MGR  
Title

Kirk Reams  
Name  
Clerk of Court  
Title

1255 West Washington Street

1 Court House Circle

Monticello, FL 32344

Monticello, FL 32344

Address

Address

850-342-0170, Ext. 2021

850-342-0218 Ext. 232

Telephone

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. 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 19 page contract, with its attachments as referenced, including Attachment I (two pages), Attachment II (six pages), Attachment III (one page), Attachment IV (one page), and Attachment V (one page), to be executed by their undersigned officials as duly authorized effective the 1<sup>st</sup> day of October, 2015.

**BOARD OF COUNTY COMMISSIONERS  
FOR JEFFERSON COUNTY**

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

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

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

**NAME:** Benjamin "Benny" Bishop

**NAME:** John H. Armstrong, MD

**TITLE:** Chair

**TITLE:** Surgeon General/Secretary of Health

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

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

**ATTESTED TO:**

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

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

**NAME:** Kirk Reams

**NAME:** Kimberly Allbritton

**TITLE:** Clerk of Court

**TITLE:** Acting CHD Director/Administrator

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

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

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

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

<u>Service</u>	<u>Requirement</u>
1. Sexually Transmitted Disease Program	Requirements as specified in F.A.C. 64D-3, F.S. 381 and F.S. 384.
2. Dental Health	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**  
**JEFFERSON COUNTY HEALTH DEPARTMENT**  
**PART I. PLANNED USE OF COUNTY HEALTH DEPARTMENT TRUST FUND BALANCES**

	Estimated State Share of CHD Trust Fund Balance	Estimated County Share of CHD Trust Fund Balance	Total
1. CHD Trust Fund Ending Balance 09/30/15		158445	82533
2. Drawdown for Contract Year October 1, 2015 to September 30, 2016		-120437	-22939
3. Special Capital Project use for Contract Year October 1, 2015 to September 30, 2016		0	0
4. Balance Reserved for Contingency Fund October 1, 2015 to September 30, 2016		38008	59594
		97602	

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

## ATTACHMENT II

## JEFFERSON COUNTY HEALTH DEPARTMENT

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

October 1, 2015 to September 30, 2016

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>1. GENERAL REVENUE - STATE</b>					
015040 CHD - TB COMMUNITY PROGRAM	3,000	0	3,000	0	3,000
015040 DENTAL SPECIAL INITIATIVE PROJECTS	6,597	0	6,597	0	6,597
015040 FAMILY PLANNING GENERAL REVENUE	22,499	0	22,499	0	22,499
015040 PRIMARY CARE PROGRAM	129,466	0	129,466	0	129,466
015040 SCHOOL HEALTH SERVICES - GENERAL REVENUE	68,292	0	68,292	0	68,292
015050 CHD GENERAL REVENUE NON-CATEGORICAL	271,569	0	271,569	0	271,569
<b>GENERAL REVENUE TOTAL</b>	<b>501,423</b>	<b>0</b>	<b>501,423</b>	<b>0</b>	<b>501,423</b>
<b>2. NON GENERAL REVENUE - STATE</b>					
015010 STATE UNDERGROUND PETROLEUM RESPONSE ACT	1,300	0	1,300	0	1,300
015010 ENVIRONMENTAL BIOMEDICAL WASTE PROGRAM	1,545	0	1,545	0	1,545
015010 TOBACCO STATE AND COMMUNITY INTERVENTIONS	113,032	0	113,032	0	113,032
<b>NON GENERAL REVENUE TOTAL</b>	<b>115,877</b>	<b>0</b>	<b>115,877</b>	<b>0</b>	<b>115,877</b>
<b>3. FEDERAL FUNDS - STATE</b>					
007000 ABSTINENCE EDUCATION GRANT PROGRAM	248,521	0	248,521	0	248,521
007000 COMPREHENSIVE COMMUNITY CARDIO - PHBG	32,296	0	32,296	0	32,296
007000 FAMILY PLANNING TITLE X - GRANT	42,987	0	42,987	0	42,987
007000 IMMUNIZATION ACTION PLAN	1,690	0	1,690	0	1,690
007000 MCH SPECIAL PROJECT DENTAL	10,526	0	10,526	0	10,526
007000 PHP PUBLIC HEALTH PREPAREDNESS BASE ALLOC	159,000	0	159,000	0	159,000
015075 SUPPLEMENTAL SCHOOL HEALTH	104,985	0	104,985	0	104,985
<b>FEDERAL FUNDS TOTAL</b>	<b>600,005</b>	<b>0</b>	<b>600,005</b>	<b>0</b>	<b>600,005</b>
<b>4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE</b>					
001020 CHD STATEWIDE ENVIRONMENTAL FEES	8,315	0	8,315	0	8,315
001092 CHD STATEWIDE ENVIRONMENTAL FEES	17,000	0	17,000	0	17,000
001206 ON SITE SEWAGE DISPOSAL PERMIT FEES	631	0	631	0	631
001206 SANITATION CERTIFICATES (FOOD INSPECTION)	292	0	292	0	292
001206 SEPTIC TANK RESEARCH SURCHARGE	165	0	165	0	165
001206 DRINKING WATER PROGRAM OPERATIONS	138	0	138	0	138
001206 TANNING FACILITIES	35	0	35	0	35
001206 ONSITE SEWAGE TRAINING CENTER	140	0	140	0	140
001206 MOBILE HOME & RV PARK FEES	88	0	88	0	88
<b>FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL</b>	<b>26,804</b>	<b>0</b>	<b>26,804</b>	<b>0</b>	<b>26,804</b>
<b>5. OTHER CASH CONTRIBUTIONS - STATE:</b>					
	0	0	0	0	0
090001 DRAW DOWN FROM PUBLIC HEALTH UNIT	120,437	0	120,437	0	120,437
<b>OTHER CASH CONTRIBUTION TOTAL</b>	<b>120,437</b>	<b>0</b>	<b>120,437</b>	<b>0</b>	<b>120,437</b>
<b>6. MEDICAID - STATE/COUNTY:</b>					
001057 CHD CLINIC FEES	0	7,560	7,560	0	7,560
001148 CHD CLINIC FEES	0	209,800	209,800	0	209,800

## ATTACHMENT II

## JEFFERSON COUNTY HEALTH DEPARTMENT

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

October 1, 2015 to September 30, 2016

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>MEDICAID TOTAL</b>	0	217,360	217,360	0	217,360
<b>7. ALLOCABLE REVENUE - STATE:</b>					
	0	0	0	0	0
<b>ALLOCABLE REVENUE TOTAL</b>	0	0	0	0	0
<b>8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE</b>					
ADAP	0	0	0	15,192	15,192
PHARMACY DRUG PROGRAM	0	0	0	26,374	26,374
WIC PROGRAM	0	0	0	273,847	273,847
BUREAU OF PUBLIC HEALTH LABORATORIES	0	0	0	2,220	2,220
IMMUNIZATIONS	0	0	0	22,518	22,518
<b>OTHER STATE CONTRIBUTIONS TOTAL</b>	0	0	0	340,151	340,151
<b>9. DIRECT LOCAL CONTRIBUTIONS - BCC/TAX DISTRICT</b>					
008005 CHD LOCAL REVENUE & EXPENDITURES	0	41,000	41,000	0	41,000
<b>DIRECT COUNTY CONTRIBUTIONS TOTAL</b>	0	41,000	41,000	0	41,000
<b>10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY</b>					
001077 CHD CLINIC FEES	0	27,600	27,600	0	27,600
001094 CHD LOCAL ENVIRONMENTAL FEES	0	5,090	5,090	0	5,090
001110 VITAL STATISTICS CERTIFIED RECORDS	0	13,800	13,800	0	13,800
<b>FEES AUTHORIZED BY COUNTY TOTAL</b>	0	46,490	46,490	0	46,490
<b>11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY</b>					
001090 CHD CLINIC FEES	0	1,500	1,500	0	1,500
010300 DOC PHARMACY INTERAGENCY AGREEMENT	0	260,400	260,400	0	260,400
010300 CHD FEDERAL & LOCAL INDIRECT EARNINGS	0	50,987	50,987	0	50,987
010300 PETROLEUM STORAGE TANK DEP COMPLIANCE CONTRACT	0	76,606	76,606	0	76,606
090002 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	22,939	22,939	0	22,939
<b>OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL</b>	0	412,432	412,432	0	412,432
<b>12. ALLOCABLE REVENUE - COUNTY</b>					
	0	0	0	0	0
<b>COUNTY ALLOCABLE REVENUE TOTAL</b>	0	0	0	0	0
<b>13. BUILDINGS - COUNTY</b>					
ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	0	0
OTHER (Specify)	0	0	0	0	0
UTILITIES	0	0	0	0	0
BUILDING MAINTENANCE	0	0	0	0	0
GROUNDS MAINTENANCE	0	0	0	0	0
INSURANCE	0	0	0	0	0
OTHER (Specify)	0	0	0	0	0
OTHER (Specify)	0	0	0	0	0
<b>BUILDINGS TOTAL</b>	0	0	0	0	0



## ATTACHMENT II

## JEFFERSON COUNTY HEALTH DEPARTMENT

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

October 1, 2015 to September 30, 2016

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<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>	1,364,546	717,282	2,081,828	340,151	2,421,979

