

**CONTRACT BETWEEN
BROWARD COUNTY
AND
STATE OF FLORIDA DEPARTMENT OF HEALTH
FOR OPERATION OF
THE BROWARD COUNTY HEALTH DEPARTMENT
CONTRACT YEAR 2024-2025**

This Contract (“Contract”) is made and entered into between the State of Florida, Department of Health (“State”) and Broward County, a political subdivision of the State of Florida (“County”), through their undersigned authorities, effective October 1, 2024.

RECITALS

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

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

C. Broward County Health Department (“CHD”) is one of the created County Health Departments.

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

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

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

2. TERM. The parties mutually agree that this Contract shall be effective from October 1, 2024, through September 30, 2025, or until a written contract replacing this Contract is entered into between the parties, whichever is later, unless this Contract is otherwise terminated pursuant to the termination provisions set forth in paragraph 8. below.

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

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

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

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

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

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

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

i. The State's appropriated responsibility (direct contribution excluding any state fees, Medicaid contributions or any other funds not listed on the Schedule C) as provided in Attachment II, Part II is \$ 52,445,252 (State General Revenue, State Funds, Other State Funds and Federal Funds listed on the Schedule C). The State's obligation to pay under this contract is contingent upon an annual appropriation by the Legislature. In the event that the Legislature fails to make an appropriation for the full amount of its obligation for the period July 1, 2025 through September 30, 2025, then the County reserves the right to cease funding for the period July 1, 2025 through September 30, 2025.

ii. The County's appropriated responsibility (direct contribution excluding any fees, other cash or local contributions) as provided in Attachment II, Part II is an amount not to exceed \$ 1,827,864 (amount listed under the "Direct Local Contributions-BCC/Tax District" of Attachment II, Part II section of the revenue attachment).

iii. In addition to the amounts specified in Section 4.a. and the Attachments to this Agreement, the State agrees to reimburse County for vehicle- and equipment-

related fees incurred for fuel, maintenance and repair services, accident repairs, towing, tolls, car washes, the State's portion of vehicle insurance, and other related services for all vehicles purchased under Section 7.c. of the Contract ("Vehicle Service Costs"), as further detailed in Section 7.d.

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

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

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

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

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

The name and address of the official payee to whom payments for Vehicle Service Costs must be made is:

Broward County Fleet Services Division
1600 Blount Road
Pompano Beach, FL 33069

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

5. CHD DIRECTOR/ADMINISTRATOR. Both parties agree the director/administrator of the CHD shall be a State employee or under contract with the State and will be under the day-to-day direction of the Deputy Secretary for County Health Systems. The director/administrator shall be selected by the State with the concurrence of the County. The director/administrator of the CHD shall ensure that non-categorical sources of funding are used to fulfill public health priorities in the community and the Long Range Program Plan. A report detailing the status of public health as measured by outcome measures and similar indicators will be sent by the CHD director/administrator to the parties no later than October 1 of each year (*This is the standard quality assurance "County Health Profile" report located on the Division of Public Health Statistics and Performance Management Intranet site*).

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

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

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

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

- i.* The revenue and expenditure requirements in the Florida Accounting Information Resource (FLAIR) System.
- ii.* The client registration and services reporting requirements of the minimum data set as specified in the most current version of the Client Information System/Health Management Component Pamphlet;

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

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

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

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

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

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

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

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

k. The CHD shall maintain confidentiality of all data, files, and records that are confidential under the law or are otherwise exempted from disclosure as a public record under Florida law. The CHD shall implement procedures to ensure the protection and confidentiality of all such records and shall comply with sections 384.29, 381.004, 392.65 and 456.057, Florida Statutes, and all other state and federal laws regarding confidentiality. The CHD shall also comply with all applicable federal laws, rules and regulations regarding confidentiality of information held by the CHD, including but not limited to HIPAA and rules promulgated thereunder. All confidentiality procedures implemented by the CHD shall be consistent with the Department of Health Information Security Policies, Protocols, and Procedures. The CHD shall further adhere to any amendments to the State's security requirements and shall comply with any applicable professional standards of practice with respect to client confidentiality.

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

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

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

o. The CHD shall submit an annual Outcome Evaluation for the 2023-2024 Contract Period (Attachment VII) and an annual Outcomes for Contract Year 2024-2025 (Attachment VIII) in addition to quarterly reports to the County that shall include at least the following:

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

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

included, a variance explanation is not required. A copy of the written explanation shall be sent to the Department of Health, Office of Budget and Revenue Management.

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

- i.* March 1, 2025 for the report period October 1, 2024 through December 31, 2024;
- ii.* June 1, 2025 for the report period October 1, 2024 through March 31, 2025;
- iii.* September 1, 2025 for the report period October 1, 2024 through June 30, 2025; and
- iv.* December 1, 2025 for the report period October 1, 2024 through September 30, 2025.

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

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

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

c. All vehicles purchased in accordance with this Contract using state or local funding will be transferred to the ownership of the County and registered as County vehicles. The County shall ensure insurance coverage for these vehicles is available through either a self-insurance program or insurance purchased by the County. All of these 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.

d. In addition to the amounts specified in Section 4 and the Attachments I through VIII to this Agreement, the State agrees to reimburse County for Vehicle Service Costs. County will invoice the State monthly for all Vehicle Service Costs by sending an invoice from County's Transportation Department, Fleet Services Division to the State at the following address: Florida Department of Health in Broward, ATTN: Accounts Payable, 780 SW 24th Street, Fort Lauderdale, Florida 33315. The State must pay all Vehicle Service Costs within 30 days of receipt of County's invoice. County's invoices will be prepared based on the rates and amounts specified in Attachment IX. All rates specified in Attachment IX are identical to the fees charged by County to all other County and State agencies for the County's 2024-2025 fiscal year.

