

CONSENT AGENDA

September 28, 2010

| | | |
|----|---|---------|
| 1. | Minutes – September 8, 2010 - Special Meeting | 1-3 |
| | - September 14, 2010 – Public Hearing | 4 |
| 2. | Agreement – Florida Department of Corrections – Gulf Annex (Public Works #7) | 5-11 |
| | Agreement – Florida Department of Corrections – Gulf Annex (Public Works #8) | 12-18 |
| | Agreement – Florida Department of Corrections - Gulf Annex (Public Works #10) | 19-26 |
| | Agreement – Florida Department of Corrections – Gulf C.I. Main Unit (Public Works #9) | 27-33 |
| | Agreement – Florida Department of Corrections – Gulf C.I. Main Unit | 34-40 |
| | Agreement – Florida Department of Corrections – Gulf Forestry Camp | 41-47 |
| | Agreement – Florida Department of Corrections – Gulf Forestry Camp (Public Works #2) | 48-54 |
| | Agreement – Florida Department of Corrections – Gulf Forestry Camp (Public Works #1) | 55-61 |
| | Agreement – Sacred Heart Health System, Inc. (Non-Emergency Medical Transportation) | 62-68 |
| | Agreement – Adam Bishop (Park Services) | 69-71 |
| 3. | Budget Amendment #13 – Washington Museum | 72 |
| 4. | Contract & Fee Schedules – Gulf County Health Department (2010-2011) | 73-119 |
| 5. | Direct Purchase Requisition – Highland View Fire Department (Couch Ready Mix * \$9,600.00) | 120 |
| 6. | Refund Request – Honeyville Community Center (Gracie Schutz * \$150.00) | 121-124 |
| 7. | Resolution #2010-41 - General Fund and T.D.C. (Unanticipated Revenue related to the Deepwater Horizon Oil Spill) | 125-127 |
| | Resolution #2010-42 – General Fund, St. Joe Fire Control District Fund, and Howard Creek Fire Department Fund (Unanticipated Revenue for FY2009-2010) | 128-129 |
| | Resolution #2010-43 – C.D.B.G. Raffield Freezer Fund (Unanticipated Revenue for FY 2009-2010) | 130 |

PORT ST. JOE, FLORIDA

SEPTEMBER 8, 2010

SPECIAL MEETING

The Gulf County Board of County Commissioners met this date in a special meeting with the following members present: Chairman Carmen L. McLemore, Vice Chairman Warren L. Yeager, Jr., and Commissioners Billy E. Traylor, Bill Williams, and Nathan Peters, Jr.

Others present were: County Attorney Timothy McFarland, Clerk Rebecca L. Norris, Clerk Finance Officer Carla Hand, Deputy Clerk Kari Summers, Chief Administrator Don Butler, Assistant Administrator Michael Hammond, Deputy Administrator Lynn Lanier, Building Official Lee Collinsworth, E9-1-1 Coordinator Ben Guthrie, E.M.S. Director Houston Whitfield, Grant Writer Towan Kopinsky, Gulf County Extension Agent Roy Lee Carter, Mosquito Control Director Mark Cothran, Planner David Richardson, Sheriff Joe Nugent, Sheriff's Office Major Bobby Plair, and Veterans' Service Officer James Kennedy.

Chairman McLemore called the meeting to order at 4:30 p.m., E.T.

SAULS CREEK ROAD

Chief Administrator Butler discussed that Dan Garlick of Garlick Environmental met with D.E.P. and others, stating that anything that is done above or beyond what is already there; the County will have to obtain permits. Chairman McLemore stated that we are not going to do anything without a permit. Chief Administrator Butler reported that we do not have F.E.M.A. money, but we do think it is coming, and it will pay 87.5% of what needs to be done. Upon inquiry by Chairman McLemore, Dan Garlick of Garlick Environmental appeared before the Board and discussed that the biggest expense is going to be the repair of the road, and it would be better to go under the road instead of just performing minor repairs. Commissioner Yeager discussed that he is not for spending a lot of money to fix this road, and stated that he talked with the State in regards to taking over this road, stating that they own the majority of the property on this road. Mr. Garlick discussed that you can get a permit to haul a few loads of dirt, but it would be better to make a low water crossing in this area. Commissioner Yeager discussed that he supports pushing this issue with the State. After further discussion by members of the Board, Chairman McLemore recommended to table this issue. Commissioner Yeager motioned to table this matter. Commissioner Traylor seconded the motion, and it passed unanimously.

LOCAL STATE OF EMERGENCY (SUNRISE-SUNSET)

Chief Administrator Butler discussed Sunrise-Sunset Townhouses at Cape San Blas, stating that the Gulf of Mexico is very close to the homes, and D.E.P. reported that Gulf County would need to declare a Local State of Emergency to allow them to do emergency work in this area. Dan Garlick, of Garlick Environmental appeared before the Board and reported that this is a bad area, stating that the beach re-nourishment is gone in this area due to the storms. He discussed one of the options in this area is to repair and restore the wall that use to be there. Commissioner Yeager reported that this expense will be strictly paid by the homeowners. Commissioner Yeager motioned to declare a Local State of Emergency in the area from the Stumphole North to the B.P. Station, and to allow the Building Department to authorize the private property owners in the affected area to take action to reduce their losses from the beach erosion. Commissioner Peters seconded the motion, and it passed unanimously.

E.M.S. BILLING / ADVERTISE FOR RFP'S

Chief Administrator Butler recommended advertising to receive RFP'S for third party billing for E.M.S. Commissioner Yeager motioned to approve this recommendation. Commissioner Traylor seconded the motion, and it passed unanimously.

BID #0910-20 / PARK CLEAN-UP

Chief Administrator Butler recommended awarding bid #0910-20, for the parks clean-up to Adam Bishop (low bidder), in the amount of \$340.00 per week. Commissioner Williams motioned to approve this recommendation, contingent upon an agreement with Mr. Bishop on what is needed in the parks. Commissioner Yeager seconded the motion, and it passed unanimously.

BID #0910-18 / AUDIT BIDS

Chief Administrator Butler reported that two proposals were received for Audit Services, one from Carr, Riggs & Ingram, and one from Vance LLC/Keith Jones, stating that Carr, Riggs & Ingram received the highest ranking by the Audit Selection Committee. Commissioner Williams discussed that C.R.I. scored the highest, but there have always been difficulties with this group, stating that Keith Jones is local and had some difficulties with the former group he was with. Chairman McLemore discussed the difference in the proposals, stating that there is a \$16,000.00 dollar difference in the two proposals. Commissioner Yeager discussed that C.R.I. scored higher on everything except the dollar amount. Commissioner Traylor discussed that he never knew of the County having a problem with C.R.I., and the last time the County received a low number from Keith Jones it cost them approximately \$25,000.00 more. Commissioner Williams discussed that there have been problems with both firms and suggested rejecting the bids and re-advertising. Chairman McLemore passed the Chair and

motioned to hire Keith Jones with a one year contract, instead of a three year contract. Commissioner Peters seconded the motion for discussion, stating that his price is lower and he is local and hires local people. County Attorney McFarland reported that the problem is the bid specs call for a three year contract. After further discussion by members of the Board, Commissioner Peters withdrew his second and Commissioner McLemore withdrew the motion. Chair returned to Commissioner McLemore. Commissioner Yeager motioned to reject the bid and re-advertise with a one year contract. Commissioner Williams seconded the motion, and it passed unanimously.

ZUMBA

Chairman McLemore gave a summary on the utility bills, usage, and user fees collected at the Honeyville Community Center for the past eight months. Commissioner Williams stated that this does not include clean-up, repairs, liability insurance, or the gas bill for the Community Center. Veronica Carter appeared before the Board and requested permission to use the Honeyville Community Center for Zumba classes. Kaci Rhodes, Zumba Instructor, appeared before the Board and gave a presentation on the cost and prices for the classes. Chairman McLemore suggested for the class to pay \$25.00 per night for use of the facility. Ms. Carter requested to use the facility for 24 hours per month, and to pay \$160.00 per month for the facility. Chairman McLemore stated that he does not support a private person coming in and using a County building and making a large profit. Commissioner Yeager discussed the possibility of an affiliation with the Health Department and include a wellness program. After further discussion, Commissioner Williams motioned to approve this recommendation, contingent upon County Attorney McFarland reviewing and the appropriate relationship with a Governmental entity. Commissioner Yeager seconded the motion, and it passed unanimously.

There being no further business, and upon motion by Commissioner Yeager, the meeting did then adjourn at 5:01 p.m., E.T.

**CARMEN L. MCLEMORE
CHAIRMAN**

**ATTEST:
REBECCA L. NORRIS
CLERK**

PORT ST. JOE, FLORIDA

SEPTEMBER 14, 2010

PUBLIC HEARING

The Gulf County Board of County Commissioners met this date in a special meeting with the following members present: Chairman Carmen L. McLemore, Vice Chairman Warren L. Yeager, Jr., and Commissioners Bill Williams, and Nathan Peters, Jr. <Commissioner Billy E. Traylor was absent>

Others present were: County Attorney Timothy McFarland, Clerk Rebecca L. Norris, Deputy Clerk Kari Summers, Chief Administrator Don Butler, Building Official Lee Collinsworth, Grant Writer Towan Kopinsky, E.M.S. Director Houston Whitfield, Planner David Richardson, Sheriff Joe Nugent, and Veterans' Service Officer James Kennedy.

Chairman McLemore called the meeting to order at 5:45 p.m., E.T.

PUBLIC HEARING – F.R.D.A.P. GRANT – BEACON HILL VETERANS' MEMORIAL PARK

Grant Writer Kopinsky presented the proposed site plan for the Beacon Hill Veterans' Memorial Park. Chairman McLemore called for public comment. There was no public comment. Grant Writer Kopinsky reported that Commissioner Williams will be holding a Town Hall Meeting on Monday, September 20, 2010, at 6:00 p.m., E.T. at the Beaches Fire Department to discuss this issue. Commissioner Williams motioned to approve this request after public comment and have the Chairman to sign the necessary documents. Commissioner Yeager seconded the motion, and it passed unanimously (4-0). Grant Writer Kopinsky reported that the deadline for submittal is September 30, 2010.

There being no further business, and upon motion by Commissioner Yeager, the meeting did then adjourn at 5:51 p.m., E.T.

**CARMEN L. MCLEMORE
CHAIRMAN**

**ATTEST:
REBECCA L. NORRIS
CLERK**

FLORIDA DEPARTMENT OF CORRECTIONS' INTERAGENCY/PUBLIC WORKS AGREEMENT (LOCAL AGREEMENT)

This Local Agreement made and entered into this 10 day of June 2010, by and between the State of Florida, Department of Corrections, through its institution/facility, Gulf Annex(hereinafter referred to as "Department"), and the Gulf County Board of County Commissioners, (hereinafter referred to as "Agency"), is done so in accordance with section 946.40, Florida Statutes and Rule 33-601.201, Inmate Work Program, and 33-601.202, Use of Inmates in Public Works, Florida Administrative Code.

Work performed under this Local Agreement is determined to be value added or cost savings as defined in the Community Work Squad Manual (check one).

XX Value Added _____ Cost Savings

2010 SEP 22 PM 12:12

I. TERM/RENEWAL

This Local Agreement shall begin on the last date of signature by all parties.

This Local Agreement shall remain in effect from year to year unless terminated by either party, pursuant to the provisions of Section VII., Suspension or Termination of Local Agreement.

II. FINANCIAL OBLIGATIONS

The Department and the Agency acknowledge that this Local Agreement is not intended to create financial obligations between the parties. However, in the event that costs are incurred as a result of either or both of the parties performing their duties or responsibilities under this Local Agreement, each party agrees to be responsible for their own costs.

III. DEPARTMENT'S RESPONSIBILITIES

The Department agrees to provide, or is responsible for, those items delineated by placement of an "X" in the space located to the left of the corresponding number. Items for which the Department is not responsible shall be marked "N/A" to the left of the number.

- X 1. Screen inmates for the work to be performed in order to assign inmates who do not present a danger to property or persons.
X 2. Provide up to 5 inmates each workday for the period of the Local Agreement. Community custody (); Minimum custody (); Both (X).
X 3. Provide Correctional Officer supervision of the work squad while performing work under this Local Agreement.
X 4. Provide _____ vehicle(s) and 1 Correctional Officer(s) each workday to transport inmates to and from the work site.

- X 5. Provide food and drinks for inmate lunches.
- N/A 6. Provide drinking water for inmates.
- X 7. Apprehend escapees and handle problem inmates.
- X 8. Provide transportation from the work site to the correctional facility for inmates who refuse to work, become unable to work, or cause a disruption in the work schedule.
- X 9. Administer all disciplinary action to be taken against inmate(s) for infractions committed while performing work under this agreement.
- X 10. Provide for medical treatment of ill or injured inmates and transportation of such inmates.
- N/A 11. Conduct a background check, which includes a criminal history check, and obtain approval of the Department's Agreement Manager, or designee prior to authorizing Non-Department Supervisors to participate in training to supervise inmates.
- N/A 12. Provide orientation and training to Non-Department Supervisor(s) approved to supervise inmates prior to their assuming supervisory responsibility of an inmate work squad. Training will be in accordance with the Department's guidelines for Non-Department Supervision of Inmates and will include annual refresher training during each successive year of supervision by the Non-Department Supervisor.
- N/A 13. Notify the Agency in the event that an Agency employee fails to provide proper supervision of inmate(s).
- X 14. Provide inmates with all personal items of clothing appropriate for the season of the year.
- X 15. Have inmates ready for transportation/work at the appropriate times regardless of temperature or inclement weather, unless notified by the Agency of suspended work operations, or when the Department determines that a work squad should not check out.
- X 16. Provide a First Aid Kit and Blood Borne Pathogens Personal Protective Kit to each work squad.
- X 17. Orientate each inmate in the use of equipment regardless of the inmate's claim to have had prior experience in the use of gasoline or electrically powered equipment before allowing the inmate to use it. Utilize form DC2-569, Inmate Safety Training, to document that the inmate has had the training. This report shall be kept on file at the contract work site and by the Department's Agreement Manager.

- N/A 18. Other. (If provided, shall be Attachment A, incorporated herein by reference and made part of this Agreement.) "Other" special considerations regarding activities of the work squad may be based on work location, etc.

IV. AGENCY'S RESPONSIBILITIES

The Agency agrees to provide, or is responsible for, those items delineated by placement of an "X" in the space located to the left of the corresponding number. Items for which the Agency is not responsible shall be marked "N/A" to the left of the number.

- X 1. Provide the Department with a schedule of hours that inmates will work in accordance with the established workday for the Agency and the transportation time required. Any deviation from the established schedule will be reported to, and coordinated with, the Department.

The established schedule for this work squad is: Days 4, Hours 10

- N/A 2. Provide supervision of inmates in accordance with the Department's rules and regulations while performing work under this Local Agreement. Non-Department Supervisors may supervise Community and Minimum Custody inmates. Each Non-Department Supervisor must successfully pass a background check that includes a criminal history check, and must be approved by the Department's Agreement Manager, or designee and complete required orientation/training in the supervision of inmates, prior to assuming supervision.
- X 3. Provide transportation of inmates each workday to and from the work site.
- X 4. Provide all tools, equipment, materials and safety personal items such as gloves, rubber boots, hard hats, etc., necessary and appropriate for performance of the work under this Local Agreement.
- X 5. Ensure that licensing or permits are obtained if required for the work to be performed under this Local Agreement. Provide necessary supervision and guidance for projects that require a permit and require technical assistance to complete the project.
- N/A 6. Immediately notify the Department in the event of an escape while the inmate is under supervision of the Agency. Report any inappropriate behavior displayed by inmates or any inmate who fails to perform tasks in an acceptable manner.
- N/A 7. Complete the Community Work Squad Activities Report, DC6-239 (to be provided by the Department) daily and submit the form on a weekly basis to the Department.
- N/A 8. Report all inmate injuries, regardless of how minor in nature, to the Department as soon as possible. Report any medically related complaints made by an inmate to the Department as soon as practical. In cases of emergency, render first aid, within the scope of the supervisor's medical training, to work squad inmates and provide emergency health care and related assistance to the Department.

- X 9. Provide inmates with a fifteen-minute rest break in the morning and afternoon. Lunch breaks shall normally begin at Noon and last at least thirty (30) minutes. Ensure inmates are supervised during rest and lunch breaks.
- X 10. Provide drinking water for inmates.
- N/A 11. Require each Non-Department Supervisor approved to supervise inmates and other appropriate staff members, to attend orientation/training in the supervision of inmates prior to assuming supervision of inmates and refresher training annually thereafter. Training will be provided at a Department location. Upon the Department's issuance of a Training Certification Card, the Agency shall require non-department personnel to carry this card when supervising inmate labor.
- X 12. Ensure that all work assignments/projects utilizing inmates are authorized projects of the municipality, city, county, governmental agency or non-profit organization and that private contractors employed by the Agency do not use inmates as any part of their labor force.
- X 13. Agency hereby agrees to be liable for, and shall indemnify, defend and hold the Department harmless from all claims, suits, judgments or damages including court costs and attorney's fees arising out of intentional acts, negligence or omissions by the Agency in its supervision of inmates pursuant to this Local Agreement. If agency is an agency or subdivision of the State of Florida, this paragraph shall not be interpreted as altering the state's waiver of immunity in tort pursuant to Section 768.28, Florida Statutes, or to otherwise impose liability on Agency for which it would not otherwise by law be responsible.
- N/A 14. Orientate each inmate in the use of equipment regardless of whether the inmate claims to have had prior experience in the use of gasoline or electrically powered equipment before allowing the inmate to use it. Utilize form DC2-569, Inmate Safety Training Documentation, to document that the inmate has had the training. This report shall be kept on file at the contract work site and a copy shall be provided to the Department.
- X 15. It is the intent of this Local Agreement that the agency/work squad have and maintain communications with the institution at all times. A method of communication (radios, cellular phone, etc.) shall be provided at no cost to the Department. The Agency shall provide a primary method of communication that shall be approved by the Department's Agreement Manager in writing prior to assignment of the work squad. Dependent upon the method of communication provided, the Agreement Manager may require a secondary or back-up method of communication.
- Type of Communication utilized in this Local Agreement: Cell Phone
- N/A 16. Provide a First Aid Kit and Blood Borne Pathogens Personal Protective Kit to each work squad.

- N/A 17. Ensure that the Work Squad does not work on school property or primary elementary or secondary education institutions where students are present.
- N/A 18. Other. (If provided, shall be Attachment A, incorporated herein by reference and made part of this Agreement.) "Other" special considerations regarding activities of the work squad may be based on work location, etc.

V. AGREEMENT ADMINISTRATION

A. Department's Agreement Manager

The Warden of the Correctional Institution represented in this Local Agreement is designated Agreement Manager for the Department and is responsible for enforcing performance of the Local Agreement terms and conditions and shall serve as a liaison with the Agency. The address and telephone number of the Department's Agreement Manager for this Local Agreement is:

(Location) Warden
(Address) Gulf Correctional Institution
500 Ike Steele Road
(Telephone #) 850-639-1101
(Fax #) 850-639-1182

B. Community Work Squad Coordinator

The Assistant Warden designated by the Warden, is responsible for ensuring compliance with the requirements of this Local Agreement.

C. Department's Agreement Administrator:

The Chief, Bureau of Purchasing, is designated Agreement Administrator for the Department and is responsible for processing Agreement Amendments and terminations of the Agreement, and will serve as a liaison with the Agreement Manager for the Department. The address and telephone number of the Department's Agreement Administrator is:

Chief, Bureau of Purchasing
Florida Department of Corrections
2601 Blair Stone Road
Tallahassee, Florida 32399-2500
(850) 410-4091

D. Agency's Representative

The name, address and telephone number of the representative of the Agency is:

(Name) Don Butler
 (Title) County Administrator
 (Address) ~~1000 5th St.~~ Port St. Joe 32456
 1000 Cecil G. Costin Sr., Blvd.
 (Telephone #) 850-229-6111
 (Fax #) 850-229-9252
 (E-mail) ~~gulfoadmn@GTcom.net~~
 boce@gulfcountry-fl.gov

VI. DISPUTES

Any dispute concerning performance of the terms of this Local Agreement shall be resolved informally by the Department's Agreement Manager. Any dispute that can not be resolved informally shall be reduced to writing and delivered to the Department's Correctional Program Administrator, Office of Institutional Support. The Correctional Program Administrator shall decide the dispute, reduce the decision to writing, and deliver a copy to the Department's Agreement Manager, the Agency Representative and the Department's Agreement Administrator.

VII. SUSPENSION OR TERMINATION OF LOCAL AGREEMENT

The Department or the Agency may suspend or terminate this Local Agreement, in whole or in part, with immediate written notice to the other party when the interests of the Department or Agency so require.

VIII. AGREEMENT MODIFICATION

After execution of this agreement, any changes in the information contained in Section III., 2., and Section V., Agreement Administration, shall be provided to the other party in writing and a copy of the written notification shall be maintained in the official agreement record.

Modifications to the provisions of this agreement, with the exception of Section III., 2., and Section V., Agreement Administration, shall be valid only through execution of a formal agreement amendment.

IN WITNESS THEREOF, the parties hereto have caused this Agreement to be executed by their undersigned officials as duly authorized.

AGENCY:

Gulf County Board of County Commissioners

SIGNED

BY: Donald Butler

NAME:

(PRINTED) Don Butler

TITLE: ~~Chief~~ Administrator
Chief

DATE: 9/21/2010

FEID #: 59-600627

DEPARTMENT OF CORRECTIONS

SIGNED

BY: _____

NAME:

(PRINTED) David Ellis

TITLE: **Warden**
Department of Corrections

DATE:

Official DC Form # _____ approved for legality and format and may not be changed. If changes are required, formal review and approval must be processed through the Agreement Administrator listed in Section.V.

**FLORIDA DEPARTMENT OF CORRECTIONS'
INTERAGENCY/PUBLIC WORKS AGREEMENT
(LOCAL AGREEMENT)**

This Local Agreement made and entered into this 10 day of June 2010, by and between the State of Florida, Department of Corrections, through its institution/facility, Gulf Annex(hereinafter referred to as "Department"), and the Gulf County Board of County Commissioners, (hereinafter referred to as "Agency"), is done so in accordance with section 946.40, Florida Statutes and Rule 33-601.201, Inmate Work Program, and 33-601.202, Use of Inmates in Public Works, Florida Administrative Code.

Work performed under this Local Agreement is determined to be value added or cost savings as defined in the Community Work Squad Manual (check one).

XX Value Added _____ Cost Savings

2010 SEP 22 PM 12:11

I. TERM/RENEWAL

This Local Agreement shall begin on the last date of signature by all parties.

This Local Agreement shall remain in effect from year to year unless terminated by either party, pursuant to the provisions of Section VII., Suspension or Termination of Local Agreement.

II. FINANCIAL OBLIGATIONS

The Department and the Agency acknowledge that this Local Agreement is not intended to create financial obligations between the parties. However, in the event that costs are incurred as a result of either or both of the parties performing their duties or responsibilities under this Local Agreement, each party agrees to be responsible for their own costs.

III. DEPARTMENT'S RESPONSIBILITIES

The Department agrees to provide, or is responsible for, those items delineated by placement of an "X" in the space located to the left of the corresponding number. Items for which the Department is not responsible shall be marked "N/A" to the left of the number.

- X 1. Screen inmates for the work to be performed in order to assign inmates who do not present a danger to property or persons.
- X 2. Provide up to 5 inmates each workday for the period of the Local Agreement. Community custody (); Minimum custody (); Both (X).
- X 3. Provide Correctional Officer supervision of the work squad while performing work under this Local Agreement.
- X 4. Provide _____ vehicle(s) and 1 Correctional Officer(s) each workday to transport inmates to and from the work site.

- X 5. Provide food and drinks for inmate lunches.
- N/A 6. Provide drinking water for inmates.
- X 7. Apprehend escapees and handle problem inmates.
- X 8. Provide transportation from the work site to the correctional facility for inmates who refuse to work, become unable to work, or cause a disruption in the work schedule.
- X 9. Administer all disciplinary action to be taken against inmate(s) for infractions committed while performing work under this agreement.
- X 10. Provide for medical treatment of ill or injured inmates and transportation of such inmates.
- N/A 11. Conduct a background check, which includes a criminal history check, and obtain approval of the Department's Agreement Manager, or designee prior to authorizing Non-Department Supervisors to participate in training to supervise inmates.
- N/A 12. Provide orientation and training to Non-Department Supervisor(s) approved to supervise inmates prior to their assuming supervisory responsibility of an inmate work squad. Training will be in accordance with the Department's guidelines for Non-Department Supervision of Inmates and will include annual refresher training during each successive year of supervision by the Non-Department Supervisor.
- N/A 13. Notify the Agency in the event that an Agency employee fails to provide proper supervision of inmate(s).
- X 14. Provide inmates with all personal items of clothing appropriate for the season of the year.
- X 15. Have inmates ready for transportation/work at the appropriate times regardless of temperature or inclement weather, unless notified by the Agency of suspended work operations, or when the Department determines that a work squad should not check out.
- X 16. Provide a First Aid Kit and Blood Borne Pathogens Personal Protective Kit to each work squad.
- X 17. Orientate each inmate in the use of equipment regardless of the inmate's claim to have had prior experience in the use of gasoline or electrically powered equipment before allowing the inmate to use it. Utilize form DC2-569, Inmate Safety Training, to document that the inmate has had the training. This report shall be kept on file at the contract work site and by the Department's Agreement Manager.

- N/A 18. Other. (If provided, shall be Attachment A, incorporated herein by reference and made part of this Agreement.) "Other" special considerations regarding activities of the work squad may be based on work location, etc.

IV. AGENCY'S RESPONSIBILITIES

The Agency agrees to provide, or is responsible for, those items delineated by placement of an "X" in the space located to the left of the corresponding number. Items for which the Agency is not responsible shall be marked "N/A" to the left of the number.

- X 1. Provide the Department with a schedule of hours that inmates will work in accordance with the established workday for the Agency and the transportation time required. Any deviation from the established schedule will be reported to, and coordinated with, the Department.

The established schedule for this work squad is: Days 4, Hours 10

- N/A 2. Provide supervision of inmates in accordance with the Department's rules and regulations while performing work under this Local Agreement. Non-Department Supervisors may supervise Community and Minimum Custody inmates. Each Non-Department Supervisor must successfully pass a background check that includes a criminal history check, and must be approved by the Department's Agreement Manager, or designee and complete required orientation/training in the supervision of inmates, prior to assuming supervision.

- X 3. Provide transportation of inmates each workday to and from the work site.

- X 4. Provide all tools, equipment, materials and safety personal items such as gloves, rubber boots, hard hats, etc., necessary and appropriate for performance of the work under this Local Agreement.

- X 5. Ensure that licensing or permits are obtained if required for the work to be performed under this Local Agreement. Provide necessary supervision and guidance for projects that require a permit and require technical assistance to complete the project.

- N/A 6. Immediately notify the Department in the event of an escape while the inmate is under supervision of the Agency. Report any inappropriate behavior displayed by inmates or any inmate who fails to perform tasks in an acceptable manner.

- N/A 7. Complete the Community Work Squad Activities Report, DC6-239 (to be provided by the Department) daily and submit the form on a weekly basis to the Department.

- N/A 8. Report all inmate injuries, regardless of how minor in nature, to the Department as soon as possible. Report any medically related complaints made by an inmate to the Department as soon as practical. In cases of emergency, render first aid, within the scope of the supervisor's medical training, to work squad inmates and provide emergency health care and related assistance to the Department.

- X 9. Provide inmates with a fifteen-minute rest break in the morning and afternoon. Lunch breaks shall normally begin at Noon and last at least thirty (30) minutes. Ensure inmates are supervised during rest and lunch breaks.
- X 10. Provide drinking water for inmates.
- N/A 11. Require each Non-Department Supervisor approved to supervise inmates and other appropriate staff members, to attend orientation/training in the supervision of inmates prior to assuming supervision of inmates and refresher training annually thereafter. Training will be provided at a Department location. Upon the Department's issuance of a Training Certification Card, the Agency shall require non-department personnel to carry this card when supervising inmate labor.
- X 12. Ensure that all work assignments/projects utilizing inmates are authorized projects of the municipality, city, county, governmental agency or non-profit organization and that private contractors employed by the Agency do not use inmates as any part of their labor force.
- X 13. Agency hereby agrees to be liable for, and shall indemnify, defend and hold the Department harmless from all claims, suits, judgments or damages including court costs and attorney's fees arising out of intentional acts, negligence or omissions by the Agency in its supervision of inmates pursuant to this Local Agreement. If agency is an agency or subdivision of the State of Florida, this paragraph shall not be interpreted as altering the state's waiver of immunity in tort pursuant to Section 768.28, Florida Statutes, or to otherwise impose liability on Agency for which it would not otherwise by law be responsible.
- N/A 14. Orientate each inmate in the use of equipment regardless of whether the inmate claims to have had prior experience in the use of gasoline or electrically powered equipment before allowing the inmate to use it. Utilize form DC2-569, Inmate Safety Training Documentation, to document that the inmate has had the training. This report shall be kept on file at the contract work site and a copy shall be provided to the Department.
- X 15. It is the intent of this Local Agreement that the agency/work squad have and maintain communications with the institution at all times. A method of communication (radios, cellular phone, etc.) shall be provided at no cost to the Department. The Agency shall provide a primary method of communication that shall be approved by the Department's Agreement Manager in writing prior to assignment of the work squad. Dependent upon the method of communication provided, the Agreement Manager may require a secondary or back-up method of communication.
- Type of Communication utilized in this Local Agreement: Cell Phone
- N/A 16. Provide a First Aid Kit and Blood Borne Pathogens Personal Protective Kit to each work squad.

- N/A 17. Ensure that the Work Squad does not work on school property or primary elementary or secondary education institutions where students are present.
- N/A 18. Other. (If provided, shall be Attachment A, incorporated herein by reference and made part of this Agreement.) "Other" special considerations regarding activities of the work squad may be based on work location, etc.

V. AGREEMENT ADMINISTRATION

A. Department's Agreement Manager

The Warden of the Correctional Institution represented in this Local Agreement is designated Agreement Manager for the Department and is responsible for enforcing performance of the Local Agreement terms and conditions and shall serve as a liaison with the Agency. The address and telephone number of the Department's Agreement Manager for this Local Agreement is:

(Location) Warden
(Address) Gulf Correctional Institution
500 Ike Steele Road
(Telephone #) 850-639-1101
(Fax #) 850-639-1182

B. Community Work Squad Coordinator

The Assistant Warden designated by the Warden, is responsible for ensuring compliance with the requirements of this Local Agreement.

C. Department's Agreement Administrator:

The Chief, Bureau of Purchasing, is designated Agreement Administrator for the Department and is responsible for processing Agreement Amendments and terminations of the Agreement, and will serve as a liaison with the Agreement Manager for the Department. The address and telephone number of the Department's Agreement Administrator is:

Chief, Bureau of Purchasing
Florida Department of Corrections
2601 Blair Stone Road
Tallahassee, Florida 32399-2500
(850) 410-4091

D. Agency's Representative

The name, address and telephone number of the representative of the Agency is:

(Name) Don Butler
 (Title) County Administrator
 (Address) ~~1000 5th St.~~ Port St. Joe 32456
 1000 Cecil G. Costin Sr., Blvd.
 (Telephone #) 850-229-6111
 (Fax #) 850-229-9252
 (E-mail) ~~gulfcoadmn@GTeom.net~~
 bocce@gulfcounty-fl.gov
 VI. DISPUTES

Any dispute concerning performance of the terms of this Local Agreement shall be resolved informally by the Department's Agreement Manager. Any dispute that can not be resolved informally shall be reduced to writing and delivered to the Department's Correctional Program Administrator, Office of Institutional Support. The Correctional Program Administrator shall decide the dispute, reduce the decision to writing, and deliver a copy to the Department's Agreement Manager, the Agency Representative and the Department's Agreement Administrator.

VII. SUSPENSION OR TERMINATION OF LOCAL AGREEMENT

The Department or the Agency may suspend or terminate this Local Agreement, in whole or in part, with immediate written notice to the other party when the interests of the Department or Agency so require.

VIII. AGREEMENT MODIFICATION

After execution of this agreement, any changes in the information contained in Section III., 2., and Section V., Agreement Administration, shall be provided to the other party in writing and a copy of the written notification shall be maintained in the official agreement record.

Modifications to the provisions of this agreement, with the exception of Section III., 2., and Section V., Agreement Administration, shall be valid only through execution of a formal agreement amendment.

IN WITNESS THEREOF, the parties hereto have caused this Agreement to be executed by their undersigned officials as duly authorized.

AGENCY:
Gulf County Board of County Commissioners

SIGNED
BY: *Donal Butler*

NAME:
(PRINTED) Don Butler

TITLE: ~~Chief~~ Administrator
Chief

DATE: **9/21/2010**

FEID #: 59-600627

DEPARTMENT OF CORRECTIONS

SIGNED
BY: _____

NAME:
(PRINTED) David Ellis

TITLE: **Warden**
Department of Corrections

DATE:

Official DC Form # _____ approved for legality and format and may not be changed. If changes are required, formal review and approval must be processed through the Agreement Administrator listed in Section.V.

A 159
19

**FLORIDA DEPARTMENT OF CORRECTIONS'
INTERAGENCY/PUBLIC WORKS AGREEMENT
(LOCAL AGREEMENT)**

This Local Agreement made and entered into this 10 day of June 2010, by and between the State of Florida, Department of Corrections, through its institution/facility, Gulf Annex (hereinafter referred to as "Department"), and the Gulf County Board of County Commissioners, (hereinafter referred to as "Agency"), is done so in accordance with section 946.40, Florida Statutes and Rule 33-601.201, Inmate Work Program, and 33-601.202, Use of Inmates in Public Works, Florida Administrative Code.

Work performed under this Local Agreement is determined to be value added or cost savings as defined in the Community Work Squad Manual (check one).

XX Value Added _____ Cost Savings

I. TERM/RENEWAL

This Local Agreement shall begin on the last date of signature by all parties.

This Local Agreement shall remain in effect from year to year unless terminated by either party, pursuant to the provisions of Section VII., Suspension or Termination of Local Agreement.

II. FINANCIAL OBLIGATIONS

The Department and the Agency acknowledge that this Local Agreement is not intended to create financial obligations between the parties. However, in the event that costs are incurred as a result of either or both of the parties performing their duties or responsibilities under this Local Agreement, each party agrees to be responsible for their own costs.

III. DEPARTMENT'S RESPONSIBILITIES

The Department agrees to provide, or is responsible for, those items delineated by placement of an "X" in the space located to the left of the corresponding number. Items for which the Department is not responsible shall be marked "N/A" to the left of the number.

- X 1. Screen inmates for the work to be performed in order to assign inmates who do not present a danger to property or persons.
- X 2. Provide up to 5 inmates each workday for the period of the Local Agreement. Community custody (); Minimum custody (); Both (X).
- X 3. Provide Correctional Officer supervision of the work squad while performing work under this Local Agreement.
- X 4. Provide _____ vehicle(s) and 1 Correctional Officer(s) each workday to transport inmates to and from the work site.