## JEFFERSON COUNTY HEALTH DEPARTMENT

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

October 1, 2015 to September 30, 2016

	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)	0.62	277	313	9,078	10,588	9,078	10,588	1,690	37,642	39,332
SEXUALLY TRANS. DIS. (102)	0.34	108	142	6,322	7,373	6,322	7,373	0	27,390	27,390
HIV/AIDS PREVENTION (03A1)	0.12	0	0	1,753	2,045	1,753	2,044	0	7,595	7,595
HIV/AIDS SURVEILLANCE (03A2)	0.00	0	0	0	0	0	0	0	0	0
HIV/AIDS PATIENT CARE (03A3)	1.40	646	1,768	55,430	64,652	55,430	64,652	0	240,164	240,164
ADAP (03A4)	0.06	0	0	885	1,032	885	1,032	0	3,834	3,834
TUBERCULOSIS (104)	0.20	40	40	3,119	3,639	3,119	3,639	3,000	10,516	13,516
COMM. DIS. SURV. (106)	0.16	0	0	2,206	2,574	2,206	2,574	0	9,560	9,560
HEPATITIS (109)	0.00	0	0	0	0	0	0	0	0	0
PREPAREDNESS AND RESPONSE (116)	1.33	0	0	43,036	50,196	43,036	50,195	169,453	17,010	186,463
REFUGEE HEALTH (118)	0.00	0	0	0	0	0	0	0	0	0
VITAL RECORDS (180)	0.29	800	1,600	4,145	4,834	4,145	4,834	0	17,958	17,958
<b>COMMUNICABLE DISEASE SUBTOTAL</b>	<b>4.52</b>	<b>1,871</b>	<b>3,863</b>	<b>125,974</b>	<b>146,933</b>	<b>125,974</b>	<b>146,931</b>	<b>174,143</b>	<b>371,669</b>	<b>545,812</b>
<b>B. PRIMARY CARE:</b>										
CHRONIC DISEASE PREVENTION PRO (210)	0.75	200	200	10,381	12,108	10,381	12,108	32,296	12,682	44,978
WIC (21W1)	0.00	1,200	1,200	0	0	0	0	0	0	0
TOBACCO USE INTERVENTION (212)	1.74	0	4	29,508	34,417	29,508	34,416	127,849	0	127,849
WIC BREASTFEEDING PEER COUNSELING (21W2)	0.00	0	0	0	0	0	0	0	0	0
FAMILY PLANNING (223)	3.25	270	500	47,176	55,026	47,176	55,026	189,904	14,500	204,404
IMPROVED PREGNANCY OUTCOME (225)	0.60	35	231	12,797	14,926	12,797	14,926	32,896	22,550	55,446
HEALTHY START PRENATAL (227)	0.05	100	760	589	688	589	688	2,554	0	2,554
COMPREHENSIVE CHILD HEALTH (229)	0.39	40	55	6,379	7,441	6,379	7,441	25,990	1,650	27,640
HEALTHY START CHILD (231)	0.02	55	384	291	339	291	338	1,259	0	1,259
SCHOOL HEALTH (234)	6.16	0	14,848	92,353	107,719	92,353	107,720	399,199	946	400,145
COMPREHENSIVE ADULT HEALTH (237)	1.49	146	462	26,487	30,894	26,487	30,894	106,153	8,609	114,762
COMMUNITY HEALTH DEVELOPMENT (238)	0.46	0	12	11,337	13,223	11,337	13,223	49,120	0	49,120
DENTAL HEALTH (240)	4.51	1,212	2,595	81,357	94,893	81,357	94,893	155,401	197,099	352,500
<b>PRIMARY CARE SUBTOTAL</b>	<b>19.42</b>	<b>3,258</b>	<b>21,251</b>	<b>318,655</b>	<b>371,674</b>	<b>318,655</b>	<b>371,673</b>	<b>1,122,621</b>	<b>258,036</b>	<b>1,380,657</b>
<b>C. ENVIRONMENTAL HEALTH:</b>										
<b>Water and Onsite Sewage Programs</b>										
COSTAL BEACH MONITORING (347)	0.00	0	0	0	0	0	0	0	0	0
LIMITED USE PUBLIC WATER SYSTEMS (357)	0.11	14	65	1,301	1,517	1,301	1,517	5,336	300	5,636
PUBLIC WATER SYSTEM (358)	0.00	0	0	0	0	0	0	0	0	0
PRIVATE WATER SYSTEM (359)	0.00	0	0	3	3	3	4	0	13	13
ONSITE SEWAGE TREATMENT & DISPOSAL (361)	0.57	44	133	7,874	9,185	7,874	9,185	31,018	3,100	34,118
<b>Group Total</b>	<b>0.68</b>	<b>58</b>	<b>198</b>	<b>9,178</b>	<b>10,705</b>	<b>9,178</b>	<b>10,706</b>	<b>36,354</b>	<b>3,413</b>	<b>39,767</b>
<b>Facility Programs</b>										
TATTOO FACILITY SERVICES (344)	0.00	0	0	0	0	0	0	0	0	0
FOOD HYGIENE (348)	0.04	5	26	676	788	676	788	2,928	0	2,928

## JEFFERSON COUNTY HEALTH DEPARTMENT

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

October 1, 2015 to September 30, 2016

	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)	0.00	0	0	0	0	0	0	0	0	0
GROUP CARE FACILITY (351)	0.05	9	14	749	873	749	873	2,144	1,100	3,244
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)	0.05	11	24	752	877	752	876	3,257	0	3,257
POOLS/BATHING PLACES (360)	0.07	4	8	869	1,014	869	1,014	3,766	0	3,766
BIOMEDICAL WASTE SERVICES (364)	0.05	8	10	768	896	768	896	3,328	0	3,328
TANNING FACILITY SERVICES (369)	0.05	0	0	745	869	745	870	3,229	0	3,229
<b>Group Total</b>	<b>0.31</b>	<b>37</b>	<b>82</b>	<b>4,559</b>	<b>5,317</b>	<b>4,559</b>	<b>5,317</b>	<b>18,652</b>	<b>1,100</b>	<b>19,752</b>
<b>Groundwater Contamination</b>										
STORAGE TANK COMPLIANCE SERVICES (355)	1.17	114	226	19,472	22,712	19,472	22,711	7,761	76,606	84,367
SUPER ACT SERVICES (356)	0.05	0	35	745	869	745	870	3,229	0	3,229
<b>Group Total</b>	<b>1.22</b>	<b>114</b>	<b>261</b>	<b>20,217</b>	<b>23,581</b>	<b>20,217</b>	<b>23,581</b>	<b>10,990</b>	<b>76,606</b>	<b>87,596</b>
<b>Community Hygiene</b>										
COMMUNITY ENVIR. HEALTH (345)	0.00	0	0	0	0	0	0	0	0	0
INJURY PREVENTION (346)	0.00	0	0	0	0	0	0	0	0	0
LEAD MONITORING SERVICES (350)	0.00	0	0	0	0	0	0	0	0	0
PUBLIC SEWAGE (362)	0.00	0	0	0	0	0	0	0	0	0
SOLID WASTE DISPOSAL SERVICE (363)	0.00	0	0	0	0	0	0	0	0	0
SANITARY NUISANCE (365)	0.05	5	10	745	869	745	870	0	3,229	3,229
RABIES SURVEILLANCE (366)	0.05	3	6	745	869	745	870	0	3,229	3,229
ARBORVIRUS SURVEIL. (367)	0.00	0	0	0	0	0	0	0	0	0
RODENT/ARTHROPOD CONTROL (368)	0.00	0	0	46	53	46	53	198	0	198
WATER POLLUTION (370)	0.00	0	0	0	0	0	0	0	0	0
INDOOR AIR (371)	0.00	0	0	0	0	0	0	0	0	0
RADIOLOGICAL HEALTH (372)	0.00	0	0	0	0	0	0	0	0	0
TOXIC SUBSTANCES (373)	0.00	0	0	0	0	0	0	0	0	0
<b>Group Total</b>	<b>0.10</b>	<b>8</b>	<b>16</b>	<b>1,536</b>	<b>1,791</b>	<b>1,536</b>	<b>1,793</b>	<b>198</b>	<b>6,458</b>	<b>6,656</b>
<b>ENVIRONMENTAL HEALTH SUBTOTAL</b>	<b>2.31</b>	<b>217</b>	<b>557</b>	<b>35,490</b>	<b>41,394</b>	<b>35,490</b>	<b>41,397</b>	<b>66,194</b>	<b>87,577</b>	<b>153,771</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	367	427	367	427	1,588	0	1,588
MEDICAID BUYBACK (611)	0.00	0	0	0	0	0	0	0	0	0
<b>NON-OPERATIONAL COSTS SUBTOTAL</b>	<b>0.00</b>	<b>0</b>	<b>0</b>	<b>367</b>	<b>427</b>	<b>367</b>	<b>427</b>	<b>1,588</b>	<b>0</b>	<b>1,588</b>
<b>TOTAL CONTRACT</b>	<b>26.25</b>	<b>5,346</b>	<b>25,671</b>	<b>480,486</b>	<b>560,428</b>	<b>480,486</b>	<b>560,428</b>	<b>1,364,546</b>	<b>717,282</b>	<b>2,081,828</b>

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

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

The applicant assures that it will comply with:

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

**ATTACHMENT IV**  
**JEFFERSON COUNTY HEALTH DEPARTMENT**  
**FACILITIES UTILIZED BY THE COUNTY HEALTH DEPARTMENT**

<u>Facility Description</u>	<u>Location</u>	<u>Owned By</u>
Jefferson County Health Department	1255 W Washington Street Monticello, Florida 32344	Jefferson Board of County Commissioners
Jefferson County Health Department Annex	1175 W Washington Street Monticello, Florida 32344	Jefferson Board of County Commissioners

\* Cash balance as of 9/30/15  
\*\* Cash to be transferred to FCO account.  
\*\*\* Cash anticipated for future contract years.