8. TERMINATION.

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

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

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

9. Notice of Changes in Services or Service Locations. CHD agrees to provide notification to the County pursuant to paragraph 10.b, of any changes to services provided pursuant to this Contract or service locations of the CHD for activities done in locations or facilities pursuant to this Contract no less than 30 days prior to making such changes.

10. MISCELLANEOUS. The parties further agree:

a. Availability of Funds. If this Contract, any renewal hereof, or any term, performance or payment hereunder, extends beyond the fiscal year beginning October 1, 2024, it is agreed that the performance and payment under this Contract shall be subject to the availability of funds from the County, in accordance with Chapter 129, Florida Statutes. If this Contract, any renewal hereof, or any term, performance or payment hereunder, extends beyond the fiscal year beginning July 1, 2025, it is agreed that the performance and payment under this Contract are contingent upon an annual appropriation by the Legislature, in accordance with section 287.0582, Florida Statutes.

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

For the State:

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

Director
Title

780 SW 24th Street

For the County:

Efrem Crenshaw
Name

Director
Title

115 S. Andrews Ave., Room A360

Ft. Lauderdale, FL 33315
Address

(954) 847-8011
Telephone

Ft. Lauderdale, FL 33301
Address

(954) 357-6398
Telephone

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

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

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

In WITNESS THEREOF, the parties hereto have caused this 9 page Contract, with its attachments as referenced, including Attachment I (two pages), Attachment II (six pages), Attachment III (one page), Attachment IV (one page), Attachment V (one page), Attachment VI (one page), Attachment VII (one page), Attachment VIII (one page), and Attachment IX (three pages) to be executed by their undersigned officials as duly authorized effective the 1st day of October, 2024.

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

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

SIGNED BY: _____

SIGNED BY: _____

NAME: _____

NAME: Joseph A. Ladapo, M.D. PhD

TITLE: Mayor

TITLE: State Surgeon General

DATE: _____

DATE: _____

ATTESTED TO:

SIGNED BY: _____

SIGNED BY: _____

NAME: Monica Cepero

NAME: Paula M. Thaqi, MD, MPH

TITLE: County Administrator

TITLE: CHD Director (Broward)

DATE: _____

DATE: _____

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

By: Ronald Honick Digitally signed by Ronald Honick
Date: 2024.11.22 14:46:42 -05'00'
Ronald Honick
Assistant County Attorney

By: Karen S. Gordon Digitally signed by Karen S. Gordon
Date: 2024.11.22 15:23:04 -05'00'
Karen S. Gordon
Senior Assistant County Attorney

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

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

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

- levels as documented in Florida SHOTS and supported by CHD Guidebook policies and technical assistance guidance.
7. Environmental Health
Requirements as specified in Environmental Health Programs Manual 150-4* and DHP 50-21*
 8. HIV/AIDS Program
Requirements as specified in F.S. 384.25 and F.A.C. 64D-3.030 and 64D-3.031. Case reporting should be on Adult HIV/AIDS Confidential Case Report CDC Form DH2139 and Pediatric HIV/AIDS Confidential Case Report CDC Form DH2140.

Requirements as specified in F.A.C. 64D-2 and 64D-3, F.S. 381 and F.S. 384. Socio-demographic and risk data on persons tested for HIV in CHD clinics should be reported on Lab Request DH Form 1628 in accordance with the Forms Instruction Guide.
Requirements for the HIV/AIDS Patient Care programs are found in the Patient Care Contract Administrative Guidelines.
 9. School Health Services
Requirements as specified in the Florida School Health Administrative Guidelines (May 2012). Requirements as specified in F.S. 381.0056, F.S. 381.0057, F.S. 402.3026 and F.A.C. 64F-6.
 10. Tuberculosis
Tuberculosis Program Requirements as specified in F.A.C. 64D-3 and F.S. 392.
 11. General Communicable Disease Control
Carry out surveillance for reportable communicable and other acute diseases, detect outbreaks, respond to individual cases of reportable diseases, investigate outbreaks, and carry out communication and quality assurance functions, as specified in F.A.C. 64D-3, F.S. 381, F.S. 384 and the CHD Epidemiology Guide to Surveillance and Investigations.
 12. Refugee Health Program
Programmatic and financial requirements as specified by the program office.