PW# 10

2010 SEP 22 12:11

- X 5. Provide food and drinks for inmate lunches.
- N/A 6. Provide drinking water for inmates.
- X 7. Apprehend escapees and handle problem inmates.
- X 8. Provide transportation from the work site to the correctional facility for inmates who refuse to work, become unable to work, or cause a disruption in the work schedule.
- X 9. Administer all disciplinary action to be taken against inmate(s) for infractions committed while performing work under this agreement.
- X 10. Provide for medical treatment of ill or injured inmates and transportation of such inmates.
- N/A 11. Conduct a background check, which includes a criminal history check, and obtain approval of the Department's Agreement Manager, or designee prior to authorizing Non-Department Supervisors to participate in training to supervise inmates.
- N/A 12. Provide orientation and training to Non-Department Supervisor(s) approved to supervise inmates prior to their assuming supervisory responsibility of an inmate work squad. Training will be in accordance with the Department's guidelines for Non-Department Supervision of Inmates and will include annual refresher training during each successive year of supervision by the Non-Department Supervisor.
- N/A 13. Notify the Agency in the event that an Agency employee fails to provide proper supervision of inmate(s).
- X 14. Provide inmates with all personal items of clothing appropriate for the season of the year.
- X 15. Have inmates ready for transportation/work at the appropriate times regardless of temperature or inclement weather, unless notified by the Agency of suspended work operations, or when the Department determines that a work squad should not check out.
- X 16. Provide a First Aid Kit and Blood Borne Pathogens Personal Protective Kit to each work squad.
- X 17. Orientate each inmate in the use of equipment regardless of the inmate's claim to have had prior experience in the use of gasoline or electrically powered equipment before allowing the inmate to use it. Utilize form DC2-569, Inmate Safety Training, to document that the inmate has had the training. This report shall be kept on file at the contract work site and by the Department's Agreement Manager.

- N/A 18. Other. (If provided, shall be Attachment A, incorporated herein by reference and made part of this Agreement.) "Other" special considerations regarding activities of the work squad may be based on work location, etc.

IV. AGENCY'S RESPONSIBILITIES

The Agency agrees to provide, or is responsible for, those items delineated by placement of an "X" in the space located to the left of the corresponding number. Items for which the Agency is not responsible shall be marked "N/A" to the left of the number.

- X 1. Provide the Department with a schedule of hours that inmates will work in accordance with the established workday for the Agency and the transportation time required. Any deviation from the established schedule will be reported to, and coordinated with, the Department.

The established schedule for this work squad is: Days 4 , Hours 10

- N/A 2. Provide supervision of inmates in accordance with the Department's rules and regulations while performing work under this Local Agreement. Non-Department Supervisors may supervise Community and Minimum Custody inmates. Each Non-Department Supervisor must successfully pass a background check that includes a criminal history check, and must be approved by the Department's Agreement Manager, or designee and complete required orientation/training in the supervision of inmates, prior to assuming supervision.

- X 3. Provide transportation of inmates each workday to and from the work site.

- X 4. Provide all tools, equipment, materials and safety personal items such as gloves, rubber boots, hard hats, etc., necessary and appropriate for performance of the work under this Local Agreement.

- X 5. Ensure that licensing or permits are obtained if required for the work to be performed under this Local Agreement. Provide necessary supervision and guidance for projects that require a permit and require technical assistance to complete the project.

- N/A 6. Immediately notify the Department in the event of an escape while the inmate is under supervision of the Agency. Report any inappropriate behavior displayed by inmates or any inmate who fails to perform tasks in an acceptable manner.

- N/A 7. Complete the Community Work Squad Activities Report, DC6-239 (to be provided by the Department) daily and submit the form on a weekly basis to the Department.

- N/A 8. Report all inmate injuries, regardless of how minor in nature, to the Department as soon as possible. Report any medically related complaints made by an inmate to the Department as soon as practical. In cases of emergency, render first aid, within the scope of the supervisor's medical training, to work squad inmates and provide emergency health care and related assistance to the Department.

- X 9. Provide inmates with a fifteen-minute rest break in the morning and afternoon. Lunch breaks shall normally begin at Noon and last at least thirty (30) minutes. Ensure inmates are supervised during rest and lunch breaks.
- X 10. Provide drinking water for inmates.
- N/A 11. Require each Non-Department Supervisor approved to supervise inmates and other appropriate staff members, to attend orientation/training in the supervision of inmates prior to assuming supervision of inmates and refresher training annually thereafter. Training will be provided at a Department location. Upon the Department's issuance of a Training Certification Card, the Agency shall require non-department personnel to carry this card when supervising inmate labor.
- X 12. Ensure that all work assignments/projects utilizing inmates are authorized projects of the municipality, city, county, governmental agency or non-profit organization and that private contractors employed by the Agency do not use inmates as any part of their labor force.
- X 13. Agency hereby agrees to be liable for, and shall indemnify, defend and hold the Department harmless from all claims, suits, judgments or damages including court costs and attorney's fees arising out of intentional acts, negligence or omissions by the Agency in its supervision of inmates pursuant to this Local Agreement. If agency is an agency or subdivision of the State of Florida, this paragraph shall not be interpreted as altering the state's waiver of immunity in tort pursuant to Section 768.28, Florida Statutes, or to otherwise impose liability on Agency for which it would not otherwise by law be responsible.
- N/A 14. Orientate each inmate in the use of equipment regardless of whether the inmate claims to have had prior experience in the use of gasoline or electrically powered equipment before allowing the inmate to use it. Utilize form DC2-569, Inmate Safety Training Documentation, to document that the inmate has had the training. This report shall be kept on file at the contract work site and a copy shall be provided to the Department.
- X 15. It is the intent of this Local Agreement that the agency/work squad have and maintain communications with the institution at all times. A method of communication (radios, cellular phone, etc.) shall be provided at no cost to the Department. The Agency shall provide a primary method of communication that shall be approved by the Department's Agreement Manager in writing prior to assignment of the work squad. Dependent upon the method of communication provided, the Agreement Manager may require a secondary or back-up method of communication.
- Type of Communication utilized in this Local Agreement: Cell Phone
- N/A 16. Provide a First Aid Kit and Blood Borne Pathogens Personal Protective Kit to each work squad.

- N/A 17. Ensure that the Work Squad does not work on school property or primary elementary or secondary education institutions where students are present.
- N/A 18. Other. (If provided, shall be Attachment A, incorporated herein by reference and made part of this Agreement.) "Other" special considerations regarding activities of the work squad may be based on work location, etc.

V. AGREEMENT ADMINISTRATION

A. Department's Agreement Manager

The Warden of the Correctional Institution represented in this Local Agreement is designated Agreement Manager for the Department and is responsible for enforcing performance of the Local Agreement terms and conditions and shall serve as a liaison with the Agency. The address and telephone number of the Department's Agreement Manager for this Local Agreement is:

(Location) Warden
 (Address) Gulf Correctional Institution
 500 Ike Steele Road
 (Telephone #) 850-639-1101
 (Fax #) 850-639-1182

B. Community Work Squad Coordinator

The Assistant Warden designated by the Warden, is responsible for ensuring compliance with the requirements of this Local Agreement.

C. Department's Agreement Administrator:

The Chief, Bureau of Purchasing, is designated Agreement Administrator for the Department and is responsible for processing Agreement Amendments and terminations of the Agreement, and will serve as a liaison with the Agreement Manager for the Department. The address and telephone number of the Department's Agreement Administrator is:

Chief, Bureau of Purchasing
 Florida Department of Corrections
 2601 Blair Stone Road
 Tallahassee, Florida 32399-2500
 (850) 410-4091

D. Agency's Representative

The name, address and telephone number of the representative of the Agency is:

(Name) Don Butler
 (Title) County Administrator
 (Address) ~~1000 5th St. Port St. Joe 32456~~
 1000 Cecil G. Costin Sr., Blvd., Port St. Joe, FL 32456
 (Telephone #) 850-229-6111
 (Fax #) 850-229-9252
 (E-mail) ~~gulfoadmin@GTCOM.net~~
 boee@gulfcounty-fl.gov

VI. DISPUTES

Any dispute concerning performance of the terms of this Local Agreement shall be resolved informally by the Department's Agreement Manager. Any dispute that can not be resolved informally shall be reduced to writing and delivered to the Department's Correctional Program Administrator, Office of Institutional Support. The Correctional Program Administrator shall decide the dispute, reduce the decision to writing, and deliver a copy to the Department's Agreement Manager, the Agency Representative and the Department's Agreement Administrator.

VII. SUSPENSION OR TERMINATION OF LOCAL AGREEMENT

The Department or the Agency may suspend or terminate this Local Agreement, in whole or in part, with immediate written notice to the other party when the interests of the Department or Agency so require.

VIII. AGREEMENT MODIFICATION

After execution of this agreement, any changes in the information contained in Section III., 2., and Section V., Agreement Administration, shall be provided to the other party in writing and a copy of the written notification shall be maintained in the official agreement record.

Modifications to the provisions of this agreement, with the exception of Section III., 2., and Section V., Agreement Administration, shall be valid only through execution of a formal agreement amendment.

IN WITNESS THEREOF, the parties hereto have caused this Agreement to be executed by their undersigned officials as duly authorized.

AGENCY:
Gulf County Board of County Commissioners

SIGNED
BY: Donald Butler

NAME:
(PRINTED) Don Butler

TITLE: Chief Administrator

DATE:

FEID #: 59-600627

DEPARTMENT OF CORRECTIONS

SIGNED
BY: _____

NAME:
(PRINTED) David Ellis

TITLE: **Warden**
Department of Corrections

DATE:

Official DC Form # _____ approved for legality and format and may not be changed. If changes are required, formal review and approval must be processed through the Agreement Administrator listed in Section.V.

IN WITNESS THEREOF, the parties hereto have caused this Agreement to be executed by their undersigned officials as duly authorized.

AGENCY:

Gulf County Board of County Commissioners

SIGNED

BY:

Donald Butler

NAME:

(PRINTED) Don Butler

TITLE:

~~Chief Administrator~~
Chief

DATE:

9/21/2010

FEID #:

59-600627

DEPARTMENT OF CORRECTIONS

SIGNED

BY:

NAME:

(PRINTED) David Ellis

TITLE:

Warden
Department of Corrections

DATE:

Official DC Form # _____ approved for legality and format and may not be changed. If changes are required, formal review and approval must be processed through the Agreement Administrator listed in Section.V.

A 1637

FLORIDA DEPARTMENT OF CORRECTIONS' INTERAGENCY/PUBLIC WORKS AGREEMENT (LOCAL AGREEMENT)

This Local Agreement made and entered into this 10 day of June 2010, by and between the State of Florida, Department of Corrections, through its institution/facility, Gulf CI Main Unit(hereinafter referred to as "Department"), and the Gulf County Board Of County Commissioners, (hereinafter referred to as "Agency"), is done so in accordance with section 946.40, Florida Statutes and Rule 33-601.201, Inmate Work Program, and 33-601.202, Use of Inmates in Public Works, Florida Administrative Code.

Work performed under this Local Agreement is determined to be value added or cost savings as defined in the Community Work Squad Manual (check one).

X Value Added _____ Cost Savings

2010 SEP 22 PM 12:41

I. TERM/RENEWAL

This Local Agreement shall begin on the last date of signature by all parties.

This Local Agreement shall remain in effect from year to year unless terminated by either party, pursuant to the provisions of Section VII., Suspension or Termination of Local Agreement.

II. FINANCIAL OBLIGATIONS

The Department and the Agency acknowledge that this Local Agreement is not intended to create financial obligations between the parties. However, in the event that costs are incurred as a result of either or both of the parties performing their duties or responsibilities under this Local Agreement, each party agrees to be responsible for their own costs.

III. DEPARTMENT'S RESPONSIBILITIES

The Department agrees to provide, or is responsible for, those items delineated by placement of an "X" in the space located to the left of the corresponding number. Items for which the Department is not responsible shall be marked "N/A" to the left of the number.

- X 1. Screen inmates for the work to be performed in order to assign inmates who do not present a danger to property or persons.
X 2. Provide up to 5 inmates each workday for the period of the Local Agreement. Community custody (); Minimum custody (); Both (X).
X 3. Provide Correctional Officer supervision of the work squad while performing work under this Local Agreement.
X 4. Provide _____ vehicle(s) and 1 Correctional Officer(s) each workday to transport inmates to and from the work site.

D279 C. Upchurch No longer filled

- X 5. Provide food and drinks for inmate lunches.
- N/A 6. Provide drinking water for inmates.
- X 7. Apprehend escapees and handle problem inmates.
- X 8. Provide transportation from the work site to the correctional facility for inmates who refuse to work, become unable to work, or cause a disruption in the work schedule.
- X 9. Administer all disciplinary action to be taken against inmate(s) for infractions committed while performing work under this agreement.
- X 10. Provide for medical treatment of ill or injured inmates and transportation of such inmates.
- N/A 11. Conduct a background check, which includes a criminal history check, and obtain approval of the Department's Agreement Manager, or designee prior to authorizing Non-Department Supervisors to participate in training to supervise inmates.
- N/A 12. Provide orientation and training to Non-Department Supervisor(s) approved to supervise inmates prior to their assuming supervisory responsibility of an inmate work squad. Training will be in accordance with the Department's guidelines for Non-Department Supervision of Inmates and will include annual refresher training during each successive year of supervision by the Non-Department Supervisor.
- N/A 13. Notify the Agency in the event that an Agency employee fails to provide proper supervision of inmate(s).
- X 14. Provide inmates with all personal items of clothing appropriate for the season of the year.
- X 15. Have inmates ready for transportation/work at the appropriate times regardless of temperature or inclement weather, unless notified by the Agency of suspended work operations, or when the Department determines that a work squad should not check out.
- X 16. Provide a First Aid Kit and Blood Borne Pathogens Personal Protective Kit to each work squad.
- X 17. Orientate each inmate in the use of equipment regardless of the inmate's claim to have had prior experience in the use of gasoline or electrically powered equipment before allowing the inmate to use it. Utilize form DC2-569, Inmate Safety Training, to document that the inmate has had the training. This report shall be kept on file at the contract work site and by the Department's Agreement Manager.

- N/A 18. Other. (If provided, shall be Attachment A, incorporated herein by reference and made part of this Agreement.) "Other" special considerations regarding activities of the work squad may be based on work location, etc.

IV. AGENCY'S RESPONSIBILITIES

The Agency agrees to provide, or is responsible for, those items delineated by placement of an "X" in the space located to the left of the corresponding number. Items for which the Agency is not responsible shall be marked "N/A" to the left of the number.

- X 1. Provide the Department with a schedule of hours that inmates will work in accordance with the established workday for the Agency and the transportation time required. Any deviation from the established schedule will be reported to, and coordinated with, the Department.

The established schedule for this work squad is: Days 4 , Hours 10

- N/A 2. Provide supervision of inmates in accordance with the Department's rules and regulations while performing work under this Local Agreement. Non-Department Supervisors may supervise Community and Minimum Custody inmates. Each Non-Department Supervisor must successfully pass a background check that includes a criminal history check, and must be approved by the Department's Agreement Manager, or designee and complete required orientation/training in the supervision of inmates, prior to assuming supervision.

- X 3. Provide transportation of inmates each workday to and from the work site.

- X 4. Provide all tools, equipment, materials and safety personal items such as gloves, rubber boots, hard hats, etc., necessary and appropriate for performance of the work under this Local Agreement.

- X 5. Ensure that licensing or permits are obtained if required for the work to be performed under this Local Agreement. Provide necessary supervision and guidance for projects that require a permit and require technical assistance to complete the project.

- N/A 6. Immediately notify the Department in the event of an escape while the inmate is under supervision of the Agency. Report any inappropriate behavior displayed by inmates or any inmate who fails to perform tasks in an acceptable manner.

- N/A 7. Complete the Community Work Squad Activities Report, DC6-239 (to be provided by the Department) daily and submit the form on a weekly basis to the Department.

- N/A 8. Report all inmate injuries, regardless of how minor in nature, to the Department as soon as possible. Report any medically related complaints made by an inmate to the Department as soon as practical. In cases of emergency, render first aid, within the scope of the supervisor's medical training, to work squad inmates and provide emergency health care and related assistance to the Department.

- X 9. Provide inmates with a fifteen-minute rest break in the morning and afternoon. Lunch breaks shall normally begin at Noon and last at least thirty (30) minutes. Ensure inmates are supervised during rest and lunch breaks.
 - X 10. Provide drinking water for inmates.
 - N/A 11. Require each Non-Department Supervisor approved to supervise inmates and other appropriate staff members, to attend orientation/training in the supervision of inmates prior to assuming supervision of inmates and refresher training annually thereafter. Training will be provided at a Department location. Upon the Department's issuance of a Training Certification Card, the Agency shall require non-department personnel to carry this card when supervising inmate labor.
 - X 12. Ensure that all work assignments/projects utilizing inmates are authorized projects of the municipality, city, county, governmental agency or non-profit organization and that private contractors employed by the Agency do not use inmates as any part of their labor force.
 - X 13. Agency hereby agrees to be liable for, and shall indemnify, defend and hold the Department harmless from all claims, suits, judgments or damages including court costs and attorney's fees arising out of intentional acts, negligence or omissions by the Agency in its supervision of inmates pursuant to this Local Agreement. If agency is an agency or subdivision of the State of Florida, this paragraph shall not be interpreted as altering the state's waiver of immunity in tort pursuant to Section 768.28, Florida Statutes, or to otherwise impose liability on Agency for which it would not otherwise by law be responsible.
 - N/A 14. Orientate each inmate in the use of equipment regardless of whether the inmate claims to have had prior experience in the use of gasoline or electrically powered equipment before allowing the inmate to use it. Utilize form DC2-569, Inmate Safety Training Documentation, to document that the inmate has had the training. This report shall be kept on file at the contract work site and a copy shall be provided to the Department.
 - X 15. It is the intent of this Local Agreement that the agency/work squad have and maintain communications with the institution at all times. A method of communication (radios, cellular phone, etc.) shall be provided at no cost to the Department. The Agency shall provide a primary method of communication that shall be approved by the Department's Agreement Manager in writing prior to assignment of the work squad. Dependent upon the method of communication provided, the Agreement Manager may require a secondary or back-up method of communication.
- Type of Communication utilized in this Local Agreement:Cell Phone
- N/A 16. Provide a First Aid Kit and Blood Borne Pathogens Personal Protective Kit to each work squad.

- N/A 17. Ensure that the Work Squad does not work on school property or primary elementary or secondary education institutions where students are present.
- N/A 18. Other. (If provided, shall be Attachment A, incorporated herein by reference and made part of this Agreement.) "Other" special considerations regarding activities of the work squad may be based on work location, etc.

V. AGREEMENT ADMINISTRATION

A. Department's Agreement Manager

The Warden of the Correctional Institution represented in this Local Agreement is designated Agreement Manager for the Department and is responsible for enforcing performance of the Local Agreement terms and conditions and shall serve as a liaison with the Agency. The address and telephone number of the Department's Agreement Manager for this Local Agreement is:

(Location) Warden
(Address) 500 Ike Steel Road, Wewahitchka, Fl. 32465
Gulf Correctional Intitution
(Telephone #) 850-639-1101
(Fax #) 850-639-1182

B. Community Work Squad Coordinator

The Assistant Warden designated by the Warden, is responsible for ensuring compliance with the requirements of this Local Agreement.

C. Department's Agreement Administrator:

The Chief, Bureau of Purchasing, is designated Agreement Administrator for the Department and is responsible for processing Agreement Amendments and terminations of the Agreement, and will serve as a liaison with the Agreement Manager for the Department. The address and telephone number of the Department's Agreement Administrator is:

Chief, Bureau of Purchasing
Florida Department of Corrections
2601 Blair Stone Road
Tallahassee, Florida 32399-2500
(850) 410-4091

D. Agency's Representative

The name, address and telephone number of the representative of the Agency is:

(Name) Don Butler
 (Title) County Administrator
 (Address) ~~1000 5th~~ Port St. Joe 32456
 1000 Cecil G. Costin Sr., Blvd.
 (Telephone #) 850-229-6111
 (Fax #) 850-229-9252
 (E-mail) ~~gulfcoadmn@GTeom.net~~
 boce @ gulf county - fl. gov

VI. DISPUTES

Any dispute concerning performance of the terms of this Local Agreement shall be resolved informally by the Department's Agreement Manager. Any dispute that can not be resolved informally shall be reduced to writing and delivered to the Department's Correctional Program Administrator, Office of Institutional Support. The Correctional Program Administrator shall decide the dispute, reduce the decision to writing, and deliver a copy to the Department's Agreement Manager, the Agency Representative and the Department's Agreement Administrator.

VII. SUSPENSION OR TERMINATION OF LOCAL AGREEMENT

The Department or the Agency may suspend or terminate this Local Agreement, in whole or in part, with immediate written notice to the other party when the interests of the Department or Agency so require.

VIII. AGREEMENT MODIFICATION

After execution of this agreement, any changes in the information contained in Section III., 2., and Section V., Agreement Administration, shall be provided to the other party in writing and a copy of the written notification shall be maintained in the official agreement record.

Modifications to the provisions of this agreement, with the exception of Section III., 2., and Section V., Agreement Administration, shall be valid only through execution of a formal agreement amendment.

IN WITNESS THEREOF, the parties hereto have caused this Agreement to be executed by their undersigned officials as duly authorized.

AGENCY:
Gulf County Board of County Commissioners

SIGNED
BY: *Donald Butler*
NAME:
(PRINTED) Don Butler

TITLE: County Administrator

DATE: 9/21/2010

FEID #: 59-6000627

DEPARTMENT OF CORRECTIONS

SIGNED
BY: _____

NAME:
(PRINTED) David Ellis

TITLE: **Warden**
Department of Corrections

DATE:

Official DC Form # _____ approved for legality and format and may not be changed. If changes are required, formal review and approval must be processed through the Agreement Administrator listed in Section.V.

- X 5. Provide food and drinks for inmate lunches.
- N/A 6. Provide drinking water for inmates.
- X 7. Apprehend escapees and handle problem inmates.
- X 8. Provide transportation from the work site to the correctional facility for inmates who refuse to work, become unable to work, or cause a disruption in the work schedule.
- X 9. Administer all disciplinary action to be taken against inmate(s) for infractions committed while performing work under this agreement.
- X 10. Provide for medical treatment of ill or injured inmates and transportation of such inmates.
- N/A 11. Conduct a background check, which includes a criminal history check, and obtain approval of the Department's Agreement Manager, or designee prior to authorizing Non-Department Supervisors to participate in training to supervise inmates.
- N/A 12. Provide orientation and training to Non-Department Supervisor(s) approved to supervise inmates prior to their assuming supervisory responsibility of an inmate work squad. Training will be in accordance with the Department's guidelines for Non-Department Supervision of Inmates and will include annual refresher training during each successive year of supervision by the Non-Department Supervisor.
- N/A 13. Notify the Agency in the event that an Agency employee fails to provide proper supervision of inmate(s).
- X 14. Provide inmates with all personal items of clothing appropriate for the season of the year.
- X 15. Have inmates ready for transportation/work at the appropriate times regardless of temperature or inclement weather, unless notified by the Agency of suspended work operations, or when the Department determines that a work squad should not check out.
- X 16. Provide a First Aid Kit and Blood Borne Pathogens Personal Protective Kit to each work squad.
- X 17. Orientate each inmate in the use of equipment regardless of the inmate's claim to have had prior experience in the use of gasoline or electrically powered equipment before allowing the inmate to use it. Utilize form DC2-569, Inmate Safety Training, to document that the inmate has had the training. This report shall be kept on file at the contract work site and by the Department's Agreement Manager.

- N/A 18. Other. (If provided, shall be Attachment A, incorporated herein by reference and made part of this Agreement.) "Other" special considerations regarding activities of the work squad may be based on work location, etc.

IV. AGENCY'S RESPONSIBILITIES

The Agency agrees to provide, or is responsible for, those items delineated by placement of an "X" in the space located to the left of the corresponding number. Items for which the Agency is not responsible shall be marked "N/A" to the left of the number.

- X 1. Provide the Department with a schedule of hours that inmates will work in accordance with the established workday for the Agency and the transportation time required. Any deviation from the established schedule will be reported to, and coordinated with, the Department.

The established schedule for this work squad is: Days 4 , Hours 10

- N/A 2. Provide supervision of inmates in accordance with the Department's rules and regulations while performing work under this Local Agreement. Non-Department Supervisors may supervise Community and Minimum Custody inmates. Each Non-Department Supervisor must successfully pass a background check that includes a criminal history check, and must be approved by the Department's Agreement Manager, or designee and complete required orientation/training in the supervision of inmates, prior to assuming supervision.
- X 3. Provide transportation of inmates each workday to and from the work site.
- X 4. Provide all tools, equipment, materials and safety personal items such as gloves, rubber boots, hard hats, etc., necessary and appropriate for performance of the work under this Local Agreement.
- X 5. Ensure that licensing or permits are obtained if required for the work to be performed under this Local Agreement. Provide necessary supervision and guidance for projects that require a permit and require technical assistance to complete the project.
- N/A 6. Immediately notify the Department in the event of an escape while the inmate is under supervision of the Agency. Report any inappropriate behavior displayed by inmates or any inmate who fails to perform tasks in an acceptable manner.
- N/A 7. Complete the Community Work Squad Activities Report, DC6-239 (to be provided by the Department) daily and submit the form on a weekly basis to the Department.
- N/A 8. Report all inmate injuries, regardless of how minor in nature, to the Department as soon as possible. Report any medically related complaints made by an inmate to the Department as soon as practical. In cases of emergency, render first aid, within the scope of the supervisor's medical training, to work squad inmates and provide emergency health care and related assistance to the Department.

- X 9. Provide inmates with a fifteen-minute rest break in the morning and afternoon. Lunch breaks shall normally begin at Noon and last at least thirty (30) minutes. Ensure inmates are supervised during rest and lunch breaks.
- X 10. Provide drinking water for inmates.
- N/A 11. Require each Non-Department Supervisor approved to supervise inmates and other appropriate staff members, to attend orientation/training in the supervision of inmates prior to assuming supervision of inmates and refresher training annually thereafter. Training will be provided at a Department location. Upon the Department's issuance of a Training Certification Card, the Agency shall require non-department personnel to carry this card when supervising inmate labor.
- X 12. Ensure that all work assignments/projects utilizing inmates are authorized projects of the municipality, city, county, governmental agency or non-profit organization and that private contractors employed by the Agency do not use inmates as any part of their labor force.
- X 13. Agency hereby agrees to be liable for, and shall indemnify, defend and hold the Department harmless from all claims, suits, judgments or damages including court costs and attorney's fees arising out of intentional acts, negligence or omissions by the Agency in its supervision of inmates pursuant to this Local Agreement. If agency is an agency or subdivision of the State of Florida, this paragraph shall not be interpreted as altering the state's waiver of immunity in tort pursuant to Section 768.28, Florida Statutes, or to otherwise impose liability on Agency for which it would not otherwise by law be responsible.
- N/A 14. Orientate each inmate in the use of equipment regardless of whether the inmate claims to have had prior experience in the use of gasoline or electrically powered equipment before allowing the inmate to use it. Utilize form DC2-569, Inmate Safety Training Documentation, to document that the inmate has had the training. This report shall be kept on file at the contract work site and a copy shall be provided to the Department.
- X 15. It is the intent of this Local Agreement that the agency/work squad have and maintain communications with the institution at all times. A method of communication (radios, cellular phone, etc.) shall be provided at no cost to the Department. The Agency shall provide a primary method of communication that shall be approved by the Department's Agreement Manager in writing prior to assignment of the work squad. Dependent upon the method of communication provided, the Agreement Manager may require a secondary or back-up method of communication.
- N/A 16. Provide a First Aid Kit and Blood Borne Pathogens Personal Protective Kit to each work squad.
- Type of Communication utilized in this Local Agreement: Cell Phone

- N/A 17. Ensure that the Work Squad does not work on school property or primary elementary or secondary education institutions where students are present.
- N/A 18. Other. (If provided, shall be Attachment A, incorporated herein by reference and made part of this Agreement.) "Other" special considerations regarding activities of the work squad may be based on work location, etc.

V. AGREEMENT ADMINISTRATION

A. Department's Agreement Manager

The Warden of the Correctional Institution represented in this Local Agreement is designated Agreement Manager for the Department and is responsible for enforcing performance of the Local Agreement terms and conditions and shall serve as a liaison with the Agency. The address and telephone number of the Department's Agreement Manager for this Local Agreement is:

(Location) Warden
(Address) 500 Ike Steel Road, Wewahitchka, Fl. 32465
Gulf Correctional Intitution
(Telephone #) 850-639-1101
(Fax #) 850-639-1182

B. Community Work Squad Coordinator

The Assistant Warden designated by the Warden, is responsible for ensuring compliance with the requirements of this Local Agreement.

C. Department's Agreement Administrator:

The Chief, Bureau of Purchasing, is designated Agreement Administrator for the Department and is responsible for processing Agreement Amendments and terminations of the Agreement, and will serve as a liaison with the Agreement Manager for the Department. The address and telephone number of the Department's Agreement Administrator is:

Chief, Bureau of Purchasing
Florida Department of Corrections
2601 Blair Stone Road
Tallahassee, Florida 32399-2500
(850) 410-4091

D. Agency's Representative

The name, address and telephone number of the representative of the Agency is:

(Name) Don Butler
 (Title) County Administrator
 (Address) ~~1000 5th Port St. Joe 32456~~
 1000 Cecil G. Costin Sr., Blvd.
 (Telephone #) 850-229-6111
 (Fax #) 850-229-9252
 (E-mail) ~~gulfoadmn@GTcom.net~~
 boce@gulfcounty-fl.gov
VI. DISPUTES

Any dispute concerning performance of the terms of this Local Agreement shall be resolved informally by the Department's Agreement Manager. Any dispute that can not be resolved informally shall be reduced to writing and delivered to the Department's Correctional Program Administrator, Office of Institutional Support. The Correctional Program Administrator shall decide the dispute, reduce the decision to writing, and deliver a copy to the Department's Agreement Manager, the Agency Representative and the Department's Agreement Administrator.

VII. SUSPENSION OR TERMINATION OF LOCAL AGREEMENT

The Department or the Agency may suspend or terminate this Local Agreement, in whole or in part, with immediate written notice to the other party when the interests of the Department or Agency so require.

VIII. AGREEMENT MODIFICATION

After execution of this agreement, any changes in the information contained in Section III., 2., and Section V., Agreement Administration, shall be provided to the other party in writing and a copy of the written notification shall be maintained in the official agreement record.

Modifications to the provisions of this agreement, with the exception of Section III., 2., and Section V., Agreement Administration, shall be valid only through execution of a formal agreement amendment.

IN WITNESS THEREOF, the parties hereto have caused this Agreement to be executed by their undersigned officials as duly authorized.

AGENCY:

Gulf County Board of County Commissioners

SIGNED

BY:

Donald Butler

NAME:

(PRINTED) Don Butler

TITLE:

County Administrator

DATE:

9/21/2010

FEID #:

59-6000627

DEPARTMENT OF CORRECTIONS

SIGNED

BY:

NAME:

(PRINTED) David Ellis

TITLE:

**Warden
Department of Corrections**

DATE:

Official DC Form # _____ approved for legality and format and may not be changed. If changes are required, formal review and approval must be processed through the Agreement Administrator listed in Section.V.

A4164

**FLORIDA DEPARTMENT OF CORRECTIONS'
INTERAGENCY/PUBLIC WORKS AGREEMENT
(LOCAL AGREEMENT)**

This Local Agreement made and entered into this 10 day of June 2010, by and between the State of Florida, Department of Corrections, through its institution/facility, Gulf Forestry Camp(hereinafter referred to as "Department"), and the Gulf County Board of County Commissioners, (hereinafter referred to as "Agency"), is done so in accordance with section 946.40, Florida Statutes and Rule 33-601.201, Inmate Work Program, and 33-601.202, Use of Inmates in Public Works, Florida Administrative Code.

Work performed under this Local Agreement is determined to be value added or cost savings as defined in the Community Work Squad Manual (check one).

XXX Value Added _____ Cost Savings

2009 SEP 22 PM 12:11

I. TERM/RENEWAL

This Local Agreement shall begin on the last date of signature by all parties.

This Local Agreement shall remain in effect from year to year unless terminated by either party, pursuant to the provisions of Section VII., Suspension or Termination of Local Agreement.

II. FINANCIAL OBLIGATIONS

The Department and the Agency acknowledge that this Local Agreement is not intended to create financial obligations between the parties. However, in the event that costs are incurred as a result of either or both of the parties performing their duties or responsibilities under this Local Agreement, each party agrees to be responsible for their own costs.

III. DEPARTMENT'S RESPONSIBILITIES

The Department agrees to provide, or is responsible for, those items delineated by placement of an "X" in the space located to the left of the corresponding number. Items for which the Department is not responsible shall be marked "N/A" to the left of the number.

- X 1. Screen inmates for the work to be performed in order to assign inmates who do not present a danger to property or persons.
- X 2. Provide up to 30 inmates each workday for the period of the Local Agreement. Community custody (); Minimum custody (); Both (X).
- N/A 3. Provide Correctional Officer supervision of the work squad while performing work under this Local Agreement.
- N/A 4. Provide 0 vehicle(s) and 0 Correctional Officer(s) each workday to transport inmates to and from the work site.

- X 5. Provide food and drinks for inmate lunches.
- N/A 6. Provide drinking water for inmates.
- X 7. Apprehend escapees and handle problem inmates.
- X 8. Provide transportation from the work site to the correctional facility for inmates who refuse to work, become unable to work, or cause a disruption in the work schedule.
- X 9. Administer all disciplinary action to be taken against inmate(s) for infractions committed while performing work under this agreement.
- X 10. Provide for medical treatment of ill or injured inmates and transportation of such inmates.
- X 11. Conduct a background check, which includes a criminal history check, and obtain approval of the Department's Agreement Manager, or designee prior to authorizing Non-Department Supervisors to participate in training to supervise inmates.
- X 12. Provide orientation and training to Non-Department Supervisor(s) approved to supervise inmates prior to their assuming supervisory responsibility of an inmate work squad. Training will be in accordance with the Department's guidelines for Non-Department Supervision of Inmates and will include annual refresher training during each successive year of supervision by the Non-Department Supervisor.
- X 13. Notify the Agency in the event that an Agency employee fails to provide proper supervision of inmate(s).
- X 14. Provide inmates with all personal items of clothing appropriate for the season of the year.
- X 15. Have inmates ready for transportation/work at the appropriate times regardless of temperature or inclement weather, unless notified by the Agency of suspended work operations, or when the Department determines that a work squad should not check out.
- N/A 16. Provide a First Aid Kit and Blood Borne Pathogens Personal Protective Kit to each work squad.
- X 17. Orientate each inmate in the use of equipment regardless of the inmate's claim to have had prior experience in the use of gasoline or electrically powered equipment before allowing the inmate to use it. Utilize form DC2-569, Inmate Safety Training, to document that the inmate has had the training. This report shall be kept on file at the contract work site and by the Department's Agreement Manager.

- N/A 18. Other. (If provided, shall be Attachment A, incorporated herein by reference and made part of this Agreement.) "Other" special considerations regarding activities of the work squad may be based on work location, etc.

IV. AGENCY'S RESPONSIBILITIES

The Agency agrees to provide, or is responsible for, those items delineated by placement of an "X" in the space located to the left of the corresponding number. Items for which the Agency is not responsible shall be marked "N/A" to the left of the number.

- X 1. Provide the Department with a schedule of hours that inmates will work in accordance with the established workday for the Agency and the transportation time required. Any deviation from the established schedule will be reported to, and coordinated with, the Department.

The established schedule for this work squad is: Days 4 , Hours 10

- X 2. Provide supervision of inmates in accordance with the Department's rules and regulations while performing work under this Local Agreement. Non-Department Supervisors may supervise Community and Minimum Custody inmates. Each Non-Department Supervisor must successfully pass a background check that includes a criminal history check, and must be approved by the Department's Agreement Manager, or designee and complete required orientation/training in the supervision of inmates, prior to assuming supervision.
- X 3. Provide transportation of inmates each workday to and from the work site.
- X 4. Provide all tools, equipment, materials and safety personal items such as gloves, rubber boots, hard hats, etc., necessary and appropriate for performance of the work under this Local Agreement.
- X 5. Ensure that licensing or permits are obtained if required for the work to be performed under this Local Agreement. Provide necessary supervision and guidance for projects that require a permit and require technical assistance to complete the project.
- X 6. Immediately notify the Department in the event of an escape while the inmate is under supervision of the Agency. Report any inappropriate behavior displayed by inmates or any inmate who fails to perform tasks in an acceptable manner.
- X 7. Complete the Community Work Squad Activities Report, DC6-239 (to be provided by the Department) daily and submit the form on a weekly basis to the Department.
- X 8. Report all inmate injuries, regardless of how minor in nature, to the Department as soon as possible. Report any medically related complaints made by an inmate to the Department as soon as practical. In cases of emergency, render first aid, within the scope of the supervisor's medical training, to work squad inmates and provide emergency health care and related assistance to the Department.