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

START DATE (Initial expenditure of funds) :	_____
COMPLETION DATE:	_____
DESIGN FEES:	\$ _____
CONSTRUCTION COSTS:	\$ _____
FURNITURE/EQUIPMENT:	\$ _____
TOTAL PROJECT COST:	\$ _____
COST PER SQ FOOT:	\$ _____

Describe scope of work in reasonable detail.

PROJECT NUMBER:	_____
PROJECT NAME:	_____
LOCATION/ADDRESS:	_____
PROJECT TYPE:	NEW BUILDING RENOVATION OTHER
SQUARE FOOTAGE:	_____
PROJECT SUMMARY:	_____

CONTRACT YEAR	STATE	COUNTY	TOTAL
2014-2015	\$ _____	\$ _____	\$ _____
2015-2016**	\$ _____	\$ _____	\$ _____
2016-2017***	\$ _____	\$ _____	\$ _____
2017-2018***	\$ _____	\$ _____	\$ _____
PROJECT TOTAL	\$ _____	\$ _____	\$ _____

CASH RESERVED OR ANTICIPATED TO BE RESERVED FOR PROJECTS

ATTACHMENT V  
JEFFERSON COUNTY HEALTH DEPARTMENT  
SPECIAL PROJECTS SAVINGS PLAN

**Resolution No.**

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

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

**NOW, THEREFORE, BE IT RESOLVED** by the Board of County Commissioners of Jefferson County, Florida, in regular session this \_\_\_\_ day of \_\_\_\_\_, as follows:

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

ATTEST

BOARD OF COUNTY COMMISSIONERS  
OF JEFFERSON COUNTY, FLORIDA

\_\_\_\_\_  
Kirk Reams, CLERK

BY: \_\_\_\_\_, CHAIR

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

**Florida Department of Health in Jefferson County**  
**Sliding Fee Schedule**  
**Effective October 7, 2015**  
**Medical Fees**

EXHIBIT A

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

**FAMILY PLANNING SERVICES WILL NOT BE REFUSED IF CLIENT IS UNABLE TO PAY.**  
**(OFFICE VISIT CHARGE INCLUDES STATE AND STATE CONTRACTED LAB SERVICES**  
**ANY NON-CONTRACTED LABS WILL HAVE AN ADDITIONAL FEE AND ARE NOT ON SLIDING FEE SCALE)**

**STD PROGRAM**

	STD SYMPTOMATIC SCREENING AND TESTING	02	\$	65.00
--	---------------------------------------	----	----	-------

**CHD FAMILY PLANNING PATIENT SERVICES**

*All Family Planning Services includes Labs*

99383	FAMILY PLANNING INITIAL EXAM	5-11	FP	\$ 125.00
99384	FAMILY PLANNING INITIAL EXAM	12-17	FP	\$ 125.00
99385	FAMILY PLANNING INITIAL EXAM	18-39	FP	\$ 125.00
99386	FAMILY PLANNING INITIAL EXAM	40-64	FP	\$ 125.00
99393	FAMILY PLANNING ANNUAL EXAM	5-11	FP	\$ 100.00
99394	FAMILY PLANNING ANNUAL EXAM	12-17	FP	\$ 100.00
99395	FAMILY PLANNING ANNUAL EXAM	18-39	FP	\$ 100.00
99396	FAMILY PLANNING ANNUAL EXAM	40-64	FP	\$ 100.00
99402	FAMILY PLANNING REPEAT PAP ONLY		FP	\$ 75.00
99212	FAMILY PLANNING BREAST EXAM ONLY			\$ 50.00
99403	COUNSELING / PROBLEM VISIT		FP	\$ 60.00
99211	SUPPLY VISIT		FP	\$ 60.00
58300	IUD INSERTION			\$ 125.00
58301	IUD REMOVAL			\$ 60.00
11981	IMPLANT INSERTION			\$ 125.00
11982	IMPLANT REMOVAL			\$ 125.00

**INSULIN PROGRAM**

5049	INSULIN (WITH PHYSICIANS PRESCRIPTION)			\$15.00
------	--	--	--	---------

Page 1



**Florida Department of Health in Jefferson County**  
**Set Fee Schedule**  
**Effective October 7, 2015**  
**FEE DUE AT TIME SERVICES RENDERED**

**PRIMARY CARE PATIENT SERVICES**

	OFFICE VISIT - PROBLEM FOCUS		\$65.00
	OFFICE VISIT - WELL CHILD		\$65.00
	OFFICE VISIT - ADULT HEALTH SCREENING		\$65.00

**ADULT IMMUNIZATIONS: Admin Fee of \$20 not included**

90649	GARDASIL (HPV - Adult)		\$175.00
90633	HEP A Vaccine		\$35.00
90744	HEP B Vaccine		\$45.00
90658	INFLUENZA	no admin fee	\$20.00
90733	MENACTRA/Menemune		\$155.00
90707	MMR		\$75.00
90732	Pneumococcal		\$85.00
	RABIES (PRE & POST)		Pharm Chg
PPD	TB Skin Test - Read Only	no admin fee	\$5.00
86580	TB Skin Test & Reading	no admin fee	\$20.00
90715	TDaP - Adult		\$45.00
90718	TETANUS - TD		\$30.00

**OTHER SERVICES:**

11100	BIOPSY	OUTSIDE LAB BILL TO PT.	\$25.00
57452	COLPOSCOPY	OUTSIDE LAB BILL TO PT.	\$125.00
58300	IUD INSERTION		\$125.00
58301	IUD REMOVAL		\$60.00
11981	IMPLANT INSERTION		\$125.00
11982	IMPLANT REMOVAL		\$125.00
	ear irrigation		\$40.00
	nebulizer treatment		\$15.00
	indocervical biopsy	OUTSIDE LAB BILL TO PT.	\$75.00
	Provider form completion without visit		\$25.00
	Pregnancy test		\$20.00
	680 - Expedite process not associated with clinic visit		\$5.00
COPYF	COPY FEE	per page	\$1.00
	FAX FEE for non patient or unrelated to services	per page	\$1.00
93000	EKG		\$25.00
WORK	EMPLOYMENT / WORK PHYSICALS	EKG EXTRA CHARGE	\$75.00
99212	FEMALE HEALTH SCREEN (exam & pap)		\$80.00
36416	FINGER STICK	BLOOD TESTING	\$5.00
82270	HEMOCULT CARDS	CURRENT MARKET COST	\$5.00
96372	INJECTIONS	MEDICATION INJECTIONS	\$15.00
	LABS	BILLED AT CURRENT LAB COST	

**Florida Department of Health in Jefferson County  
Set Fee Schedule  
EFFECTIVE OCTOBER 7, 2015**

**EXHIBIT A  
(Continued)**

**FEE DUE AT TIME SERVICES RENDERED**

**OTHER SERVICES (Continued):**

83655	LEAD TESTING WITH HEMOGLOBIN	IN HOUSE ONLY	\$20.00
112000	IN HOUSE OFFICE PROCEDURES	OUTSIDE LAB BILL TO PT.	\$25.00
	PRESCRIPTION ASSISTANCE PROGRAM	PER PRESCRIPTION	\$10.00
SPHY	SCHOOL/SPORTS PHYSICALS		\$55.00
STD	STD LAB SCREENING (Asymptomatic/no contact)		\$25.00
99212	SUTURE/STAPLE REMOVAL		\$15.00
36415	VENIPUNCTURE		\$10.00
	Non patient lab draw with lab slip - this includes Apalachee		\$20.00
10060	WOUND INCISION & DRAINAGE		\$25.00

**CHD OB PATIENT SERVICES:**

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

**VITAL STATISTICS:**

	FLORIDA BIRTH CERTIFICATE	\$15.00
	ADDITIONAL BIRTH CERTIFICATE	\$15.00
	DEATH CERTIFICATES (Death occurred in County)	\$15.00
	EACH ADDITIONAL	\$15.00

**ENVIRONMENTAL HEALTH SERVICES:**

	RETURN CHECK FEE (pending amount of check)	\$25/\$35/\$50
	SEPTIC TANK - New application, repair, existing, modification	\$50.00
	SHIPPING FEE TO LAB	\$10.00
	WATER SAMPLE TEST - (Self collected) each sample	\$20.00
	GROUP CARE FACILITY ANNUAL FEE	\$75.00
	PUBLIC & PRIVATE SCHOOL < 100 STUDENTS ANNUAL FEE	\$100.00
	PUBLIC & PRIVATE SCHOOL > 100 STUDENTS ANNUAL FEE	\$200.00
	REINSPECTION FEE (2ND VISIT AND ANY ADDITIONAL)	\$50.00

**FREE SERVICES:**

CHILDHOOD IMMUNIZATIONS (AGES 0 - 18)
BLOOD PRESSURE screening
HIV ANTIBODY SCREENING
TB - CASE CONTACT TESTING
STD CASE CONTACT INITIAL VISIT

Page 3

**Florida Department of Health in Jefferson County  
Dental Sliding Fee Schedule  
Effective October 7, 2015**

**EXHIBIT A  
(Continued)**

Dental fees will be assessed at no less than Florida Medicaid's Fee for Service rates and no more than Florida Medicaid's Cost Base Reimbursement rate.