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

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

	Estimated State Share of CHD Trust Fund Balance	Estimated County Share of CHD Trust Fund Balance	Total
1. CHD Trust Fund Ending Balance 09/30/24	0	12679627	12679627
2. Drawdown for Contract Year October 1, 2024 to September 30, 2025	0	211103	211103
3. Special Capital Project use for Contract Year October 1, 2024 to September 30, 2025	0	0	0
4. Balance Reserved for Contingency Fund October 1, 2024 to September 30, 2025	0	12890730	12890730

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

ATTACHMENT II

BROWARD COUNTY HEALTH DEPARTMENT

Part II, Sources of Contributions to County Health Department

October 1, 2024 to September 30, 2025

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
1. GENERAL REVENUE - STATE					
015040 AIDS PATIENT CARE	2,320,000	0	2,320,000	0	2,320,000
015040 AIDS PREVENTION & SURVEILLANCE - GENERAL REVENUE	219,239	0	219,239	0	219,239
015040 CHD - TB COMMUNITY PROGRAM	548,707	0	548,707	0	548,707
015040 SEXUALLY TRANSMITTED DISEASE CONTROL PROGRAM GR	215,205	0	215,205	0	215,205
015040 SCHOOL BASED DENTAL SEALANT	630,000	0	630,000	0	630,000
015040 DENTAL SPECIAL INITIATIVE PROJECTS	6,303	0	6,303	0	6,303
015040 FAMILY PLANNING GENERAL REVENUE	483,094	0	483,094	0	483,094
015040 HEPATITIS AND LIVER FAILURE PREVENTION & CONTROL	147,116	0	147,116	0	147,116
015040 PRIMARY CARE PROGRAM	838,336	0	838,336	0	838,336
015040 RACIAL & ETHNIC DISPARITIES - CHD EXPENSES	52,000	0	52,000	0	52,000
015040 SCHOOL HEALTH SERVICES	1,440,834	0	1,440,834	0	1,440,834
015050 CHD GENERAL REVENUE NON-CATEGORICAL	13,458,570	0	13,458,570	0	13,458,570
GENERAL REVENUE TOTAL	20,359,404	0	20,359,404	0	20,359,404
2. NON GENERAL REVENUE - STATE					
015010 ENVIRONMENTAL BIOMEDICAL WASTE PROGRAM	17,709	0	17,709	0	17,709
015010 TOBACCO STATE AND COMMUNITY INTERVENTIONS	397,469	0	397,469	0	397,469
015010 TOBACCO STATE & COMMUNITY HEALTHY BABY	10,000	0	10,000	0	10,000
NON GENERAL REVENUE TOTAL	425,178	0	425,178	0	425,178
3. FEDERAL FUNDS - STATE					
007000 AIDS DRUG ASSISTANCE PROGRAM ADMIN HQ	738,669	0	738,669	0	738,669
007000 AIDS SURVEILLANCE - CORE	439,676	0	439,676	0	439,676
007000 BREAST & CERVICAL CANCER - ADMIN/CASE MANAGEMENT	224,200	0	224,200	0	224,200
007000 WIC BREASTFEEDING PEER COUNSELING PROG	448,588	0	448,588	0	448,588
007000 COASTAL BEACH WATER QUALITY MONITORING	20,605	0	20,605	0	20,605
007000 COMPREHENSIVE COMMUNITY CARDIO - PHBG	35,000	0	35,000	0	35,000
007000 ELC COVID ENHANCED DETECTION EXPANSION GRANT	84,540	0	84,540	0	84,540
007000 ELC COVID HA/AR	284,000	0	284,000	0	284,000
007000 INTEGRATED PROGRAM ENDING HIV EPIDEMIC	1,816,713	0	1,816,713	0	1,816,713
007000 FAMILY PLANNING TITLE X - GRANT	348,580	0	348,580	0	348,580
007000 HEALTH DISPARITIES GRANT COVID-19	86,225	0	86,225	0	86,225
007000 PUBLIC HLTH INFRASTRUCTURE & WORKFORCE/CENTRAL 1	2,127,131	0	2,127,131	0	2,127,131
007000 INFANT MORTALITY	74,789	0	74,789	0	74,789
007000 IMMUNIZATION ACTION PLAN	331,686	0	331,686	0	331,686
007000 IMMUNIZATION VACCINE FOR CHILDREN PANFLU	83,636	0	83,636	0	83,636
007000 MCH SPECIAL PROJCT DENTAL	74,789	0	74,789	0	74,789
007000 BASE COMMUNITY PREPAREDNESS CAPABILITY	140,313	0	140,313	0	140,313
007000 BASE PUB HLTH SURVEILLANCE & EPI INVESTIGATION	350,722	0	350,722	0	350,722
007000 CRI MEDICAL COUNTERMEASURES DISPENSING	319,072	0	319,072	0	319,072
007000 AIDS PREVENTION	3,092,402	0	3,092,402	0	3,092,402
007000 RYAN WHITE TITLE II CARE GRANT	78,339	0	78,339	0	78,339
007000 RYAN WHITE TITLE II GRANT/CHD CONSORTIUM	1,186,865	0	1,186,865	0	1,186,865
007000 IMPROVING STD PROGRAMS	160,418	0	160,418	0	160,418