- X 9. Provide inmates with a fifteen-minute rest break in the morning and afternoon. Lunch breaks shall normally begin at Noon and last at least thirty (30) minutes. Ensure inmates are supervised during rest and lunch breaks.
- X 10. Provide drinking water for inmates.
- X 11. Require each Non-Department Supervisor approved to supervise inmates and other appropriate staff members, to attend orientation/training in the supervision of inmates prior to assuming supervision of inmates and refresher training annually thereafter. Training will be provided at a Department location. Upon the Department's issuance of a Training Certification Card, the Agency shall require non-department personnel to carry this card when supervising inmate labor.
- X 12. Ensure that all work assignments/projects utilizing inmates are authorized projects of the municipality, city, county, governmental agency or non-profit organization and that private contractors employed by the Agency do not use inmates as any part of their labor force.
- X 13. Agency hereby agrees to be liable for, and shall indemnify, defend and hold the Department harmless from all claims, suits, judgments or damages including court costs and attorney's fees arising out of intentional acts, negligence or omissions by the Agency in its supervision of inmates pursuant to this Local Agreement. If agency is an agency or subdivision of the State of Florida, this paragraph shall not be interpreted as altering the state's waiver of immunity in tort pursuant to Section 768.28, Florida Statutes, or to otherwise impose liability on Agency for which it would not otherwise by law be responsible.
- X 14. Orientate each inmate in the use of equipment regardless of whether the inmate claims to have had prior experience in the use of gasoline or electrically powered equipment before allowing the inmate to use it. Utilize form DC2-569, Inmate Safety Training Documentation, to document that the inmate has had the training. This report shall be kept on file at the contract work site and a copy shall be provided to the Department.
- X 15. It is the intent of this Local Agreement that the agency/work squad have and maintain communications with the institution at all times. A method of communication (radios, cellular phone, etc.) shall be provided at no cost to the Department. The Agency shall provide a primary method of communication that shall be approved by the Department's Agreement Manager in writing prior to assignment of the work squad. Dependent upon the method of communication provided, the Agreement Manager may require a secondary or back-up method of communication.
- Type of Communication utilized in this Local Agreement: Cell Phone
- X 16. Provide a First Aid Kit and Blood Borne Pathogens Personal Protective Kit to each work squad.

- X 17. Ensure that the Work Squad does not work on school property or primary elementary or secondary education institutions where students are present.
- N/A 18. Other. (If provided, shall be Attachment A, incorporated herein by reference and made part of this Agreement.) "Other" special considerations regarding activities of the work squad may be based on work location, etc.

V. AGREEMENT ADMINISTRATION

A. Department's Agreement Manager

The Warden of the Correctional Institution represented in this Local Agreement is designated Agreement Manager for the Department and is responsible for enforcing performance of the Local Agreement terms and conditions and shall serve as a liaison with the Agency. The address and telephone number of the Department's Agreement Manager for this Local Agreement is:

(Location) Gulf Correctional Institution
(Address) 500 Ike Steele Road
Wewahitchka, Fl. 32465
(Telephone #) 850-639-1101
(Fax #) 850-639-1182

B. Community Work Squad Coordinator

The Assistant Warden designated by the Warden, is responsible for ensuring compliance with the requirements of this Local Agreement.

C. Department's Agreement Administrator:

The Chief, Bureau of Purchasing, is designated Agreement Administrator for the Department and is responsible for processing Agreement Amendments and terminations of the Agreement, and will serve as a liaison with the Agreement Manager for the Department. The address and telephone number of the Department's Agreement Administrator is:

Chief, Bureau of Purchasing
Florida Department of Corrections
2601 Blair Stone Road
Tallahassee, Florida 32399-2500
(850) 410-4091

D. Agency's Representative

The name, address and telephone number of the representative of the Agency is:

(Name) Don Butler
 (Title) County Administrator
 (Address) ~~1000~~⁵th St. Port St. Joe, Fl. 32456
 Cecil G. Costin Sr., Blvd.
 (Telephone #) 850-229-6111
 (Fax #) 850-229-9252
 (E-mail) ~~gulfoadm@GTeom.net~~
 bac@gulfcountry-fl.gov

VI. DISPUTES

Any dispute concerning performance of the terms of this Local Agreement shall be resolved informally by the Department's Agreement Manager. Any dispute that can not be resolved informally shall be reduced to writing and delivered to the Department's Correctional Program Administrator, Office of Institutional Support. The Correctional Program Administrator shall decide the dispute, reduce the decision to writing, and deliver a copy to the Department's Agreement Manager, the Agency Representative and the Department's Agreement Administrator.

VII. SUSPENSION OR TERMINATION OF LOCAL AGREEMENT

The Department or the Agency may suspend or terminate this Local Agreement, in whole or in part, with immediate written notice to the other party when the interests of the Department or Agency so require.

VIII. AGREEMENT MODIFICATION

After execution of this agreement, any changes in the information contained in Section III., 2., and Section V., Agreement Administration, shall be provided to the other party in writing and a copy of the written notification shall be maintained in the official agreement record.

Modifications to the provisions of this agreement, with the exception of Section III., 2., and Section V., Agreement Administration, shall be valid only through execution of a formal agreement amendment.

IN WITNESS THEREOF, the parties hereto have caused this Agreement to be executed by their undersigned officials as duly authorized.

AGENCY:

SIGNED

BY: Donald Butler

NAME:

(PRINTED) Don Butler

TITLE: chief Administrator

DATE: 9/21/2010

FEID #: 59-600627

DEPARTMENT OF CORRECTIONS

SIGNED

BY: _____

NAME:

(PRINTED) David Ellis

TITLE: **Warden**
Department of Corrections

DATE:

Official DC Form # _____ approved for legality and format and may not be changed. If changes are required, formal review and approval must be processed through the Agreement Administrator listed in Section.V.

FLORIDA DEPARTMENT OF CORRECTIONS' INTERAGENCY/PUBLIC WORKS AGREEMENT (LOCAL AGREEMENT)

This Local Agreement made and entered into this 10 day of June 2010, by and between the State of Florida, Department of Corrections, through its institution/facility, Gulf Forestry Camp(hereinafter referred to as "Department"), and the Gulf County Board Of County Commissioners, (hereinafter referred to as "Agency"), is done so in accordance with section 946.40, Florida Statutes and Rule 33-601.201, Inmate Work Program, and 33-601.202, Use of Inmates in Public Works, Florida Administrative Code.

Work performed under this Local Agreement is determined to be value added or cost savings as defined in the Community Work Squad Manual (check one).

X Value Added _____ Cost Savings

2010 SEP 22 PM 12:11

I. TERM/RENEWAL

This Local Agreement shall begin on the last date of signature by all parties.

This Local Agreement shall remain in effect from year to year unless terminated by either party, pursuant to the provisions of Section VII., Suspension or Termination of Local Agreement.

II. FINANCIAL OBLIGATIONS

The Department and the Agency acknowledge that this Local Agreement is not intended to create financial obligations between the parties. However, in the event that costs are incurred as a result of either or both of the parties performing their duties or responsibilities under this Local Agreement, each party agrees to be responsible for their own costs.

III. DEPARTMENT'S RESPONSIBILITIES

The Department agrees to provide, or is responsible for, those items delineated by placement of an "X" in the space located to the left of the corresponding number. Items for which the Department is not responsible shall be marked "N/A" to the left of the number.

- X 1. Screen inmates for the work to be performed in order to assign inmates who do not present a danger to property or persons.
X 2. Provide up to 5 inmates each workday for the period of the Local Agreement. Community custody (); Minimum custody (); Both (X).
X 3. Provide Correctional Officer supervision of the work squad while performing work under this Local Agreement.
X 4. Provide _____ vehicle(s) and 1 Correctional Officer(s) each workday to transport inmates to and from the work site.

- X 5. Provide food and drinks for inmate lunches.
- N/A 6. Provide drinking water for inmates.
- X 7. Apprehend escapees and handle problem inmates.
- X 8. Provide transportation from the work site to the correctional facility for inmates who refuse to work, become unable to work, or cause a disruption in the work schedule.
- X 9. Administer all disciplinary action to be taken against inmate(s) for infractions committed while performing work under this agreement.
- X 10. Provide for medical treatment of ill or injured inmates and transportation of such inmates.
- N/A 11. Conduct a background check, which includes a criminal history check, and obtain approval of the Department's Agreement Manager, or designee prior to authorizing Non-Department Supervisors to participate in training to supervise inmates.
- N/A 12. Provide orientation and training to Non-Department Supervisor(s) approved to supervise inmates prior to their assuming supervisory responsibility of an inmate work squad. Training will be in accordance with the Department's guidelines for Non-Department Supervision of Inmates and will include annual refresher training during each successive year of supervision by the Non-Department Supervisor.
- N/A 13. Notify the Agency in the event that an Agency employee fails to provide proper supervision of inmate(s).
- X 14. Provide inmates with all personal items of clothing appropriate for the season of the year.
- X 15. Have inmates ready for transportation/work at the appropriate times regardless of temperature or inclement weather, unless notified by the Agency of suspended work operations, or when the Department determines that a work squad should not check out.
- X 16. Provide a First Aid Kit and Blood Borne Pathogens Personal Protective Kit to each work squad.
- X 17. Orientate each inmate in the use of equipment regardless of the inmate's claim to have had prior experience in the use of gasoline or electrically powered equipment before allowing the inmate to use it. Utilize form DC2-569, Inmate Safety Training, to document that the inmate has had the training. This report shall be kept on file at the contract work site and by the Department's Agreement Manager.

- N/A 18. Other. (If provided, shall be Attachment A, incorporated herein by reference and made part of this Agreement.) "Other" special considerations regarding activities of the work squad may be based on work location, etc.

IV. AGENCY'S RESPONSIBILITIES

The Agency agrees to provide, or is responsible for, those items delineated by placement of an "X" in the space located to the left of the corresponding number. Items for which the Agency is not responsible shall be marked "N/A" to the left of the number.

- X 1. Provide the Department with a schedule of hours that inmates will work in accordance with the established workday for the Agency and the transportation time required. Any deviation from the established schedule will be reported to, and coordinated with, the Department.

The established schedule for this work squad is: Days 4 , Hours 10

- N/A 2. Provide supervision of inmates in accordance with the Department's rules and regulations while performing work under this Local Agreement. Non-Department Supervisors may supervise Community and Minimum Custody inmates. Each Non-Department Supervisor must successfully pass a background check that includes a criminal history check, and must be approved by the Department's Agreement Manager, or designee and complete required orientation/training in the supervision of inmates, prior to assuming supervision.

- N/A 3. Provide transportation of inmates each workday to and from the work site.

- X 4. Provide all tools, equipment, materials and safety personal items such as gloves, rubber boots, hard hats, etc., necessary and appropriate for performance of the work under this Local Agreement.

- X 5. Ensure that licensing or permits are obtained if required for the work to be performed under this Local Agreement. Provide necessary supervision and guidance for projects that require a permit and require technical assistance to complete the project.

- N/A 6. Immediately notify the Department in the event of an escape while the inmate is under supervision of the Agency. Report any inappropriate behavior displayed by inmates or any inmate who fails to perform tasks in an acceptable manner.

- N/A 7. Complete the Community Work Squad Activities Report, DC6-239 (to be provided by the Department) daily and submit the form on a weekly basis to the Department.

- N/A 8. Report all inmate injuries, regardless of how minor in nature, to the Department as soon as possible. Report any medically related complaints made by an inmate to the Department as soon as practical. In cases of emergency, render first aid, within the scope of the supervisor's medical training, to work squad inmates and provide emergency health care and related assistance to the Department.

- X 9. Provide inmates with a fifteen-minute rest break in the morning and afternoon. Lunch breaks shall normally begin at Noon and last at least thirty (30) minutes. Ensure inmates are supervised during rest and lunch breaks.
- X 10. Provide drinking water for inmates.
- N/A 11. Require each Non-Department Supervisor approved to supervise inmates and other appropriate staff members, to attend orientation/training in the supervision of inmates prior to assuming supervision of inmates and refresher training annually thereafter. Training will be provided at a Department location. Upon the Department's issuance of a Training Certification Card, the Agency shall require non-department personnel to carry this card when supervising inmate labor.
- X 12. Ensure that all work assignments/projects utilizing inmates are authorized projects of the municipality, city, county, governmental agency or non-profit organization and that private contractors employed by the Agency do not use inmates as any part of their labor force.
- X 13. Agency hereby agrees to be liable for, and shall indemnify, defend and hold the Department harmless from all claims, suits, judgments or damages including court costs and attorney's fees arising out of intentional acts, negligence or omissions by the Agency in its supervision of inmates pursuant to this Local Agreement. If agency is an agency or subdivision of the State of Florida, this paragraph shall not be interpreted as altering the state's waiver of immunity in tort pursuant to Section 768.28, Florida Statutes, or to otherwise impose liability on Agency for which it would not otherwise by law be responsible.
- N/A 14. Orientate each inmate in the use of equipment regardless of whether the inmate claims to have had prior experience in the use of gasoline or electrically powered equipment before allowing the inmate to use it. Utilize form DC2-569, Inmate Safety Training Documentation, to document that the inmate has had the training. This report shall be kept on file at the contract work site and a copy shall be provided to the Department.
- X 15. It is the intent of this Local Agreement that the agency/work squad have and maintain communications with the institution at all times. A method of communication (radios, cellular phone, etc.) shall be provided at no cost to the Department. The Agency shall provide a primary method of communication that shall be approved by the Department's Agreement Manager in writing prior to assignment of the work squad. Dependent upon the method of communication provided, the Agreement Manager may require a secondary or back-up method of communication.
- N/A 16. Provide a First Aid Kit and Blood Borne Pathogens Personal Protective Kit to each work squad.
- Type of Communication utilized in this Local Agreement: Cell Phone

- N/A 17. Ensure that the Work Squad does not work on school property or primary elementary or secondary education institutions where students are present.
- N/A 18. Other. (If provided, shall be Attachment A, incorporated herein by reference and made part of this Agreement.) "Other" special considerations regarding activities of the work squad may be based on work location, etc.

V. AGREEMENT ADMINISTRATION

A. Department's Agreement Manager

The Warden of the Correctional Institution represented in this Local Agreement is designated Agreement Manager for the Department and is responsible for enforcing performance of the Local Agreement terms and conditions and shall serve as a liaison with the Agency. The address and telephone number of the Department's Agreement Manager for this Local Agreement is:

(Location) Warden
 (Address) 500 Ike Steel Road, Wewahitchka, Fl. 32465
 Gulf Correctional Intitution
 (Telephone #) 850-639-1101
 (Fax #) 850-639-1182

B. Community Work Squad Coordinator

The Assistant Warden designated by the Warden, is responsible for ensuring compliance with the requirements of this Local Agreement.

C. Department's Agreement Administrator:

The Chief, Bureau of Purchasing, is designated Agreement Administrator for the Department and is responsible for processing Agreement Amendments and terminations of the Agreement, and will serve as a liaison with the Agreement Manager for the Department. The address and telephone number of the Department's Agreement Administrator is:

Chief, Bureau of Purchasing
 Florida Department of Corrections
 2601 Blair Stone Road
 Tallahassee, Florida 32399-2500
 (850) 410-4091

D. Agency's Representative

The name, address and telephone number of the representative of the Agency is:

(Name) Don Butler
 (Title) County Administrator
 (Address) ~~1000 5th St.~~ Port St. Joe 32456
 1000 Cecil G. Costin Sr., Blvd.
 (Telephone #) 850-229-6111
 (Fax #) 850-229-9252
 (E-mail) ~~gulfcoadmn@GTeom.net~~
 boce@gulfcounty-fl.gov

VI. DISPUTES

Any dispute concerning performance of the terms of this Local Agreement shall be resolved informally by the Department's Agreement Manager. Any dispute that can not be resolved informally shall be reduced to writing and delivered to the Department's Correctional Program Administrator, Office of Institutional Support. The Correctional Program Administrator shall decide the dispute, reduce the decision to writing, and deliver a copy to the Department's Agreement Manager, the Agency Representative and the Department's Agreement Administrator.

VII. SUSPENSION OR TERMINATION OF LOCAL AGREEMENT

The Department or the Agency may suspend or terminate this Local Agreement, in whole or in part, with immediate written notice to the other party when the interests of the Department or Agency so require.

VIII. AGREEMENT MODIFICATION

After execution of this agreement, any changes in the information contained in Section III., 2., and Section V., Agreement Administration, shall be provided to the other party in writing and a copy of the written notification shall be maintained in the official agreement record.

Modifications to the provisions of this agreement, with the exception of Section III., 2., and Section V., Agreement Administration, shall be valid only through execution of a formal agreement amendment.

IN WITNESS THEREOF, the parties hereto have caused this Agreement to be executed by their undersigned officials as duly authorized.

AGENCY:

Gulf County Board of County Commissioners

SIGNED

BY: *Donald Butler*

NAME:

(PRINTED) Don Butler

TITLE: County Administrator

DATE: 9/21/2010

FEID #: 59-6000627

DEPARTMENT OF CORRECTIONS

SIGNED

BY: _____

NAME:

(PRINTED) David Ellis

TITLE: **Warden**
Department of Corrections

DATE:

Official DC Form # _____ approved for legality and format and may not be changed. If changes are required, formal review and approval must be processed through the Agreement Administrator listed in Section.V.

FLORIDA DEPARTMENT OF CORRECTIONS' INTERAGENCY/PUBLIC WORKS AGREEMENT (LOCAL AGREEMENT)

This Local Agreement made and entered into this 10 day of June 2010, by and between the State of Florida, Department of Corrections, through its institution/facility, Gulf Forestry Camp (hereinafter referred to as "Department"), and the Gulf County Board Of County Commissioners, (hereinafter referred to as "Agency"), is done so in accordance with section 946.40, Florida Statutes and Rule 33-601.201, Inmate Work Program, and 33-601.202, Use of Inmates in Public Works, Florida Administrative Code.

Work performed under this Local Agreement is determined to be value added or cost savings as defined in the Community Work Squad Manual (check one).

X Value Added _____ Cost Savings

2010 SEP 22 PM 12:11

I. TERM/RENEWAL

This Local Agreement shall begin on the last date of signature by all parties.

This Local Agreement shall remain in effect from year to year unless terminated by either party, pursuant to the provisions of Section VII., Suspension or Termination of Local Agreement.

II. FINANCIAL OBLIGATIONS

The Department and the Agency acknowledge that this Local Agreement is not intended to create financial obligations between the parties. However, in the event that costs are incurred as a result of either or both of the parties performing their duties or responsibilities under this Local Agreement, each party agrees to be responsible for their own costs.

III. DEPARTMENT'S RESPONSIBILITIES

The Department agrees to provide, or is responsible for, those items delineated by placement of an "X" in the space located to the left of the corresponding number. Items for which the Department is not responsible shall be marked "N/A" to the left of the number.

- X 1. Screen inmates for the work to be performed in order to assign inmates who do not present a danger to property or persons.
X 2. Provide up to 5 inmates each workday for the period of the Local Agreement. Community custody (); Minimum custody (); Both (X).
X 3. Provide Correctional Officer supervision of the work squad while performing work under this Local Agreement.
X 4. Provide _____ vehicle(s) and 1 Correctional Officer(s) each workday to transport inmates to and from the work site.

- X 5. Provide food and drinks for inmate lunches.
- N/A 6. Provide drinking water for inmates.
- X 7. Apprehend escapees and handle problem inmates.
- X 8. Provide transportation from the work site to the correctional facility for inmates who refuse to work, become unable to work, or cause a disruption in the work schedule.
- X 9. Administer all disciplinary action to be taken against inmate(s) for infractions committed while performing work under this agreement.
- X 10. Provide for medical treatment of ill or injured inmates and transportation of such inmates.
- N/A 11. Conduct a background check, which includes a criminal history check, and obtain approval of the Department's Agreement Manager, or designee prior to authorizing Non-Department Supervisors to participate in training to supervise inmates.
- N/A 12. Provide orientation and training to Non-Department Supervisor(s) approved to supervise inmates prior to their assuming supervisory responsibility of an inmate work squad. Training will be in accordance with the Department's guidelines for Non-Department Supervision of Inmates and will include annual refresher training during each successive year of supervision by the Non-Department Supervisor.
- N/A 13. Notify the Agency in the event that an Agency employee fails to provide proper supervision of inmate(s).
- X 14. Provide inmates with all personal items of clothing appropriate for the season of the year.
- X 15. Have inmates ready for transportation/work at the appropriate times regardless of temperature or inclement weather, unless notified by the Agency of suspended work operations, or when the Department determines that a work squad should not check out.
- X 16. Provide a First Aid Kit and Blood Borne Pathogens Personal Protective Kit to each work squad.
- X 17. Orientate each inmate in the use of equipment regardless of the inmate's claim to have had prior experience in the use of gasoline or electrically powered equipment before allowing the inmate to use it. Utilize form DC2-569, Inmate Safety Training, to document that the inmate has had the training. This report shall be kept on file at the contract work site and by the Department's Agreement Manager.

- N/A 18. Other. (If provided, shall be Attachment A, incorporated herein by reference and made part of this Agreement.) "Other" special considerations regarding activities of the work squad may be based on work location, etc.

IV. AGENCY'S RESPONSIBILITIES

The Agency agrees to provide, or is responsible for, those items delineated by placement of an "X" in the space located to the left of the corresponding number. Items for which the Agency is not responsible shall be marked "N/A" to the left of the number.

- X 1. Provide the Department with a schedule of hours that inmates will work in accordance with the established workday for the Agency and the transportation time required. Any deviation from the established schedule will be reported to, and coordinated with, the Department.

The established schedule for this work squad is: Days 4, Hours 10

- N/A 2. Provide supervision of inmates in accordance with the Department's rules and regulations while performing work under this Local Agreement. Non-Department Supervisors may supervise Community and Minimum Custody inmates. Each Non-Department Supervisor must successfully pass a background check that includes a criminal history check, and must be approved by the Department's Agreement Manager, or designee and complete required orientation/training in the supervision of inmates, prior to assuming supervision.
- N/A 3. Provide transportation of inmates each workday to and from the work site.
- X 4. Provide all tools, equipment, materials and safety personal items such as gloves, rubber boots, hard hats, etc., necessary and appropriate for performance of the work under this Local Agreement.
- X 5. Ensure that licensing or permits are obtained if required for the work to be performed under this Local Agreement. Provide necessary supervision and guidance for projects that require a permit and require technical assistance to complete the project.
- N/A 6. Immediately notify the Department in the event of an escape while the inmate is under supervision of the Agency. Report any inappropriate behavior displayed by inmates or any inmate who fails to perform tasks in an acceptable manner.
- N/A 7. Complete the Community Work Squad Activities Report, DC6-239 (to be provided by the Department) daily and submit the form on a weekly basis to the Department.
- N/A 8. Report all inmate injuries, regardless of how minor in nature, to the Department as soon as possible. Report any medically related complaints made by an inmate to the Department as soon as practical. In cases of emergency, render first aid, within the scope of the supervisor's medical training, to work squad inmates and provide emergency health care and related assistance to the Department.

- X 9. Provide inmates with a fifteen-minute rest break in the morning and afternoon. Lunch breaks shall normally begin at Noon and last at least thirty (30) minutes. Ensure inmates are supervised during rest and lunch breaks.
- X 10. Provide drinking water for inmates.
- N/A 11. Require each Non-Department Supervisor approved to supervise inmates and other appropriate staff members, to attend orientation/training in the supervision of inmates prior to assuming supervision of inmates and refresher training annually thereafter. Training will be provided at a Department location. Upon the Department's issuance of a Training Certification Card, the Agency shall require non-department personnel to carry this card when supervising inmate labor.
- X 12. Ensure that all work assignments/projects utilizing inmates are authorized projects of the municipality, city, county, governmental agency or non-profit organization and that private contractors employed by the Agency do not use inmates as any part of their labor force.
- X 13. Agency hereby agrees to be liable for, and shall indemnify, defend and hold the Department harmless from all claims, suits, judgments or damages including court costs and attorney's fees arising out of intentional acts, negligence or omissions by the Agency in its supervision of inmates pursuant to this Local Agreement. If agency is an agency or subdivision of the State of Florida, this paragraph shall not be interpreted as altering the state's waiver of immunity in tort pursuant to Section 768.28, Florida Statutes, or to otherwise impose liability on Agency for which it would not otherwise by law be responsible.
- N/A 14. Orientate each inmate in the use of equipment regardless of whether the inmate claims to have had prior experience in the use of gasoline or electrically powered equipment before allowing the inmate to use it. Utilize form DC2-569, Inmate Safety Training Documentation, to document that the inmate has had the training. This report shall be kept on file at the contract work site and a copy shall be provided to the Department.
- X 15. It is the intent of this Local Agreement that the agency/work squad have and maintain communications with the institution at all times. A method of communication (radios, cellular phone, etc.) shall be provided at no cost to the Department. The Agency shall provide a primary method of communication that shall be approved by the Department's Agreement Manager in writing prior to assignment of the work squad. Dependent upon the method of communication provided, the Agreement Manager may require a secondary or back-up method of communication.
- N/A 16. Provide a First Aid Kit and Blood Borne Pathogens Personal Protective Kit to each work squad.
- Type of Communication utilized in this Local Agreement:Cell Phone

- N/A 17. Ensure that the Work Squad does not work on school property or primary elementary or secondary education institutions where students are present.
- N/A 18. Other. (If provided, shall be Attachment A, incorporated herein by reference and made part of this Agreement.) "Other" special considerations regarding activities of the work squad may be based on work location, etc.

V. AGREEMENT ADMINISTRATION

A. Department's Agreement Manager

The Warden of the Correctional Institution represented in this Local Agreement is designated Agreement Manager for the Department and is responsible for enforcing performance of the Local Agreement terms and conditions and shall serve as a liaison with the Agency. The address and telephone number of the Department's Agreement Manager for this Local Agreement is:

(Location) Warden
 (Address) 500 Ike Steel Road, Wewahitchka, Fl. 32465
 Gulf Correctional Intitution
 (Telephone #) 850-639-1101
 (Fax #) 850-639-1182

B. Community Work Squad Coordinator

The Assistant Warden designated by the Warden, is responsible for ensuring compliance with the requirements of this Local Agreement.

C. Department's Agreement Administrator:

The Chief, Bureau of Purchasing, is designated Agreement Administrator for the Department and is responsible for processing Agreement Amendments and terminations of the Agreement, and will serve as a liaison with the Agreement Manager for the Department. The address and telephone number of the Department's Agreement Administrator is:

Chief, Bureau of Purchasing
 Florida Department of Corrections
 2601 Blair Stone Road
 Tallahassee, Florida 32399-2500
 (850) 410-4091

D. Agency's Representative

The name, address and telephone number of the representative of the Agency is:

(Name) Don Butler
 (Title) County Administrator
 (Address) ~~1000 5th~~ Port St. Joe 32456
 1000 Cecil G. Costin Sr., Blvd
 (Telephone #) 850-229-6111
 (Fax #) 850-229-9252
 (E-mail) ~~gulfoadmn@GTeom.net~~
 bacc@gulfcounty-fl.gov
VI. DISPUTES

Any dispute concerning performance of the terms of this Local Agreement shall be resolved informally by the Department's Agreement Manager. Any dispute that can not be resolved informally shall be reduced to writing and delivered to the Department's Correctional Program Administrator, Office of Institutional Support. The Correctional Program Administrator shall decide the dispute, reduce the decision to writing, and deliver a copy to the Department's Agreement Manager, the Agency Representative and the Department's Agreement Administrator.

VII. SUSPENSION OR TERMINATION OF LOCAL AGREEMENT

The Department or the Agency may suspend or terminate this Local Agreement, in whole or in part, with immediate written notice to the other party when the interests of the Department or Agency so require.

VIII. AGREEMENT MODIFICATION

After execution of this agreement, any changes in the information contained in Section III., 2., and Section V., Agreement Administration, shall be provided to the other party in writing and a copy of the written notification shall be maintained in the official agreement record.

Modifications to the provisions of this agreement, with the exception of Section III., 2., and Section V., Agreement Administration, shall be valid only through execution of a formal agreement amendment.

IN WITNESS THEREOF, the parties hereto have caused this Agreement to be executed by their undersigned officials as duly authorized.

AGENCY:
Gulf County Board of County Commissioners

SIGNED
BY: *Donald Butler*

NAME:
(PRINTED) Don Butler

TITLE: County Administrator

DATE: 9/21/2010

FEID #: 59-6000627

DEPARTMENT OF CORRECTIONS

SIGNED
BY: _____

NAME:
(PRINTED) David Ellis

TITLE: **Warden**
Department of Corrections

DATE:

Official DC Form # _____ approved for legality and format and may not be changed. If changes are required, formal review and approval must be processed through the Agreement Administrator listed in Section.V.

**AGREEMENT FOR
NON-EMERGENCY MEDICAL TRANSPORTATION**

This Agreement for Non-Emergency Medical Transportation (the "Agreement") is entered into as of the date shown below between Sacred Heart Health System, Inc. dba Sacred Heart Hospital on the Gulf (the "Facility") and Gulf County Emergency Medical Services ("EMS").

WHEREAS, the purpose of this Agreement is to state the terms and conditions under which EMS will provide non-emergency transportation services for patients of the Facility.

NOW, THEREFORE, in consideration of the agreements contained herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

1. Services Provided. EMS shall provide inpatients of the Facility with non-emergency ambulance transportation services to or from the Facility (the "Services"). The ambulances used by EMS in the delivery of the Services shall be staffed by at least two (2) persons who are licensed or certified by law to render emergency medical care. EMS shall make the Services available twenty-four (24) hours per day, seven (7) days per week. The Services do not include, and this Agreement does not affect, the delivery by EMS of emergency medical transportation services. "Non-emergency ambulance transport services," as used herein, is defined as (1) transportation of inpatients requiring certain diagnostic procedures from Sacred Heart Hospital on the Gulf to Bay Medical Center, Panama City, Florida, and return of such inpatient to Sacred Heart Hospital on the Gulf ("SHHG"); (2) transportation of inpatients from SHHG to Sacred Heart Hospital on the Emerald Coast ("SHHEC") or Sacred Heart Hospital of Pensacola ("SHHP"). EMS shall provide the Services upon request by the Chief Nursing Officer ("CNO") of the Facility or the designee.
2. Fees for Services. EMS shall charge the fees set forth on Exhibit "A" (attached hereto and incorporated herein by reference) for the Services provided hereunder.
3. Required Documentation for the Services. The Facility shall be responsible for determining and documenting the medical necessity of all the Services requested by the Facility. Without limiting the generality of the foregoing, the Facility shall be responsible for obtaining any physicians orders, physician certification statements ("PCS") or certificates of medical necessity required to document medical necessity or to comply with the requirements of Medicare, Medicaid or other third party payors for any patient and patient consent for transport and patient consent for release of medical information.
4. Payment for the Services.

BCC APPROVED

DATE _____ D.C. _____

2010 SEP 22 PM 12:11

- a. The Facility shall be liable for payment of the fees charged by EMS for transports of all patients hereunder.
 - b. Notwithstanding anything to the contrary contained in subparagraphs a above, the Facility shall be liable for payment of the fees charged by EMS for round-trip transports when the patient remains an inpatient of the Facility and is transported from the Facility to Bay Medical Center and is then returned to the Facility. Such round-trip transports are considered two (2) separate transports for billing purposes.
 - c. Terms of Payment. The Facility will pay EMS for any amounts due and owing by the Facility under this Agreement within forty-five (45) days after the date of an invoice from EMS for such amounts. All past due amounts owed by the Facility hereunder shall accrue interest at the rate of 18% per annum.
5. Term of Agreement. This Agreement shall become effective on the date shown below and shall continue in effect from year to year unless terminated by either party in writing within at least thirty (30) days prior notification. Termination shall have no effect upon the rights or obligations of the parties arising out of any transactions occurring prior to the effective date of such termination.
6. Termination. Notwithstanding paragraph 5, this Agreement may be terminated prior to its normal expiration pursuant to the following provisions:
- a. Either party may terminate this Agreement in the event of the other party's material breach hereof; provided, however, that termination for breach shall not become effective unless and until the party in breach has been given written notice of such breach describing the nature of the breach with sufficient specificity to permit its cure, and such party shall have failed to have cured such breach to the reasonable satisfaction of the other within thirty (30) days following said notice.
 - b. In the event of nonpayment by the Facility of any amount due hereunder, EMS may terminate this Agreement on ten (10) days written notice.
 - c. In the event a party files a voluntary petition in bankruptcy or makes an assignment for the benefit of creditors or otherwise seeks relief from creditors under any federal or state bankruptcy, insolvency, reorganization or moratorium statute, or is the subject of an involuntary petition in bankruptcy which is not dismissed with prejudice within sixty (60) days of its filing, the other party may terminate this Agreement immediately.
 - d. Either party may terminate this Agreement at any time, without cause and without penalty, by providing at least sixty (60) days prior written notice to the other party.

7. Insurance. At all times during the term of this Agreement, and throughout any extension periods, EMS shall maintain current insurance coverage. All such insurance shall be furnished by an insurance carrier appropriately licensed to write such policies, and acceptable to the Facility. With respect to performance of work under this Agreement, EMS shall maintain and shall require all of its sub-contractors to maintain insurance as described below.:
- a. Worker's Compensation Insurance. Worker's compensation insurance with statutory limits as required by the State of Florida.
 - b. General Liability Insurance. Commercial general liability insurance covering bodily injury and property damage using an occurrence policy form, in an amount no less than one million dollars (\$1,000,000) limit for each occurrence and two million dollars (\$2,000,000) each for the general aggregate and the products/completed operations aggregate.
 - c. Automobile Insurance. Automobile liability insurance covering bodily injury and property damage in an amount no less than one million dollars (\$1,000,000) combined single limit for each occurrence.
 - d. Professional Liability Insurance. Professional liability insurance for all activities of EMS arising out of or in connection with this Agreement in an amount no less than one million dollars (\$1,000,000) combined single limit for each occurrence.
 - e. Documentation. The following documentation shall be submitted to the Facility: properly executed Certificates of Insurance clearly evidencing all coverages and limits required above. Said Certificates shall be submitted prior to the execution of this Agreement. EMS agrees to maintain current Certificates of Insurance evidencing the above-required coverages and limits on file with the Facility for the duration of this Agreement.
 - f. Material Breach. If EMS, for any reason, fails to maintain insurance coverage, which is required pursuant to this Agreement, the same shall be deemed a material breach of this Agreement. Facility, in its sole option, may terminate this Agreement and obtain damages from EMS resulting from said breach. These remedies shall be in addition to any other remedies available to the Facility.
8. Liability. Each party shall be responsible for any and all costs, damages, claims, liabilities or judgments which arise as a result of the negligence or intentional wrongdoing of its employees or other agents (collectively the "Party"). Any costs, including reasonable attorney's fees, for damages, claims, liabilities or judgments incurred at any time by one Party as a result of the other Party's negligence or intentional wrongdoing, or failure to perform any obligation undertaken or covenant made in this Agreement shall be paid for, or reimbursed by, the other Party.