**Diagnostics**

D0120	Periodic Exam
D0140	Limited/Emergency Exam
D0145	Cursory Oral Exam (under 3yrs old) - includes fluoride varnish
D0150	Comprehensive Exam
D0180	Periodontal Evaluation (no x-rays)

**Radiographs**

D0210	FMX (14 PA, 4BW)
D0220	PA, first film
D0230	PA additional films
D0240	Occlusal film
D0270	Bitewing x-ray, single film
D0272	Bitewing x-ray, two films
D0274	Bitewing x-ray, four films
D0330	Panoramic film (includes additional x-rays as needed)
D0350	Oral/Facial Photographic Images
	Duplicate x-ray

**Preventive**

D1110	Adult prophy - Oral Health Instruction & Fluoride
D1120	Child Prophy - Oral Health Instruction & Fluoride
D1203	Child topical application of fluoride
D1204	Adult Topical Application of Fluoride
D1206	Topical Fluoride Varnish
D1330	Oral Hygiene Instruction (when administered by itself)
D1351	Sealant, per tooth
D1510	Space Maintainer, uni-lateral, fixed
D1515	Space Maintainer, bi-lateral, fixed
D1550	Re-cement Space Maintainer \$40 - \$80
D1352	Preventive Resin Restoration

**Restorative**

D2140	Amalgam-1 surface, permanent
D2150	Amalgam-2 surfaces, permanent
D2160	Amalgam-3 surfaces, permanent
D2161	Amalgam-4 or more surfaces, permanent
D2330	Resin-1 surface, anterior
D2331	Resin-2 surfaces, anterior
D2332	Resin-3 surfaces, anterior

Page 4

**Florida Department of Health in Jefferson County  
Dental Sliding Fee Schedule  
Effective October 7, 2015**

**EXHIBIT A  
(Continued)**

**Restorative (Continued)**

D2335	Resin, 4 + surfaces, anterior
D2390	Resin-based composite crown, anterior (perm. Teeth)
D2390	Resin strip crown, primary
D2391	Resin, 1 surface, posterior
D2392	Resin, 2 surface, posterior
D2393	Resin, 3 surface, posterior
D2394	Resin, 4+ surfaces, posterior

**Other Restorative Services**

D2920	Re-cement crown
D2930	Stainless steel crown
D2940	Sedative filling
D2951	Pin retention

**Endodontic Procedures**

D3110	Direct pulp cap
D3120	Indirect pulp cap
D3220	Pulpotomy

**Periodontics**

D4210	Gingivectomy or gingivoplasty (per quadrant)
D4211	Gingivectomy or gingivoplasty (2-3 teeth)
D4341	Scaling and root planning, per quadrant
D4342	Scaling and root planning, 1-3 per quadrant
D4355	Full Mouth Debridement
D4910	Supportive periodontal therapy

**Other Fixed Partial Denture Services**

D6930	Re-cement fixed partial denture
-------	---------------------------------

**Oral Surgery**

D7111	Extraction, coronal remnants - deciduous tooth
D7140	Extraction, erupted tooth or exposed root
D7210	Extraction, surgical removal of erupted tooth
D7250	Surgical Removal of Residual Tooth Roots
D7280	Surgical access of an unerupted tooth
D7286	Soft Tissue Biopsy
D7510	Incise & Drainage of Abscess-intraoral soft tissue
D7520	Incise & Drainage of Abscess-extraoral soft tissue
D7970	Excision hyperplastic tissue
D7971	Operculectomy

**Adjunctive General Services**

D9110	Palliative (Emergency) Treatment of Dental Pain-minor pro
-------	---

**Note:** All fees due at time of service.



3236

Federal Register / Vol. 80, No. 14 / Thursday, January 22, 2015 / Notices

By Order of the Federal Maritime Commission.

Dated: January 16, 2015.

Rachel E. Dickon,  
Assistant Secretary.

[FR Doc. 2015-01033 Filed 1-21-15; 8:45 am]

BILLING CODE 6730-01-P

## FEDERAL RESERVE SYSTEM

### Federal Open Market Committee; Domestic Policy Directive of December 16-17, 2014

In accordance with Section 271.25 of its rules regarding availability of information (12 CFR part 271), there is set forth below the domestic policy directive issued by the Federal Open Market Committee at its meeting held on December 16-17, 2014.<sup>1</sup>

Consistent with its statutory mandate, the Federal Open Market Committee seeks monetary and financial conditions that will foster maximum employment and price stability. In particular, the Committee seeks conditions in reserve markets consistent with federal funds trading in a range from 0 to 1/4 percent. The Committee directs the Desk to undertake open market operations as necessary to maintain such conditions. The Committee directs the Desk to maintain its policy of rolling over maturing Treasury securities into new issues and its policy of reinvesting principal payments on all agency debt and agency mortgage-backed securities in agency mortgage-backed securities. The Committee also directs the Desk to engage in dollar roll and coupon swap transactions as necessary to facilitate settlement of the Federal Reserve's agency mortgage-backed securities transactions. The System Open Market Account manager and the secretary will keep the Committee informed of ongoing developments regarding the System's balance sheet that could affect the attainment over time of the Committee's objectives of maximum employment and price stability.

By order of the Federal Open Market Committee, January 9, 2015.

William B. English,

Secretary, Federal Open Market Committee.

[FR Doc. 2015-01008 Filed 1-21-15; 8:45 am]

BILLING CODE 6210-01-P

<sup>1</sup> Copies of the Minutes of the Federal Open Market Committee at its meeting held on December 16-17, 2014, which includes the domestic policy directive issued at the meeting, are available upon request to the Board of Governors of the Federal Reserve System, Washington, DC 20551. The minutes are published in the Federal Reserve Bulletin and in the Board's Annual Report.

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Decision To Evaluate a Petition To Designate a Class of Employees From the Westinghouse Electric Corp. in Bloomfield, New Jersey, To Be Included in the Special Exposure Cohort

AGENCY: National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention, HHS.

ACTION: Notice.

**SUMMARY:** NIOSH gives notice as required by 42 CFR 83.12(e) of a decision to evaluate a petition to designate a class of employees from the Westinghouse Electric Corp. in Bloomfield, New Jersey, to be included in the Special Exposure Cohort under the Energy Employees Occupational Illness Compensation Program Act of 2000. The initial proposed definition for the class being evaluated, subject to revision as warranted by the evaluation, is as follows:

*Facility:* Westinghouse Electric Corp.  
*Location:* Bloomfield, New Jersey.

*Job Titles and/or Job Duties:* All employees who worked in any plant production area.

*Period of Employment:* January 1, 1950 through March 1, 2011.

**FOR FURTHER INFORMATION CONTACT:** Stuart L. Hinnefeld, Director, Division of Compensation Analysis and Support, National Institute for Occupational Safety and Health, 1090 Tusculum Avenue, MS C-46, Cincinnati, OH 45226-1938, Telephone 877-222-7570. Information requests can also be submitted by email to [DCAS@CDC.GOV](mailto:DCAS@CDC.GOV).

John Howard,

Director, National Institute for Occupational Safety and Health.

[FR Doc. 2015-01056 Filed 1-21-15; 8:45 am]

BILLING CODE 4163-19-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Office of the Secretary

#### Annual Update of the HHS Poverty Guidelines

AGENCY: Department of Health and Human Services.

ACTION: Notice.

**SUMMARY:** This notice provides an update of the Department of Health and Human Services (HHS) poverty guidelines to account for last calendar year's increase in prices as measured by the Consumer Price Index.

**DATES:** *Effective Date:* January 22, 2015, unless an office administering a program using the guidelines specifies a different effective date for that particular program.

**ADDRESSES:** Office of the Assistant Secretary for Planning and Evaluation, Room 404E, Humphrey Building, Department of Health and Human Services, Washington, DC 20201.

**FOR FURTHER INFORMATION CONTACT:** For information about how the guidelines are used or how income is defined in a particular program, contact the Federal, state, or local office that is responsible for that program. For information about poverty figures for immigration forms, the Hill-Burton Uncompensated Services Program, and the number of people in poverty, use the specific telephone numbers and addresses given below.

For general questions about the poverty guidelines themselves, contact Kendall Swenson, Office of the Assistant Secretary for Planning and Evaluation, Room 404E, Humphrey Building, Department of Health and Human Services, Washington, DC 20201, telephone: (202) 690-7507, or visit <http://aspe.hhs.gov/poverty/>.

For information about the percentage multiple of the poverty guidelines to be used on immigration forms such as USCIS Form I-864, Affidavit of Support, contact U.S. Citizenship and Immigration Services at 1-800-375-5283.