ATTACHMENT II

BROWARD COUNTY HEALTH DEPARTMENT

Part II, Sources of Contributions to County Health Department

October 1, 2024 to September 30, 2025

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
007000 TB CONTROL PROJECT	160,094	0	160,094	0	160,094
007000 WIC PROGRAM ADMINISTRATION	11,009,629	0	11,009,629	0	11,009,629
015075 SCHOOL HEALTH SERVICES	346,120	0	346,120	0	346,120
015075 REFUGEE HEALTH SCREENING REIMBURSEMENT ADMIN	638,720	0	638,720	0	638,720
015075 REFUGEE HEALTH SCREENING REIMBURSEMENT SERVICES	3,573,202	0	3,573,202	0	3,573,202
018005 RYAN WHITE TITLE II ADAP DRUG REBATES	1,770,151	0	1,770,151	0	1,770,151
FEDERAL FUNDS TOTAL	30,044,874	0	30,044,874	0	30,044,874
4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE					
001020 CHD STATEWIDE ENVIRONMENTAL FEES	1,515,325	0	1,515,325	0	1,515,325
001092 CHD STATEWIDE ENVIRONMENTAL FEES	25,471	0	25,471	0	25,471
FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL	1,540,796	0	1,540,796	0	1,540,796
5. OTHER CASH CONTRIBUTIONS - STATE:					
	0	0	0	0	0
090001 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	0	0	0	0
OTHER CASH CONTRIBUTION TOTAL	0	0	0	0	0
6. MEDICAID - STATE/COUNTY:					
001148 CHD CLINIC FEES	0	2,274,354	2,274,354	0	2,274,354
001148 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES	0	1,000	1,000	0	1,000
MEDICAID TOTAL	0	2,275,354	2,275,354	0	2,275,354
7. ALLOCABLE REVENUE - STATE:					
018000 CHD SALE OF SERVICES IN OR OUTSIDE OF STATE GOVT	75,000	0	75,000	0	75,000
ALLOCABLE REVENUE TOTAL	75,000	0	75,000	0	75,000
8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE					
ADAP	0	0	0	14,155,027	14,155,027
PHARMACY DRUG PROGRAM	0	0	0	204,175	204,175
WIC PROGRAM	0	0	0	45,748,384	45,748,384
BUREAU OF PUBLIC HEALTH LABORATORIES	0	0	0	215,580	215,580
IMMUNIZATIONS	0	0	0	5,053,098	5,053,098
OTHER STATE CONTRIBUTIONS TOTAL	0	0	0	65,376,264	65,376,264
9. DIRECT LOCAL CONTRIBUTIONS - BCC/TAX DISTRICT					
008005 CHD LOCAL REVENUE & EXPENDITURES	0	1,827,864	1,827,864	0	1,827,864
DIRECT COUNTY CONTRIBUTIONS TOTAL	0	1,827,864	1,827,864	0	1,827,864
10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY					
001077 CHD CLINIC FEES	0	145,400	145,400	0	145,400
001077 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES	0	42,000	42,000	0	42,000
001094 CHD LOCAL ENVIRONMENTAL FEES	0	900,294	900,294	0	900,294
001110 VITAL STATISTICS CERTIFIED RECORDS	0	2,378,335	2,378,335	0	2,378,335
FEES AUTHORIZED BY COUNTY TOTAL	0	3,466,029	3,466,029	0	3,466,029

ATTACHMENT II

BROWARD COUNTY HEALTH DEPARTMENT

Part II, Sources of Contributions to County Health Department

October 1, 2024 to September 30, 2025

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY					
007010 OVERDOSE DATA TO ACTION (OD2A) CHD DIRECT FED	0	2,236,322	2,236,322	0	2,236,322
010300 STATE UNDERGROUND PETROLEUM RESPONSE ACT	0	5,000	5,000	0	5,000
010400 CHD SALE OF SERVICES IN OR OUTSIDE OF STATE GOVT	0	21,000	21,000	0	21,000
010500 CHD SALE OF SERVICES IN OR OUTSIDE OF STATE GOVT	0	2,750,000	2,750,000	0	2,750,000
011000 CPSC POOL SAFELY GRANT	0	200,000	200,000	0	200,000
011000 CHILDREN SERVICES COUNCIL SCHOOL HEALTH SERVICES	0	2,177,596	2,177,596	0	2,177,596
011000 CHILDRENS SERVICES COUN INFANT DROWNING PRVNTN	0	366,239	366,239	0	366,239
011000 SOCIAL SERVICES - KIDCARE	0	524,530	524,530	0	524,530
011000 MEMORIAL HOSPITAL ADULT DENTAL PROGRAM	0	156,000	156,000	0	156,000
011000 RYAN WHITE TITLE I TB/HIV COINFECTION GRANT	0	186,705	186,705	0	186,705
011000 RYAN WHITE TITLE I TB/HIV COINFECTION GRANT	0	91,986	91,986	0	91,986
011001 HEALTHY START RISK SCREENINGS	0	345,480	345,480	0	345,480
012020 CHD LOCAL ENVIRONMENTAL FEES	0	50,430	50,430	0	50,430
090002 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	-211,103	-211,103	0	-211,103
OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL	0	8,900,185	8,900,185	0	8,900,185
12. ALLOCABLE REVENUE - COUNTY					
018000 CHD SALE OF SERVICES IN OR OUTSIDE OF STATE GOVT	0	75,000	75,000	0	75,000
COUNTY ALLOCABLE REVENUE TOTAL	0	75,000	75,000	0	75,000
13. BUILDINGS - COUNTY					
ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	3,167,843	3,167,843
OTHER (Specify)	0	0	0	0	0
UTILITIES	0	0	0	0	0
BUILDING MAINTENANCE	0	0	0	0	0
GROUNDS MAINTENANCE	0	0	0	0	0
INSURANCE	0	0	0	0	0
OTHER (Specify)	0	0	0	0	0
OTHER (Specify)	0	0	0	0	0
BUILDINGS TOTAL	0	0	0	3,167,843	3,167,843
14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY					
EQUIPMENT / VEHICLE PURCHASES	0	0	0	0	0
VEHICLE INSURANCE	0	0	0	0	0
VEHICLE MAINTENANCE	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
OTHER COUNTY CONTRIBUTIONS TOTAL	0	0	0	0	0
GRAND TOTAL CHD PROGRAM	52,445,252	16,544,432	68,989,684	68,544,107	137,533,791