9. Independent Contractor. EMS and Facility acknowledge and agree that EMS is an independent contractor and nothing in this Agreement is intended nor shall be construed to create any employer/employee, partnership, joint venture, or other relationship, or to allow Facility to exercise control or direction over the professional medical judgment of EMS.
10. HIPAA Privacy Rule. EMS, as an ambulance service provider, provides health care services directly to patients. As such, EMS is a "covered entity" under the HIPAA Privacy Rule. 45 C.F.R. §160.103. The HIPAA Privacy Rule expressly permits covered entities to share protected health information ("PHI") with a other covered entity for treatment and payment activities of the entity receiving the PHI. 45 C.F.R. §164.506(c). Therefore, the Facility acknowledges and agrees that it is permitted to disclose PHI to EMS for its treatment and payment activities without the need for a business associate agreement, patient authorization or any other permissions or approval.
11. Notices. Any notice required to be given pursuant to this Agreement shall be in writing and shall be sent by certified mail, registered mail, hand delivery or facsimile to the parties at the addresses set forth below:
- EMS: Gulf County Emergency Medical Services
1000 Costin Boulevard, Room 301
Port St. Joe, FL 32456
- Facility: Sacred Heart Hospital on the Gulf
3801 East Highway 98
Port St. Joe, FL 32456
Attention: Sandra Todd-Atkinson
12. Warranty of Non-Exclusion: EMS represents and warrants to Facility that EMS, its officers, directors and employees (i) are not currently excluded, debarred or otherwise ineligible to participate in the federal health care programs as defined in 42 U.S.C. §1320a-7b(f) (the "federal healthcare programs"), (ii) have not been convicted of a criminal offense related to the provision of healthcare items or services but have not yet been excluded, debarred, or otherwise declared ineligible to participate in the federal healthcare programs, and (iii) are not, to the best of its knowledge, under investigation or otherwise aware of any circumstances which may result in EMS or any such individual being excluded from participation in the federal healthcare programs. This shall be an ongoing representation and warranty during the term of this Agreement and EMS shall immediately notify Facility of any change in the status of the representations and warranty set forth in this section. Any breach of this section shall give Facility the right to terminate this Agreement immediately for cause.
13. Parties Bound. This Agreement shall be binding upon and inure to the benefit of the parties and their respective legal representatives, assigns and successors.

14. Legal Construction. In case one or more of the provisions contained in this Agreement shall for any reason be held to be invalid, illegal, or unenforceable in any respect, such invalidity, illegality or unenforceability shall not effect any other provision in this Agreement and this Agreement shall be construed as if such invalid, illegal, or unenforceable provision had never been contained in it.
15. Entire Agreement. This Agreement constitutes the sole and only agreement of the parties and supersedes any prior understanding or written or oral agreements between the parties respecting the subject matter of this Agreement.
16. Attorneys' Fees. If any action at law or in equity is necessary to enforce or interpret the terms of this Agreement, the prevailing party shall be entitled to reasonable attorney's fees, costs, and expenses in addition to any other relief to which it may be entitled.
17. Governing Law. This Agreement shall be construed under and in accordance with the laws of the State of Florida.
18. No Assignment. Neither this Agreement nor any duties or obligations under it shall be assignable by either party without the prior written consent of the other party. In the event of an Assignment by either party to which the other party has consented, the assignee or the assignee's legal representative shall agree in writing to personally assume, perform, and be bound by all of the covenants, obligations and agreements contained in this Agreement.
19. Amendment. This Agreement may be only amended by a written instrument signed by both parties.
20. Change in Law. In the event there is a change in state or federal law, whether by statute, regulation, agency interpretation or judicial decision, that in the reasonable opinion of the counsel to Facility renders any of the material terms of this Agreement unlawful or unenforceable, then the applicable term(s) of the Agreement shall be subject to renegotiation upon written notice to EMS, to remedy such condition and conform the Agreement to the requirements of the law. If such renegotiation is unsuccessful within the thirty (30) day period of time following written notification, either party may terminate the affected Agreement without penalty.
21. Multiple Counterparts. This Agreement may be executed in multiple counterparts, each of which shall be deemed to be an original for all purposes.

EXECUTED to be effective as of _____, 20____.

GULF COUNTY EMERGENCY
MEDICAL SERVICES

Witness:

By: _____

Its: _____

Date: _____

SACRED HEART HEALTH SYSTEM, INC.
dba SACRED HEART HOSPITAL
ON THE GULF

Witness:

By: _____

Its: _____

Date: _____

EXHIBIT "A"
FEE SCHEDULE

Facility shall pay EMS a base rate of \$450.00 per trip plus \$6.25 per mile for transportation services provided hereunder. EMS shall submit itemized invoices to the Facility on a monthly basis.

PARK SERVICES AGREEMENT

THIS AGREEMENT is entered into by and between the GULF COUNTY BOARD OF COUNTY COMMISSIONERS, (the "COUNTY") and ADAM BISHOP (the "CONTRACTOR"), whose address is 1005-B Cypress Lane, Mexico Beach, FL., 32456 this 16th day of September, 2010.

WHEREAS, COUNTY desires to have CONTRACTOR remove garbage and refuse from certain public parks in Gulf County, Florida in order to provide required services to the citizens of Gulf County, and

WHEREAS, CONTRACTOR is an independent contractor who has demonstrated experience and capability in the capacity of the duties described herein;

THEREFORE, in consideration of the mutual covenants and obligations herein, COUNTY and CONTRACTOR agree as follows:

**Section 1
TERM AND TERMINATION**

(A) This Agreement shall be effective as of October 1, 2010 and shall remain in effect until September 30, 2011. Either party may terminate this Agreement at any time and without cause by providing written notice of intent to terminate the Agreement to the other party seven (7) days prior to the termination of such contract.

(B) This Agreement may be terminated immediately if the other party hereto shall have materially breached this Agreement.

**Section 2
DUTIES OF CONTRACTOR**

(A) CONTRACTOR shall provide garbage and refuse removal to include all trash receptacles in the park, restrooms and bath houses, all restroom floors will be swept and mopped, all toilets and sinks will be cleaned, and all paper supplies will be replenished (i.e. toilet paper for all bathrooms as needed and paper towels as needed) at the following public parks:

- Dead Lakes Park
- Gaskin Park
- Lands Landing Park
- Honeyville Park
- Willis Landing Park

BCC APPROVED

DATE _____ D.C. _____

SEP 22 AM 11:59

9/28/10

Max Fleming Park
 White City Park
 Cape Palms Park
 Salinas Park
 Indian Pass Boat Ramp
 Highland View Park
 Highland View Boat Ramp
 Beacon Hill Park
 Overstreet Park
 Overstreet Boat Ramp

(B) CONTRACTOR will be responsible for providing his own vehicle and trailer, all supplies, and proof of agreement for garbage collection to fulfill the obligations as required under this Agreement.

(C) CONTRACTOR will clean no earlier than Saturday at noon CT and no later than Sunday at noon CT (with the exception of Honeyville Park, Dead Lakes Park and Gaskin Park which will be accomplished between 5:00 pm CT on Saturday and noon CT on Sunday).

(D) CONTRACTOR will clean each park once per weekend, except for holidays creating a long weekend. The COUNTY reserves the option of up to 4 of these holidays creating another day of cleaning as follows: New Years Day, Memorial Day, 4th of July and/or Labor Day.

Section 3 CONTRACTOR COMPENSATION

(A) Beginning with the effective date and for the term of this Agreement, COUNTY shall pay CONTRACTOR for all services rendered by CONTRACTOR hereunder the sum of \$340.00 per week as full compensation for the CONTRACTOR's duties and activities pursuant to this Agreement. The CONTRACTOR shall provide one full day of work per weekend. Any additional services shall be by request of the COUNTY and a negotiated rate of compensation shall apply.

(B) The CONTRACTOR is provided services under this Agreement as an independent contractor and shall be responsible for remitting taxes accordingly. The COUNTY shall provide the CONTRACTOR a 1099 tax form reflecting his compensation pursuant to this Agreement. The CONTRACTOR shall provide the Clerk with an EIN or Social Security Number prior to payment.

(C) All amounts due CONTRACTOR under this Agreement shall be calculated on a weekly basis and shall be remitted on a monthly basis as of the

last day of each calendar month. Such payment shall be paid to the CONTRACTOR within fifteen (15) days of the end of the calendar month in which such services were provided.

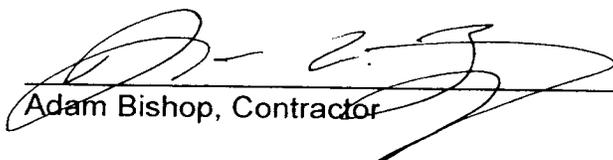
**Section 4
DUTIES OF COUNTY**

By entering into this Agreement, the COUNTY does not delegate any of the powers, duties or responsibilities vested in the COUNTY by law. The relationship created by this Agreement is one of an independent contractor existing solely between COUNTY and CONTRACTOR and nothing contained herein shall be constructed to the contrary.

Gulf County Board of County Commissioners
Carmen L. McLemore, Chairman

ATTEST:

Rebecca L. Norris
Gulf County Clerk of Court



Adam Bishop, Contractor

1005-B Cypress Lane, Mexico Beach, FL 32456
Address

323 - 78 - 2221
Social Security Number/FEID

Dated this 16th day of September, 2010

To make changes to the budget as approved by the BOCC on 07-13-10 for Washington Museum.

Budget Amendment #13

General Fund

| Org | Object | Description | Original Budget | Increase | Decrease | Revised Budget |
|-------|--------|---------------------------|--------------------|----------|----------|-------------------|
| 57072 | 81000 | Aid to Government Agency | 380.00 | 513.00 | 0.00 | 893.00 |
| 57072 | 34000 | Repair & Maint:Bldg/Grds | 49,112.02 | | 500.00 | 48612.02 |
| 21072 | 83004 | Other Grants & Aid:Dist.4 | 434.00 | | 13.00 | 421.00 |



Charlie Crist
Governor

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

September 22, 2010

Carmen McLemore, Chairman
Board of Gulf County Commissioners
Gulf County Courthouse
1000 Cecil G. Costin Sr., Blvd.
Port St. Joe, FL 32456

2010 SEP 22 PM 12:18

Dear Chairman,

Enclosed are three originals of the 2010-2011 Core Contract between the Gulf County Health Department and the Gulf County Board of County Commissioners. Also enclosed with each contract is an original fee schedule for medical, dental, and environmental health. These documents are submitted for your review and approval signature, prior to September 30, 2010.

If you have any questions, please call me at (850) 227-1276 ext. 129.

Yours truly,

Marie Clark
Business Manager

Enclosures

cc: Kim Barnhill, Interim Administrator, Gulf CHD

BCC APPROVED

DATE _____ D.C. _____

GULF COUNTY HEALTH DEPARTMENT

2475 Garrison Avenue, Port St. Joe, FL 32456 • (850) 227-1276 • Fax (850) 227-1766 (Confidential) or 227-7589 (Main)
807 West Highway 22, Wewahitchka, FL 32465 • (850) 639-2644 • Dental (850) 639-4414 • Fax (850) 639-5934

**CONTRACT BETWEEN
GULF COUNTY BOARD OF COUNTY COMMISSIONERS
AND
STATE OF FLORIDA DEPARTMENT OF HEALTH
FOR OPERATION OF
THE GULF COUNTY HEALTH DEPARTMENT
CONTRACT YEAR 2010-2011**

This agreement ("Agreement") is made and entered into between the State of Florida, Department of Health ("State") and the Gulf County Board of County Commissioners ("County"), through their undersigned authorities, effective October 1, 2010.

RECITALS

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

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

C. Gulf County Health Department ("CHD") is one of the County Health Departments created throughout Florida. It is necessary for the parties hereto to enter into this Agreement in order to assure coordination between the State and the County in the operation of the CHD.

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

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

2. TERM. The parties mutually agree that this Agreement shall be effective from October 1, 2010, through September 30, 2011, or until a written agreement replacing this Agreement is entered into between the parties, whichever is later, unless this Agreement is otherwise terminated pursuant to the termination provisions set forth in paragraph 8, below.

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

a. "Environmental health services" are those services which are organized and operated to protect the health of the general public by monitoring and regulating activities in the environment which may contribute to the occurrence or transmission of disease. Environmental health services shall be supported by available federal, state and local funds and shall include those services mandated on a state or federal level. Examples of environmental health services include, but are not limited to, food hygiene, safe drinking water supply, sewage and solid waste disposal,

swimming pools, group care facilities, migrant labor camps, toxic material control, radiological health, and occupational health.

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

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

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

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

i. The State's appropriated responsibility as provided in Attachment II, Part II is an amount not to exceed \$ 1,330,233. The State's obligation to pay under this contract is contingent upon an annual appropriation by the Legislature.

ii. The County's appropriated responsibility as provided in Attachment II, Part II is an amount not to exceed \$69,996.

b. Overall expenditures will not exceed available funding or budget authority, whichever is less, (either current year or from surplus trust funds) in any service category. Unless requested otherwise, any surplus at the end of the term of this Agreement in the County Health Department Trust Fund that is attributed to the CHD shall be carried forward to the next contract period.

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

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

revise the Attachment II and send a copy of the revised pages to the Department of Health, Bureau of Budget Management.

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

County Health Department Trust Fund
Gulf County
2475 Garrison Avenue
Port St. Joe, FL 32456

5. CHD DIRECTOR/ADMINISTRATOR. Both parties agree the director/administrator of the CHD shall be a State employee or under contract with the State and will be under the day-to-day direction of the Deputy State Health Officer. The director/administrator shall be selected by the State with the concurrence of the County. The director/administrator of the CHD shall insure that non-categorical sources of funding are used to fulfill public health priorities in the community and the Long Range Program Plan. A report detailing the status of public health as measured by outcome measures and similar indicators will be sent by the CHD director/administrator to the parties no later than October 1 of each year.

6. ADMINISTRATIVE POLICIES AND PROCEDURES. The parties hereto agree that the following standards should apply in the operation of the CHD:

a. The CHD and its personnel shall follow all State policies and procedures, except to the extent permitted for the use of county purchasing procedures as set forth in subparagraph b., below. All CHD employees shall be State or State-contract personnel subject to State personnel rules and procedures. Employees will report time in the Health Management System compatible format by program component as specified by the State.

b. The CHD shall comply with all applicable provisions of federal and state laws and regulations relating to its operation with the exception that the use of county purchasing procedures shall be allowed when it will result in a better price or service and no statewide Department of Health purchasing contract has been implemented for those goods or services. In such cases, the CHD director/administrator must sign a justification therefore, and all county-purchasing procedures must be followed in their entirety, and such compliance shall be documented. Such justification and compliance documentation shall be maintained by the CHD in accordance with the terms of this Agreement. State procedures must be followed for all leases on facilities not enumerated in Attachment IV.

c. The CHD shall maintain books, records and documents in accordance with those promulgated by the Generally Accepted Accounting Principles (GAAP) and Governmental Accounting Standards Board (GASB), and the requirements of federal or state law. These records shall be maintained as required by the Department of Health Policies and Procedures for Records Management and shall be open for inspection at any time by the parties and the public, except for those records that are not otherwise subject to disclosure as provided by law which are subject to the confidentiality provisions of paragraph 6.i., below. Books, records and documents must be adequate to allow the CHD to comply with the following reporting requirements:

- i. The revenue and expenditure requirements in the Florida Accounting System Information Resource (FLAIR).
- ii. The client registration and services reporting requirements of the minimum data set as specified in the most current version of the Client Information System/Health Management Component Pamphlet;
- iii. Financial procedures specified in the Department of Health's Accounting Procedures Manuals, Accounting memoranda, and Comptroller's memoranda;
- iv. The CHD is responsible for assuring that all contracts with service providers include provisions that all subcontracted services be reported to the CHD in a manner consistent with the client registration and service reporting requirements of the minimum data set as specified in the Client Information System/Health Management Component Pamphlet.

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

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

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

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

h. At the request of either party, an audit may be conducted by an independent CPA on the financial records of the CHD and the results made available to the parties within 180 days after the close of the CHD fiscal year. This audit will follow requirements contained in OMB Circular A-133 and may be in conjunction with audits performed by county government. If audit exceptions are

found, then the director/administrator of the CHD will prepare a corrective action plan and a copy of that plan and monthly status reports will be furnished to the contract managers for the parties.

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

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

k. The CHD shall maintain confidentiality of all data, files, and records that are confidential under the law or are otherwise exempted from disclosure as a public record under Florida law. The CHD shall implement procedures to ensure the protection and confidentiality of all such records and shall comply with sections 384.29, 381.004, 392.65 and 456.057, Florida Statutes, and all other state and federal laws regarding confidentiality. All confidentiality procedures implemented by the CHD shall be consistent with the Department of Health Information Security Policies, Protocols, and Procedures, dated April 2005, as amended, the terms of which are incorporated herein by reference. The CHD shall further adhere to any amendments to the State's security requirements and shall comply with any applicable professional standards of practice with respect to client confidentiality.

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

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

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

o. The CHD shall submit quarterly reports to the county that shall include at least the following:

i. The DE385L1 Contract Management Variance Report and the DE580L1 Analysis of Fund Equities Report;

ii. A written explanation to the county of service variances reflected in the DE385L1 report if the variance exceeds or falls below 25 percent of the planned expenditure amount. However, if the amount of the service specific variance between actual and planned expenditures does not exceed three percent of the total planned expenditures for the level of service in which the type of service is included, a variance explanation is

not required. A copy of the written explanation shall be sent to the Department of Health, Bureau of Budget Management.

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

- i. March 1, 2011 for the report period October 1, 2010 through December 31, 2010;
- ii. June 1, 2011 for the report period October 1, 2010 through March 31, 2011;
- iii. September 1, 2011 for the report period October 1, 2010 through June 30, 2011; and
- iv. December 1, 2011 for the report period October 1, 2010 through September 30, 2011.

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

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

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

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

8. TERMINATION.

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

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

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

9. MISCELLANEOUS. The parties further agree:

a. Availability of Funds. If this Agreement, any renewal hereof, or any term, performance or payment hereunder, extends beyond the fiscal year beginning July 1, 2011, it is agreed that the performance and payment under this Agreement are contingent upon an annual appropriation by the Legislature, in accordance with section 287.0582, Florida Statutes.

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

For the State:

For the County:

Name

Carmen McLemore
Name

Administrator
Title

Chairman, Board of County Commissioners
Title

Gulf County Health Department

Gulf County Courthouse

2475 Garrison Avenue
Address

1000 Cecil G. Costin, Sr. Boulevard
Address

(850) 227-1276
Telephone

(850) 229-6112
Telephone

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

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

In WITNESS THEREOF, the parties hereto have caused this 24 page agreement to be executed by their undersigned officials as duly authorized effective the 1st day of October, 2010.

**BOARD OF COUNTY COMMISSIONERS
FOR GULF COUNTY**

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

SIGNED BY: _____

NAME: Carmen McLemore

TITLE: Chairman, Board of Gulf
County Commissioners

DATE: _____

ATTESTED TO:

SIGNED BY: _____

NAME: Rebecca Norris

TITLE: Clerk of Circuit Court

DATE: _____

SIGNED BY: _____

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

TITLE: State Surgeon General

DATE: _____

SIGNED BY: _____

NAME: _____

TITLE: CHD Director/Administrator

DATE: _____

ATTACHMENT I

GULF COUNTY HEALTH DEPARTMENT

PROGRAM SPECIFIC REPORTING REQUIREMENTS AND PROGRAMS REQUIRING COMPLIANCE WITH THE PROVISIONS OF SPECIFIC MANUALS

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

| <u>Service</u> | <u>Requirement</u> |
|---|---|
| 1. Sexually Transmitted Disease Program | Requirements as specified in FAC 64D-3, F.S. 381 and F.S. 384 and the CHD Guidebook. |
| 2. Dental Health | Monthly reporting on DH Form 1008*. Additional reporting requirements, under development, will be required. The additional reporting requirements will be communicated upon finalization. |
| 3. Special Supplemental Nutrition Program for Women, Infants and Children (including the WIC Breastfeeding Peer Counseling Program) | Service documentation and monthly financial reports as specified in DHM 150-24* and all federal, state and county requirements detailed in program manuals and published procedures. |
| 4. Healthy Start/ Improved Pregnancy Outcome | Requirements as specified in the 2007 Healthy Start Standards and Guidelines and as specified by the Healthy Start Coalitions in contract with each county health department. |
| 5. Family Planning | Periodic financial and programmatic reports as specified by the program office and in the CHD Guidebook, Internal Operating Policy FAMPLAN 14* |
| 6. Immunization | Periodic reports as specified by the department regarding the surveillance/investigation of reportable vaccine preventable diseases, vaccine usage accountability as documented in Florida SHOTS, the assessment of various immunization levels as documented in Florida SHOTS and forms reporting adverse events following immunization. |
| 7. Chronic Disease Program | Requirements as specified in the Healthy Communities, Healthy People Guidebook. |
| 8. Environmental Health | Requirements as specified in Environmental Health Programs Manual 150-4* and DHP 50-21* |
| 9. HIV/AIDS Program | Requirements as specified in F.S. 384.25 and 64D-3.016 and 3.017 F.A.C. and the CHD Guidebook. Case reporting should be on Adult HIV/AIDS Confidential Case Report CDC Form DH2139 and Pediatric HIV/AIDS Confidential Case Report CDC Form DH2140. Socio- |

ATTACHMENT I (Continued)

demographic data on persons tested for HIV in CHD clinics should be reported on Lab Request DH Form 1628 or Post-Test Counseling DH Form 1628C. These reports are to be sent to the Headquarters HIV/AIDS office within 5 days of the initial post-test counseling appointment or within 90 days of the missed post-test counseling appointment.

10. School Health Services Requirements as specified in the Florida School Health Administrative Guidelines (April 2007).
11. Tuberculosis Tuberculosis Program Requirements as specified in FAC 64D-3, F.S. *Specific Authority 381.0011(13), 381.003(2), 381.0031(6), 384.33, 392.53(2), 392.66 FS Law Implemented 381.0011(4), 381.003(1), 381.0031(1), (2), (6), 383.06, 384.23, 384.25, 385.202, 392.53 FS.381 and CHD Guidebook.*
12. 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 the CHD Guide to Surveillance and Investigations.

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

ATTACHMENT II

GULF COUNTY HEALTH DEPARTMENT

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

| | Estimated State Share of CHD Trust Fund Balance as of 09/30/10 | Estimated County Share of CHD Trust Fund Balance as of 09/30/10 | Total |
|---|--|---|----------|
| 1. CHD Trust Fund Ending Balance 09/30/10 | 241,063 | 197,327 | 438,390 |
| 2. Drawdown for Contract Year October 1, 2010 to September 30, 2011 | -60,314 | -49,368 | -109,682 |
| 3. Special Capital Project use for Contract Year October 1, 2010 to September 30, 2011 | 0 | 0 | 0 |
| 4. Balance Reserved for Contingency Fund October 1, 2010 to September 30, 2011 | 180,749 | 147,959 | 328,708 |

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

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

Pursuant to 154.02, F.S., At a minimum, the trust fund shall consist of: an operating reserve, consisting of 8.5 percent of the annual operating budget, maintained to ensure adequate cash flow from nonstate revenue sources.

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

October 1, 2010 to September 30, 2011

| | State CHD Trust Fund (cash) | County CHD Trust Fund | Total CHD Trust Fund (cash) | Other Contribution | Total |
|-----------------------------------|--|-----------------------------|-----------------------------------|-----------------------|----------------|
| 1. GENERAL REVENUE - STATE | | | | | |
| 015040 | ALG/CESSPOOL IDENTIFICATION AND ELIMINATION | 0 | 0 | 0 | 0 |
| 015040 | ALG/CONTR TO CHDS-AIDS PATIENT CARE | 0 | 0 | 0 | 0 |
| 015040 | ALG/CONTR TO CHDS-AIDS PATIENT CARE NETWORK | 0 | 0 | 0 | 0 |
| 015040 | ALG/CONTR TO CHDS-AIDS PREV & SURV & FIELD STAFF | 0 | 0 | 0 | 0 |
| 015040 | ALG/CONTR TO CHDS-DENTAL PROGRAM | 17,908 | 0 | 17,908 | 17,908 |
| 015040 | ALG/CONTR TO CHDS-MIGRANT LABOR CAMP SANITATION | 0 | 0 | 0 | 0 |
| 015040 | MINORITY OUTREACH-PENALVER CLINIC - MIAMI-DADE | 0 | 0 | 0 | 0 |
| 015040 | PRIMARY CARE SPECIAL DENTAL PROJECTS | 6,923 | 0 | 6,923 | 6,923 |
| 015040 | SPECIAL NEEDS SHELTER PROGRAM | 0 | 0 | 0 | 0 |
| 015040 | STATEWIDE DENTISTRY NETWORK - ESCAMBIA | 0 | 0 | 0 | 0 |
| 015040 | STD GENERAL REVENUE | 0 | 0 | 0 | 0 |
| 015040 | VARICELLA IMMUNIZATION REQUIREMENT | 797 | 0 | 797 | 797 |
| 015040 | HEALTHY START MED WAIVER - SOBRA | 0 | 0 | 0 | 0 |
| 015040 | HEALTHY START MED-WAIVER - CLIENT SERVICES | 0 | 0 | 0 | 0 |
| 015040 | JESSIE TRICE CANCER CTR/HEALTH CHOICE - MIAMI-DADE | 0 | 0 | 0 | 0 |
| 015040 | LA LIGA CONTRA EL CANCER | 0 | 0 | 0 | 0 |
| 015040 | MANATEE COUNTY RURAL HEALTH SERVICES | 0 | 0 | 0 | 0 |
| 015040 | METRO ORLANDO URBAN LEAGUE TEENAGE PREG PREV | 0 | 0 | 0 | 0 |
| 015040 | COUNTY SPECIFIC DENTAL PROJECTS - ESCAMBIA | 0 | 0 | 0 | 0 |
| 015040 | DENTAL SPECIAL INITIATIVES | 3,295 | 0 | 3,295 | 3,295 |
| 015040 | DUVAL TEEN PREGNANCY PREVENTION | 0 | 0 | 0 | 0 |
| 015040 | FL CLPPP SCREENING & CASE MANAGEMENT | 0 | 0 | 0 | 0 |
| 015040 | FL HEPATITIS & LIVER FAILURE PREVENTION/CONTROL | 0 | 0 | 0 | 0 |
| 015040 | HEALTHY BEACHES MONITORING | 10,232 | 0 | 10,232 | 10,232 |
| 015040 | ALG/IPO HEALTHY START/IPO | 0 | 0 | 0 | 0 |
| 015040 | ALG/PRIMARY CARE | 107,380 | 0 | 107,380 | 107,380 |
| 015040 | ALG/SCHOOL HEALTH/SUPPLEMENTAL | 87,503 | 0 | 87,503 | 87,503 |
| 015040 | CHILD HEALTH MEDICAL SERVICES | 0 | 0 | 0 | 0 |
| 015040 | COMMUNITY SMILES - MIAMI-DADE | 0 | 0 | 0 | 0 |
| 015040 | COMMUNITY TB PROGRAM | 3,000 | 0 | 3,000 | 3,000 |
| 015040 | ALG/CONTR. TO CHDS-IMMUNIZATION OUTREACH TEAMS | 1,109 | 0 | 1,109 | 1,109 |
| 015040 | ALG/CONTR. TO CHDS-INDOOR AIR ASSIST PROG | 0 | 0 | 0 | 0 |
| 015040 | ALG/CONTR. TO CHDS-MCH HEALTH - FIELD STAFF COST | 0 | 0 | 0 | 0 |
| 015040 | ALG/CONTR. TO CHDS-SOVEREIGN IMMUNITY | 0 | 0 | 0 | 0 |
| 015040 | ALG/CONTRIBUTION TO CHDS-PRIMARY CARE | 5,872 | 0 | 5,872 | 5,872 |
| 015040 | ALG/FAMILY PLANNING | 31,229 | 0 | 31,229 | 31,229 |
| 015050 | ALG/CONTR TO CHDS | 590,568 | 0 | 590,568 | 590,568 |
| GENERAL REVENUE TOTAL | | 865,816 | 0 | 865,816 | 865,816 |

2. NON GENERAL REVENUE - STATE

| | | | | | |
|--------|---|--------|---|--------|--------|
| 015010 | ALG/CONTR TO CHDS-REBASING TOBACCO TF | 0 | 0 | 0 | 0 |
| 015010 | ALG/CONTR TO CHDS-BIOMEDICAL WASTE/DEP ADM TF | 0 | 0 | 0 | 0 |
| 015010 | ALG/CONTR TO CHDS-SAFE DRINKING WATER PRG/DEP ADM | 0 | 0 | 0 | 0 |
| 015010 | BASIC SCHOOL HEALTH - TOBACCO TF | 0 | 0 | 0 | 0 |
| 015010 | CHD PROGRAM SUPPORT | 0 | 0 | 0 | 0 |
| 015010 | ENVIRONMENTAL HEALTH PACT PROJECTS | 0 | 0 | 0 | 0 |
| 015010 | FOOD AND WATERBORNE DISEASE PROGRAM ADM TF/DACS | 0 | 0 | 0 | 0 |
| 015010 | FULL SERVICE SCHOOLS - TOBACCO TF | 43,234 | 0 | 43,234 | 43,234 |

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

October 1, 2010 to September 30, 2011

| | State CHD Trust Fund (cash) | County CHD Trust Fund | Total CHD Trust Fund (cash) | Other Contribution | Total | |
|---------------------------------------|---|-----------------------------|-----------------------------------|-----------------------|-------|---------|
| 2. NON GENERAL REVENUE - STATE | | | | | | |
| 015010 | IMMUNIZATION SPECIAL PROJECT | 682 | 0 | 682 | 0 | 682 |
| 015010 | TOBACCO ADMINISTRATIVE SUPPORT | 21,000 | 0 | 21,000 | 0 | 21,000 |
| 015010 | SUPPLEMENTAL/COMPREHENSIVE SCHOOL HEALTH - TOB TF | 14,228 | 0 | 14,228 | 0 | 14,228 |
| 015010 | TOBACCO COMMUNITY INTERVENTION | 131,250 | 0 | 131,250 | 0 | 131,250 |
| 015020 | TRANSFER FROM ANOTHER STATE AGENCY | 0 | 0 | 0 | 0 | 0 |
| 015020 | TRANSFER FROM ANOTHER STATE AGENCY | 0 | 0 | 0 | 0 | 0 |
| 015020 | TRANSFER FROM ANOTHER STATE AGENCY | 0 | 0 | 0 | 0 | 0 |
| 015060 | Non-Categorical Tobacco Rebasing | 3,426 | 0 | 3,426 | 0 | 3,426 |
| NON GENERAL REVENUE TOTAL | | 213,820 | 0 | 213,820 | 0 | 213,820 |
| 3. FEDERAL FUNDS - State | | | | | | |
| 007000 | AFRICAN AMERICAN TESTING INITIATIVE (AATI) | 0 | 0 | 0 | 0 | 0 |
| 007000 | AIDS PREVENTION | 0 | 0 | 0 | 0 | 0 |
| 007000 | AIDS SURVEILLANCE | 0 | 0 | 0 | 0 | 0 |
| 007000 | BIOTERRORISM HOSPITAL PREPAREDNESS | 0 | 0 | 0 | 0 | 0 |
| 007000 | CHILDHOOD LEAD POISONING PREVENTION | 0 | 0 | 0 | 0 | 0 |
| 007000 | COASTAL BEACH MONITORING PROGRAM | 8,976 | 0 | 8,976 | 0 | 8,976 |
| 007000 | TUBERCULOSIS CONTROL - FEDERAL GRANT | 0 | 0 | 0 | 0 | 0 |
| 007000 | WIC ADMINISTRATION | 0 | 0 | 0 | 0 | 0 |
| 007000 | WIC BREASTFEEDING PEER COUNSELING | 0 | 0 | 0 | 0 | 0 |
| 007000 | STD FEDERAL GRANT - CSPS | 0 | 0 | 0 | 0 | 0 |
| 007000 | STD PROGRAM - PHYSICIAN TRAINING CENTER | 0 | 0 | 0 | 0 | 0 |
| 007000 | STD PROGRAM - PHYSICIANS TRAINING CENTER | 0 | 0 | 0 | 0 | 0 |
| 007000 | STD PROGRAM INFERTILITY PREVENTION PROJECT (IPP) | 0 | 0 | 0 | 0 | 0 |
| 007000 | SYPHILIS ELIMINATION | 0 | 0 | 0 | 0 | 0 |
| 007000 | TITLE X MALE PROJECT | 0 | 0 | 0 | 0 | 0 |
| 007000 | RYAN WHITE | 0 | 0 | 0 | 0 | 0 |
| 007000 | RYAN WHITE - EMERGING COMMUNITIES | 0 | 0 | 0 | 0 | 0 |
| 007000 | RYAN WHITE PART B SUPPLEMENTAL | 0 | 0 | 0 | 0 | 0 |
| 007000 | RYAN WHITE-AIDS DRUG ASSIST PROG-ADMIN | 0 | 0 | 0 | 0 | 0 |
| 007000 | RYAN WHITE-CONSORTIA | 0 | 0 | 0 | 0 | 0 |
| 007000 | STATE INDOOR RADON GRANT | 0 | 0 | 0 | 0 | 0 |
| 007000 | NATIONAL COMPREHENSIVE CANCER CONTROL PROGRAM | 0 | 0 | 0 | 0 | 0 |
| 007000 | ORAL HEALTH WORKFORCE ACTIVITIES | 0 | 0 | 0 | 0 | 0 |
| 007000 | ORAL HEALTH WORKFORCE ACTIVITIES 2010-2011 | 0 | 0 | 0 | 0 | 0 |
| 007000 | PHP - CITIES READINESS INITIATIVE | 0 | 0 | 0 | 0 | 0 |
| 007000 | PUBLIC HEALTH PREPAREDNESS BASE | 0 | 0 | 0 | 0 | 0 |
| 007000 | RAPE PREVENTION & EDUCATION GRANT | 0 | 0 | 0 | 0 | 0 |
| 007000 | IMMUNIZATION FIELD STAFF EXPENSE | 0 | 0 | 0 | 0 | 0 |
| 007000 | IMMUNIZATION SUPPLEMENTAL | 0 | 0 | 0 | 0 | 0 |
| 007000 | IMMUNIZATION WIC-LINKAGES | 0 | 0 | 0 | 0 | 0 |
| 007000 | IMMUNIZATION-WIC LINKAGES | 0 | 0 | 0 | 0 | 0 |
| 007000 | MCH BGTF-GADSDEN SCHOOL CLINIC | 0 | 0 | 0 | 0 | 0 |
| 007000 | MCH BGTF-HEALTHY START IPO | 0 | 0 | 0 | 0 | 0 |
| 007000 | FGTF/FAMILY PLANNING-TITLE X | 43,417 | 0 | 43,417 | 0 | 43,417 |
| 007000 | FGTF/IMMUNIZATION ACTION PLAN | 3,694 | 0 | 3,694 | 0 | 3,694 |
| 007000 | HEALTH PROGRAM FOR REFUGEES | 0 | 0 | 0 | 0 | 0 |
| 007000 | HEALTHY PEOPLE HEALTHY COMMUNITIES | 25,541 | 0 | 25,541 | 0 | 25,541 |