For information about the Hill-Burton Uncompensated Services Program (free or reduced-fee health care services at certain hospitals and other facilities for persons meeting eligibility criteria involving the poverty guidelines), contact the Health Resources and Services Administration Information Center at 1-800-275-4772. To receive a Hill-Burton information package, call 1-800-638-0742 (for callers outside Maryland) or 1-800-492-0359 (for callers in Maryland). You also may visit <http://www.hrsa.gov/gethealthcare/affordable/hillburton/>.

For information about the number of people in poverty, visit the Poverty section of the Census Bureau's Web site at <http://www.census.gov/hhes/www/poverty/poverty.html> or contact the Census Bureau's Customer Service Center at 1-800-923-8282 (toll-free) or visit <https://ask.census.gov> for further information.

**SUPPLEMENTARY INFORMATION:**

#### Background

Section 673(2) of the Omnibus Budget Reconciliation Act (OBRA) of 1981 (42 U.S.C. 9902(2)) requires the Secretary of

the Department of Health and Human Services to update the poverty guidelines at least annually, adjusting them on the basis of the Consumer Price Index for All Urban Consumers (CPI-U). The poverty guidelines are used as an eligibility criterion by the Community Services Block Grant program and a number of other Federal programs. The *poverty guidelines* issued here are a simplified version of the *poverty thresholds* that the Census Bureau uses to prepare its estimates of the number of individuals and families in poverty.

As required by law, this update is accomplished by increasing the latest published Census Bureau poverty thresholds by the relevant percentage change in the Consumer Price Index for All Urban Consumers (CPI-U). The guidelines in this 2015 notice reflect the 1.6 percent price increase between calendar years 2013 and 2014. After this inflation adjustment, the guidelines are rounded and adjusted to standardize the differences between family sizes. The same calculation procedure was used this year as in previous years. (Note that these 2015 guidelines are roughly equal to the poverty thresholds for calendar year 2014 which the Census Bureau expects to publish in final form in September 2015.)

The poverty guidelines continue to be derived from the Census Bureau's current official poverty thresholds; they are not derived from the Census Bureau's new Supplemental Poverty Measure (SPM).

The following guideline figures represent annual income.

2015 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

Persons in family/household	Poverty guideline
1 .....	\$11,770
2 .....	15,930
3 .....	20,090
4 .....	24,250
5 .....	28,410
6 .....	32,570
7 .....	36,730
8 .....	40,890

For families/households with more than 8 persons, add \$4,160 for each additional person.

2015 POVERTY GUIDELINES FOR ALASKA

Persons in family/household	Poverty guideline
1 .....	\$14,720
2 .....	19,920
3 .....	25,120

2015 POVERTY GUIDELINES FOR ALASKA—Continued

Persons in family/household	Poverty guideline
4 .....	30,320
5 .....	35,520
6 .....	40,720
7 .....	45,920
8 .....	51,120

For families/households with more than 8 persons, add \$5,200 for each additional person.

2015 POVERTY GUIDELINES FOR HAWAII

Persons in family/household	Poverty guideline
1 .....	\$13,550
2 .....	18,330
3 .....	23,110
4 .....	27,890
5 .....	32,670
6 .....	37,450
7 .....	42,230
8 .....	47,010

For families/households with more than 8 persons, add \$4,780 for each additional person.

Separate poverty guideline figures for Alaska and Hawaii reflect Office of Economic Opportunity administrative practice beginning in the 1966–1970 period. (Note that the Census Bureau poverty thresholds—the version of the poverty measure used for statistical purposes—have never had separate figures for Alaska and Hawaii.) The poverty guidelines are not defined for Puerto Rico or other outlying jurisdictions. In cases in which a Federal program using the poverty guidelines serves any of those jurisdictions, the Federal office that administers the program is generally responsible for deciding whether to use the contiguous-states-and-DC guidelines for those jurisdictions or to follow some other procedure.

Due to confusing legislative language dating back to 1972, the poverty guidelines sometimes have been mistakenly referred to as the “OMB” (Office of Management and Budget) poverty guidelines or poverty line. In fact, OMB has never issued the guidelines; the guidelines are issued each year by the Department of Health and Human Services. The poverty guidelines may be formally referenced as “the poverty guidelines updated periodically in the **Federal Register** by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2).”

Some federal programs use a percentage multiple of the guidelines

(for example, 125 percent or 185 percent of the guidelines), as noted in relevant authorizing legislation or program regulations. Non-Federal organizations that use the poverty guidelines under their own authority in non-Federally-funded activities also may choose to use a percentage multiple of the guidelines.

The poverty guidelines do not make a distinction between farm and non-farm families, or between aged and non-aged units. (Only the Census Bureau poverty thresholds have separate figures for aged and non-aged one-person and two-person units.)

Note that this notice does not provide definitions of such terms as “income” or “family,” because there is considerable variation in defining these terms among the different programs that use the guidelines. These variations are traceable to the different laws and regulations that govern the various programs. This means that questions such as “Is income counted before or after taxes?”, “Should a particular type of income be counted?”, and “Should a particular person be counted as a member of the family/household?” are actually questions about how a specific program applies the poverty guidelines. All such questions about how a specific program applies the guidelines should be directed to the entity that administers or funds the program, since that entity has the responsibility for defining such terms as “income” or “family,” to the extent that these terms are not already defined for the program in legislation or regulations.

Dated: January 16, 2015.

Sylvia M. Burwell,

Secretary of Health and Human Services.

[FR Doc. 2015–01120 Filed 1–21–15; 8:45 am]

BILLING CODE 4150–05–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–15–15KX]

Proposed Data Collections Submitted for Public Comment and Recommendations

The Centers for Disease Control and Prevention (CDC), as part of its continuing effort to reduce public burden and maximize the utility of government information, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction

**Florida Department of Health in Jefferson County**  
**Sliding Fee Schedule**  
**Effective October 7, 2015**  
**Medical Fees**

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

FAMILY PLANNING SERVICES WILL NOT BE REFUSED IF CLIENT IS UNABLE TO PAY.  
(OFFICE VISIT CHARGE INCLUDES STATE AND STATE CONTRACTED LAB SERVICES  
ANY NON-CONTRACTED LABS WILL HAVE AN ADDITIONAL FEE AND ARE NOT ON SLIDING FEE SCALE)

**STD PROGRAM**

	STD SYMPTOMATIC SCREENING AND TESTING	02	\$ 65.00
--	---------------------------------------	----	----------

**CHD FAMILY PLANNING PATIENT SERVICES**

*All Family Planning Services includes Labs*

99383	FAMILY PLANNING INITIAL EXAM	5-11	FP	\$ 125.00
99384	FAMILY PLANNING INITIAL EXAM	12-17	FP	\$ 125.00
99385	FAMILY PLANNING INITIAL EXAM	18-39	FP	\$ 125.00
99386	FAMILY PLANNING INITIAL EXAM	40-64	FP	\$ 125.00
99393	FAMILY PLANNING ANNUAL EXAM	5-11	FP	\$ 100.00
99394	FAMILY PLANNING ANNUAL EXAM	12-17	FP	\$ 100.00
99395	FAMILY PLANNING ANNUAL EXAM	18-39	FP	\$ 100.00
99396	FAMILY PLANNING ANNUAL EXAM	40-64	FP	\$ 100.00
99402	FAMILY PLANNING REPEAT PAP ONLY		FP	\$ 75.00
99212	FAMILY PLANNING BREAST EXAM ONLY			\$ 50.00
99403	COUNSELING / PROBLEM VISIT		FP	\$ 60.00
99211	SUPPLY VISIT		FP	\$ 60.00
58300	IUD INSERTION			\$ 125.00
58301	IUD REMOVAL			\$ 60.00
11981	IMPLANT INSERTION			\$ 125.00
11982	IMPLANT REMOVAL			\$ 125.00

**INSULIN PROGRAM**

5049	INSULIN (WITH PHYSICIANS PRESCRIPTION)		\$14.00	\$15.00
------	--	--	---------	---------

**Florida Department of Health in Jefferson County**  
**Set Fee Schedule**  
**Effective October 7, 2015**  
**FEE DUE AT TIME SERVICES RENDERED**

**PRIMARY CARE PATIENT SERVICES**

	OFFICE VISIT - PROBLEM FOCUS		\$65.00	New
	OFFICE VISIT - WELL CHILD		\$65.00	New
	OFFICE VISIT - ADULT HEALTH SCREENING		\$65.00	New

**ADULT IMMUNIZATIONS: Admin Fee of \$20 not included**

90649	GARDASIL (HPV - Adult)		\$175.00	
90633	HEP A Vaccine		\$35.00	
90636	HEP A/B Twinrix		REMOVE	Remove
90744	HEP B Vaccine		\$45.00	
90658	INFLUENZA	no admin fee	\$20.00	
90733	MENACTRA/Menemune		\$155.00	
90707	MMR		\$75.00	
90732	Pneumococcal		\$85.00	
	RABIES (PRE & POST)		Pharm Chg	
PPD	TB Skin Test - Read Only	no admin fee	\$5.00	
86580	TB Skin Test & Reading	no admin fee	\$10.00	\$20.00
90715	TDaP - Adult		\$45.00	
90718	TETANUS - TD		\$30.00	
90736	ZOSTAVAX (Shingles Vaccine)		REMOVE	Remove