ATTACHMENT II

BROWARD COUNTY HEALTH DEPARTMENT

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

October 1, 2024 to September 30, 2025

	Quarterly Expenditure Plan								Grand Total	
	FTE's	Clients	Services/	1st	2nd	3rd	4th			
	(0.00)	Units	Visits	(Whole dollars only)				State		County
A. COMMUNICABLE DISEASE CONTROL:										
IMMUNIZATION (101)	23.45	25,153	33,483	708,394	607,232	708,394	617,269	2,450,789	190,500	2,641,289
SEXUALLY TRANS. DIS. (102)	16.02	12	12	588,558	504,510	588,558	512,849	2,194,475	0	2,194,475
HIV/AIDS PREVENTION (03A1)	24.41	0	2,851	1,502,789	1,288,185	1,502,789	1,309,476	5,603,239	0	5,603,239
HIV/AIDS SURVEILLANCE (03A2)	7.02	0	75	177,922	152,514	177,922	155,035	663,393	0	663,393
HIV/AIDS PATIENT CARE (03A3)	35.95	1,729	3,126	1,674,682	1,435,531	1,674,682	1,459,260	5,965,466	278,689	6,244,155
ADAP (03A4)	8.06	80	235	220,173	188,731	220,173	191,851	820,928	0	820,928
TUBERCULOSIS (104)	14.20	3,703	16,233	410,951	352,266	410,951	358,089	1,532,257	0	1,532,257
COMM. DIS. SURV. (106)	21.38	0	84,332	699,094	599,261	699,094	609,165	2,606,614	0	2,606,614
HEPATITIS (109)	1.09	475	558	44,567	38,203	44,567	38,834	166,171	0	166,171
PREPAREDNESS AND RESPONSE (116)	6.14	0	0	244,601	209,671	244,601	213,138	912,011	0	912,011
REFUGEE HEALTH (118)	28.86	11,175	24,916	1,313,014	1,125,511	1,313,014	1,144,115	4,895,654	0	4,895,654
VITAL RECORDS (180)	17.69	70,263	154,418	424,270	363,682	424,270	369,694	0	1,581,916	1,581,916
COMMUNICABLE DISEASE SUBTOTAL	204.27	112,590	320,239	8,009,015	6,865,297	8,009,015	6,978,775	27,810,997	2,051,105	29,862,102
B. PRIMARY CARE:										
CHRONIC DISEASE PREVENTION PRO (210)	0.61	259	14	11,911	10,210	11,911	10,379	38,797	5,614	44,411
WIC (21W1)	146.49	66,565	503,650	4,140,420	3,549,152	4,140,420	3,607,815	13,635,073	1,802,734	15,437,807
TOBACCO USE INTERVENTION (212)	4.61	0	3	150,175	128,730	150,175	130,857	503,171	56,766	559,937
WIC BREASTFEEDING PEER COUNSELING (21W2)	7.56	0	14,317	180,847	155,021	180,847	157,584	581,294	93,005	674,299
FAMILY PLANNING (223)	2.78	419	813	262,443	224,965	262,443	228,685	949,302	29,234	978,536
IMPROVED PREGNANCY OUTCOME (225)	0.62	0	0	27,335	23,432	27,335	23,820	95,359	6,563	101,922
HEALTHY START PRENATAL (227)	1.40	7	16	35,597	30,513	35,597	31,017	0	132,724	132,724
COMPREHENSIVE CHILD HEALTH (229)	9.70	19	24	243,995	209,152	243,995	212,609	364,689	545,062	909,751
HEALTHY START CHILD (231)	4.22	65	280	95,121	81,538	95,121	82,886	0	354,666	354,666
SCHOOL HEALTH (234)	4.88	0	947,856	902,359	773,498	902,359	786,283	1,493,848	1,870,651	3,364,499
COMPREHENSIVE ADULT HEALTH (237)	4.22	33	166	293,571	251,648	293,571	255,809	1,050,131	44,468	1,094,599
COMMUNITY HEALTH DEVELOPMENT (238)	11.55	0	0	1,370,436	1,174,733	1,370,436	1,194,150	2,592,705	2,517,050	5,109,755
DENTAL HEALTH (240)	47.37	44,601	53,242	1,621,974	1,390,350	1,621,974	1,413,331	1,274,912	4,772,717	6,047,629
PRIMARY CARE SUBTOTAL	246.01	111,968	1,520,381	9,336,184	8,002,942	9,336,184	8,135,225	22,579,281	12,231,254	34,810,535
C. ENVIRONMENTAL HEALTH:										
Water and Onsite Sewage Programs										
COSTAL BEACH MONITORING (347)	1.10	2,026	2,026	29,575	25,351	29,575	25,770	110,271	0	110,271
LIMITED USE PUBLIC WATER SYSTEMS (357)	1.18	266	826	27,989	23,992	27,989	24,387	104,157	200	104,357
PUBLIC WATER SYSTEM (358)	0.62	0	0	16,400	14,058	16,400	14,290	61,148	0	61,148
PRIVATE WATER SYSTEM (359)	0.38	38	535	9,110	7,809	9,110	7,938	0	33,967	33,967
ONSITE SEWAGE TREATMENT & DISPOSAL (361)	5.95	585	1,616	152,087	130,368	152,087	132,524	0	567,066	567,066
Group Total	9.23	2,915	5,003	235,161	201,578	235,161	204,909	275,576	601,233	876,809
Facility Programs										
TATTOO FACILITY SERVICES (344)	1.93	4,461	1,538	48,975	41,982	48,975	42,676	179,108	3,500	182,608
FOOD HYGIENE (348)	4.27	981	3,043	105,892	90,770	105,892	92,272	291,971	102,855	394,826