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

October 1, 2010 to September 30, 2011

| | State CHD Trust Fund (cash) | County CHD Trust Fund | Total CHD Trust Fund (cash) | Other Contribution | Total |
|---|--|-----------------------------|-----------------------------------|-----------------------|---------|
| 3. FEDERAL FUNDS - State | | | | | |
| 007000 | HIV HOUSING FOR PEOPLE LIVING WITH AIDS | 0 | 0 | 0 | 0 |
| 007000 | HIV INCIDENCE SURVEILLANCE | 0 | 0 | 0 | 0 |
| 007000 | COLORECTAL CANCER SCREENING 2009-10 | 0 | 0 | 0 | 0 |
| 007000 | DIABETES PREVENTION & CONTROL PROGRAM | 0 | 0 | 0 | 0 |
| 007000 | FAMILY PLANNING - TITLE X | 0 | 0 | 0 | 0 |
| 007000 | FGTF/AIDS MORBIDITY | 0 | 0 | 0 | 0 |
| 007000 | FGTF/BREAST & CERVICAL CANCER-ADMIN/CASE MAN | 0 | 0 | 0 | 0 |
| 007000 | FGTF/FAMILY PLANNING TITLE X SPECIAL INITIATIVES | 0 | 0 | 0 | 0 |
| 015009 | MEDIPASS WAIVER-HLTHY STRT CLIENT SERVICES | 0 | 0 | 0 | 0 |
| 015009 | MEDIPASS WAIVER-SOBRA | 0 | 0 | 0 | 0 |
| 015075 | SCHOOL HEALTH/SUPPLEMENTAL | 168,969 | 0 | 168,969 | 168,969 |
| 007055 | ARRA Federal Grant - Schedule C | 0 | 0 | 0 | 0 |
| 015075 | Inspections of Summer Feeding Program | 0 | 0 | 0 | 0 |
| FEDERAL FUNDS TOTAL | | 250,597 | 0 | 250,597 | 250,597 |
| 4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE | | | | | |
| 001020 | TANNING FACILITIES | 500 | 0 | 500 | 500 |
| 001020 | BODY PIERCING | 0 | 0 | 0 | 0 |
| 001020 | MIGRANT HOUSING PERMIT | 0 | 0 | 0 | 0 |
| 001020 | MOBILE HOME AND PARKS | 2,300 | 0 | 2,300 | 2,300 |
| 001020 | FOOD HYGIENE PERMIT | 1,500 | 0 | 1,500 | 1,500 |
| 001020 | BIOHAZARD WASTE PERMIT | 0 | 0 | 0 | 0 |
| 001020 | PRIVATE WATER CONSTR PERMIT | 0 | 0 | 0 | 0 |
| 001020 | PUBLIC WATER ANNUAL OPER PERMIT | 2,200 | 0 | 2,200 | 2,200 |
| 001020 | PUBLIC WATER CONSTR PERMIT | 0 | 0 | 0 | 0 |
| 001020 | NON-SDWA SYSTEM PERMIT | 0 | 0 | 0 | 0 |
| 001020 | SAFE DRINKING WATER | 0 | 0 | 0 | 0 |
| 001020 | SWIMMING POOLS | 5,895 | 0 | 5,895 | 5,895 |
| 001092 | OSDS PERMIT FEE | 45,807 | 0 | 45,807 | 45,807 |
| 001092 | I & M ZONED OPERATING PERMIT | 0 | 0 | 0 | 0 |
| 001092 | AEROBIC OPERATING PERMIT | 0 | 0 | 0 | 0 |
| 001092 | SEPTIC TANK SITE EVALUATION | 0 | 0 | 0 | 0 |
| 001092 | NON SDWA LAB SAMPLE | 0 | 0 | 0 | 0 |
| 001092 | OSDS VARIANCE FEE | 0 | 0 | 0 | 0 |
| 001092 | ENVIRONMENTAL HEALTH FEES | 0 | 0 | 0 | 0 |
| 001092 | OSDS REPAIR PERMIT | 0 | 0 | 0 | 0 |
| 001170 | LAB FEE CHEMICAL ANALYSIS | 0 | 0 | 0 | 0 |
| 001170 | WATER ANALYSIS-POTABLE | 0 | 0 | 0 | 0 |
| 001170 | NONPOTABLE WATER ANALYSIS | 0 | 0 | 0 | 0 |
| 010304 | MQA INSPECTION FEE | 0 | 0 | 0 | 0 |
| 001206 | Central Office Surcharge | 0 | 0 | 0 | 0 |
| FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL | | 58,202 | 0 | 58,202 | 58,202 |
| 5. OTHER CASH CONTRIBUTIONS - STATE | | | | | |
| 010304 | STATIONARY POLLUTANT STORAGE TANKS | 56,862 | 0 | 56,862 | 56,862 |
| 090001 | DRAW DOWN FROM PUBLIC HEALTH UNIT | 60,314 | 0 | 60,314 | 60,314 |
| OTHER CASH CONTRIBUTIONS TOTAL | | 117,176 | 0 | 117,176 | 117,176 |

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

October 1, 2010 to September 30, 2011

| | State CHD Trust Fund (cash) | County CHD Trust Fund | Total CHD Trust Fund (cash) | Other Contribution | Total |
|---|--|-----------------------------|-----------------------------------|-----------------------|---------|
| 6. MEDICAID - STATE/COUNTY | | | | | |
| 001056 | MEDICAID PHARMACY | 0 | 0 | 0 | 0 |
| 001076 | MEDICAID TB | 0 | 0 | 0 | 0 |
| 001078 | MEDICAID ADMINISTRATION OF VACCINE | 1,098 | 1,098 | 2,195 | 2,195 |
| 001079 | MEDICAID CASE MANAGEMENT | 0 | 0 | 0 | 0 |
| 001081 | MEDICAID CHILD HEALTH CHECK UP | 61,431 | 98,295 | 159,726 | 159,726 |
| 001082 | MEDICAID DENTAL | 123,436 | 197,511 | 320,947 | 320,947 |
| 001083 | MEDICAID FAMILY PLANNING | 4,600 | 41,400 | 46,000 | 46,000 |
| 001087 | MEDICAID STD | 0 | 0 | 0 | 0 |
| 001089 | MEDICAID AIDS | 0 | 0 | 0 | 0 |
| 001147 | Medicaid HMO Capitation | 0 | 0 | 0 | 0 |
| 001191 | MEDICAID MATERNITY | 0 | 0 | 0 | 0 |
| 001192 | MEDICAID COMPREHENSIVE CHILD | 0 | 0 | 0 | 0 |
| 001193 | MEDICAID COMPREHENSIVE ADULT | 58,720 | 93,957 | 152,677 | 152,677 |
| 001194 | MEDICAID LABORATORY | 0 | 0 | 0 | 0 |
| 001208 | MEDIPASS \$3.00 ADM. FEE | 1,965 | 1,965 | 3,930 | 3,930 |
| 001059 | Medicaid Low Income Pool | 18,924 | 30,281 | 49,205 | 49,205 |
| 001051 | Emergency Medicaid | 0 | 0 | 0 | 0 |
| 001058 | Medicaid - Behavioral Health | 5,352 | 8,563 | 13,915 | 13,915 |
| 001071 | Medicaid - Orthopedic | 0 | 0 | 0 | 0 |
| 001072 | Medicaid - Dermatology | 0 | 0 | 0 | 0 |
| 001075 | Medicaid - School Health Certified Match | 0 | 0 | 0 | 0 |
| 001069 | Medicaid - Refugee Health | 0 | 0 | 0 | 0 |
| 001055 | Medicaid - Hospital | 0 | 0 | 0 | 0 |
| 001148 | Medicaid HMO Non-Capitation | 0 | 0 | 0 | 0 |
| 001074 | Medicaid - Newborn Screening | 0 | 0 | 0 | 0 |
| MEDICAID TOTAL | | 275,525 | 473,070 | 748,595 | 748,595 |
| 7. ALLOCABLE REVENUE - STATE | | | | | |
| 018000 | REFUNDS | 0 | 0 | 0 | 0 |
| 037000 | PRIOR YEAR WARRANT | 0 | 0 | 0 | 0 |
| 038000 | 12 MONTH OLD WARRANT | 0 | 0 | 0 | 0 |
| ALLOCABLE REVENUE TOTAL | | 0 | 0 | 0 | 0 |
| 8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE | | | | | |
| | PHARMACY SERVICES | 0 | 0 | 29,269 | 29,269 |
| | LABORATORY SERVICES | 0 | 0 | 7,943 | 7,943 |
| | TB SERVICES | 0 | 0 | 0 | 0 |
| | IMMUNIZATION SERVICES | 0 | 0 | 77,067 | 77,067 |
| | STD SERVICES | 0 | 0 | 0 | 0 |
| | CONSTRUCTION/RENOVATION | 0 | 0 | 0 | 0 |
| | WIC FOOD | 0 | 0 | 243,579 | 243,579 |
| | ADAP | 0 | 0 | 7,138 | 7,138 |
| | DENTAL SERVICES | 0 | 0 | 0 | 0 |
| | OTHER (SPECIFY) | 0 | 0 | 0 | 0 |
| | OTHER (SPECIFY) | 0 | 0 | 0 | 0 |
| OTHER STATE CONTRIBUTIONS TOTAL | | 0 | 0 | 364,996 | 364,996 |

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

October 1, 2010 to September 30, 2011

| | State CHD Trust Fund (cash) | County CHD Trust Fund | Total CHD Trust Fund (cash) | Other Contribution | Total | |
|---|--|-----------------------------|-----------------------------------|-----------------------|-------|---------|
| 9. DIRECT LOCAL CONTRIBUTIONS - COUNTY | | | | | | |
| 008030 | Contribution from Health Care Tax | 0 | 0 | 0 | 0 | |
| 008034 | BCC Contribution from General Fund | 0 | 69,996 | 69,996 | 0 | 69,996 |
| DIRECT COUNTY CONTRIBUTION TOTAL | | 0 | 69,996 | 69,996 | 0 | 69,996 |
| 10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY | | | | | | |
| 001060 | CHD SUPPORT POSITION | 0 | 0 | 0 | 0 | 0 |
| 001077 | RABIES VACCINE | 0 | 0 | 0 | 0 | 0 |
| 001077 | CHILD CAR SEAT PROG | 0 | 700 | 700 | 0 | 700 |
| 001077 | PERSONAL HEALTH FEES | 0 | 280,636 | 280,636 | 0 | 280,636 |
| 001077 | PERSONAL DENTAL HEALTH FEES | 0 | 226,410 | 226,410 | 0 | 226,410 |
| 001094 | ADULT ENTER. PERMIT FEES | 0 | 0 | 0 | 0 | 0 |
| 001094 | LOCAL ORDINANCE FEES | 0 | 14,500 | 14,500 | 0 | 14,500 |
| 001114 | NEW BIRTH CERTIFICATES | 0 | 4,800 | 4,800 | 0 | 4,800 |
| 001115 | Vital Statistics - Death Certificate | 0 | 6,000 | 6,000 | 0 | 6,000 |
| 001117 | VITAL STATS-ADM FEE 50 CENTS | 0 | 400 | 400 | 0 | 400 |
| 001073 | Co-Pay for the AIDS Care Program | 0 | 0 | 0 | 0 | 0 |
| 001025 | Client Revenue from GRC | 0 | 300 | 300 | 0 | 300 |
| 001040 | Cell Phone Administrative Fee | 0 | 0 | 0 | 0 | 0 |
| FEES AUTHORIZED BY COUNTY TOTAL | | 0 | 533,746 | 533,746 | 0 | 533,746 |
| 11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY | | | | | | |
| 001009 | RETURNED CHECK ITEM | 0 | 400 | 400 | 0 | 400 |
| 001029 | THIRD PARTY REIMBURSEMENT | 0 | 383,526 | 383,526 | 0 | 383,526 |
| 001029 | HEALTH MAINTENANCE ORGAN. (HMO) | 0 | 0 | 0 | 0 | 0 |
| 001054 | MEDICARE PART D | 0 | 0 | 0 | 0 | 0 |
| 001077 | RYAN WHITE TITLE II | 0 | 0 | 0 | 0 | 0 |
| 001090 | MEDICARE PART B | 0 | 240,598 | 240,598 | 0 | 240,598 |
| 001190 | Health Maintenance Organization | 0 | 0 | 0 | 0 | 0 |
| 005040 | INTEREST EARNED | 0 | 0 | 0 | 0 | 0 |
| 005041 | INTEREST EARNED-STATE INVESTMENT ACCOUNT | 0 | 6,300 | 6,300 | 0 | 6,300 |
| 007010 | U.S. GRANTS DIRECT | 0 | 603,126 | 603,126 | 0 | 603,126 |
| 008010 | Contribution from City Government | 0 | 0 | 0 | 0 | 0 |
| 008020 | Contribution from Health Care Tax not thru BCC | 0 | 0 | 0 | 0 | 0 |
| 008050 | School Board Contribution | 0 | 60,000 | 60,000 | 0 | 60,000 |
| 008060 | Special Project Contribution | 0 | 0 | 0 | 0 | 0 |
| 010300 | SALE OF GOODS AND SERVICES TO STATE AGENCIES | 0 | 0 | 0 | 0 | 0 |
| 010301 | EXP WITNESS FEE CONSULTNT CHARGES | 0 | 0 | 0 | 0 | 0 |
| 010405 | SALE OF PHARMACEUTICALS | 0 | 0 | 0 | 0 | 0 |
| 010409 | SALE OF GOODS OUTSIDE STATE GOVERNMENT | 0 | 0 | 0 | 0 | 0 |
| 011001 | HEALTHY START COALITION CONTRIBUTIONS | 0 | 125,264 | 125,264 | 0 | 125,264 |
| 011007 | CASH DONATIONS PRIVATE | 0 | 0 | 0 | 0 | 0 |
| 012020 | FINES AND FORFEITURES | 0 | 0 | 0 | 0 | 0 |
| 012021 | RETURN CHECK CHARGE | 0 | 0 | 0 | 0 | 0 |
| 028020 | INSURANCE RECOVERIES-OTHER | 0 | 0 | 0 | 0 | 0 |
| 090002 | DRAW DOWN FROM PUBLIC HEALTH UNIT | 0 | 49,368 | 49,368 | 0 | 49,368 |
| 011000 | GRANT DIRECT-NOVA UNIVERSITY CHD TRAINING | 0 | 0 | 0 | 0 | 0 |
| 011000 | GRANT-DIRECT | 0 | 0 | 0 | 0 | 0 |

GULF COUNTY HEALTH DEPARTMENT
Part II. Sources of Contributions to County Health Department
October 1, 2010 to September 30, 2011

| | State CHD Trust Fund (cash) | County CHD Trust Fund | Total CHD Trust Fund (cash) | Other Contribution | Total |
|--|---|-----------------------------|-----------------------------------|-----------------------|-----------|
| 11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY | | | | | |
| 011000 | GRANT DIRECT-COUNTY HEALTH DEPARTMENT DIRECT SERVICES | 0 | 0 | 0 | 0 |
| 011000 | GRANT - OTHER LOCAL GOVERNMENT (JAIL) DIRECT | 0 | 24,210 | 24,210 | 24,210 |
| 011000 | GRANT- SACRED HEART CONTRACT - DIRECT | 0 | 10,000 | 10,000 | 10,000 |
| 011000 | GRANT- HEALTH PROMOTION (AHEC) - DIRECT | 0 | 3,200 | 3,200 | 3,200 |
| 011000 | GRANT - NORTH FLORIDA CHILD DEVELOPMENT - DIRECT | 0 | 162,487 | 162,487 | 162,487 |
| 011000 | GRANT DIRECT-HEALTH CARE DISTRICT PAHOKEE | 0 | 0 | 0 | 0 |
| 011000 | GRANT-DIRECT | 0 | 0 | 0 | 0 |
| 011000 | GRANT-DIRECT | 0 | 0 | 0 | 0 |
| 011000 | GRANT-DIRECT | 0 | 0 | 0 | 0 |
| 011000 | GRANT-DIRECT | 0 | 0 | 0 | 0 |
| 011000 | GRANT-DIRECT | 0 | 0 | 0 | 0 |
| 011000 | GRANT-DIRECT | 0 | 0 | 0 | 0 |
| 011000 | GRANT DIRECT-ARROW | 0 | 0 | 0 | 0 |
| 010402 | Recycled Material Sales | 0 | 0 | 0 | 0 |
| 010303 | FDLE Fingerprinting | 0 | 0 | 0 | 0 |
| 007050 | ARRA Federal Grant | 0 | 606,495 | 606,495 | 606,495 |
| 001010 | Recovery of Bad Checks | 0 | 0 | 0 | 0 |
| 008065 | FCO Contribution | 0 | 0 | 0 | 0 |
| 011006 | Restricted Cash Donation | 0 | 0 | 0 | 0 |
| 028000 | Insurance Recoveries | 0 | 0 | 0 | 0 |
| 001033 | CMS Management Fee - PMPMPC | 0 | 0 | 0 | 0 |
| 010400 | Sale of Goods Outside State Government | 0 | 0 | 0 | 0 |
| 010500 | Refugee Health | 0 | 0 | 0 | 0 |
| 005045 | Interest Earned-Third Party Provider | 0 | 0 | 0 | 0 |
| 005043 | Interest Earned-Contract/Grant | 0 | 0 | 0 | 0 |
| 010306 | DOH/DOC Interagency Agreement | 0 | 0 | 0 | 0 |
| 008040 | BCC Grant/Contract | 0 | 0 | 0 | 0 |
| 011002 | ARRA Federal Grant - Sub-Recipient | 0 | 0 | 0 | 0 |
| OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL | | 0 | 2,274,974 | 2,274,974 | 2,274,974 |
| 12. ALLOCABLE REVENUE - COUNTY | | | | | |
| 018000 | REFUNDS | 0 | 0 | 0 | 0 |
| 037000 | PRIOR YEAR WARRANT | 0 | 0 | 0 | 0 |
| 038000 | 12 MONTH OLD WARRANT | 0 | 0 | 0 | 0 |
| COUNTY ALLOCABLE REVENUE TOTAL | | 0 | 0 | 0 | 0 |
| 13. BUILDINGS - COUNTY | | | | | |
| | ANNUAL RENTAL EQUIVALENT VALUE | 0 | 0 | 0 | 0 |
| | GROUNDS MAINTENANCE | 0 | 0 | 0 | 0 |
| | OTHER (SPECIFY) | 0 | 0 | 0 | 0 |
| | INSURANCE | 0 | 0 | 0 | 0 |
| | UTILITIES | 0 | 0 | 0 | 0 |
| | OTHER (SPECIFY) | 0 | 0 | 0 | 0 |
| | BUILDING MAINTENANCE | 0 | 0 | 5,500 | 5,500 |
| BUILDINGS TOTAL | | 0 | 0 | 5,500 | 5,500 |
| 14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY | | | | | |
| | EQUIPMENT/VEHICLE PURCHASES | 0 | 0 | 0 | 0 |

GULF COUNTY HEALTH DEPARTMENT
Part II. Sources of Contributions to County Health Department
October 1, 2010 to September 30, 2011

| | State CHD Trust Fund (cash) | County CHD Trust Fund | Total CHD Trust Fund (cash) | Other Contribution | Total |
|--|-----------------------------------|-----------------------------|-----------------------------------|-----------------------|-----------|
| 14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY | | | | | |
| VEHICLE INSURANCE | 0 | 0 | 0 | 0 | 0 |
| VEHICLE MAINTENANCE | 0 | 0 | 0 | 0 | 0 |
| OTHER COUNTY CONTRIBUTION (DONATION - WARD FOUNDATION) | 0 | 0 | 0 | 38,448 | 38,448 |
| OTHER COUNTY CONTRIBUTION (SPECIFY) | 0 | 0 | 0 | 0 | 0 |
| OTHER COUNTY CONTRIBUTIONS TOTAL | 0 | 0 | 0 | 38,448 | 38,448 |
| GRAND TOTAL CHD PROGRAM | 1,781,136 | 3,351,786 | 5,132,922 | 408,944 | 5,541,866 |

FIRS Core Contract Development Workbook

ATTACHMENT II

GULF COUNTY HEALTH DEPARTMENT

Part III, Planned Staffing, Clients, Services and Expenditures By Program Service Area Within Each Level of Service
October 1, 2010 to September 30, 2011

| | FTE's (0.00) | Clients | | | | Quarterly Expenditure Plan (Whole dollars only) | | | | State | County | Grand Total |
|---|-----------------|--------------|---------------|--------------------|--------------------|--|--------------------|--------------------|--------------------|--------------------|--------|----------------|
| | | Units | Services | 1st | 2nd | 3rd | 4th | | | | | |
| A. COMMUNICABLE DISEASE CONTROL: | | | | | | | | | | | | |
| 101 Immunization | 1.94 | 4875 | 8058 | 27468 | 23544 | 27468 | 23544 | 88817 | 13209 | 102025 | | |
| 102 Sexually Trans. Dis | 0.12 | 224 | 561 | 2826 | 2422 | 2826 | 2422 | 3652 | 6845 | 10497 | | |
| 103 AIDS | 0.19 | 389 | 618 | 3210 | 2751 | 3210 | 2751 | 4643 | 7280 | 11923 | | |
| 104 Tuberculosis | 0.06 | 53 | 135 | 1057 | 906 | 1057 | 906 | 3926 | 0 | 3926 | | |
| 105 Non-Cphu Providers | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 106 Comm. Dis. Surv. | 0.04 | 0 | 0 | 694 | 595 | 694 | 595 | 897 | 1682 | 2579 | | |
| 109 Hepatitis | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 116 Public Health Prep. and Resp | 0.26 | 0 | 0 | 4967 | 4257 | 4967 | 4257 | 6419 | 12029 | 18447 | | |
| 180 Vital Records | 0.24 | 933 | 1762 | 2960 | 2537 | 2960 | 2537 | 0 | 10985 | 10985 | | |
| COMMUNICABLE DISEASE SUBTOTAL: | 2.84 | 6475 | 11133 | \$43,183 | \$37,014 | \$43,183 | \$37,014 | \$108,354 | \$52,040 | \$160,393 | | |
| B. PRIMARY CARE: | | | | | | | | | | | | |
| 210 Chronic Disease Prevention Pro | 0.16 | 0 | 0 | 3883 | 3328 | 3883 | 3328 | 14354 | 68 | 14422 | | |
| 212 Tobacco Use Intervention | 2.18 | 0 | 17 | 38240 | 32777 | 38240 | 32777 | 137663 | 4371 | 142034 | | |
| 221 WIC | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 223 Family Planning | 3.62 | 596 | 3617 | 62988 | 53990 | 62988 | 53990 | 150353 | 83602 | 233955 | | |
| 225 Improved Pregnancy Outcome | 0.34 | 54 | 371 | 5136 | 4402 | 5136 | 4402 | 704 | 18373 | 19077 | | |
| 227 Healthy Start Prenatal | 1.67 | 210 | 7001 | 24598 | 21084 | 24598 | 21084 | 35 | 91330 | 91365 | | |
| 229 Comprehensive Child Health | 9.52 | 1772 | 7411 | 170300 | 145971 | 170300 | 145971 | 183449 | 449093 | 632541 | | |
| 231 Healthy Start Child | 0.79 | 215 | 5249 | 11156 | 9563 | 11156 | 9563 | 1526 | 39912 | 41438 | | |
| 232 Healthy Start Interconception Women | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 234 School Health | 10.41 | 0 | 47408 | 155344 | 133152 | 155344 | 133152 | 332953 | 244037 | 576990 | | |
| 237 Comprehensive Adult Health | 25.82 | 4383 | 23436 | 530209 | 454465 | 530209 | 454465 | 290985 | 1678363 | 1969347 | | |
| 240 Dental Health | 13.69 | 3571 | 18112 | 293720 | 251760 | 293720 | 251760 | 231725 | 859236 | 1090961 | | |
| PRIMARY CARE SUBTOTAL: | 68.19 | 10801 | 112622 | \$1,295,574 | \$1,110,492 | \$1,295,574 | \$1,110,492 | \$1,343,746 | \$3,468,384 | \$4,812,130 | | |
| C. ENVIRONMENTAL HEALTH: | | | | | | | | | | | | |
| Water and Onsite Sewage Programs | | | | | | | | | | | | |
| 347 Coastal Beach Monitoring | 0.24 | 461 | 463 | 6186 | 5302 | 6186 | 5302 | 20526 | 2451 | 22977 | | |
| 357 Limited Use Public Water Systems | 0.02 | 0 | 17 | 375 | 322 | 375 | 322 | 1300 | 95 | 1394 | | |
| 358 Public Water System | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 359 Private Water System | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 361 Onsite Sewage Treatment & Disp | 1.09 | 262 | 324 | 17650 | 15129 | 17650 | 15129 | 42473 | 23086 | 65559 | | |
| Group Total: | 1.34 | 723 | 804 | \$24,212 | \$20,753 | \$24,212 | \$20,753 | \$64,298 | \$25,632 | \$89,930 | | |

Note: The L5s on this report are sorted in numeric order.

| | Quarterly Expenditure Plan | | | | | | | | | | Grand Total | | | | | | | |
|---------------------------------------|----------------------------|-------|---------|----------|-------|-----------------------------|-------|-------|-------|--------|------------------|-----------------|-----------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| | FTE's (0.00) | Units | Clients | Services | 1st | 2nd (Whole dollars only) | 3rd | 4th | State | County | | | | | | | | |
| Facility Programs | | | | | | | | | | | | | | | | | | |
| 348 | 0.06 | 12 | 50 | 1241 | 1064 | 1241 | 1064 | 3282 | 1328 | 4610 | 0 | | | | | | | |
| 349 | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | |
| 351 | 0.02 | 10 | 14 | 555 | 476 | 555 | 476 | 0 | 2062 | 2062 | 0 | | | | | | | |
| 352 | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | |
| 353 | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | |
| 354 | 0.02 | 7 | 15 | 267 | 229 | 267 | 229 | 919 | 72 | 990 | 0 | | | | | | | |
| 360 | 0.02 | 20 | 40 | 360 | 308 | 360 | 308 | 1289 | 47 | 1336 | 0 | | | | | | | |
| 364 | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | |
| 369 | 0.00 | 0 | 0 | 27 | 23 | 27 | 23 | 96 | 3 | 99 | 0 | | | | | | | |
| Group Total: | | | | | | | | | | | \$5,585 | \$2,099 | \$2,449 | \$2,099 | \$5,512 | \$9,097 | | |
| Groundwater Contamination | | | | | | | | | | | | | | | | | | |
| 355 | 0.85 | 104 | 155 | 15275 | 13093 | 15275 | 13093 | 49665 | 7070 | 56734 | 0 | | | | | | | |
| 356 | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | |
| Group Total: | | | | | | | | | | | \$49,665 | \$13,093 | \$15,275 | \$13,093 | \$7,070 | \$56,734 | | |
| Community Hygiene | | | | | | | | | | | | | | | | | | |
| 344 | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | |
| 345 | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | |
| 346 | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | |
| 350 | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | |
| 362 | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | |
| 363 | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | |
| 365 | 0.03 | 13 | 34 | 470 | 403 | 470 | 403 | 1745 | 1745 | 1745 | 0 | | | | | | | |
| 366 | 0.02 | 5 | 19 | 779 | 668 | 779 | 668 | 2894 | 2894 | 2894 | 0 | | | | | | | |
| 367 | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | |
| 368 | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | |
| 370 | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | |
| 371 | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | |
| 372 | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | |
| 373 | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | |
| Group Total: | | | | | | | | | | | \$0 | \$1,071 | \$1,249 | \$37,016 | \$4,639 | \$4,639 | | |
| ENVIRONMENTAL HEALTH SUBTOTAL: | | | | | | | | | | | \$119,548 | \$40,853 | \$43,185 | \$37,016 | \$40,853 | \$160,401 | | |
| D. SPECIAL CONTRACTS: | | | | | | | | | | | | | | | | | | |
| 599 | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | |
| Special Contracts | | | | | | | | | | | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | | |
| SPECIAL CONTRACTS SUBTOTAL: | | | | | | | | | | | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | | |
| TOTAL CONTRACT | | | | | | | | | | | 73.40 | 18171 | 124886 | \$1,381,941 | \$1,184,521 | \$1,184,521 | \$3,561,277 | \$5,132,924 |

ATTACHMENT III
GULF 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
GULF COUNTY HEALTH DEPARTMENT
FACILITIES UTILIZED BY THE COUNTY HEALTH DEPARTMENT

| <u>Facility Description</u> | <u>Location</u> | <u>Owned By</u> |
|-------------------------------|--|-----------------|
| Gulf County Health Department | 2475 Garrison Avenue Port St. Joe, FL 32456 | Gulf County |
| Gulf County Health Department | 807 West Highway 22 Wewahitchka, FL 32465 | Gulf County |

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

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

| <u>CONTRACT YEAR</u> | <u>STATE</u> | <u>COUNTY</u> | <u>TOTAL</u> |
|----------------------|--------------|---------------|--------------|
| 2008-2009 | \$ _____ | \$ _____ | \$ _____ - |
| 2009-2010 | \$ _____ | \$ _____ | \$ _____ - |
| 2010-2011 | \$ _____ | \$ _____ | \$ _____ - |
| 2011-2012 | \$ _____ | \$ _____ | \$ _____ - |
| 2012-2013 | \$ _____ | \$ _____ | \$ _____ - |
| PROJECT TOTAL | \$ _____ - | \$ _____ - | \$ _____ - |

SPECIAL PROJECT CONSTRUCTION/RENOVATION PLAN

PROJECT NAME: _____

LOCATION/ ADDRESS: _____

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

SQUARE FOOTAGE: _____

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

ESTIMATED PROJECT INFORMATION:

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

COMPLETION DATE: _____

DESIGN FEES: \$ _____

CONSTRUCTION COSTS: \$ _____

FURNITURE/EQUIPMENT \$ _____

TOTAL PROJECT COST: \$ _____ -

COST PER SQ FOOT: \$ _____

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

ATTACHMENT VI
GULF COUNTY HEALTH DEPARTMENT
PRIMARY CARE

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

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

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

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

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

The target population to be served with categorical Primary Care funds will be those clients who are on the Sliding Fee Scale, 0 to 200 percent of Federal Poverty Level.

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

Gulf County Health Department does not intend to contract with other providers for the delivery of primary health care services using categorical Primary Care funds.



Charlie Crist
Governor

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

DATE: September 22, 2010

TO: Members of the Board of County Commissioners

FROM: Kim Barnhill - Interim Administrator
Gulf County Health Department
2475 Garrison Avenue
Port St. Joe, FL 32456

SUBJ: Resolution to Establish the Gulf County 2010/2011 Fee Schedule

2010 SEP 22 PM 12:18
CLERK OF COUNTY BOARD
GULF COUNTY, FLORIDA

Descriptions and Conditions

The Gulf County Health Department is submitting the attached Proposed Fee Schedule for approval by the Board of Commissioners. The Gulf County Health Department requests that these fees be effective October 1, 2010. Pursuant to Florida Statutes, Section 154.06 (1), the Board of Commissioners must establish the fee schedule by resolution. As such, a copy of this Resolution shall be signed by the Chairman of the Board, attested by the Clerk of the Board, and recorded in Public Records of Gulf County Florida.

Attachments

2010/2011 Proposed Fee Schedule

BCC APPROVED

DATE _____ D.C. _____

2010-2011 FEE SCHEDULE
GULF COUNTY HEALTH DEPARTMENT

EFFECTIVE: 10/01/10

| DIAGNOSTIC SCREENINGS | CPT CODE | FEE |
|---|----------|--|
| Administration fee for Adult Vaccines | | \$ 15.00 |
| Blood pressure check, routine..... | 2000F | \$ 5.00 If Medical Mgmt, also bill office visit |
| CBC (005009)..... | | \$ 27.00 Plus Nursing protocol or office visit & draw |
| Chem 8 Basic Metabolic Panel (Req order/Dx code)(322758) | | \$ 27.00 Plus Nursing protocol or office visit |
| Cholesterol Capillary (finger stick)..... | 82465 | \$ 8.00 Plus Nursing protocol or office visit |
| Colposcopy Lab..... | | \$ 90.00 ** Current Laboratory Cost to CHD |
| Comprehensive Metabolic Panel (Req order & Dx code)(322000) | | \$ 27.00 Plus Nursing protocol or office visit & draw |
| Drawing fee only..... | 36415 | \$ 10.00 Plus Nursing protocol or office visit |
| EKG..... | 93000 | \$ 40.00 Plus Office Visit-EKG order by our Physician |
| Flu Test, Quik Vue..... | 87804 | \$ 25.00 Plus Office Visit |
| Gyn Probe (up to age 26)..... | 87491 | Current Price ** Current Laboratory Cost to CHD on SFS Program |
| Gyn Probe (age 27 and above)..... | 87591 | Current Price ** Current Laboratory Cost to CHD on SFS Program |
| Glucose Capillary (finger stick)..... | 82962 | \$ 5.00 Plus Nursing protocol or office visit (99211) |
| Glucose draw for lab (001032)..... | | \$ 27.00 Plus Nursing protocol or office visit |
| Hemocult Slides (per slide)..... | | \$ 5.00 Plus Nursing protocol or office visit |
| Hemoglobin (in house)..... | 83026 | \$ 5.00 Plus Nursing protocol or office visit |
| Hgb A1C (sent to lab) (001453)..... | | \$ 27.00 Plus Nursing protocol or office visit |
| Hep B Titer-State Lab..... | | \$ 17.00 ** Current Laboratory Cost to CHD Plus Draw Fee |
| Lead Screen (except for EPSDT)..... | | \$ 20.00 Plus draw fee |
| Lipid Panel w/ LDL (235010)..... | | \$ 27.00 Plus draw fee |
| Lithium (007708)..... | 80178 | \$ 32.00 Plus draw fee |
| Micro Albumin (In House)..... | 82044 | \$ 10.00 Plus office visit |
| Mononucleosis (Heterophile Antibodies Screening) (006189)..... | 86308 | \$ 28.00 Plus office visit |
| Obesity Profile (includes draw - Special pricing designed for our clinic patients only)..... | | \$ 74.50 See comment in description |
| Prescription Assistance Program (Per Prescription)..... | | \$ 6.00 |
| Repeat Obesity Profile or Thyroid rechecks (includes draw - same as the above our pts only)..... | | \$ 30.00 ** Current Laboratory Cost to CHD Plus Office Visit |
| Pap Smear (pricing may vary according to lab cost and charge only if underinsured)..... | | \$ 30.00 Plus office visit |
| Repeat Pap Smear (same as above pap)..... | | \$ 30.00 Plus office visit |
| Pap Smear with HPV (pricing may vary according to lab cost and charge only if underinsured)..... | | \$ 42.00 Plus office visit |
| Pregnancy Test (urine)..... | 81025 | \$ 12.00 Plus office visit (99211) |
| Pregnancy Test (serum) sent to lab Requires order (004556) | | \$ 29.00 Plus office visit (99211) |
| Prothrombin Time (005199)..... | 85610 | \$ 27.00 Plus draw fee |
| PSA serum to lab Requires order with Dx code(010322)..... | | \$ 29.00 Plus draw fee |
| Strep Screen (billed in addition to office visit)..... | 86318 | \$ 10.00 Plus office visit |
| Thyroid Profile Requires order with Dx code (000620) | | \$ 30.00 Plus draw fee |
| Urinalysis, multistick (in house)..... | 81003 | \$ 10.00 Plus office visit (99211) |
| Urinalysis, (sent to lab) Requires order & Dx code (003038)..... | | \$ 27.00 Plus office visit (99211) |
| U/A Culture & Sensitivity (lab) Requires order & Dx code (008847) | | \$ 30.00 Plus office visit (99211) |
| Urine Drug Screen, 5 panel..... | 80100 | \$ 25.00 |
| Urine Drug Screen, 8 panel..... | 80100 | \$ 40.00 |
| Urine Drug Screen, 10 panel..... | 80100 | \$ 60.00 |

** Test Procedures listed are those we expect to do most routinely If the test is not listed then it will be our cost rounded up plus \$25.00 plus draw fee