**OTHER SERVICES:**

83036	A1C HEMOGLOBIN (IN HOUSE ONLY)		REMOVE	Remove
11100	BIOPSY	OUTSIDE LAB BILL TO PT.	\$25.00	
CAR SE	CAR SEAT (per seat) with 1 hour class		REMOVE	Remove
57452	COLPOSCOPY	OUTSIDE LAB BILL TO PT.	\$125.00	
58300	IUD INSERTION		\$125.00	New
58301	IUD REMOVAL		\$60.00	New
11981	IMPLANT INSERTION		\$125.00	New
11982	IMPLANT REMOVAL		\$125.00	New
	ear irrigation		\$25.00	\$40.00
	nebulizer treatment		\$15.00	New
	indocervical biopsy	OUTSIDE LAB BILL TO PT.	\$75.00	New
	Provider form completion without visit		\$25.00	New
	Pregnancy test		\$20.00	New
	680 - Expedite process not associated with clinic visit		\$5.00	New
COPYF	COPY FEE	per page	\$1.00	
	FAX FEE for non patient or unrelated to services	per page	\$1.00	New
CRIB	CRIBS (per crib) with 1 hour class		REMOVE	Remove
93000	EKG		\$25.00	
WORK	EMPLOYMENT / WORK PHYSICALS	EKG EXTRA CHARGE	\$75.00	
99212	FEMALE HEALTH SCREEN (exam & pap)		\$40.00	\$80.00
36416	FINGER STICK	BLOOD TESTING	\$5.00	
82270	HEMOCULT CARDS	CURRENT MARKET COST	\$5.00	
96372	INJECTIONS	MEDICATION INJECTIONS	\$15.00	
	LABS	BILLED AT CURRENT LAB COST		
83655	LEAD TESTING WITH HEMOGLOBIN	IN HOUSE ONLY	\$20.00	
112000	IN HOUSE OFFICE PROCEDURES	OUTSIDE LAB BILL TO PT.	\$25.00	
	PRESCRIPTION ASSISTANCE PROGRAM	PER PRESCRIPTION	\$10.00	
SPHY	SCHOOL/SPORTS PHYSICALS		\$45.00	\$55.00
STD	STD LAB SCREENING (Asymptomatic/no contact)		\$25.00	
99212	SUTURE/STAPLE REMOVAL		\$15.00	
36415	VENIPUNCTURE		\$5.00	10.00
	Non patient lab draw with lab slip - this includes Apalachee		\$20.00	New
10060	WOUND INCISION & DRAINAGE		\$25.00	

**CHD OB PATIENT SERVICES:**

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



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

**FEE DUE AT TIME SERVICES RENDERED**

**VITAL STATISTICS:**

FLORIDA BIRTH CERTIFICATE	\$12.00	15.00
ADDITIONAL BIRTH CERTIFICATE	\$12.00	15.00
DEATH CERTIFICATES (Death occurred in County)	\$12.00	15.00
EACH ADDITIONAL	\$12.00	15.00

**ENVIRONMENTAL HEALTH SERVICES:**

RETURN CHECK FEE (pending amount of check)	\$25/\$35/\$50	
SEPTIC TANK - New application, repair, existing, modification		\$50.00
SHIPPING FEE TO LAB		\$10.00
WATER SAMPLE TEST - (Self collected) each sample		\$20.00
GROUP CARE FACILITY ANNUAL FEE		\$75.00
PUBLIC & PRIVATE SCHOOL < 100 STUDENTS ANNUAL FEE		\$100.00
PUBLIC & PRIVATE SCHOOL > 100 STUDENTS ANNUAL FEE		\$200.00
REINSPECTION FEE (2ND VISIT AND ANY ADDITIONAL)		\$50.00

**FREE SERVICES:**

CHILDHOOD IMMUNIZATIONS (AGES 0 - 18)
BLOOD PRESSURE screening
HIV ANTIBODY SCREENING
TB - CASE CONTACT TESTING
STD CASE CONTACT INITIAL VISIT

**Florida Department of Health in Jefferson County**  
**Dental Sliding Fee Schedule**  
**Effective October 7, 2015**

**EXHIBIT A**  
**(Continued)**

Dental fees will be assessed at no less than Florida Medicaid's Fee for Service rates and no more than Florida Medicaid's Cost Base Reimbursement rate.

Diagnostics

D0120	Periodic Exam	
D0140	Limited/Emergency Exam	
D0145	Cursory Oral Exam (under 3yrs old) - includes fluoride varnish	
D0150	Comprehensive Exam	
D0180	Periodontal Evaluation (no x-rays)	
D9230	Analgesia, Anxiolysis, Inhalation of Nitrous Oxide	Remove

Radiographs

D0210	FMX (14 PA, 4BW)
D0220	PA, first film
D0230	PA additional films
D0240	Occlusal film
D0270	Bitewing x-ray, single film
D0272	Bitewing x-ray, two films
D0274	Bitewing x-ray, four films
D0330	Panoramic film (includes additional x-rays as needed)
D0350	Oral/Facial Photographic Images
	Duplicate x-ray

Preventive

D1110	Adult prophy - Oral Health Instruction & Fluoride
D1120	Child Prophy - Oral Health Instruction & Fluoride
D1203	Child topical application of fluoride
D1204	Adult Topical Application of Fluoride
D1206	Topical Fluoride Varnish
D1330	Oral Hygiene Instruction (when administered by itself)
D1351	Sealant, per tooth
D1510	Space Maintainer, uni-lateral, fixed
D1515	Space Maintainer, bi-lateral, fixed
D1550	Re-cement Space Maintainer \$40 - \$80
D1352	Preventive Resin Restoration

Restorative

D2140	Amalgam-1 surface, permanent
D2150	Amalgam-2 surfaces, permanent
D2160	Amalgam-3 surfaces, permanent
D2161	Amalgam-4 or more surfaces, permanent
D2330	Resin-1 surface, anterior
D2331	Resin-2 surfaces, anterior
D2332	Resin-3 surfaces, anterior
D2335	Resin, 4 + surfaces, anterior
D2390	Resin-based composite crown, anterior (perm. Teeth)
D2390	Resin strip crown, primary
D2391	Resin, 1 surface, posterior
D2392	Resin, 2 surface, posterior
D2393	Resin, 3 surface, posterior
D2394	Resin, 4+ surfaces, posterior

**Florida Department of Health in Jefferson County**  
**Dental Sliding Fee Schedule**  
**Effective October 7, 2015**

Other Restorative Services

D2920	Re-cement crown
D2930	Stainless steel crown
D2940	Sedative filling
D2951	Pin retention

Endodontic Procedures

D3110	Direct pulp cap
D3120	Indirect pulp cap
D3220	Pulpotomy

Periodontics

D4210	Gingivectomy or gingivoplasty (per quadrant)
D4211	Gingivectomy or gingivoplasty (2-3 teeth)
D4341	Scaling and root planning, per quadrant
D4342	Scaling and root planning, 1-3 per quadrant
D4355	Full Mouth Debridement
D4910	Supportive periodontal therapy

Removeable Prosthodontic Procedures

D5110	Complete maxillary denture – 5th Visit	Remove
D5120	Complete mandibular denture – Denture 5th Visit	Remove
D5211	Maxillary resin based partial – Denture 5th Visit	Remove
D5212	Mandibular resin based partial – Denture 5th Visit	Remove
D5410	Adjust maxillary complete denture	Remove
D5411	Adjust mandibular complete denture	Remove
D5421	Adjust maxillary partial denture	Remove
D5422	Adjust mandibular partial denture	Remove

Other Fixed Partial Denture Services

D6930	Re-cement fixed partial denture
-------	---------------------------------

Oral Surgery

D7111	Extraction, coronal remnants - deciduous tooth
D7140	Extraction, erupted tooth or exposed root
D7210	Extraction, surgical removal of erupted tooth
D7250	Surgical Removal of Residual Tooth Roots
D7280	Surgical access of an unerupted tooth
D7286	Soft Tissue Biopsy
D7510	Incise & Drainage of Abscess-intraoral soft tissue
D7520	Incise & Drainage of Abscess-extraoral soft tissue
D7970	Excision hyperplastic tissue
D7971	Operculectomy



Adjunctive General Services

D9110	Palliative (Emergency) Treatment of Dental Pain-minor pro	
D9940	Bite Guard	Remove

**Note:** All fees due at time of service.

**ITEM 5**

**PUBLIC HEARING – LLOYD INTERCHANGE  
BROWNFIELD DISTRICT**



# First Designation Hearing Jefferson County Lloyd Interchange Brownfield District Aug. 27, 2015, 6:30 p.m. 2716 Gamble Road, Monticello, FL

PRESENTED BY: JEFFERSON COUNTY EDC; APALACHEE REGIONAL  
PLANNING COUNCIL, AND LOCAL STAKEHOLDER REPRESENTATIVES

# MEETING OUTLINE/AGENDA

- ▶ INTRODUCTIONS
- ▶ MODIFICATIONS TO THE AGENDA
- ▶ WHAT IS A BROWNFIELD?
- ▶ CURRENT AND HISTORIC AREA USE
- ▶ PUBLIC RESPONSE SO FAR
- ▶ REDEVELOPMENT PLANS
- ▶ BROWNFIELD ADVISORY COMMITTEE
- ▶ COMMISSIONER AND PUBLIC COMMENTS

# WHAT IS A BROWNFIELD?

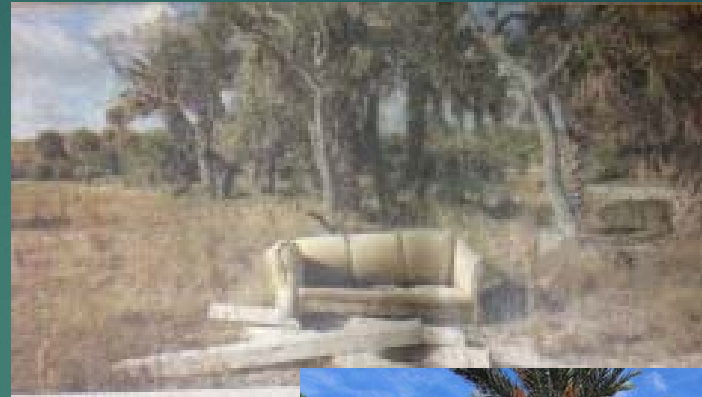
- ▶ **Brownfield site** means real property, the expansion, redevelopment or reuse of which may be complicated by **actual or perceived** environmental contamination. 376.79(3) F.S.
- ▶ **Brownfield area** means a contiguous area of one or more brownfield sites, some of which may not be contaminated, and which has been designated by a local government by resolution. 376.79(4) F.S.