ATTACHMENT II

BROWARD COUNTY HEALTH DEPARTMENT

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

October 1, 2024 to September 30, 2025

	Quarterly Expenditure Plan								Grand Total	
	FTE's	Clients	Services/	1st	2nd	3rd	4th			
	(0.00)	Units	Visits	(Whole dollars only)				State		County
BODY PIERCING FACILITIES SERVICES (349)	0.30	210	403	7,720	6,617	7,720	6,727	26,615	2,169	28,784
GROUP CARE FACILITY (351)	2.04	1,315	1,510	48,771	41,806	48,771	42,497	0	181,845	181,845
MIGRANT LABOR CAMP (352)	0.00	0	0	0	0	0	0	0	0	0
HOUSING & PUB. BLDG. (353)	0.00	0	0	0	0	0	0	0	0	0
MOBILE HOME AND PARK (354)	0.34	95	168	8,185	7,016	8,185	7,133	17,914	12,605	30,519
POOLS/BATHING PLACES (360)	13.28	3,734	11,738	323,683	277,460	323,683	282,047	763,681	443,192	1,206,873
BIOMEDICAL WASTE SERVICES (364)	3.20	2,888	3,324	83,345	71,443	83,345	72,623	239,625	71,131	310,756
TANNING FACILITY SERVICES (369)	0.26	182	250	6,802	5,831	6,802	5,928	21,318	4,045	25,363
Group Total	25.62	13,866	21,974	633,373	542,925	633,373	551,903	1,540,232	821,342	2,361,574
Groundwater Contamination										
STORAGE TANK COMPLIANCE SERVICES (355)	0.00	0	0	0	0	0	0	0	0	0
SUPER ACT SERVICES (356)	0.36	0	1,116	9,640	8,264	9,640	8,401	0	35,945	35,945
Group Total	0.36	0	1,116	9,640	8,264	9,640	8,401	0	35,945	35,945
Community Hygiene										
COMMUNITY ENVIR. HEALTH (345)	0.00	0	0	0	0	0	0	0	0	0
INJURY PREVENTION (346)	6.71	0	0	215,513	184,737	215,513	187,790	0	803,553	803,553
LEAD MONITORING SERVICES (350)	0.00	0	0	0	0	0	0	0	0	0
PUBLIC SEWAGE (362)	0.00	0	0	0	0	0	0	0	0	0
SOLID WASTE DISPOSAL SERVICE (363)	0.00	0	0	0	0	0	0	0	0	0
SANITARY NUISANCE (365)	0.89	1,163	660	21,557	18,479	21,557	18,785	80,378	0	80,378
RABIES SURVEILLANCE (366)	0.00	0	0	0	0	0	0	0	0	0
ARBORVIRUS SURVEIL. (367)	0.00	0	0	0	0	0	0	0	0	0
RODENT/ARTHROPOD CONTROL (368)	0.00	0	0	0	0	0	0	0	0	0
WATER POLLUTION (370)	0.00	0	0	0	0	0	0	0	0	0
INDOOR AIR (371)	0.00	0	0	0	0	0	0	0	0	0
RADIOLOGICAL HEALTH (372)	0.18	0	0	4,097	3,512	4,097	3,571	15,277	0	15,277
TOXIC SUBSTANCES (373)	0.00	0	0	0	0	0	0	0	0	0
Group Total	7.78	1,163	660	241,167	206,728	241,167	210,146	95,655	803,553	899,208
ENVIRONMENTAL HEALTH SUBTOTAL	42.99	17,944	28,753	1,119,341	959,495	1,119,341	975,359	1,911,463	2,262,073	4,173,536
D. NON-OPERATIONAL COSTS:										
NON-OPERATIONAL COSTS (599)	0.00	0	0	0	0	0	0	0	0	0
ENVIRONMENTAL HEALTH SURCHARGE (399)	0.00	0	0	37,601	32,232	37,601	32,765	140,199	0	140,199
MEDICAID BUYBACK (611)	0.00	0	0	888	761	888	775	3,312	0	3,312
NON-OPERATIONAL COSTS SUBTOTAL	0.00	0	0	38,489	32,993	38,489	33,540	143,511	0	143,511
TOTAL CONTRACT	493.27	242,502	1,869,373	18,503,029	15,860,727	18,503,029	16,122,899	52,445,252	16,544,432	68,989,684

ATTACHMENT III
BROWARD COUNTY HEALTH DEPARTMENT
CIVIL RIGHTS COMPLIANCE AND NON-DISCRIMINATION CERTIFICATE

1. The CHD 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.
2. The CHD assures that it will comply with 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.
3. Assurance of Civil Rights Compliance: The CHD hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.); Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.); Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794); the Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.); Title II and Title III of the Americans with Disabilities Act (ADA) of 1990, as amended by the ADA Amendment Act of 2008 (42 U.S.C. 12131-12189) and as implemented by Department of Justice regulations at 28 CFR Parts 35 and 36; Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency" (August 11, 2000); all provisions required by the implementing regulations of the U.S. Department of Agriculture (7 CFR Part 15 et seq.); and FNS directives and guidelines to the effect that no person shall, on the ground of race, color, national origin, age, sex, or disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity for which the agency receives Federal financial assistance from FNS; and hereby gives assurance that it will immediately take measures necessary to effectuate this agreement.