**2010-2011 FEE SCHEDULE
GULF COUNTY HEALTH DEPARTMENT**

| OFFICE VISITS | CPT CODE | FEE |
|--|--|---------------------------|
| Minimum Office visit charge regardless of sliding fee scale eligibility of 15.00 where office visits apply. | | |
| Child Health Check-up (EPSDT)..... | Medicaid Reimbursement Rate | |
| Adult Health Exam (females will be charged for pap in addition unless it is billed to Ins.)..... | | \$ 75.00 |
| Adult Health Screening Lab (includes CBC, Thyroid Panel, Lipid Panel, CMP, HIV, also HgbA1C and PSA if applicable.)..... | This lab is optional. Not required in addition to the screening. | \$ 50.00 |
| | | Special pricing with exam |
| Family Planning Initial..... | | |
| program 23 (12 - 17 yrs old)..... | 99384 | \$ 120.00 |
| program 23 (18 - 39 yrs old)..... | 99385 | \$ 140.00 |
| program 23 (40 - 64 yrs old)..... | 99386 | \$ 160.00 |
| Family Planning Annual..... | | |
| program 23 (12 - 17 yrs old)..... | 99394 | \$ 100.00 |
| program 23 (18 - 39 yrs old)..... | 99395 | \$ 120.00 |
| program 23 (40 - 64 yrs old)..... | 99396 | \$ 130.00 |
| Family Planning Limited Exam,Counseling with or without Supply..... | | \$ 40.00 |
| | | 3 month supply only |
| OFFICE VISITS | | |
| Diet Initial..... | CPT CODE | FEE |
| Brief (approx. 10 minutes)..... | 99201 | \$ 40.00 |
| Limited (approx. 20 minutes)..... | 99202 | \$ 50.00 |
| Intermediate (approx. 30 minutes)..... | 99203 | \$ 75.00 |
| Extended (approx. 45 minutes)..... | 99204 | \$ 80.00 |
| Comprehensive (approx. 60 minutes)..... | 99205 | \$ 110.00 |
| | | \$ 160.00 |
| Child Well Check, New Patient | | |
| | CPT CODE | FEE |
| Under 1 year old | 99381 | \$ 50.00 |
| 1 - 4 years old | 99382 | \$ 60.00 |
| 5 -11 years old | 99383 | \$ 75.00 |
| 12 - 18 years old | 99384 | \$ 120.00 |
| Office Visit, Established Patient | | |
| | CPT CODE | FEE |
| Diet Follow-up..... | | \$ 22.00 |
| Brief - R.N (approx. 5 minutes)..... | 99211 | \$ 40.00 |
| Limited (ARNP or physician) (approx. 10 minutes)..... | 99212 | \$ 65.00 |
| Intermediate (approx. 15 minutes)..... | 99213 | \$ 75.00 |
| Extended (approx. 25 minutes)..... | 99214 | \$ 100.00 |
| Comprehensive (approx. 40 minutes)..... | 99215 | \$ 150.00 |
| Child Well Check, Established Patient | | |
| | CPT CODE | FEE |
| Under 1 year old | 99391 | \$ 50.00 |
| 1 - 4 years old | 99392 | \$ 50.00 |
| 5 -11 years old | 99393 | \$ 65.00 |
| 12 - 18 years old | 99394 | \$ 100.00 |
| Adult Exams | | |
| | CPT CODE | FEE |
| Established patient adult exam ages 18-39..... | 99395 | \$ 120.00 |
| Established patient adult exam ages 40-64..... | 99396 | \$ 130.00 |
| Established patient adult exam ages 65 and older..... | 99397 | \$ 140.00 |
| New patient adult exam ages 18-39..... | 99385 | \$ 140.00 |
| New patient adult exam ages 40-64..... | 99386 | \$ 160.00 |
| New patient adult exam ages 65 and older..... | 99387 | \$ 180.00 |
| Nursing Protocol Visit..... | | \$ 22.00 |
| Athletic Physicals/School Physicals by ARNP and/or Physician | all ages (cash only) | \$ 40.00 |
| Adult Physicals (for employment, college, BRIEF) No lab included | | \$ 75.00 |
| Nutrition Counseling, Initial Visit..... | all ages (cash only) | \$ 25.00 |
| Nutrition Counseling, Follow-up visits..... | all ages (cash only) | \$ 15.00 |

For Gulf County Residents *All others according to level of Office Visit

2010-2011 FEE SCHEDULE
GULF COUNTY HEALTH DEPARTMENT

EFFECTIVE: 10/01/10

| IMMUNIZATIONS | CPT CODE | FEE |
|---|-----------------------|---|
| All childhood immunizations ages 0-19 | | No Charge Plus administration fee |
| Hepatitis A Vaccine (per injection)..... | \$ | 40.00 |
| Hepatitis B Vaccine (per injection)..... | \$ | 40.00 |
| Influenza (Flu shot)..... | \$ | 28.00 |
| MMR vaccine - Adult..... | \$ | 60.00 Plus administration fee |
| Other Vaccines..... | Current Pharmacy Cost | Plus administration fee |
| Pneumonia vaccine (if available)..... | \$ | 41.00 |
| Rabies Vaccine | Current Pharmacy Cost | Plus Nursing protocol visit or office visit |
| Tetanus/TD -Private- Adult..... | \$ | 25.00 Plus administration fee |

| INJECTIONS | CPT CODE | FEE |
|--|----------|--|
| Adenosine 6mg/ml | J0150 \$ | 5.00 plus injection fee |
| Allergen Injection (one injection)..... | 95115 \$ | 15.00 Patient supplies medication |
| Allergen Injection (two injection)..... | 95117 \$ | 18.00 Patient supplies medication |
| Ancef (500mg)..... | J0690 \$ | 5.00 plus injection fee (90772) |
| Atropine | J0460 \$ | 5.00 plus injection fee |
| B12 (using CHD medication)..... | J3420 \$ | 1.50 Plus office visit, plus injection fee (90772) |
| B12, Rocephin, Decadron, Tordol, etc-Injection Fee..... | 90772 \$ | 17.00 Plus Nursing protocol visit |
| Benadryl | J1200 \$ | 5.00 plus injection fee |
| Decadron (per mg)..... | J1100 \$ | 2.50 plus injection fee (90772) |
| Epinephrine 1/1000 | J0170 \$ | 5.00 plus injection fee |
| Epinephrine 1/10000 | J0170 \$ | 5.00 plus injection fee |
| Nubain (per 10 mg)..... | J2300 \$ | 10.00 plus injection fee (90772) |
| Penicillin up to 600,000 units..... | J0560 \$ | 10.00 plus injection fee (90772) |
| Penicillin up to 1,200,000 units..... | J0570 \$ | 10.00 plus injection fee (90772) |
| Penicillin up to 2,400,000 units..... | J0580 \$ | 20.00 plus injection fee (90772) |
| Phenergan (up to 50mg)..... | J2550 \$ | 5.00 plus injection fee (90772) |
| PPD | 86580 \$ | 20.00 Plus Nursing protocol visit or office visit |
| No charge for infants, or clients with symptoms or contact with positive diagnosis | | |
| PPD Read..... | \$ | 5.00 |
| Rocephin (per 250 mg)..... | J0696 \$ | 18.00 plus injection fee (90772) |
| Solu-Medrol | J2920 \$ | 1.50 plus injection fee (90772) |
| Tordol (per 15 mg unit) | J1885 \$ | 6.50 plus injection fee (90772) |

** Medications listed are those we expect to do most routinely. The charges are taken from the Current Medication cost and rounded to the nearest dollar. Any medications not listed, that are performed by this office, will be charged according to the same method.

| MEDICATIONS | CPT CODE | FEE |
|--|----------------------------------|---|
| Insulin, per vial..... | Current Pharmacy Cost \$ | 15.00 Plus Nursing protocol visit or office visit |
| Glucose Monitors for 0% patients only..... | No charge for strips \$ | 10.00 |
| Seizure Medication (requires eligibility determination)..... | Only 100% below poverty eligible | No Charge |
| Parasite treatment (Mintezol, Vermox) per treatment | \$ | 5.00 Plus office visit (99212) |
| Pediculosis treatment..... | \$ | 12.00 Plus Nursing protocol or office visit (99211) |

All Family Planning medications are charged to the client at the current clinic cost.

| PROCEDURES | CPT CODE | FEE |
|--|----------|-----------|
| ** The procedures listed below are those we expect to do most routinely. The charges are taken from the Medicare Physician Fee Schedule Allowances, rounded up. Any procedures not listed below, that are performed by this office, will be charge by the same method. | | |
| Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different provider); other than the prone position | 01991 | \$ 25.00 |
| Incision & Drainage of abscess/cyst – simple/single | 10060 | \$ 99.00 |
| Incision & Drainage of abscess/cyst – multiple/complicated | 10061 | \$ 171.00 |
| Removal of foreign body subcutaneous (fish hook) | 10120 | \$ 119.00 |
| complicated | 10121 | \$ 235.00 |
| Incision & Drainage of hematoma | 10140 | \$ 139.00 |
| Puncture aspiration of abscess, hematoma, bulla, or cyst | 10160 | \$ 113.00 |
| Debridement; skin, partial thickness | 11040 | \$ 43.00 |
| Debridement; skin, full thickness | 11041 | \$ 52.00 |
| Biopsy of skin or tissue, single lesion | 11100 | \$ 89.00 |
| Biopsy of skin or tissue each additional lesion | 11101 | \$ 30.00 |
| Skin tag removal | 11200 | \$ 71.00 |
| Skin Tag Removal, Each Additional | 11201 | \$ 18.00 |
| Shaving of Lesions, no suturing, includes local anesthesia, chemical or electrocauterization | 11300 | \$ 59.00 |
| Shaving of Epidermal or dermal lesion, single lesion, trunk, arms or legs, Lesion Diameter 0.6 to 1.0 cm | 11301 | \$ 81.00 |
| Shaving of Epidermal or dermal lesion, single lesion, trunk, arms or legs, Lesion Diameter 1.1 to 2.0 cm | 11302 | |
| Shaving of Epidermal or dermal lesion, single lesion, trunk, arms or legs, Lesion Diameter over 2.0 cm | 11303 | \$ 114.00 |
| Shaving of Epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia, Lesion Diameter 0.5 cm or less | 11305 | \$ 63.00 |
| Shaving of Epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia, Lesion Diameter 0.6 to 1.0 cm | 11306 | \$ 85.00 |
| Shaving of Epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia, Lesion Diameter 1.1 to 2.0 cm | 11307 | \$ 100.00 |
| Shaving of Epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia, Lesion Diameter over 2.0 cm | 11308 | \$ 115.00 |
| Shaving of Epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane, Lesion Diameter 0.5 cm or less | 11310 | \$ 74.00 |
| Shaving of Epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane, Lesion Diameter 0.6 to 1.0 cm | 11311 | \$ 94.00 |
| Shaving of Epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane, Lesion Diameter 1.1 to 2.0 cm | 11312 | \$ 108.00 |
| Shaving of Epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane, Lesion Diameter over 2.0 cm | 11313 | \$ 136.00 |
| Excision of benign lesion, 0.5 cm or less, includes anesthesia and simple closure to trunk, arms, or legs (Add biopsy charge if applicable.) | 11400 | \$ 110.00 |
| Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs, excised diameter 0.6 to 1.0cm | 11401 | \$ 125.00 |
| Excision, benign lesion including margins, except skin tag (unless listed elsewhere); trunk, arms or legs, excised diameter 1.1 to 2.0cm | 11402 | \$ 140.00 |
| Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs, excised diameter 2.1 to 3.0cm | 11403 | \$ 162.00 |
| Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs, excised diameter 3.1 to 4.0cm | 11404 | \$ 185.00 |
| Excision of benign lesion, 0.5 cm or less, includes anesthesia and simple closure to scalp, neck, hands, feet, genitalia (Add biopsy charge if applicable.) | 11420 | \$ 103.00 |
| Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia, excised diameter 0.6 to 1.0 cm | 11421 | \$ 134.00 |

2010-2011 FEE SCHEDULE
GULF COUNTY HEALTH DEPARTMENT

EFFECTIVE: 10/01/10

| | | |
|---|----------|----------|
| Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm | 11422 \$ | 150.00 |
| Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm | 11423 \$ | 176.00 |
| Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm | 11424 \$ | 201.00 |
| Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm | 11426 \$ | 295.00 |
| Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less | 11440 \$ | 112.00 |
| Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm | 11441 \$ | 143.00 |
| Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm | 11442 \$ | 162.00 |
| Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm | 11443 \$ | 195.00 |
| Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm | 11444 \$ | 248.00 |
| Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm | 11446 \$ | 338.00 |
| Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.5 cm or less | 11600 \$ | 155.00 |
| Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm | 11601 \$ | 191.00 |
| Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm | 11602 \$ | 210.00 |
| Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm | 11603 \$ | 239.00 |
| Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm | 11604 \$ | 265.00 |
| Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm | 11606 \$ | 377.00 |
| Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less | 11620 \$ | 158.00 |
| Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm | 11621 \$ | 193.00 |
| Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm | 11622 \$ | 219.00 |
| Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm | 11623 \$ | 257.00 |
| Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia, excised diameter 3.1 to 4.0 cm | 11624 \$ | 291.00 |
| Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less | 11640 \$ | 165.00 |
| Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm | 11641 \$ | 204.00 |
| Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm | 11642 \$ | 236.00 |
| Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm | 11643 \$ | 279.00 |
| Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 3.1 to 4.0 cm | 11644 \$ | 347.00 |
| Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter over 4.0 cm | 11646 \$ | 463.00 |
| Nail removal | 11730 \$ | 91.00 |
| Excision of nail and nail matrix, partial or complete, for permanent removal | 11750 \$ | 192.00 |
| Wedge excision of skin of nail fold (eg. for ingrown toenail) | 11765 \$ | 1,112.00 |
| Laceration repair of body other than face, simple 2.5 cm or less | 12001 \$ | 132.00 |
| Laceration repair of body other than face, simple 2.6cm to 7.5cm | 12002 \$ | 141.00 |
| Laceration repair of body other than face, simple 7.6cm to 12.5cm | 12004 \$ | 167.00 |
| Laceration repair of body other than face, simple 12.6cm to 20 cm | 12005 \$ | 208.00 |

2010-2011 FEE SCHEDULE
GULF COUNTY HEALTH DEPARTMENT

EFFECTIVE: 10/01/10

| | | | |
|---|-------|----|--------|
| Laceration repair of body other than face, simple 20.1cm to 30.0 cm | 12006 | \$ | 259.00 |
| Laceration repair of body other than face, simple, over 30.0 cm .. | 12007 | \$ | 295.00 |
| Laceration repair of face or ears, simple 2.5 cm or less..... | 12011 | \$ | 140.00 |
| Laceration repair of face or ears, simple 2.6 cm to 5.0 cm | 12013 | \$ | 155.00 |
| Laceration repair of face or ears, simple 5.1 cm to 7.5 cm | 12014 | \$ | 183.00 |
| Laceration repair of face or ears, simple 7.6 cm to 12.5 cm | 12015 | \$ | 230.00 |
| Laceration repair of face or ears, simple 12.6 cm to 20.0 cm | 12016 | \$ | 276.00 |
| Laceration repair of face or ears, simple 20.1cm to 30.0 cm | 12017 | \$ | 253.00 |
| Laceration repair of face or ears, simple over 30.0 cm..... | 12018 | \$ | 316.00 |
| Layer closure of wounds of scalp, axillae, trunk, and/or extremities (excluding hands and feet) of body other than face, intermediate, 2.5 cm or less..... | 12031 | \$ | 208.00 |
| Layer closure of wounds of scalp, axillae, trunk, and/or extremities (excluding hands and feet) of body other than face, intermediate, 2.6 cm to 7.5 cm..... | 12032 | \$ | 265.00 |
| Layer closure of wounds of scalp, axillae, trunk, and/or extremities (excluding hands and feet) of body other than face, intermediate, 7.6 cm to 12.5 cm..... | 12034 | \$ | 265.00 |
| Layer closure of wounds of scalp, axillae, trunk, and/or extremities (excluding hands and feet) of body other than face, intermediate, 12.6 cm to 20.0 cm | 12035 | \$ | 326.00 |
| Layer closure of wounds of scalp, axillae, trunk, and/or extremities (excluding hands and feet) of body other than face, intermediate, 20.1cm to 30.0 cm | 12036 | \$ | 363.00 |
| Layer closure of wounds of scalp, axillae, trunk, and/or extremities (excluding hands and feet) of body other than face, intermediate, over 30.0 cm | 12037 | \$ | 411.00 |
| Layer closure of wounds of neck, hands, feet, and/or external genitalia, intermediate, 2.5 cm or less | 12041 | \$ | 218.00 |
| Layer closure of wounds of neck, hands, feet, and/or external genitalia, intermediate, 2.6 cm to 7.5 cm | 12042 | \$ | 252.00 |
| Layer closure of wounds of neck, hands, feet, and/or external genitalia, intermediate, 7.6 cm to 12.5 cm | 12044 | \$ | 294.00 |
| Layer closure of wounds of neck, hands, feet, and/or external genitalia, intermediate, 12.6 cm to 20.0 cm | 12045 | \$ | 329.00 |
| Layer closure of wounds of neck, hands, feet, and/or external genitalia, intermediate, 20.1 cm to 30.0 cm | 12046 | \$ | 393.00 |
| Layer closure of wounds of neck, hands, feet, and/or external genitalia, intermediate, over 30.0 cm..... | 12047 | \$ | 422.00 |
| Layer closure of face or ears, intermediate, 2.5 cm or less | 12051 | \$ | 234.00 |
| Layer closure of face or ears, intermediate, 2.6 cm to 5.0 cm | 12052 | \$ | 263.00 |
| Layer closure of face or ears, intermediate, 5.1 cm to 7.5 cm | 12053 | \$ | 291.00 |
| Layer closure of face or ears, intermediate, 7.6 cm to 12.5 cm ... | 12054 | \$ | 310.00 |
| Layer closure of face or ears, intermediate, 12.6 cm to 20.0 cm . | 12055 | \$ | 378.00 |
| Layer closure of face or ears, intermediate, 20.1cm to 30.0 cm . | 12056 | \$ | 448.00 |
| Layer closure of face or ears, intermediate over 30.0 cm | 12057 | \$ | 497.00 |
| Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area) | 16020 | \$ | 73.00 |
| Destruction of benign/premalignant lesion, not including skin tag | 17000 | \$ | 68.00 |
| Wart removal by any method | 17110 | \$ | 95.00 |
| Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia") | 20550 | \$ | 55.00 |
| Trigger Point Injections | 20552 | \$ | 48.00 |
| Arthrocentesis, aspiration and/or injection; small joint or bursa (eg, fingers, toes) | 20600 | \$ | 52.00 |
| Arthrocentesis, aspiration and or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa) | 20605 | \$ | 55.00 |
| Removal of fluid- knee, shoulder or hip | 20610 | \$ | 71.00 |
| Aspiration and/or injection of ganglion cyst(s) any location | 20612 | \$ | 56.00 |
| Nurse Maid Elbow | 24600 | \$ | 322.00 |
| Excision subcutaneous tumor, forearm and wrist | 25075 | \$ | 306.00 |
| Arthrotomy, with exploration, drainage, or removal of loose or foreign body, metacarpophalangeal joint, each | 26075 | \$ | 291.00 |
| Excision subcutaneous tumor, thigh or knee | 27327 | \$ | 407.00 |
| Excision of lesion of tendon sheath or capsule (eg, cyst or ganglion), leg and/or ankle | 27630 | \$ | 464.00 |
| Removal of foreign body, foot, subcutaneous | 28190 | \$ | 214.00 |
| Closed treatment of metatarsal fracture without manipulation, ea | 28470 | \$ | 188.00 |
| Long Arm Splint | 29105 | \$ | 77.00 |

2010-2011 FEE SCHEDULE
GULF COUNTY HEALTH DEPARTMENT

EFFECTIVE: 10/01/10

| | | |
|--|----------|--------|
| Short Arm Splint | 29125 \$ | 59.00 |
| Finger Splint | 29130 \$ | 37.00 |
| Long Leg Splint | 29505 \$ | 67.00 |
| Application of short leg splint | 29515 \$ | 64.00 |
| Removal foreign body, nose | 30300 \$ | 190.00 |
| Nasal Packing | 30901 \$ | 95.00 |
| Enucleation or excision of external thrombotic hemorrhoid | 46320 \$ | 149.00 |
| Bladder irrigation, simple, lavage and or instillation | 51700 \$ | 87.00 |
| Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine) | 51701 \$ | 61.00 |
| Insertion of temporary indwelling bladder, catheter; simple | 51702 \$ | 77.00 |
| Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery | 54056 \$ | 123.00 |
| Biopsy of vulva or perineum (separate procedure); one lesion .. | 56605 \$ | 81.00 |
| Colposcopy without biopsy | 57452 \$ | 107.00 |
| Colposcopy with biopsy | 57454 \$ | 152.00 |
| Cervical Biopsy | 57500 \$ | 124.00 |
| Cervical Curettage..... | 57505 \$ | 97.00 |
| Cautery of cervix; electro or thermal | 57510 \$ | 130.00 |
| Cryocautery, initial or repeat | 57511 \$ | 141.00 |
| Postpartum care only (separate procedure) | 59430 \$ | 147.00 |
| Removal foreign body, eye superficial | 65205 \$ | 52.00 |
| Removal foreign body, cornea without slit lamp | 65220 \$ | 50.00 |
| Incision of conjunctiva/cyst drainage | 68020 \$ | 99.00 |
| Removal foreign body from external auditory canal; without general anesthesia | 69200 \$ | 106.00 |
| Removal impact cerumen (separate procedure), one/or both ears | 69210 \$ | 46.00 |
| Pulmonary Functions Test | 94010 \$ | 32.00 |
| Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (eg, with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing [IPPB] device) | 94640 \$ | 14.00 |
| Aerosol inhalation of pentamidine for pneumocystis carinii pneumonia treatment or prophylaxis | 94642 \$ | 20.00 |
| Nebulizer treatment & medication (in house) Requires Dx code | 94664 \$ | 16.00 |
| Pulse Oximetry | 94760 \$ | 4.00 |
| Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), with or without topical application(s), wound assessment | 97597 \$ | 58.00 |
| Intravenous infusion, hydration, initial, 31 minutes to 1 hour | 96360 \$ | 56.00 |
| Intravenous infusion, hydration, each additional hour (List separately in addition to code for primary procedure) | 96361 \$ | 17.00 |
| Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour | 96365 \$ | 68.00 |
| Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)..... | 96366 \$ | 23.00 |
| Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug | 96374 \$ | 53.00 |
| Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure) | 96375 \$ | 24.00 |
| Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session | 97602 \$ | 36.00 |
| Negative pressure wound therapy (eg, vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session, total wound(s) surface area less than or equal to 50 square cm | 97605 \$ | 35.00 |
| Negative pressure wound therapy (eg, vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session, total wound(s) surface area greater than 50 square centimeters | 97606 \$ | 38.00 |

2010-2011 FEE SCHEDULE
GULF COUNTY HEALTH DEPARTMENT

EFFECTIVE: 10/01/10

Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making 99347 \$ 53.00

Prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service (eg, prolonged care and treatment of an acute asthmatic patient in an outpatient setting); first hour (List separate) 99354 \$ 92.00

Prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service (eg, prolonged care and treatment of an acute asthmatic patient in an outpatient setting); ea additional 30 min 99355 \$ 92.00

CLINICAL SOCIAL SERVICES

| | CPT CODE | FEE |
|---|-------------------|-----------|
| Psychiatric Diag Interview Exam - New Patient | 90801/H0031 | \$ 152.00 |
| Interactive Psych Diag Interview W/Play | 90802 | \$ 162.00 |
| Indiv Psych Behv Mod 20-30 Min | 90804 | \$ 67.00 |
| Indiv Psych Behv Mod W/Medical 20-30 Min | 90805 | \$ 75.00 |
| Indiv Psych Behv Mod 45-50 Min, Established Pt | 90806/H0031/H2000 | \$ 94.00 |
| Indiv Psych Behv Mod 45-50 Min, Established Pt W/Med Evaluation | 90807/T1015 | \$ 105.00 |
| Indiv Psych Behv Mod 75-80 Min | 90808 | \$ 38.00 |
| Indiv Psych Behv Mod 75-80 Min W/Med Evaluation | 90809 | \$ 149.00 |
| Indiv Psych Interactive W/Play 20-30 Min | 90810 | \$ 72.00 |
| Indiv Psych Interactive W/Play Med E & M | 90811 | \$ 83.00 |
| Indiv Psych Interactive W/Play 45-50 Min | 90812 | \$ 102.00 |
| Indiv/Family Therapy (per 15 minutes) | H2019 | \$ 25.50 |
| Group Therapy (per 15 minutes) | H2019 | \$ 8.75 |
| Family Psycho W/O Patient Present | 90846 | \$ 88.00 |
| Family Psycho W/ Patient Present | 90847 | \$ 109.00 |
| Mixed Family Group Psychotherapy | 90849 | \$ 33.00 |
| Group Psych(Other A Multiple Family) | 90853 | \$ 31.00 |
| Interactive Group Psychotherapy | 90857 | \$ 35.00 |
| Interpretation or explanation to other responsible person to assist | 90887 | \$ 60.00 |
| Therapeutic Behavioral-Therapy/Behavior Manage per 15min | H2019 | \$ 8.75 |
| Case Management-Child (per 15 minutes) | T1017 | \$ 5.00 |
| Case Management-Adult (per 15 minutes) | T1017 | \$ 5.00 |
| Case Management-Intensive-Team (per 15 minutes) | T1017 | \$ 10.00 |

There will be a County Health Department Fee of \$15.00 per visit for sliding fee patient, PLUS the patients' percentage of the cost calculated per the Sliding Fee Scale.

ORTHOPEDICS

| | CPT CODE | FEE |
|--|----------|-----------|
| Closed treatment of metatarsal fracture without manipulation | 28470 | \$ 169.00 |
| Application, cast, elbow to finger (short arm) | 29075 | \$ 78.00 |
| Application of short leg cast (below knee to toes) | 29405 | \$ 81.00 |
| Radiologic examination, foot, complete, minimum of three views | 73630 | \$ 30.00 |
| Injection, methylprednisolone acetate, 40 mg | J1030 | \$ 4.50 |
| Injection, methylprednisolone acetate, 80 mg | J1040 | \$ 8.50 |
| Cast supplies; short leg cast for adult (age 11 yrs and older) | Q4038 | \$ 36.00 |

There will be a County Health Department Fee of \$15.00 per visit for sliding fee patient, PLUS the patients' percentage of the cost calculated per the Sliding Fee Scale.

VITAL STATISTICS

| | FEE |
|--|----------|
| Certified copy of death certificates, each | \$ 10.00 |
| Certified copy of birth certificates, Gulf County births, first copy | \$ 10.00 |
| Gulf County births, each additional copy | \$ 6.00 |

CAR SEATS

| | FEE |
|------------------------------|----------|
| Car Seats, Sliding Fee Scale | \$ 15.00 |
| Car Seats, Full Pay | \$ 35.00 |

ENVIRONMENTAL HEALTH FEES - COUNTY

FEE

These fees are in addition to State Environmental Health Fees

| | | |
|--|----|----------|
| Water Samples (Micro)..... | \$ | 50.00 |
| Water Samples (Lead-Nitrates)..... | \$ | 85.00 |
| Subdivision Analysis: | | |
| 1-10 Lots..... | \$ | 300.00 |
| 11-20 Lots..... | \$ | 500.00 |
| 21-30 Lots..... | \$ | 650.00 |
| 31-40 Lots..... | \$ | 800.00 |
| 41-50 Lots..... | \$ | 950.00 |
| 51-60 Lots..... | \$ | 1,100.00 |
| 61-70 Lots..... | \$ | 1,250.00 |
| 71-80 Lots..... | \$ | 1,400.00 |
| 81-90 Lots..... | \$ | 1,550.00 |
| 91-100 Lots..... | \$ | 1,700.00 |
| 101-110 Lots..... | \$ | 1,850.00 |
| Swimming Pool Permit-Annual..... | \$ | 75.00 |
| Mobile Home & RV Park Permit-Annual..... | \$ | 50.00 |
| Tanning Facilities Permit-Annual..... | \$ | 50.00 |
| Food Establishment Permit-Annual..... | \$ | 50.00 |
| OSDS Permits, Other than new systems..... | \$ | 50.00 |
| OSDS Permit, New systems and Prior only..... | \$ | 75.00 |
| Drinking Water Permit-Annual..... | \$ | 50.00 |
| Pump Trucks..... | \$ | 25.00 |
| Massage Establishment Inspections..... | \$ | 25.00 |
| Dental Laboratory Inspections..... | \$ | 25.00 |
| Electrolysis Facility Inspections..... | \$ | 25.00 |

All other Environmental Health fees are mandated by the State of Florida and cannot be revised by this office.

Gulf County Health Department
Dental Clinic Fee Schedule

Effective : 10/01/10

FEE SCHEDULE FOR THE GULF COUNTY HEALTH DEPARTMENT DENTAL SERVICES 2010-2011

| CDT CODES | DESCRIPTION | 10/01/10 |
|--------------|---|-----------|
| D0120 | PERIODIC ORAL EVALUATION | \$ 25.00 |
| D0140 | LIMITED ORAL EVALUATION | \$ 35.00 |
| D0145 | ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH PRIMARY CARE | \$ 30.00 |
| D0150 | COMPREHENSIVE ORAL EVALUATION | \$ 45.00 |
| D0170 | RE-EVALUATION ,LIMITED,FOCUSED EST | \$ 25.00 |
| D0180 | COMPRESIVE PERIODONTAL EVALUATION | \$ 30.00 |
| D0210 | INTRAORAL X-RAY (FULL) | \$ 65.00 |
| D0220 | INTRAORAL PERIAPICAL X-RAY (1ST) | \$ 14.00 |
| D0230 | INTRAORAL PERIAPICAL X-RAY (ADDITIONAL) | \$ 10.00 |
| D0240 | INTRAORAL OCCLUSAL X-RAY | \$ 14.00 |
| D0270 | BITEWING X-RAY (SINGLE) | \$ 14.00 |
| D0272 | BITEWING X-RAY (2) | \$ 22.00 |
| D0273 | BITEWING X-RAY (3) | \$ 25.00 |
| D0274 | BITEWING X-RAY (4) | \$ 29.00 |
| D0277 | BITEWING X-RAY (7) | \$ 31.00 |
| D0330 | PANORAMIC X-RAY | \$ 60.00 |
| D0460 | PULP VITALITY TESTING-INCLUDES MULTIPLE TEETH | \$ 10.00 |
| D0470 | DIAGNOSTIC CASTS | \$ 25.00 |
| D1110 | ADULT ORAL PROPHYLAXIS | \$ 50.00 |
| D1120 | CHILD PROPHYLAXIS - UP TO 14 YEARS OLD | \$ 30.00 |
| D1203 | PEDIATRIC TOPICAL FLUORIDE APP | \$ 18.00 |
| D1204 | ADULT TOPICAL FLUORIDE APP | \$ 18.00 |
| D1206 | TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION FOR MODERATE TO HIGH CARIES RISK PATIEN | \$ 25.00 |
| D1310 | NUTRI COUNSEL ORAL DISEASE | \$ 15.00 |
| D1320 | TOBACCO COUNSEL/ORAL DISEASE | \$ 15.00 |
| D1330 | DET ORAL HYGIENE INSTRUCTIONS | \$ 15.00 |
| D1351 | OCCLUSAL SEALANT (PER TOOTH) | \$ 25.00 |
| D1510 | SPACE MAINTAINER (FIX UNI) | \$ 165.00 |
| D1515 | SPACE MAINTAINER (FIX BI) | \$ 234.00 |
| D1550 | RECEMENTATION/SPACE MAINTAINER | \$ 40.00 |
| D1555 | REMOVAL OF FIXED SPACE MAINTAINER-NOT ORIGINALLY PLACED | \$ 50.00 |
| D2140 | AMALGAM RESTORATION 1 SURF PER/PRI | \$ 65.00 |
| D2150 | AMALGAM RESTORATION 2 SURF PER/PRI | \$ 82.00 |
| D2160 | AMALGAM RESTORATION 3 SURF PER/PRI | \$ 97.00 |
| D2161 | AMALGAM RESTORATION 4+SURF PERM/PRI | \$ 115.00 |
| D2330 | RESIN 1 SURF PRI/PERM ANT | \$ 75.00 |
| D2331 | RESIN 2 SURF PRI/PERM ANT | \$ 92.00 |
| D2332 | RESIN 3 SURF PRI/PERM ANT | \$ 112.00 |
| D2335 | RESIN 4+ SURF/INCISAL PRI /PERM ANT | \$ 130.00 |
| D2390 | RESIN-BASED COMPOSITE CROWN-ANT | \$ 200.00 |
| D2391 | RESIN 1 SURF POS PERM/PRI | \$ 85.00 |
| D2392 | RESIN 2 SURF POS PERM/PRI | \$ 115.00 |
| D2393 | RESIN 3+ SURF POS PERMPRI | \$ 140.00 |
| D2394 | RESIN-BASED COMP 4+ SURF POS | \$ 155.00 |
| D2510 | INLAY-METALLIC ONE SURFACE | \$ 500.00 |
| D2520 | INLAY-METALLIC TWO SURFACE | \$ 525.00 |
| D2530 | INLAY-METALLIC THREE+ SURFACE | \$ 550.00 |
| D2542 | ONLAY METALLIC TWO SURFACE | \$ 550.00 |
| D2543 | ONLAY METALLIC THREE SURFACE | \$ 575.00 |
| D2544 | ONLAY METALLIC FOUR+ SURFACE | \$ 600.00 |
| D2710 | CROWN-FULL RESIN -LAB | \$ 260.00 |
| D2721 | CROWN-RESIN WITH PRE BASE METAL | \$ 500.00 |
| D2740 | CROWN-FULL PROC | \$ 775.00 |
| D2750 | CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL | \$ 725.00 |
| D2751 | CROWN-PORCELAIN FUSED TO BASE METAL | \$ 725.00 |
| D2752 | CROWN-PORC FUSED/NOBEL METAL | \$ 725.00 |