# WHAT IS A BROWNFIELD?

- ▶ Redevelopment tool that results in:
  - ▶ Economic development
  - ▶ Community development
  - ▶ Residential projects, and
  - ▶ Open-Space/ Green-Space projects

and

- ▶ Reduction of public health and environmental hazards
- ▶ Removal of stigma
- ▶ Promoting effective use of community resources





# BROWNFIELD EXAMPLES

- ▶ BRUCE BALLISTER – APALACHEE REGIONAL PLANNING COUNCIL
- ▶ BOB FINGAR – GUILDAY, SCHWARTZ, SIMPSON, WEST, HATCH & LOWE, P.A.

# DESIGNATING A BROWNFIELD AREA

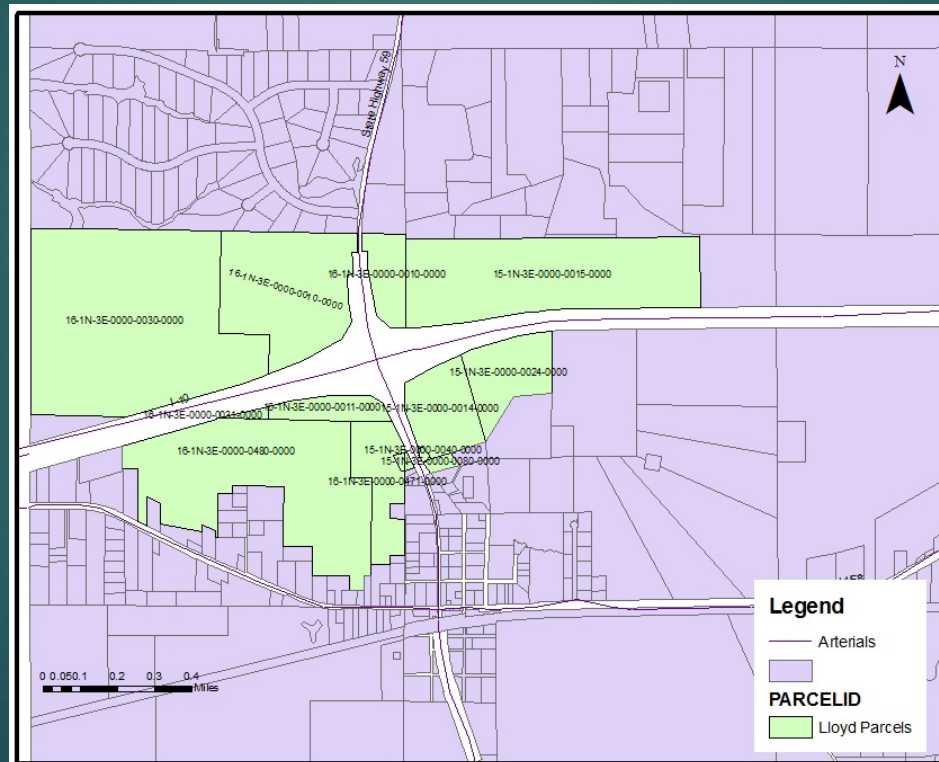


Local government must consider whether the Brownfield area:

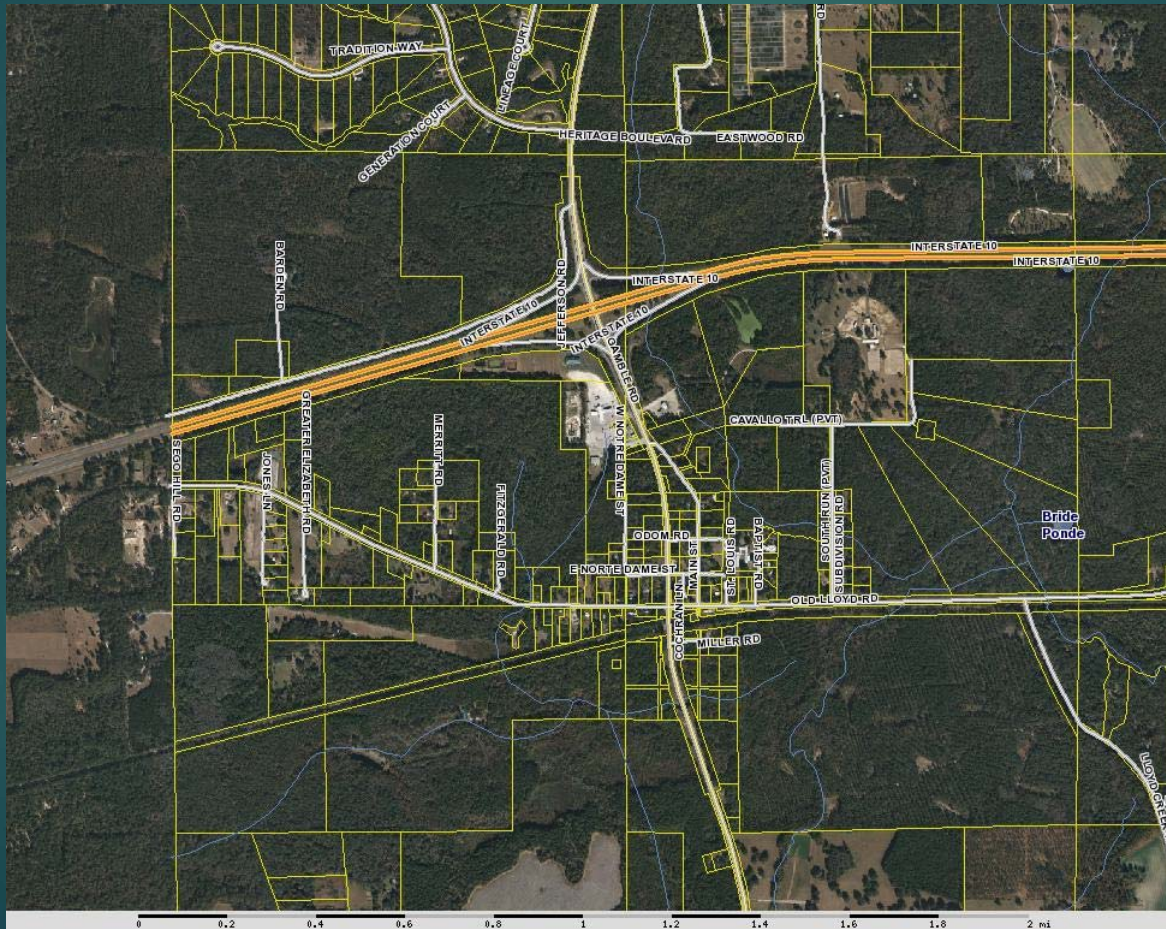
- ▶ Warrants economic development
- ▶ Is reasonably focused, not overly large
- ▶ Has potential interest to the private sector
- ▶ Is suitable for recreation or preservation

# THE BROWNFIELD AREA

## -- *LLOYD INTERCHANGE BROWNFIELD DISTRICT*



# CURRENT AND HISTORIC USES



# REDEVELOPMENT/DEVELOPMENT CONSIDERATIONS

- ▶ Human Health & Environmental Preservation
- ▶ Economic Stimulus and Jobs
- ▶ Commercial and Recreational Land Uses
- ▶ Local Community Involvement

# BROWNFIELD ADVISORY COMMITTEE

- ▶ Committee formally expresses its intent to address redevelopment in the specific brownfield area.
- ▶ Improves the public participation and receipt of public comments
- ▶ To include:
  - ▶ Residents within or adjacent to the area;
  - ▶ Businesses in the brownfield area;
  - ▶ Other appropriate persons.
- ▶ Involved at the redevelopment/BSRA Stage

Section 376.80(4) F.S.