By providing this assurance, the CHD agrees to compile data, maintain records and submit records and reports as required to permit effective enforcement of the nondiscrimination laws, and to permit Department personnel during normal working hours to review and copy such records, books and accounts, access such facilities, and interview such personnel as needed to ascertain compliance with the non-discrimination laws. If there are any violations of this assurance, the Department of Agriculture shall have the right to seek judicial enforcement of this assurance.

This assurance is given in consideration of and for the purpose of obtaining any and all Federal financial assistance, grants, and loans of Federal funds, reimbursable expenditures, grant or donation of Federal property and interest in property, the detail of Federal personnel, the sale and lease of, and the permission to use Federal property or interest in such property or the furnishing of services without consideration or at a nominal consideration, or at a consideration that is reduced for the purpose of assisting the recipient, or in recognition of the public interest to be served by such sale, lease, or furnishing of services to the recipient, or any improvements made with Federal financial assistance extended to the Program applicant by USDA. This includes any Federal agreement, arrangement, or other contract that has as one of its purposes the provision of cash assistance for the purchase of food, and cash assistance for purchase or rental of food service equipment or any other financial assistance extended in reliance on the representations and agreements made in this assurance. This assurance is binding on the CHD, its successors, transferees, and assignees as long as it receives or retains possession of any assistance from the Department. The person or persons whose signatures appear below are authorized to sign this assurance on the behalf of the CHD.

4. Confidentiality of Data, Files, and Records: The CHD agrees to restrict the use and disclosure of confidential USDA, Women, Infant, and Children (WIC) applicant and participant information as specified in 7 CFR § 246.26(d)(1)(i) in accordance with 7 CFR § 246.26(d)(1)(ii), as applicable.

Attachment IV

Fiscal Year - 2024 - 2025

Broward County Health Department

Facilities Utilized by the County Health Department

Complete Location <small>(Street Address, City, Zip)</small>	Facility Description And Official Building Name (if applicable) <small>(Admin, Clinic, Envrn Hlth, etc.)</small>	Lease/ Agreement Number	Type of Agreement <small>(Private Lease thru State or County, other - please define)</small>	Complete Legal Name of Owner	SQ Feet	Employee Count <small>(FTE/OPS/ Contract)</small>
205 NW 6 Ave, Pompano Beach, FL 33060	Paul W. Hughes Building		County owned	Boward County	20675	29
2421 SW 6 Ave, Fort Lauderdale, FL 33315	Fort Lauderdale Health Center		County owned	Broward County	33916	165
900 NW 31st Ave., Fort Lauderdale, FL 33311	Edgar Mills Center		County owned	Broward County	12181	24
4105 Pembroke Rd., Hollywood, FL 33021	South Regional Health Center		County owned	Broward County	35106	17
10077 NW 29th Street, Coral Springs, FL 33065	WIC Satellite Office, NW Family Success Center		County owned	Broward County	2500	16
1600 S. Andrews Avenue, West Wing, 3rd Floor, Fort Lauderdale, FL 33316	WIC Satellite Office, Broward Health Medical Center		Hospital Taxing District	North Broward Hospital District	1000	1
7261 Sheridan Street, Suite 220, Hollywood, FL 33024	WIC Satellite Office, Sheridan Professional	640:0414	Private Lease	Marx Developments, LLC	3682	20
481B N. State Road 7, Lauderdale Lakes, FL 33319	WIC Satellite Office, Lakes Medical Center	640:0396	Private Lease	Lakes Medical Center, LLC	4999	31
780 SW 24th Street, Fort Lauderdale, FL 33315	Administrative Center		State owned	State of Florida	47080	170
2421-A SW 6 Avenue, Fort Lauderdale, FL 33315	Operations Center		County owned	Broward County	20750	121
2230 SW 70th Avenue, Unit I, Davie, FL 33317	Warehouse	640:0297	Private Lease	Samjaz Nova Davie, LLC	4950	10
6800 SW 21st Court, Suites 6-10, Davie, FL 33317	Warehouse	640:0343	Private Lease	Samjaz Nova Davie, LLC	9700	3
751 SW 121 Avenue, Davie, FL 33325	Children's Reading Center & Museum		County owned	Broward County	33728	10

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

ATTACHMENT VI

BROWARD COUNTY HEALTH DEPARTMENT

PRIMARY CARE

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

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

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

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

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

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

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

<u>Providers:</u>	FY 2024-25
	<u>Contract</u>
North Broward Hospital District	\$244,620
South Broward Hospital District d/b/a Memorial Healthcare System	149,568
Broward Community & Family Health Center	75,000

Services:

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

ATTACHMENT VII

BROWARD COUNTY HEALTH DEPARTMENT
Contract Year 2024-2025

Outcome Evaluation for
2023-2024 Contract Period

GOAL: Improvement of Health Status of Broward County Residents.