Gulf County Health Department
Dental Clinic Fee Schedule

Effective : 10/01/10

FEE SCHEDULE FOR THE GULF COUNTY HEALTH DEPARTMENT DENTAL SERVICES 2010-2011

| CDT CODES | DESCRIPTION | 10/01/10 |
|--------------|---|-----------|
| D2790 | CROWN-FULL CAST HIGH NOBLE METAL | \$ 650.00 |
| D2792 | CROWN-FULL CAST NOBLE METAL | \$ 650.00 |
| D2791 | CROWN-FULL CAST BASE METAL | \$ 650.00 |
| D2799 | PROVISIONAL CROWN TO BE WORN ATLEAST 6 MONTHS | \$ 225.00 |
| D2910 | RECEMENT INLAY | \$ 50.00 |
| D2915 | RECEMENT CAST OR PREFABRICATED POST AND CORE | \$ 50.00 |
| D2920 | RECEMENT CROWN | \$ 50.00 |
| D2930 | STAINLESS STEEL CROWN-PRIMARY TOOTH | \$ 140.00 |
| D2931 | STAINLESS STEEL CROWN-PERMANENT TOOTH | \$ 300.00 |
| D2932 | PREFABRICATED RESIN CROWN | \$ 225.00 |
| D2933 | STAINLESS STEEL CROWN/RESIN WITH RESIN WINDOW | \$ 200.00 |
| D2940 | TEMP SEDATIVE RESTORATION | \$ 50.00 |
| D2950 | CORE BUILDUP WITH PINS | \$ 135.00 |
| D2951 | PIN RETENTION PER TOOTH IN ADDITION TO RESTORATION | \$ 27.00 |
| D2952 | CAST POST & CORE, IN ADD TO CROWN | \$ 200.00 |
| D2954 | PREFAB POST & CORE IN ADD TO CROWN | \$ 160.00 |
| D2960 | LABIAL VENEER (RESIN LAMINATE)-CHAIRSIDE | \$ 250.00 |
| D2961 | LABIAL VENEER (RESIN LAMINATE)-LABORATORY | \$ 550.00 |
| D2962 | VENEERS (LABIAL VENEER PROCELAIN LAMINATE LAB) | \$ 725.00 |
| D2970 | TEMPORARY CROWN-AS IMMEDIATE PROTECTION NOT TO BE USED AS TEMPORIZATION DURING CROWN | \$ 225.00 |
| D3110 | PULP CAP-DIRECT | \$ 15.00 |
| D3120 | PULP CAP-INDIRECT | \$ 15.00 |
| D3220 | THERAPEUTIC PULPOTOMY-PRIMARY OR PERMANENT (EXCLUDING FINAL RESTORATION) | \$ 90.00 |
| D3221 | PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TOOTH | \$ 75.00 |
| D3230 | PULPAL THERAPY (RESORBABLE FILLING) ANT,PRI | \$ 100.00 |
| D3240 | PULPAL THERAPY(RESORBABLE FILLING)-POST,PRIM | \$ 125.00 |
| D3310 | ANTERIOR ENDODONTICS | \$ 400.00 |
| D3320 | PREMOLAR ENDODONTICS | \$ 460.00 |
| D3330 | MOLAR ENDODONTICS | \$ 600.00 |
| D3331 | TREATMENT OF ROOT CANAL OBST;NON SURG | \$ 146.00 |
| D3333 | INTERNAL ROOT REPAIR OF PERFORMANCE DEFECTS | \$ 126.00 |
| D3346 | ENDODONTIC RETREATMENT-ANT | \$ 485.00 |
| D3347 | ENDODONTIC RETREATMENT-PREMOLA | \$ 560.00 |
| D3348 | ENDODONTIC RETREATMENT-MOLAR | \$ 690.00 |
| D3351 | APEXIFICATION-INITAL TREATMENT | \$ 181.00 |
| D3352 | APEXIFICATION-INTERIM TREATMENT | \$ 92.00 |
| D3353 | APEXIFICATION-FINAL VISIT | \$ 253.00 |
| D3410 | APICOECTOMY-ANTERIOR | \$ 350.00 |
| D3430 | RETROGRADE FILLING-PER ROOT | \$ 125.00 |
| D3450 | AMPUTATION | \$ 215.00 |
| D3470 | INTENTIONAL REMOVAL AND REPLANTATION WITH SPLINTING | \$ 300.00 |
| D4210 | GINGIVOPLASTY/PER QUADRANT FOUR OR MORE TEETH | \$ 300.00 |
| D4211 | GINGICOPLASTY/1-3 TEETH IN QUAD OR SPACE | \$ 80.00 |
| D4240 | GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANNING, 4 OR MORE TEETH | \$ 300.00 |
| D4241 | GINGIVAL FLAP PROCEDURE INCLUDING ROOT PLANING, 1-3 TEETH PER QUADRANT | \$ 250.00 |
| D4249 | CLINICAL CROWN LENGTHENING | \$ 400.00 |
| D4260 | OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) FOUR OR MORE CONTIGUOUS TEETH OR B | \$ 600.00 |
| D4261 | OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) ONE TO THREE CONTIGUOUS TEETH OR B | \$ 550.00 |
| D4263 | BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT | \$ 200.00 |
| D4264 | BONE REPLACEMENT GRAFT - EACH ADDITIONAL SITE IN QUADRANT | \$ 225.00 |
| D4271 | FREE SOFT TISSUE GRAFT | \$ 500.00 |
| D4321 | PROVISIONAL SPLINTING-EXTRACORONAL | \$ 275.00 |
| D4341 | PER SCALING/ROOT PLANING-QUAD+4 | \$ 125.00 |
| D4342 | PER SCALING PLAN QUAD 1-3 | \$ 100.00 |
| D4355 | FULL MOUTH DEBRIDMENT | \$ 85.00 |

**Gulf County Health Department
Dental Clinic Fee Schedule**

Effective : 10/01/10

FEE SCHEDULE FOR THE GULF COUNTY HEALTH DEPARTMENT DENTAL SERVICES 2010-2011

| CDT CODES | DESCRIPTION | 10/01/10 |
|--------------|---|-------------|
| D4910 | PERIDONTAL MAINTENANCE | \$ 70.00 |
| D5110 | COMPLETE DENTURE (MAXILLARY) | \$ 750.00 |
| D5120 | COMPLETE DENTURE (MANDIBULAR) | \$ 750.00 |
| D5130 | IMMEDIATE UPPER DENTURE | \$ 750.00 |
| D5140 | IMMEDIATE LOWER DENTURE | \$ 750.00 |
| D5211 | MAXILLARY PARTIAL DENTURE-RESI | \$ 500.00 |
| D5212 | MANDIBULAR PARTIAL DENTURE-RES | \$ 500.00 |
| D5213 | MAX PARTIAL DENTURE-CAST | \$ 800.00 |
| D5214 | MAN PARTIAL DENTURE-CAST | \$ 800.00 |
| D5225 | MAXILLARY PARTIAL DENTURE-FLEXIABLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH) | \$ 700.00 |
| D5226 | MANDIBULAR PARTIAL DENTURE-FLEXIABLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH) | \$ 700.00 |
| D5410 | ADJUST COMPLETE DENTURE, UPPER | \$ 45.00 |
| D5411 | COMPLETE DENTURE ADJUSTMENT, LOWER | \$ 45.00 |
| D5421 | PARTIAL DENTURE ADJUSTMENT, UPPER | \$ 45.00 |
| D5422 | PARTIAL DENTURE ADJUSTMENT, LOWER | \$ 45.00 |
| D5510 | REPAIR BROKEN COMPLETE DENTURE BASE | \$ 95.00 |
| D5520 | REPLACE MISSING OR BROKEN TEETH-COMPLETE | \$ 110.00 |
| D5610 | REPAIR RESIN/PARTIAL BASE | \$ 100.00 |
| D5620 | REPAIR CASE FRAMEWORK | \$ 100.00 |
| D5630 | REPAIR OR REPLACE BROKEN CLASP | \$ 100.00 |
| D5640 | REPLACE BROKEN TOOTH (PER TOOTH) | \$ 95.00 |
| D5650 | ADD TOOTH TO EXIST PARTIAL DENTURE CLASP EXIST PARTIAL | \$ 105.00 |
| D5660 | ADD CLASP TO EXISTING PARTIAL DENTURE | \$ 100.00 |
| D5670 | REPLACE ALL TEETH AND ACRYLIC MAXILLARY PARTIAL DENTURE | \$ 350.00 |
| D5671 | REPLACE ALL TEETH AND ACRYLIC MANDIBULAR PARTIAL DENTURE | \$ 350.00 |
| D5730 | RELINEX MAX DENTURE (CHAIRSIDE) | \$ 150.00 |
| D5731 | RELINEX MAN COMPLETE (CHAIRSIDE) | \$ 150.00 |
| D5740 | RELINEX MAX PART DENT (CHAIRSIDE) | \$ 135.00 |
| D5741 | RELINEX MAN PART DENT (CHAIRSIDE) | \$ 135.00 |
| D5750 | RELINEX MAX COMPLETE DENT (LAB) | \$ 225.00 |
| D5751 | RELINEX MAN COMPLETE DENT (LAB) | \$ 225.00 |
| D5760 | RELINEX MAX PART DENT (LAB) | \$ 200.00 |
| D5761 | RELINEX MAN PART DENT (LAB) | \$ 200.00 |
| D5820 | INTERIM PARTIAL DENTURE MAX | \$ 325.00 |
| D5821 | INTERIM PARTIAL DENTURE MAN | \$ 325.00 |
| D5850 | MAXILLARY TISSUE CONDITIONING | \$ 75.00 |
| D5851 | MANDIBULAR TISSUE CONDITIONING | \$ 75.00 |
| D5862 | PRECISION ATTACHMENT BY REPORT | \$ 75.00 |
| D5899 | OPEN FACE CROWN FOR DENTURE | \$ 130.00 |
| D5982 | SURGICAL STENT | \$ 103.00 |
| D5986 | FLUORIDE GEL CARRIER | \$ 65.00 |
| D6053 | IMPLANT ABUTMENT SUPPORTED REMOVABLE DENTURE FOR COMPLETELY EDENTULOUS ARCH | \$ 800.00 |
| D6054 | IMPLANT ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH | \$ 800.00 |
| D6055 | DENTAL IMPLANT SUPPORT CONNECTING BAR | \$ 1,200.00 |
| D6056 | PREFABRICATED ABUTMENT-INCLUDES PLACEMENT | \$ 300.00 |
| D6057 | CUSTOM ABUTMENT-INCLUDES PLACEMENT | \$ 400.00 |
| D6058 | ABUTMENT SUPPORTED PORCELAIN CERAMIC CROWN | \$ 775.00 |
| D6059 | ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (HIGH NOBLE METAL) | \$ 725.00 |
| D6062 | ABUTMENT SUPPORTED CAST METAL CROWN (HIGH NOBLE METAL) | \$ 650.00 |
| D6068 | ABUTMENT SUPPORTED RETAINER FOR PORCELAIN CERAMIC FPD | \$ 725.00 |
| D6069 | ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (HIGH NOBLE METAL) | \$ 725.00 |
| D6072 | ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (HIGH NOBLE METAL) | \$ 650.00 |
| D6078 | IMPLANT ABUTMENT SUPPORTED FIXED DENTURE FOR COMPLETELY EDENTULOUS ARCH | \$ 750.00 |
| D6079 | IMPLANT ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS ARCH | \$ 750.00 |
| D6090 | REPAIR IMPLANT SUPPORTED PROSTHESIS, BY REPORT | \$ 125.00 |
| D6092 | RECEMENT IMPLANTABUTMENT SUPPORTED CROWN | \$ 50.00 |

**Gulf County Health Department
Dental Clinic Fee Schedule**

Effective : 10/01/10

FEE SCHEDULE FOR THE GULF COUNTY HEALTH DEPARTMENT DENTAL SERVICES 2010-2011

| CDT CODES | DESCRIPTION | 10/01/10 |
|--------------|--|-------------|
| D6093 | RECEMENT IMPLANT ABUTMENT SUPPORTED FIXED PARTIAL DENTURE | \$ 60.00 |
| D6095 | REPAIR IMPLANT ABUTMENT, BY REPORT | \$ 125.00 |
| D6210 | FIXED PARTIAL DENTURE - PONTIC GOLD HIGH (NOBLE) | \$ 650.00 |
| D6240 | FIXED PARTIAL DENTURE - PONTIC PORCELAIN FUSED TO HIGH NOBLE METAL | \$ 725.00 |
| D6545 | RETAINER, CAST METAL FOR RESIN BONDED FIXED PROSTHESIS | \$ 300.00 |
| D6750 | FIXED PARTIAL DENTURE - ABUTMENT PORCELAIN FUSED TO NOBLE HIGH METAL | \$ 725.00 |
| D6790 | FIXED PARTIAL DENTURE - ABUTMENT GOLD HIGH (NOBLE) | \$ 650.00 |
| D6930 | RECEMENT FIXED PARTIAL DENTURE | \$ 60.00 |
| D6940 | STRESS BREAKER | \$ 175.00 |
| D7111 | EXTRACTION DECIDUOUS TEETH | \$ 65.00 |
| D7140 | EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT | \$ 85.00 |
| D7210 | SURGICAL REMOVAL ERUPTED TOOTH | \$ 145.00 |
| D7220 | REMOVAL OF IMPACTION-SOFT TISSUE | \$ 180.00 |
| D7230 | REMOVAL OF IMPACTION-PART BONY | \$ 240.00 |
| D7240 | REMOVAL OF IMPACTION-COMP BONY | \$ 270.00 |
| D7241 | REMOVAL OF IMPACTION-DIFFICULT | \$ 300.00 |
| D7250 | SURGICAL REMOVAL RESIDUAL ROOT | \$ 150.00 |
| D7260 | ORANTAL FISTULA CLOSURE | \$ 400.00 |
| D7270 | TOOTH REPLANTATION AND STABILITY | \$ 300.00 |
| D7280 | SURGICAL EXPOSURE OF IMPACTED OR UNERUPTED-NOT TO BE EXTRACTED | \$ 300.00 |
| D7285 | BIOPSY OF ORAL TISSUE-HARD | \$ 150.00 |
| D7286 | BIOPSY OF ORAL TISSUE-SOFT | \$ 120.00 |
| D7310 | ALVELOPLASTY/EXTRACTION-FOUR OR MORE TEETH OR TOOTH SPACES, PER QUAD | \$ 150.00 |
| D7311 | ALVELOPLASTY/EXTRACTION-ONE TO THREE TEETH OR TOOTH SPACES, PER QUAD | \$ 125.00 |
| D7320 | ALVELOPLASTY/NO EXTRACT-FOUR OR MORE TEETH OR TOOTH SPACES,PER QUAD | \$ 200.00 |
| D7321 | ALVELOPLASTY/NO EXTRACT-ONE TO THREE TEETH OR TOOTH SPACES,PER QUAD | \$ 175.00 |
| D7410 | EXCISION OF BENIGN LESION UP TO 1.25 CM | \$ 150.00 |
| D7450 | REMOVAL ODONTOGENIC CYST<1.25 CM | \$ 250.00 |
| D7471 | REMOVAL OF EXOSTOSIS | \$ 400.00 |
| D7510 | INCISION & DRAINAGE OF ABSCESS-INTRORAL SOFT | \$ 100.00 |
| D7520 | I & D OF ABCESS-EXTRORAL SOFT TISS | \$ 150.00 |
| D7530 | REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN, OR SUBCUTANEOUS | \$ 85.00 |
| D7540 | REMOVAL OF REACTION PRODUCING FOREIGN BODIES, MUSCULOSKELETAL SYSTEM | \$ 250.00 |
| D7820 | CLOSE REDUCTION TMJ DISLOCATION | \$ 62.00 |
| D7880 | OCCLUSAL ORTHOTIC DEVICE, BY REPORT | \$ 432.00 |
| D7910 | SUTURE SMAL WOUND >5 CM | \$ 90.00 |
| D7911 | COMPLICATED SUTURE > 5 CM | \$ 260.00 |
| D7960 | FRENULECTOMY | \$ 200.00 |
| D7970 | EXCISION-HYPERPLASTIC TISSUE PER ARCH | \$ 225.00 |
| D7971 | EXCISION-PERICORONAL GINGIVAE ON IMPACTED OR PARTIALLY ERRUPTED | \$ 100.00 |
| D8010 | LIMITED ORTHO TREATMENT OF THE PRI DENTITION | \$ 250.00 |
| D8020 | LIMITED ORTHO TREATMENT OF THE TRANSITIONAL DENTITION | \$ 250.00 |
| D8030 | LIMITED ORTH TREATMENT OF THE ADOLESCENT DENTITION | \$ 250.00 |
| D8040 | LIMITED ORTHO TREATMENT OF THE ADULT DENTITION | \$ 250.00 |
| D8070 | COMPREHENSIVE ORTHO TREATMENT-TRANS | \$ 3,000.00 |
| D8080 | COMPREHENSIVE ORTHO TREATMENT-ADOLESCENT | \$ 3,200.00 |
| D8090 | COMPREHENSIVE ORTHO TREATMENT-ADULT DENT | \$ 3,500.00 |
| D8210 | REMOVALBE HABIT APPLIANCE | \$ 300.00 |
| D8220 | FIXED HABIT APPLIANCE | \$ 300.00 |
| D9110 | EMERGENCY / PALLIATIVE TREATMENT | \$ 50.00 |
| D9120 | FIXED PARTIAL DENTURE SECTIONING | \$ 75.00 |
| D9210 | LOCAL ANESTHESIA | \$ 15.00 |
| D9212 | TRIGEMINAL DIVISION BLOCK ANESTHESIA | \$ 15.00 |
| D9220 | GENERAL ANESTHESIA/DEEP SEDATION FIRST 30 MIN | \$ 153.00 |
| D9221 | GENERAL ANTHESIA-EACH ADD 15 MINUTES | \$ 73.00 |
| D9230 | ANALGESIA - NITROUS OXIDE PER 15 minutes | \$ 35.00 |

**Gulf County Health Department
Dental Clinic Fee Schedule**

Effective : 10/01/10

FEE SCHEDULE FOR THE GULF COUNTY HEALTH DEPARTMENT DENTAL SERVICES 2010-2011

| CDT CODES | DESCRIPTION | 10/01/10 |
|----------------------|--|-----------------|
| D9310 | PROFESSIONAL CONSULTATION | \$ 45.00 |
| D9430 | OFFICE VISIT | no charge |
| D9440 | OFFICE VISIT, AFTER REGULAR SCHEDULED HOURS | \$ 75.00 |
| D9630 | OTHER DRUGS AND/OR MEDICAMENTS, BY REPORT | \$ 11.00 |
| D9910 | DESENSITIZING MEDICATION PER VISIT | \$ 26.00 |
| D9911 | APPLICATION OF DESENSITIZING RESIN FOR CERVICAL AND/OR ROOT SURFACE, PER TOOTH | \$ 26.00 |
| D9920 | BEHAVIOR MGT (15 MIN INCREMENTS) | \$ 50.00 |
| D9930 | POST SURGICAL COMPLICATIONS | \$ 50.00 |
| D9940 | OCCLUSAL GUARD IN HOUSE | \$ 65.00 |
| D9940 | OCCLUSAL GUARD OFF SITE LAB | \$ 325.00 |
| D9941 | FABRICATION-ATHLETIC MOUTHGUARD | \$ 75.00 |
| D9942 | REPAIR AND/OR RELINE OF OCCLUSAL GUARD | \$ 75.00 |
| D9950 | OCCLUSION ANALYSIS-MOUNTED CASE | \$ 100.00 |
| D9951 | OCCLUSAL ADJUSTMENT-LIMITED | \$ 25.00 |
| D9952 | COMPLETE OCCLUSAL ADJUSTMENT | \$ 250.00 |
| D9971 | ODONTOPLASTY 1-2 TEETH | \$ 15.00 |
| D9972 | BLEACHING, EXTERNAL PER ARCH | \$ 125.00 |
| D9974 | INTERNAL BLEACHING PER TOOTH | \$ 25.00 |
| D9999 | UNSPECIFIED BY REPORT | \$ 50.00 |
| BLEACH | BLEACHING TUBE ONLY, 2 TUBES | \$ 25.00 |

There will be a County Health Department Fee of \$25.00 per visit for sliding fee patients per \$100.00 of dental charges, PLUS the patients' percentage of the cost calculated per the Sliding Fee Scale.

The above fee schedule indicates charges for services. The Gulf County Health Department will use updated income guidelines to determine eligibility for sliding fee scale up to 200% of Federal Poverty Level. The Gulf CHD Administrator shall have authority to make internal policies and procedures to limit the number of sliding fee scale clients seen per day, etc., and may restrict sliding fee scale dental services.

For root canals, post and core procedures, and other "intermediate" dental procedures, there will be a minimum of 50 % of the procedure fee due by the patient, regardless of sliding fee scale eligibility. "Intermediate" procedures shall be determined by the Dentist. Payment for these services must be paid in full before completion.

For crowns, bridges, partials, and denture services, the sliding fee scale will not be adjusted. These services shall be considered "elective" and the patient will be responsible for 100% of the charges. Payment for these services must be paid in full before seating or delivery. * In Grey shaded areas.

Laboratory charges must be paid in full prior to completion of the service (before delivery).

These fees are in effect from October 1, 2010 through September 30, 2011 as approved by the Gulf County Board of County Commissioners.



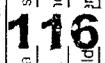
**ENVIRONMENTAL HEALTH FEE SCHEDULE
FISCAL YEAR 2010-2011
Effective 07/01/10-06/30/11**

| DESCRIPTION | FEE AMOUNT | DEPOSIT AMOUNT | ORG L4/L5 | EO | OBJECT CODE | REVENUE CATEGORY | SI | OCA | FUND GF-SF-FID | BUDGET ENTITY | IBI | PROGRAM COMPONENT |
|--|----------------|----------------|-----------|----|-------------|------------------|----|-------|----------------|---------------|-----|-------------------|
| PUBLIC SWIMMING POOLS AND BATHING PLACES | | | | | | | | | | | | |
| (Annual Permits received after 1/1/XX are prorated semi-annually) | | | | | | | | | | | | |
| 1. Annual Permit - Up to (and including) 25,000 gallons | 125.00 | 112.50 | XX-360 | DK | 001020 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 |
| 1a. Transfer to headquarters | | 12.50 | XX-399 | SM | 001206 | 000121 | RV | K3000 | 20-2-141001 | 64200700 | 00 | 1306000000 |
| 2. Annual permit- More than 25,000 gallons | 250.00 | 225.00 | XX-360 | DK | 001020 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 |
| 2a. Transfer to headquarters | | 25.00 | XX-399 | SM | 001206 | 000121 | RV | K3000 | 20-2-141001 | 64200700 | 00 | 1306000000 |
| 3. Exempted Condo or Co-op Pools (over 32 units) | 50.00 | 45.00 | XX-360 | DK | 001020 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 |
| 3a. Transfer to headquarters | | 5.00 | XX-399 | SM | 001206 | 000121 | RV | K3000 | 20-2-141001 | 64200700 | 00 | 1306000000 |
| 4. Non-Routine Inspection (no charge for 1st reinspection) | 40.00 | 40.00 | XX-360 | DK | 001020 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 |
| OTHER FEES | | | | | | | | | | | | |
| Collected by the 13 delegated engineering counties | | | | | | | | | | | | |
| Broward, Dade, Duval, Hillsborough, Lee, Manatee, | | | | | | | | | | | | |
| Collier, Palm Beach, Pinellas, Polk, Sarasota, Volusia, Escambia. | | | | | | | | | | | | |
| Permits and variances for Okaloosa, Santa Rosa, Walton, Bay, | | | | | | | | | | | | |
| Holmes, and Washington CHDs are processed by Escambia CHD. Polk CHD | | | | | | | | | | | | |
| processes Sumter & Hardee. Lee processes Charlotte, | | | | | | | | | | | | |
| Volusia processes Flagler | | | | | | | | | | | | |
| 1. Plan review (new construction) 25,000 gallons or less | 350.00 | 350.00 | XX-360 | DK | 001092 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 |
| 2. Plan review (new construction) more than 25,000 gallons | 500.00 | 500.00 | XX-360 | DK | 001092 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 |
| 3. Modification to approved construction plans (after permit issued) | 150.00 | 150.00 | XX-360 | DK | 001092 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 |
| 4. Modification to existing pool (one that has been in operation) | 150.00 | 150.00 | XX-360 | DK | 001092 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 |
| 5. Plan/application review for new bathing place development | 275.00 | 275.00 | XX-360 | DK | 001092 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 |
| 6. Modification of existing bathing place | 100.00 | 100.00 | XX-360 | DK | 001092 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 |
| 7. Initial operating permit | 150.00 | 150.00 | XX-360 | DK | 001092 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 |
| 8. Variance application | 300.00 | 270.00 | XX-360 | DK | 001092 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 |
| 8a. Transfer to headquarters | | 30.00 | XX-399 | SM | 001206 | 000121 | RV | K3000 | 20-2-141001 | 64200700 | 00 | 1306000000 |
| All other counties who receive the application packet with fee from an applicant should send the packet/fee to their assigned Bureau of Water Programs Office in Tallahassee or Orlando | | | | | | | | | | | | |
| MOBILE HOME & RECREATIONAL VEHICLE PARKS | | | | | | | | | | | | |
| (FEES ARE PRORATED ON A QUARTERLY BASIS) | | | | | | | | | | | | |
| 1. Annual permit for 5 to 25 spaces | 100.00 | 90.00 | XX-354 | DK | 001020 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 |
| 1a. Transfer to headquarters | | 10.00 | XX-399 | MP | 001206 | 000121 | RV | UG000 | 20-2-141001 | 64200700 | 00 | 1306000000 |
| 2. Annual permit for 26 to 149 spaces | 4.00 per space | | XX-354 | DK | 001020 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 |
| 2a. Transfer to headquarters | | 10% | XX-399 | MP | 001206 | 000121 | RV | UG000 | 20-2-141001 | 64200700 | 00 | 1306000000 |
| 3. Annual permit for 150 and above spaces | 600.00 | 540.00 | XX-354 | DK | 001020 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 |
| 3a. Transfer to headquarters | | 60.00 | XX-399 | MP | 001206 | 000121 | RV | UG000 | 20-2-141001 | 64200700 | 00 | 1306000000 |

| DESCRIPTION | FEE AMOUNT | DEPOSIT AMOUNT | ORG L4/L5 | EO | OBJECT CODE | REVENUE CATEGORY | SI | OCA | FUND GF-SF-FID | BUDGET ENTITY | IBI | PROGRAM COMPONENT | ESTIMATED ANNUAL REVENUE |
|--|------------|----------------|-----------|----|-------------|------------------|----|-------|----------------|---------------|-----|-------------------|--------------------------|
| MIGRANT LABOR CAMPS | | | | | | | | | | | | | |
| 1. Annual permit for facilities with 5-50 occupants | 125.00 | 125.00 | XX-352 | DK | 001020 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 2. Annual permit for facilities with 51-100 occupants | 225.00 | 225.00 | XX-352 | DK | 001020 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 3. Annual permit for facilities with over 100 occupants | 500.00 | 500.00 | XX-352 | DK | 001020 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| BIOMEDICAL WASTE FACILITIES | | | | | | | | | | | | | |
| 1. Initial permit (generator, storage and treatment) | 85.00 | 85.00 | XX-364 | DK | 001020 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 2. Renewal of annual permit (except exempt generator producing less than 25lbs/30 days) postmarked by October 1 | 85.00 | 85.00 | XX-364 | DK | 001020 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 3. Renewal of annual permit (except exempt generator producing less than 25lbs/30 days) postmarked after October 1 | 105.00 | 105.00 | XX-364 | DK | 001020 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 4. Initial Transporter Registration (includes 1 truck) | 85.00 | 85.00 | XX-364 | DK | 001020 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 5. Initial Registration of Each Additional Truck | 10.00 | 10.00 | XX-364 | DK | 001020 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 6. Annual Registration Renewal (postmarked by 10/01, includes 1 truck) | 85.00 | 85.00 | XX-364 | DK | 001020 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 7. Annual Registration Renewal (postmarked after 10/01, includes 1 truck) | 105.00 | 105.00 | XX-364 | DK | 001020 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 8. Annual Registration of Each Additional Truck | 10.00 | 10.00 | XX-364 | DK | 001020 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| TANNING FACILITIES | | | | | | | | | | | | | |
| (FEES ARE PRORATED ON A QUARTERLY BASIS) | | | | | | | | | | | | | |
| 1. Annual license fee | 150.00 | 135.00 | XX-369 | DK | 001020 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 1a. Transfer to headquarters | | 15.00 | XX-399 | TN | 001206 | 000121 | RV | R9000 | 20-2-141001 | 64200700 | 00 | 1306000000 | |
| 2. Fee for each additional device | 55.00 | 49.50 | XX-369 | DK | 001020 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 2a. Transfer to headquarters | | 5.50 | XX-399 | TN | 001206 | 000121 | RV | R9000 | 20-2-141001 | 64200700 | 00 | 1306000000 | |
| 3. Late fee | 25.00 | 25.00 | XX-369 | DK | 001020 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| Maximum license fee that can be charged for tanning facilities is \$315.00 | | | | | | | | | | | | | |
| BODY PIERCING | | | | | | | | | | | | | |
| (FEES ARE PRORATED ON A QUARTERLY BASIS) | | | | | | | | | | | | | |
| 1. Initial License (prorated quarterly) | 150.00 | 135.00 | XX-349 | DK | 001020 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 1a. Transfer to headquarters | | 15.00 | XX-399 | IE | 001206 | 000121 | RV | PIERS | 20-2-141001 | 64200700 | 00 | 1306000000 | |
| 2. Temporary Establishment | 75.00 | 67.50 | XX-349 | DK | 001020 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 2a. Transfer to headquarters | | 7.50 | XX-399 | IE | 001206 | 000121 | RV | PIERS | 20-2-141001 | 64200700 | 00 | 1306000000 | |
| 3. Annual Renewal License Fee | 150.00 | 135.00 | XX-349 | DK | 001020 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 3a. Transfer to headquarters | | 15.00 | XX-399 | IE | 001206 | 000121 | RV | PIERS | 20-2-141001 | 64200700 | 00 | 1306000000 | |
| 4. Late fee | 100.00 | 100.00 | XX-349 | DK | 001020 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| FOOD ESTABLISHMENTS | | | | | | | | | | | | | |
| (FEES ARE PRORATED ON A QUARTERLY BASIS) | | | | | | | | | | | | | |
| 1. Annual Permit for Fraternal/Civic | 190.00 | 171.00 | XX-348 | DK | 001020 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 1a. Transfer to headquarters | | 19.00 | XX-399 | FP | 001206 | 000121 | RV | I0000 | 20-2-141001 | 64200700 | 00 | 1306000000 | |
| 2. Annual Permit School Cafeteria Operating for 9 months or less | 170.00 | 153.00 | XX-348 | DK | 001020 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 2a. Transfer to headquarters | | 17.00 | XX-399 | FP | 001206 | 000121 | RV | I0000 | 20-2-141001 | 64200700 | 00 | 1306000000 | |
| 3. Annual Permit School Cafeteria Operating for more than 9 months | 200.00 | 180.00 | XX-348 | DK | 001020 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 3a. Transfer to headquarters | | 20.00 | XX-399 | FP | 001206 | 000121 | RV | I0000 | 20-2-141001 | 64200700 | 00 | 1306000000 | |
| 4. Annual Permit for Hospital/Nursing Food Service | 250.00 | 225.00 | XX-348 | DK | 001020 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |

| DESCRIPTION | FEE AMOUNT | DEPOSIT AMOUNT | ORG L4/L5 | EO | OBJECT CODE | REVENUE CATEGORY | SI | OCA | FUND GF-SF-FID | BUDGET ENTITY | IBI | PROGRAM COMPONENT | ESTIMATED ANNUAL REVENUE |
|---|------------|----------------|-----------|----|-------------|------------------|----|-------|----------------|---------------|-----|-------------------|--------------------------|
| 4a. Transfer to headquarters | | 25.00 | XX-399 | FP | 001206 | 000121 | RV | 10000 | 20-2-141001 | 64200700 | 00 | 1306000000 | |
| 5. Annual Permit for Movie Theaters | 190.00 | 171.00 | XX-348 | DK | 001020 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 5a. Transfer to headquarters | | 19.00 | XX-399 | FP | 001206 | 000121 | RV | 10000 | 20-2-141001 | 64200700 | 00 | 1306000000 | |
| 6. Annual Permit for Jails/Prisons | 250.00 | 225.00 | XX-348 | DK | 001020 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 6a. Transfer to headquarters | | 25.00 | XX-399 | FP | 001206 | 000121 | RV | 10000 | 20-2-141001 | 64200700 | 00 | 1306000000 | |
| 7. Annual Permit for Bars/Lounges (Drink Service Only) | 190.00 | 171.00 | XX-348 | DK | 001020 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 7a. Transfer to headquarters | | 19.00 | XX-399 | FP | 001206 | 000121 | RV | 10000 | 20-2-141001 | 64200700 | 00 | 1306000000 | |
| 8. Annual Permit for Residential Facilities | 135.00 | 121.50 | XX-348 | DK | 001020 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 8a. Transfer to headquarters | | 13.50 | XX-399 | FP | 001206 | 000121 | RV | 10000 | 20-2-141001 | 64200700 | 00 | 1306000000 | |
| 9. Annual Permit for Child Care Centers | 110.00 | 99.00 | XX-348 | DK | 001020 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 9a. Transfer to headquarters | | 11.00 | XX-399 | FP | 001206 | 000121 | RV | 10000 | 20-2-141001 | 64200700 | 00 | 1306000000 | |
| 10. Annual Permit for Limited Food Service | 110.00 | 99.00 | XX-348 | DK | 001020 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 10a. Transfer to headquarters | | 11.00 | XX-399 | FP | 001206 | 000121 | RV | 10000 | 20-2-141001 | 64200700 | 00 | 1306000000 | |
| 11. Annual Permit Other Food Service | 190.00 | 171.00 | XX-348 | DK | 001020 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 11a. Transfer to headquarters | | 19.00 | XX-399 | FP | 001206 | 000121 | RV | 10000 | 20-2-141001 | 64200700 | 00 | 1306000000 | |
| 12. Annual Permit for Catering Service | 160.00 | 162.00 | XX-348 | DK | 001020 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 12a. Transfer to headquarters | | 18.00 | XX-399 | FP | 001206 | 000121 | RV | 10000 | 20-2-141001 | 64200700 | 00 | 1306000000 | |
| 13. Annual Permit for Mobile Food Unit | 180.00 | 162.00 | XX-348 | DK | 001020 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 13a. Transfer to headquarters | | 18.00 | XX-399 | FP | 001206 | 000121 | RV | 10000 | 20-2-141001 | 64200700 | 00 | 1306000000 | |
| 14. Annual Permit for Vending Machine Dispense-Potentially Hazard Food | 85.00 | 76.50 | XX-348 | DK | 001020 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 14a. Transfer to headquarters | | 8.50 | XX-399 | FP | 001206 | 000121 | RV | 10000 | 20-2-141001 | 64200700 | 00 | 1306000000 | |
| 15. Annual permit for multiple food operations operating in the same building and under the same ownership | 300.00 | 270.00 | XX-348 | DK | 001020 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 15a. Transfer to headquarters | | 30.00 | XX-399 | FP | 001206 | 000121 | RV | 10000 | 20-2-141001 | 64200700 | 00 | 1306000000 | |
| 16. Plan Review | \$40/hour | \$40/hour | XX-348 | DK | 001092 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 17. Food Worker Training (per person) | 10.00 | 10.00 | XX-348 | DK | 001092 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 18. Request for Inspection | 40.00 | 40.00 | XX-348 | DK | 001092 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 19. Re-inspection (after the first reinspection) | 75.00 | 75.00 | XX-348 | DK | 001092 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 20. Late Renewal | 25.00 | 25.00 | XX-348 | DK | 001092 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 21. Alcoholic Beverage Inspection Approval | 30.00 | 30.00 | XX-348 | DK | 001092 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 22. Temporary Event for Food Service Establishment for Sponsor without an Existing Sanitation Certificate | 100.00 | 100.00 | XX-348 | DK | 001092 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 23. Temporary Event for Food Service Establishment for Vendor or Booth without an Existing Sanitation Certificate | 50.00 | 50.00 | XX-348 | DK | 001092 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| ONSITE SEWAGE DISPOSAL PROGRAM (OSTDS) | | | | | | | | | | | | | |
| 1. Application and plan review for construction permit for new systems | 100.00 | 92.00 | XX-361 | DK | 001092 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 1a. Transfer to headquarters | | 8.00 | XX-399 | ST | 001206 | 000121 | RV | 1E000 | 20-2-141001 | 64200700 | 00 | 1306000000 | |
| 2. Application and approval for existing system, if system inspection not required. | 35.00 | 32.20 | XX-361 | DK | 001092 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 2a. Transfer to headquarters | | 2.80 | XX-399 | ST | 001206 | 000121 | RV | 1E000 | 20-2-141001 | 64200700 | 00 | 1306000000 | |
| 3. Application and Existing System Evaluation | 50.00 | 46.00 | XX-361 | DK | 001092 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 3a. Transfer to headquarters | | 4.00 | XX-399 | ST | 001206 | 000121 | RV | 1E000 | 20-2-141001 | 64200700 | 00 | 1306000000 | |
| 4. Application for permitting of a new Performance-based treatment system | 125.00 | 115.00 | XX-361 | DK | 001092 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 4a. Transfer to headquarters | | 10.00 | XX-399 | ST | 001206 | 000121 | RV | 1E000 | 20-2-141001 | 64200700 | 00 | 1306000000 | |