# Q&A AND PUBLIC COMMENT

- ▶ Brownfields on the web:

<http://www.dep.state.fl.us/waste/categories/brownfields/default.htm>

<http://www.floridabrownfields.org/>

- ▶ Julie Conley

- ▶ 850.997.7999

- ▶ [JCEDC@embarqmail.com](mailto:JCEDC@embarqmail.com)



St. Marks, 1972





St. Marks, 2015



Gaines @ Woodward  
Tallahassee, 1972



Gaines @ Woodward  
Tallahassee, 2015

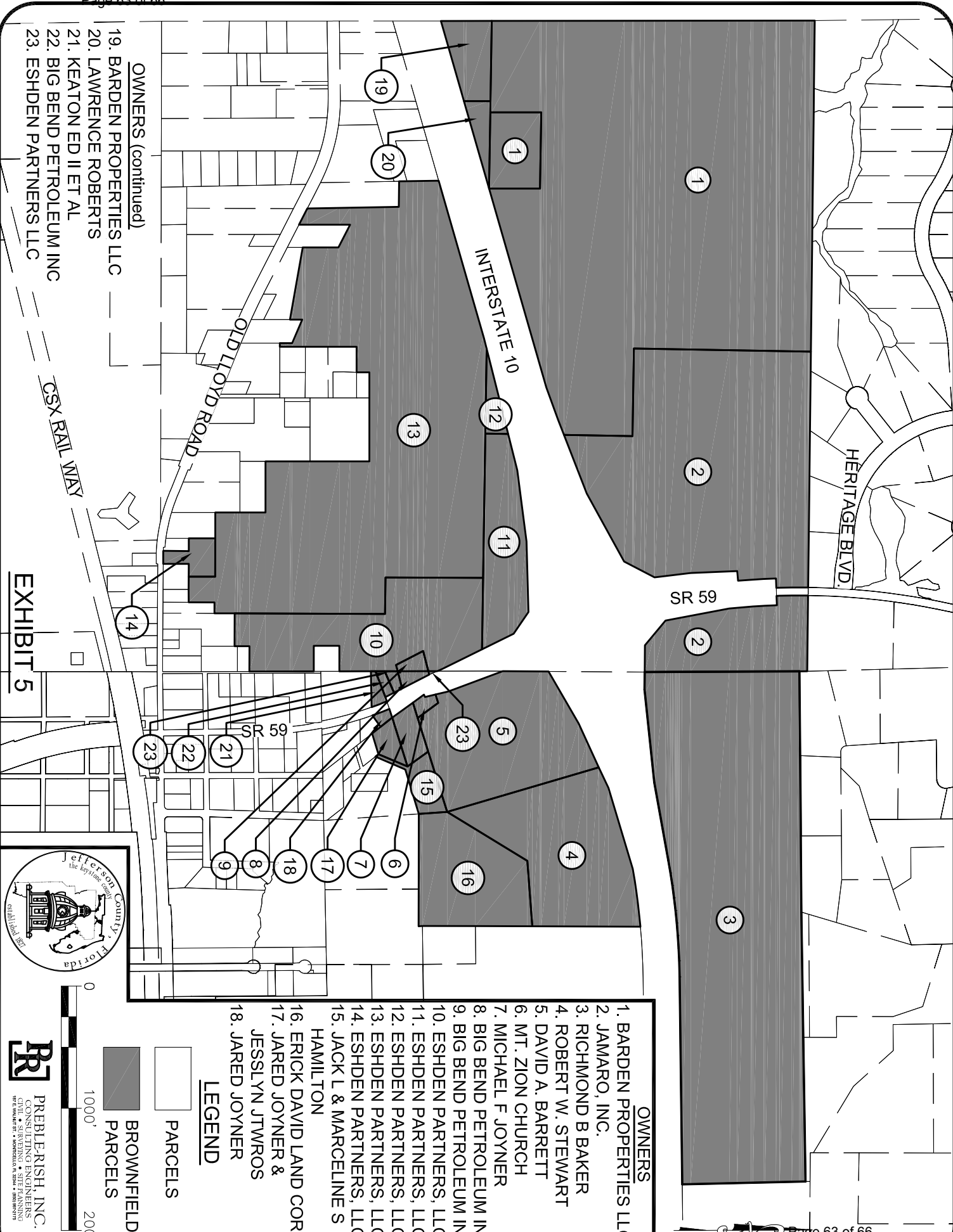


## Lloyd Crossing, 2015



Lloyd Crossing, 2025

<b>General Tasks for Development</b>	<b>Sector</b>	<b>Cost</b>	<b>Employment</b>
<b>Application</b>		<b>-</b>	
<b>Remediation</b>		<b>\$1,500,000</b>	
<b>Construct new access Rd and utilities</b>	<b>Construction</b>	<b>\$700,000</b>	
<b>Construct 75 room Hotel</b>	<b>Accomodation &amp; Food Service</b>	<b>6,500,000</b>	<b>60</b>
<b>Construct New Fuel Facility</b>	<b>Retail Trade</b>	<b>\$350,000</b>	<b>10</b>
<b>Construct 10,000 sf Retail</b>	<b>Retail Trade</b>	<b>\$500,000</b>	<b>18</b>
<b>Construct 1ac fast food site</b>	<b>Accomodation &amp; Food Service</b>	<b>\$1,000,000</b>	<b>24</b>
<b>Construct 20,000 sf Retail</b>	<b>Retail Trade</b>	<b>\$90,000</b>	<b>36</b>
<b>Construct 1ac fast food site</b>	<b>Accomodation &amp; Food Service</b>	<b>\$1,000,000</b>	<b>24</b>
<b>Construct 1ac fast food site</b>	<b>Accommodation &amp; Food Service</b>	<b>\$1,000,000</b>	<b>24</b>

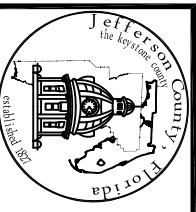


- OWNERS (continued)**
- 19. BARDEN PROPERTIES LLC
  - 20. LAWRENCE ROBERTS
  - 21. KEATON ED II ET AL
  - 22. BIG BEND PETROLEUM INC
  - 23. ESHDEN PARTNERS LLC

- OWNERS**
- 1. BARDEN PROPERTIES LLC
  - 2. JAMARO, INC.
  - 3. RICHMOND B BAKER
  - 4. ROBERT W. STEWART
  - 5. DAVID A. BARRETT
  - 6. MT. ZION CHURCH
  - 7. MICHAEL F JOYNER
  - 8. BIG BEND PETROLEUM INC.
  - 9. BIG BEND PETROLEUM INC.
  - 10. ESHDEN PARTNERS, LLC.
  - 11. ESHDEN PARTNERS, LLC.
  - 12. ESHDEN PARTNERS, LLC.
  - 13. ESHDEN PARTNERS, LLC.
  - 14. ESHDEN PARTNERS, LLC.
  - 15. JACK L & MARCELINE S HAMILTON
  - 16. ERICK DAVID LAND CORP
  - 17. JARED JOYNER & JESSLYN JTWROS
  - 18. JARED JOYNER

**LEGEND**

- PARCELS
- BROWNFIELD
- PARCELS



**ITEM 6(a)**

**SHIP OWNERSHIP RULE EXEMPTION  
DISCUSSION**



## **Board of County Commissioners Agenda Request**

Date of Meeting: September 15, 2015

Date Submitted: September 8, 2015

To: Honorable Chairman and Members of the Board

From: Parrish Barwick, County Coordinator  
James F. Moseley, Government Services Group



Subject: Request Board Decision Regarding the Down Payment Assistance Application from Juanita Crumity

---

### **Statement of Issue:**

This agenda item requests the Board to review and decide on approval or denial of Down Payment Assistance for Juanita Crumity

### **Background:**

The State Housing Initiatives Partnership program (SHIP), provides funds to local governments as an incentive to create partnerships that produce and preserve affordable homeownership and multifamily housing. The program was designed to serve very low, low and moderate income families.

SHIP dollars may be used to fund emergency repairs, new construction, rehabilitation, down payment and closing cost assistance, matching dollars for federal housing grants and programs, and homeownership counseling.

### **Analysis:**

On August 20, 2015 the SHIP program received a Down Payment Assistance application from Juanita Crumity of 2903 Brock Road, Monticello, FL for the purchase of 2903 Brock Road, her current residence. While researching this application for approval, it was determined that Ms. Crumity is already an owner of 1130 Brock Road (her mother's residence). While the ownership is in Juanita Crumity's name, the property has a life estate listed for Ollie Dell Parrish (Ms. Crumity's Mother). Ms. Crumity is not a resident of 1130 Brock Road, but was titled as the owner to avoid the need for Probate Court determination of ownership upon the passing of Ollie Dell Parrish.

The SHIP Program determination of a first time home buyer is a person that has not owned a home in the last three years. Ms. Crumity by this definition cannot be considered a first time homebuyer. In order to assist Ms. Crumity as a first time homebuyer with down payment assistance, she will need an exception to the home ownership rule. To complicate matters further, Ollie Dell Parrish has applied for Rehabilitation Assistance for the home located at 1130 Brock Road. While her

**September 15, 2015**  
**Down Payment Assistance Review**  
**Page 2**

application has not been approved to date, after a cursory review, it appears that she would qualify for assistance sometime in the near future.

For your review and determination, here are the following conclusions: Ms. Crumity would be receiving down payment assistance for one home, and rehabilitation assistance on a home she owns but does not occupy. The occupant is Ollie Dell Parrish.

**Options:**

1. Approve the Ownership Rule exception thereby approving Ms. Crumity for down payment assistance of \$20,000
2. Do not approve the Ownership Rule exception thereby denying Ms. Crumity for down payment assistance.
3. Board Direction.

**Recommendation:**

Option 2.