| DESCRIPTION | FEE AMOUNT | DEPOSIT AMOUNT | ORG L4/L5 | EO | OBJECT CODE | REVENUE CATEGORY | SI | OCA | FUND GF-SF-FID | BUDGET ENTITY | IBI | PROGRAM COMPONENT | ESTIMATED ANNUAL REVENUE |
|---|------------|----------------|-----------|----|-------------|------------------|----|-------|----------------|---------------|-----|-------------------|--------------------------|
| 5. Site evaluation | 115.00 | 105.80 | XX-361 | DK | 001092 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 5a. Transfer to headquarters | | 9.20 | XX-399 | ST | 001206 | 000121 | RV | 1E000 | 20-2-141001 | 64200700 | 00 | 1306000000 | |
| 6. Site re-evaluation | 50.00 | 46.00 | XX-361 | DK | 001092 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 6a. Transfer to headquarters | | 4.00 | XX-399 | ST | 001206 | 000121 | RV | 1E000 | 20-2-141001 | 64200700 | 00 | 1306000000 | |
| 7. Permit or permit amendment for new systems. | 55.00 | 50.60 | XX-361 | DK | 001092 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 7a. Transfer to headquarters | | 4.40 | XX-399 | ST | 001206 | 000121 | RV | 1E000 | 20-2-141001 | 64200700 | 00 | 1306000000 | |
| 8. Research and Training Surcharges-Collected at the CHDs | 5.00 | 0.00 | | | | | | | | | | | |
| 8a. Transferred to headquarters | | 5.00 | XX-399 | RF | 001206 | 000121 | RV | 89000 | 20-2-141001 | 64200700 | 00 | 1306000000 | |
| 8b. Collected at CHD transferred to headquarters | | 5.00 | XX-399 | TC | 001206 | 000121 | RV | SEWTR | 20-2-141001 | 64200700 | 00 | 1306000000 | |
| 9. Initial system inspection | 75.00 | 69.00 | XX-361 | DK | 001092 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 9a. Transfer to headquarters | | 6.00 | XX-399 | ST | 001206 | 000121 | RV | 1E000 | 20-2-141001 | 64200700 | 00 | 1306000000 | |
| 10. System reinspection (stabilization, non-compliance or other inspection after initial inspection) | 50.00 | 46.00 | XX-361 | DK | 001092 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 10a. Transfer to headquarters | | 4.00 | XX-399 | ST | 001206 | 000121 | RV | 1E000 | 20-2-141001 | 64200700 | 00 | 1306000000 | |
| 11. Application for system abandonment permit, includes permit issuance and inspection | 50.00 | 46.00 | XX-361 | DK | 001092 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 11a. Transfer to headquarters | | 4.00 | XX-399 | ST | 001206 | 000121 | RV | 1E000 | 20-2-141001 | 64200700 | 00 | 1306000000 | |
| 12. Annual operating permit fee for industrial/manufacturing zoning or commercial sewage waste | 150.00 | 138.00 | XX-361 | DK | 001092 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 12a. Transfer to headquarters | | 12.00 | XX-399 | ST | 001206 | 000121 | RV | 1E000 | 20-2-141001 | 64200700 | 00 | 1306000000 | |
| 13. Biennial operating permit for aerobic treatment unit or performance based treatment system | 100.00 | 92.00 | XX-361 | DK | 001092 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 13a. Transfer to headquarters | | 8.00 | XX-399 | ST | 001206 | 000121 | RV | 1E000 | 20-2-141001 | 64200700 | 00 | 1306000000 | |
| 14. Amendments to operating permit | 50.00 | 46.00 | XX-361 | DK | 001092 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 14a. Transfer to headquarters | | 4.00 | XX-399 | ST | 001206 | 000121 | RV | 1E000 | 20-2-141001 | 64200700 | 00 | 1306000000 | |
| 15. Tank manufacturer's inspection per annum | 100.00 | 50.00 | XX-361 | DK | 001092 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 15a. Transfer to headquarters | | 50.00 | XX-399 | ST | 001206 | 000121 | RV | 1E000 | 20-2-141001 | 64200700 | 00 | 1306000000 | |
| 16. Septage disposal service permit per annum | 75.00 | 69.00 | XX-361 | DK | 001092 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 16a. Transfer to headquarters | | 6.00 | XX-399 | ST | 001206 | 000121 | RV | 1E000 | 20-2-141001 | 64200700 | 00 | 1306000000 | |
| 17. Portable or temporary toilet service permit per annum | 75.00 | 69.00 | XX-361 | DK | 001092 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 17a. Transfer to headquarters | | 6.00 | XX-399 | ST | 001206 | 000121 | RV | 1E000 | 20-2-141001 | 64200700 | 00 | 1306000000 | |
| 18. Additional charge per pump out vehicle | 35.00 | 32.20 | XX-361 | DK | 001092 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 18a. Transfer to headquarters | | 2.80 | XX-399 | ST | 001206 | 000121 | RV | 1E000 | 20-2-141001 | 64200700 | 00 | 1306000000 | |
| 19. Septage stabilization facility inspection fee per annum | 150.00 | 138.00 | XX-361 | DK | 001092 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 19a. Transfer to headquarters | | 12.00 | XX-399 | ST | 001206 | 000121 | RV | 1E000 | 20-2-141001 | 64200700 | 00 | 1306000000 | |
| 20. Septage disposal site evaluation fee per annum | 200.00 | 184.00 | XX-361 | DK | 001092 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 20a. Transfer to headquarters | | 16.00 | XX-399 | ST | 001206 | 000121 | RV | 1E000 | 20-2-141001 | 64200700 | 00 | 1306000000 | |
| 21. Aerobic treatment unit maintenance entity permit per annum | 25.00 | 23.00 | XX-361 | DK | 001092 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 21a. Transfer to headquarters | | 2.00 | XX-399 | ST | 001206 | 000121 | RV | 1E000 | 20-2-141001 | 64200700 | 00 | 1306000000 | |
| 22. Variance application for a single family residence per each lot or building site | 200.00 | 100.00 | XX-361 | DK | 001092 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 22a. Transfer to headquarters | | 100.00 | XX-399 | CR | 001206 | 000121 | RV | BY000 | 20-2-141001 | 64200700 | 00 | 1306000000 | |
| 23. Variance application for a multi-family or commercial building for each building site | 300.00 | 150.00 | XX-361 | DK | 001092 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |



| DESCRIPTION | FEE AMOUNT | DEPOSIT AMOUNT | ORG L4/L5 | EO | OBJECT CODE | REVENUE CATEGORY | SI | OCA | FUND GF-SF-FID | BUDGET ENTITY | IBI | PROGRAM COMPONENT | ESTIMATED ANNUAL REVENUE |
|---|------------|----------------|-----------|----|-------------|------------------|----|-------|----------------|---------------|-----|-------------------|--------------------------|
| 23a Transfer to headquarters | | 150.00 | XX-399 | CR | 001206 | 000121 | RV | BY000 | 20-2-141001 | 64200700 | 00 | 1306000000 | |
| 24 Inspection for construction of an injection well (F. Keys) | 125.00 | | XX-361 | DK | 001092 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| DRINKING WATER | | | | | | | | | | | | | |
| 1 Limited Use Public Water System Construction Permit (includes first year operating permit) | 90.00 | 81.00 | XX-357 | DK | 001020 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 1a Transfer to headquarters | | 9.00 | XX-399 | 64 | 001206 | 000121 | RV | M5000 | 20-2-141001 | 64200700 | 00 | 1306000000 | |
| 2 Application for Limited Use Public Water System Operation (Including annual operating permit renewals and change of owner/business) | 90.00 | 81.00 | XX-357 | DK | 001020 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 2a Transfer to headquarters | | 9.00 | XX-399 | 64 | 001206 | 000121 | RV | M5000 | 20-2-141001 | 64200700 | 00 | 1306000000 | |
| 3 Multi-Family Water System Construction Permit | 75.00 | 67.50 | XX-357 | DK | 001020 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 3a Transfer to headquarters | | 7.50 | XX-399 | 64 | 001206 | 000121 | RV | M5000 | 20-2-141001 | 64200700 | 00 | 1306000000 | |
| 4 Initial Operating Permit Fee After March 31 (including change of owner) | 45.00 | 40.50 | XX-357 | DK | 001020 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 4a Transfer to headquarters | | 4.50 | XX-399 | 64 | 001206 | 000121 | RV | M5000 | 20-2-141001 | 64200700 | 00 | 1306000000 | |
| 5 Non-SDWA Lab Sample (Sample Collection/Review of Analytical Results/Health Risk Interpretation) | | | | | | | | | | | | | |
| Microbiological Sample Collection | 50.00 | 50.00 | XX-357 | DK | 001020 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| Chemical Sample Collection | 60.00 | 60.00 | XX-357 | DK | 001020 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| Combined Microbiological and Chemical Collection | 70.00 | 70.00 | XX-357 | DK | 001020 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 6 Reinspection of Multi-family Water System | 40.00 | 40.00 | XX-357 | DK | 001092 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 7 Reinspection of Limited Use Public Water System | 40.00 | 40.00 | XX-357 | DK | 001092 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 8 Delineated Area Clearance Fee | 50.00 | 50.00 | XX-357 | DK | 001092 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 9 Limited Use Commercial Public Water System registration/Re-Registration | 15.00 | 15.00 | XX-357 | DK | 001092 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 10 Family Day Care Establishment, Annual Operating Permit Fee | 30.00 | 30.00 | XX-357 | DK | 001092 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 11 Family Day Care Establishment, Initial Operating Permit Fee after 3/31 | 15.00 | 15.00 | XX-357 | DK | 001092 | 000121 | CD | 8K000 | 20-2-141001 | 64200700 | ** | 1306000000 | |
| Safe Drinking Water Act (Delegated Counties) eff. 4/21/09 | | | | | | | | | | | | | |
| 1 Construction permit for each Category I through III treatment plant, as defined in Rule 62-699.310, F.A.C. | | | | | | | | | | | | | |
| a Treatment plant - 5 MGD and above | 12500.00 | 12500.00 | XX-358 | WC | 001020 | 000121 | CD | SDWCH | 20-2-141001 | 64200700 | ** | 1306000000 | |
| b Treatment plant - 1 MGD up to 5 MGD | 10000.00 | 10000.00 | XX-358 | WC | 001020 | 000121 | CD | SDWCH | 20-2-141001 | 64200700 | ** | 1306000000 | |
| c Treatment plant - 25 MGD up to 1 MGD | 7000.00 | 7000.00 | XX-358 | WC | 001020 | 000121 | CD | SDWCH | 20-2-141001 | 64200700 | ** | 1306000000 | |
| d Treatment plant - 0.1 MGD up to 25 MGD | 4000.00 | 4000.00 | XX-358 | WC | 001020 | 000121 | CD | SDWCH | 20-2-141001 | 64200700 | ** | 1306000000 | |
| e Treatment plant - up to 0.1 MGD | 2000.00 | 2000.00 | XX-358 | WC | 001020 | 000121 | CD | SDWCH | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 2 Construction permit for each Category IV treatment plant, as defined in Rule 62-699.310, F.A.C. | | | | | | | | | | | | | |
| a Treatment plant - 5 MGD and above | 12500.00 | 12500.00 | XX-358 | WC | 001020 | 000121 | CD | SDWCH | 20-2-141001 | 64200700 | ** | 1306000000 | |
| b Treatment plant - 1 MGD up to 5 MGD | 10000.00 | 10000.00 | XX-358 | WC | 001020 | 000121 | CD | SDWCH | 20-2-141001 | 64200700 | ** | 1306000000 | |
| c Treatment plant - 25 MGD up to 1 MGD | 7000.00 | 7000.00 | XX-358 | WC | 001020 | 000121 | CD | SDWCH | 20-2-141001 | 64200700 | ** | 1306000000 | |
| d Treatment plant - 0.1 MGD up to 25 MGD | 4000.00 | 4000.00 | XX-358 | WC | 001020 | 000121 | CD | SDWCH | 20-2-141001 | 64200700 | ** | 1306000000 | |
| e Treatment plant - 0.01 up to 0.1 MGD | 2000.00 | 2000.00 | XX-358 | WC | 001020 | 000121 | CD | SDWCH | 20-2-141001 | 64200700 | ** | 1306000000 | |
| f Treatment plant - up to 0.01 MGD | 800.00 | 800.00 | XX-358 | WC | 001020 | 000121 | CD | SDWCH | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 3 Construction permit for each Category V treatment plant, as defined in Rule 62-699.310, F.A.C. | | | | | | | | | | | | | |
| a Treatment plant - 5 MGD and above | 10000.00 | 10000.00 | XX-358 | WC | 001020 | 000121 | CD | SDWCH | 20-2-141001 | 64200700 | ** | 1306000000 | |
| b Treatment plant - 1 MGD up to 5 MGD | 6000.00 | 6000.00 | XX-358 | WC | 001020 | 000121 | CD | SDWCH | 20-2-141001 | 64200700 | ** | 1306000000 | |

| DESCRIPTION | FEE AMOUNT | DEPOSIT AMOUNT | ORG L4/L5 | EO | OBJECT CODE | REVENUE CATEGORY | SI | OCA | FUND GF-SF-FID | BUDGET ENTITY | IBI | PROGRAM COMPONENT | ESTIMATED ANNUAL REVENUE |
|---|------------|----------------|-----------|----|-------------|------------------|----|-------|----------------|---------------|-----|-------------------|--------------------------|
| c. Treatment plant - .25 MGD up to 1 MGD | 2000.00 | 2000.00 | XX-358 | WC | 001020 | 000121 | CD | SDWCH | 20-2-141001 | 64200700 | ** | 13060000000 | |
| d. Treatment plant - 0.1 MGD up to .25 MGD | 1000.00 | 1000.00 | XX-358 | WC | 001020 | 000121 | CD | SDWCH | 20-2-141001 | 64200700 | ** | 13060000000 | |
| e. Treatment plant - up to 0.1 MGD | 600.00 | 600.00 | XX-358 | WC | 001020 | 000121 | CD | SDWCH | 20-2-141001 | 64200700 | ** | 13060000000 | |
| 4. Distribution and transmission systems, including raw water lines into the plant, except those under general permit | | | | | | | | | | | | | |
| a. Serving a community public water system | 900.00 | 900.00 | XX-358 | WC | 001020 | 000121 | CD | SDWCH | 20-2-141001 | 64200700 | ** | 13060000000 | |
| b. Serving a non-transient non-community public water systems | 700.00 | 700.00 | XX-358 | WC | 001020 | 000121 | CD | SDWCH | 20-2-141001 | 64200700 | ** | 13060000000 | |
| c. Serving a transient non-community public water system | 500.00 | 500.00 | XX-358 | WC | 001020 | 000121 | CD | SDWCH | 20-2-141001 | 64200700 | ** | 13060000000 | |
| 5. Construction permit for each public water supply well | | | | | | | | | | | | | |
| a. Well located in a delineated area pursuant to Chapter 62-524. | | | | | | | | | | | | | |
| F. A. C. | 1000.00 | 1000.00 | XX-358 | WC | 001020 | 000121 | CD | SDWCH | 20-2-141001 | 64200700 | ** | 13060000000 | |
| b. Any other public water supply well. | 500.00 | 500.00 | XX-358 | WC | 001020 | 000121 | CD | SDWCH | 20-2-141001 | 64200700 | ** | 13060000000 | |
| 6. Major modifications to systems that alter the existing treatment without expanding the capacity of the system and are not considered substantial changes pursuant to Rule 62-4.050(7) below. | | | | | | | | | | | | | |
| a. 1MGD and above | 4000.00 | 4000.00 | XX-358 | WC | 001020 | 000121 | CD | SDWCH | 20-2-141001 | 64200700 | ** | 13060000000 | |
| b. 1 MGD up to 1 MGD | 2000.00 | 2000.00 | XX-358 | WC | 001020 | 000121 | CD | SDWCH | 20-2-141001 | 64200700 | ** | 13060000000 | |
| c. 0.01 up to 1 MGD | 1000.00 | 1000.00 | XX-358 | WC | 001020 | 000121 | CD | SDWCH | 20-2-141001 | 64200700 | ** | 13060000000 | |
| d. Up to 0.01 MGD | 500.00 | 500.00 | XX-358 | WC | 001020 | 000121 | CD | SDWCH | 20-2-141001 | 64200700 | ** | 13060000000 | |
| e. Lead and Copper Corrosion Fee | 500.00 | 500.00 | XX-358 | WC | 001020 | 000121 | CD | SDWCH | 20-2-141001 | 64200700 | ** | 13060000000 | |
| 7. Minor modifications to systems that result in no change in the treatment or capacity | | | | | | | | | | | | | |
| a. 1 MGD and above | 1000.00 | 1000.00 | XX-358 | WC | 001020 | 000121 | CD | SDWCH | 20-2-141001 | 64200700 | ** | 13060000000 | |
| b. Up to 0.1 MGD | 500.00 | 500.00 | XX-358 | WC | 001020 | 000121 | CD | SDWCH | 20-2-141001 | 64200700 | ** | 13060000000 | |
| 8. Fines and Forfeitures | Variable | Variable | XX-358 | WC | 012020 | 000121 | CD | SDWCH | 20-2-141001 | 64200700 | ** | 13060000000 | |
| a. General Permits requiring Professional Engineer or Professional Geologist certification | 650.00 | 650.00 | XX-358 | WC | 001020 | 000121 | CD | SDWCH | 20-2-141001 | 64200700 | ** | 13060000000 | |
| b. General Permits not requiring Professional Engineer or Professional Geologist certification | 500.00 | 500.00 | XX-358 | WC | 001020 | 000121 | CD | SDWCH | 20-2-141001 | 64200700 | ** | 13060000000 | |
| 10. Annual Operating Licenses for Community Public Water Systems-FAC 62-4.053 | | | | | | | | | | | | | |
| Design Capacity | | | | | | | | | | | | | |
| a. 10 MGD and above | 6000.00 | 6000.00 | XX-358 | WC | 001020 | 000121 | CD | SDWCH | 20-2-141001 | 64200700 | ** | 13060000000 | |
| b. 5 MGD up to 10 MGD | 4000.00 | 4000.00 | XX-358 | WC | 001020 | 000121 | CD | SDWCH | 20-2-141001 | 64200700 | ** | 13060000000 | |
| c. 1 MGD up to 5 MGD | 2000.00 | 2000.00 | XX-358 | WC | 001020 | 000121 | CD | SDWCH | 20-2-141001 | 64200700 | ** | 13060000000 | |
| d. .33 MGD up to 1 MGD | 1000.00 | 1000.00 | XX-358 | WC | 001020 | 000121 | CD | SDWCH | 20-2-141001 | 64200700 | ** | 13060000000 | |
| e. .05 MGD up to 0.33 MGD | 500.00 | 500.00 | XX-358 | WC | 001020 | 000121 | CD | SDWCH | 20-2-141001 | 64200700 | ** | 13060000000 | |
| f. Less than 0.05 MGD | 100.00 | 100.00 | XX-358 | WC | 001020 | 000121 | CD | SDWCH | 20-2-141001 | 64200700 | ** | 13060000000 | |
| 11. Annual Operating Licenses for Consecutive Community Public Water Systems-FAC 62-4.053 | | | | | | | | | | | | | |
| Population Served | | | | | | | | | | | | | |
| a. 2500 | 50.00 | 50.00 | XX-358 | WC | 001020 | 000121 | CD | SDWCH | 20-2-141001 | 64200700 | ** | 13060000000 | |
| b. 5000 | 100.00 | 100.00 | XX-358 | WC | 001020 | 000121 | CD | SDWCH | 20-2-141001 | 64200700 | ** | 13060000000 | |

| DESCRIPTION | FEE AMOUNT | DEPOSIT AMOUNT | ORG L4/L5 | EO | OBJECT CODE | REVENUE CATEGORY | SI | OCA | FUND GF-SF-FID | BUDGET ENTITY | IBI | PROGRAM COMPONENT | ESTIMATED ANNUAL REVENUE |
|--|------------|----------------|-----------|----|-------------|------------------|----|-------|----------------|---------------|-----|-------------------|--------------------------|
| c. 3,301-10,000 | 500.00 | 500.00 | XX-358 | WC | 001020 | 000121 | CD | SDWCH | 20-2-141001 | 64200700 | ** | 1306000000 | |
| d. 10,001-50,000 | 1000.00 | 1000.00 | XX-358 | WC | 001020 | 000121 | CD | SDWCH | 20-2-141001 | 64200700 | ** | 1306000000 | |
| e. 50,001-100,000 | 2000.00 | 2000.00 | XX-358 | WC | 001020 | 000121 | CD | SDWCH | 20-2-141001 | 64200700 | ** | 1306000000 | |
| f. over 100,000 | 4000.00 | 4000.00 | XX-358 | WC | 001020 | 000121 | CD | SDWCH | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 12. Annual operating license for non-transient, non-community public water systems | 100.00 | 100.00 | XX-358 | WC | 001020 | 000121 | CD | SDWCH | 20-2-141001 | 64200700 | ** | 1306000000 | |
| 13. Annual operating license fee for transient, non-community public water systems | 50.00 | 50.00 | XX-358 | WC | 001020 | 000121 | CD | SDWCH | 20-2-141001 | 64200700 | ** | 1306000000 | |

DIRECT PURCHASE REQUISITION



Gulf County Board of County Commissioners

1000 Cecil G. Costin Blvd.
Port St. Joe, FL 32456

Highland View Fire Dept.
P.R. #: 0914-05

Date: 9/13/2010

Issued To:

Deliver To:

| | |
|---|--|
| <p>Couch Ready Mix Attn: Dee Rowland P.O. Box 9420 Panama City Beach, FL 32417</p> | <p>Cathey Construction & Development Attn: Mr. Kevin Duncan - Project Manager 193 Snapper St Port St. Joe, FL 32456</p> |
|---|--|

| ITEM NO. | QTY | ITEM DESCRIPTION | UNIT PRICE | TOTAL PRICE |
|----------|-----|-------------------------------|------------|-------------|
| | | Block, Mortar, Sand & masonry | | \$ 9,600.00 |
| | | accessories | | \$ - |
| | | | | \$ - |
| | | BCC APPROVED | | \$ - |
| | | DATE _____ D.C. _____ | | \$ - |
| | | ACCT. # _____ | | \$ - |
| | | | | \$ - |
| | | | | \$ - |
| | | | | \$ - |
| | | | | \$ - |

SUBTOTAL: \$ 9,600.00

SALES TAX SAVINGS: \$ 626.00

TOTAL ENCUMBRANCE: \$ 10,226.00

On Behalf of Subcontractor:

CC&D
P.O. Box 13107
Mexico Beach, FL 32410
Phn: (850) 648-5100

Authorized Signature for Gulf County

Cecilia Anderson

Authorized Signature for Cathey Construction

120
CONSENT
DATE: 9/28/10

2010 SEP 22 PM 12:00

MEMORANDUM

DATE: September 2, 2010
TO: Chief Administrator's Office
FROM: Sherry Paul
SUBJECT: Refund - Honeyville Community Center

The Honeyville Community Center was reserved for September 4, 2010 by Ms. Gracie Schutz. She made this reservation and paid the \$150.00 rental fee on November 17, 2009.

Sadly, Ms. Schutz passed away on March 30, 2010. Bobby contacted her brother, Doyle Stewart, on September 2, 2010. Mr. Stewart said they did not know she had already reserved the building for their family reunion. So in the meantime they planned their event somewhere else. Mr. Stewart notified Ms. Schutz's son, Raymond Aylmer, of the situation. Mr. Aylmer came to Public Works and requested a refund.

Mr. Aylmer's address is P. O. Box 704, Port St. Joe, FL 32457.

If this request meets your approval, please forward it on to Carla Hand.

Thank you for your help.

BCC APPROVED
 DATE _____ D.C. _____
 ACCT. # _____

CONSENT
 DATE 9-28-10



RENTAL AGREEMENT

Honeyville Community Center
240 Honeyville Park Drive
Wewahitchka, Florida 32465
(850) 639-2135

Date: 09/02/10

Name: Gracie Schutz

(Ms. Schutz passed away 3/30/10. Bobby contacted her brother, Doyle Stewart, on 9/2/10. He sent her son, Raymond Aylmer, here. He requested a refund. I advised it would have to go before BCC meeting on 09/14/10.)

Address: 153 Hazelwood St., Wewa, FL 32465

Send Refund To:

Raymond Aylmer
P.O. Box 704
Dist St. Joe, FL 32457

Phone Number(s): 639-2882

Driver License Number (or other identification) _____

Date(s) of your event: 09/04/10 From: _____ To: _____

These are the hours that the center will be reserved for your use. Please allow enough time for set-up and clean-up. Other groups may be scheduled before or after your event based on this information.

Rental fee received: 11/17/09 Amt: \$ 150.00 Cash/Check # 0099
50.00 Cash # 100.00 CHECK

Security deposit received: _____ Amt: \$ _____ Cash/Check # _____

Security deposit returned: _____ Amt: \$ _____ Cash/Check # _____

I agree to abide by the rules and guidelines established for the Honeyville Community Center.

Signature of Renter: _____

DATE 11/17/09 RECEIVED FROM Grace Schatz RECEIPT # 579317

Address One hundred fifty + 10/100
Rent for Floralville Comm. Center DOLLARS \$ 150.00
Oct, Sep. 4, 2010

| ACCOUNT | HOW PAID |
|-------------------|--------------|
| BEGINNING BALANCE | CASH |
| AMOUNT PAID | CHECK |
| BALANCE DUE | MONEY ORDER |
| | <u>FOC99</u> |

BY Sherry Paul (770) 516-5161 REGISTRATION # 51654-NCR

Form CF 1
Sec 219.04, FS
OFFICE OF CLERK REBECCA L. NORRIS, GULF COUNTY, FLORIDA 33603

RECEIVED from C C Public Works Date 11/18/09, 20

FOR: Floralville Comm. Center Wash \$ 50.00
Pent CK # 99 \$ 100.00

\$ _____
\$ _____

By [Signature] TOTAL \$ 150.00



Friends, family mourn three women killed in crash

Angel McCurdy

2010-04-08 12:26:45

FREEPORT — Community members are mourning three women killed in a car crash.

Sybil Berniece Infinger of Freeport, Gracie Stewart Schutz of Wewahitchka and Mary Angela Stewart of North Tallahassee all were killed March 30 in a wreck in Alabama.

"Everybody knew it, seemed all of a sudden," said Mickey Marse, mayor of Freeport, where the 81-year-old Infinger was a longtime resident. "It's very sad. She was getting up in age, but it's tough to lose one of your own."

The three women were in 71-year-old Leo Stewart's vehicle around 1 p.m. March 30 when, about 20 miles east of Loxley, Ala., Stewart's 2002 Mercury Grand Marquis veered off the roadway and struck a tree, according to a press release from the Alabama Department of Public Safety.

Schutz, 78, was ejected and taken by medical helicopter to an area hospital, where she died later that day.

Infinger and the 71-year-old Stewart both were trapped in the vehicle and had to be extricated. Both women were dead on the scene, the release states.

Leo Stewart, Schutz's brother who also lives in North Tallahassee, was injured in the crash and taken to an area hospital. Alabama state troopers are investigating the accident.

Infinger was known as a homebody, Marse said. She raised her daughters, attended church and loved the City of Freeport. But more than anything, she was kind.

"She was a very fine lady," Marse said Monday. "She was as nice as she could be to everybody."

An obituary for Schutz said she always was "willing to lend a hand to help with any problem, and she would take time to listen and talk if that would make a person feel better."

An obituary for Mary Stewart said she was a busy cook who "always put forth great effort to insure everyone felt welcome and important."

RESOLUTION 2010-41

WHEREAS, the Gulf County Board of County Commissioners of Gulf County, Florida, has unanticipated revenue in the General Fund and Tourist Development Fund related to Deep Water Horizon Oil Spill for fiscal year 2009-2010 and

WHEREAS, said revenue is needed to help pay certain expenditures incurred in fiscal year 2009-2010,

NOW, THEREFORE, BE IT RESOLVED as follows:

1. The 2009-2010 fiscal year budget be amended as follows:

General Fund

| <i>Gulf EMS</i> | | Original Budget | Increase | Decrease | Amended Budget |
|----------------------|---------------------|--------------------|------------|----------|--------------------------|
| Expenditures: | | | | | |
| 51626-12000 | Salaries | 446,080.00 | 90,169.00 | - | 536,249.00 |
| 51626-12001 | Sick Leave Lump | - | 38,058.00 | - | 38,058.00 |
| 51626-12002 | Vacation Sell Back | 4,407.00 | 7,600.00 | - | 12,007.00 |
| 51626-14001 | FEMA Overtime | - | 22,548.00 | - | 22,548.00 |
| 51626-21000 | FICA | 32,000.00 | 5,700.00 | - | 37,700.00 |
| 51626-21500 | Medicare | 7,500.00 | 1,325.00 | - | 8,825.00 |
| 51626-46100 | Repairs - Bldg | 703.00 | 7,000.00 | - | 7,703.00 |
| 51626-46200 | Repairs - Equipment | 6,850.00 | 3,150.00 | - | 10,000.00 |
| 51626-52000 | Operating Supplies | 27,461.00 | 10,000.00 | - | 37,461.00 |
| 51626-64000 | Equipment | - | 4,700.00 | - | 4,700.00 |
| 51626-64001 | Equipment > \$5000 | - | 30,000.00 | - | 30,000.00 |
| Revenue: | | | | | |
| 00142-60000 | Ambulance Revenue | 364,000.00 | 220,250.00 | - | 125 584,250.00 |

| | | | Original Budget | Increase | Decrease | Amended Budget |
|------------------------------------|-------|------------------|--------------------|------------|----------|-------------------|
| Expenditures: | | | | | | |
| 27615-14001 | BP CL | BP-Overtime | - | 8,340.00 | - | 8,340.00 |
| Planning | | | | | | |
| Expenditures: | | | | | | |
| 34515-14001 | BP CL | BP-Overtime | - | 988.00 | - | 988.00 |
| 34515-40000 | BP CL | Travel | - | 260.00 | - | 260.00 |
| Emergency Mgmt Local Match: | | | | | | |
| Expenditures: | | | | | | |
| 39125-14001 | BP CL | BP-Overtime | - | 36,413.00 | - | 36,413.00 |
| 39125-34000 | BP CL | Other Contr Srv. | - | 65,767.00 | - | 65,767.00 |
| 39125-51000 | BP CL | Office Supplies | - | 1,685.00 | - | 1,685.00 |
| 39125-52000 | BP CL | Operating Exp | - | 974.00 | - | 974.00 |
| 39125-52100 | BP CL | Gas, Oil, & Lub. | - | 1,782.00 | - | 1,692.00 |
| Revenue: | | | | | | |
| 00169-90000 | BP CL | Other Misc Rev | - | 116,209.00 | - | 116,209.00 |
| Emergency Mgmt Local Match: | | | | | | |
| Expenditures: | | | | | | |
| 39125-34000 | BPPIO | Other Contr Srv. | - | 40,136.00 | - | 40,136.00 |
| Revenue: | | | | | | |
| 00169-90000 | BPPIO | Other Misc Rev | - | 40,136.00 | - | 40,136.00 |
| Emergency Mgmt Local Match: | | | | | | |
| Expenditures: | | | | | | |
| 39125-34000 | BP CG | Other Contr Srv. | - | 23,480.00 | - | 23,480.00 |
| Revenue: | | | | | | |
| 00169-90000 | BP CG | Other Misc Rev | - | 23,480.00 | - | 23,480.00 |

Tourist Development Fund

| <i>TDC</i> | | | Original Budget | Increase | Decrease | Amended Budget |
|----------------------|-------|------------------------|----------------------------|-----------------|-----------------|---------------------------|
| Expenditures: | | | | | | |
| 27452-48000 | BP | Promotional Act | - | 150,500.00 | - | 150,500.00 |
| 27452-48000 | BP TR | Promotional Act | - | 251,119.00 | - | 251,119.00 |
| Revenue: | | | | | | |
| 60034-58000 | BP | State Tourism Grant | - | 150,500.00 | - | 150,500.00 |
| 60069-90000 | BP TR | Other Misc Rev | - | 251,119.00 | | 251,119.00 |

THIS RESOLUTION ADOPTED by the Gulf County Board of County Commissioners this the 28th day of September, 2010.

Carmen L. McLemore, Chairman

ATTEST:

Rebecca L. Norris, Clerk

RESOLUTION 2010-42

WHEREAS, the Gulf County Board of County Commissioners of Gulf County, Florida, has unanticipated revenue in the General Fund, St Joe Fire Control District Fund and Howard Creek Fire Department Fund for fiscal year 2009-2010 and

WHEREAS, said revenue is needed to help pay certain expenditures incurred in fiscal year 2009-2010,

NOW, THEREFORE, BE IT RESOLVED as follows:

1. The 2009-2010 fiscal year budget be amended as follows:

| General Fund | | | | | |
|------------------------------|--------------------|----------------------------|-----------------|-----------------|---------------------------|
| | | Original Budget | Increase | Decrease | Amended Budget |
| <i>Tax Collector:</i> | | | | | |
| 22213-91000 | Tax Collector | 399,239.70 | 35,000.00 | - | 434,239.70 |
| <i>Revenue:</i> | | | | | |
| 00141-51000 | Tax Collector Fees | 120,000.00 | 35,000.00 | - | 155,000.00 |
| <i>EMPA Grant:</i> | | | | | |
| 39325-52000 | Operating Exp | 1,999.00 | 2,800.00 | - | 4,799.00 |
| <i>Revenue:</i> | | | | | |
| 00134-23000 | EMPA | 102,724.00 | 2,800.00 | - | 105,524.00 |
| <i>EMPG Grant:</i> | | | | | |
| 39425-52000 | Operating Exp | - | 106.00 | - | 106.00 |
| <i>Revenue:</i> | | | | | |
| 00131-23001 | EMPG | 23,231.00 | 106.00 | - | 23,337.00 |

St. Joe Fire Control District Fund

| | Original Budget | Increase | Decrease | Amended Budget |
|---------------------------------------|----------------------------|-----------------|-----------------|---------------------------|
| <i>Highland View FD Expenditures:</i> | | | | |
| 32222-62001 Building >25000 | - | 535,000.00 | - | 535,000.00 |
| 32222-62100 Bldg Improve | 410,000.00 | - | 410,000.00 | 410,000.00 |
| <i>Revenue:</i> | | | | |
| 10684-00000 Loan Proceeds | - | 125,000.00 | - | 125,000.00 |

Howard Creek Volunteer Fire Department Fund

| | Original Budget | Increase | Decrease | Amended Budget |
|--------------------------------|----------------------------|-----------------|-----------------|---------------------------|
| <i>Expenditures:</i> | | | | |
| 32722-52000 Operating Exp | 13,639.70 | 2,185.00 | - | 15,824.70 |
| <i>Revenue:</i> | | | | |
| 10960-00000 Misc Rev-Donations | 5,000.00 | 2,185.00 | - | 7,185.00 |

THIS RESOLUTION ADOPTED by the Gulf County Board of County Commissioners this the 28th day of September, 2010.

Carmen L. McLemore, Chairman

ATTEST:

Rebecca L. Norris, Clerk

**RESOLUTION
2010-43**

WHEREAS, the Gulf County Board of County Commissioners of Gulf County, Florida, has unanticipated revenue in the CDBG (Raffield Freezer) Fund for fiscal year 2009-2010 and

WHEREAS, said revenue is needed to help pay certain expenditures incurred in fiscal year 2009-2010,

NOW, THEREFORE, BE IT RESOLVED as follows:

1. The 2009-2010 fiscal year budget be amended as follows:

CDBG (Raffield) Fund

| | Original Budget | Increase | Decrease | Amended Budget |
|---------------------------------------|----------------------------|-----------------|-----------------|---------------------------|
| <i>Expenditure:</i> | | | | |
| 37552-71000 Debt Service | 238,764.00 | 117,924.00 | - | 356,688.00 |
| 99952-96000 Reserve for CCF | 0.00 | 197,966.00 | - | 197,966.00 |
| <i>Revenue:</i> | | | | |
| 115364-00000 Disposal of Fixed Assets | 0.00 | 315,000.00 | - | 315,000.00 |
| 11561-00000 Interest Income | 0.00 | 890.00 | - | 890.00 |

THIS RESOLUTION ADOPTED by the Gulf County Board of County Commissioners this the 28th day of September, 2010.

Carmen L. McLemore, Chairman

ATTEST:

Rebecca L. Norris, Clerk