OUTCOME	OBJECTIVE	RESULTS
To increase breast feeding rates in Broward County.	To maintain the percentage of WIC infants who are initially breast fed to at least 85.0% during the year ending 06/30/2024.	The percentage of WIC infants that were initially breast fed was 89.6%.
To reduce the transmission of TB in Broward County.	To maintain at least 95% of active TB cases completing therapy within 12 months of initiation.	In 2022, the TB therapy completion rate was 85.3%.
To increase the safety of public swimming pools in Broward County.	To maintain at least 95% of public swimming pools rated “satisfactory” during the year ending 06/30/2024.	The percentage of public swimming pools rated “satisfactory” was 96.2%.

ATTACHMENT VIII
OUTCOMES FOR CONTRACT YEAR 2024-25

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

Program Type	Activities	Outcomes	Type	Indicators	Data Source	Data Collection Method
Public Health	Education Health Promotion Outreach	To increase breast feeding rates in Broward County.	Long-term	To maintain the percentage of WIC infants who are initially breast fed to at least 85.0% during the year ending 06/30/25.	Department of Health Bureau of WIC	WIC System
Public Health	Disease Surveillance Investigation Treatment Education	To reduce the transmission of TB in Broward County.	Long-term	To maintain at least 95% of active TB cases completing therapy within 12 months of initiation.	Florida CHARTS (Community Health Assessment Resource Tool Set)	DOH HMS (Health Management System)
Public Health	Education Inspection Enforcement	To increase the safety of public swimming pools in Broward County.	Long-term	To maintain at least 95% of public swimming pools rated “satisfactory” during the year ending 06/30/25.	DOH Division of Environmental Health EHDB	CHD Environmental Health Database Program




Transportation Department

FLEET SERVICES DIVISION - Maintenance

1600 Blount Road • Pompano Beach, Florida 33069 • 954-357-5473

TO: Jorge DeJesus Rosario, Florida Department of Health

FROM: Ross Meslin, Director of Fleet Services 

DATE: September 10, 2024

SUBJECT: Fleet Services Division Fee Structure and PMA/PMC cost estimates FY25

Below are estimated charges for Preventative Maintenance levels “A” and “C” (PMA/PMC) for FY25:

PMA – every 6 months or 6,000 miles, oil change, lube chassis, safety inspection

Labor Hours	Labor Cost	Parts	Average Cost
1	\$85.00	\$75	\$160.00

Estimated range \$130-\$190*

PMC – Annual service/safety inspection, oil change, lube chassis, tire rotation, air filter replacement, cabin air filter replacement, expanded safety inspection

Labor Hours	Labor Cost	Parts	Average Cost
1.5	\$127.50	\$125	\$252.50

Estimated range \$210-\$290*

* Prices may vary due to the different filters needed for each application, quantity of oil required for each vehicle, and/or additional access covers being removed for service. Prices do not include any additional maintenance or repairs identified during inspections. Any additional repairs, including accident repairs, or services will be billed at the hourly rate and markup schedule listed below.

Fleet Services Division shop rates:

- 1 Labor: \$85.00/hour
- 2 Parts: 30% markup over cost
- 3 Sublet: 25% markup over cost

All other fees:

- 1 Fleet Fixed Costs
 - a. Monthly Administrative Fee \$25
 - b. Monthly Liability Insurance Cost \$40
- 2 Fleet Fuel Costs
 - a. Wholesale delivered cost plus \$.30 / gallon markup
- 3 Car Wash Services

- a. Contracted rate with no markup
 - i. Cost varies based on service level requested
 - ii. Minimum Basic Service \$12.00 – Maximum Deluxe Service \$35.00

- 4 Towing
 - a. Contracted rate plus 25% markup
 - i. Auto/light truck \$75.00 flat fee (no mileage fee)
 - ii. Medium Duty Truck \$115.00 flat fee (no mileage fee)

- 5 Sunpass/Tolls
 - a. Billed at cost

- 6 Miscellaneous Charges
 - a. Charges incurred not specifically identified herein will be billed at cost
 - i. Example: Storage fee associated with being towed from an accident and not delivered to a Fleet or DOH facility

- 7 Vehicle rentals

Motor Pool Rental Rates			
Economy Sedan-MPSD01/Economy Sedan Electric	Rental fee	Free mileage	Cost/mile over
Monthly	\$700	700	\$0.25
Weekly	\$185	175	\$0.25
Daily	\$30	50	\$0.25
Hourly (>4hrs charged daily rate)	\$6	25	\$0.25
Mid/Full size sedan-MPSD05/SUV-MPSW50			
Monthly	\$750	700	\$0.25
Weekly	\$200	175	\$0.25
Daily	\$35	50	\$0.25
Hourly (>4hrs charged daily rate)	\$7	25	\$0.25
Pickup, 1/2 ton-MPPU02			
Monthly	\$775	700	\$0.25
Weekly	\$225	175	\$0.25
Daily	\$40	50	\$0.25
Hourly (>4hrs charged daily rate)	\$8	25	\$0.25
Van, 7 passenger-MPSW51			
Monthly	\$750	700	\$0.25
Weekly	\$200	175	\$0.25
Daily	\$35	50	\$0.25
Hourly (>4hrs charged daily rate)	\$7	25	\$0.25
Van, Cargo/8 passenger or >			

Monthly	\$900	700	\$0.25
Weekly	\$250	175	\$0.25
Daily	\$45	50	\$0.25
Hourly (>4hrs charged daily rate)	\$9	25	\$0.25
Van, Step/Box >			
Monthly	\$1700.00	700	\$0.25
Weekly	\$440.00	175	\$0.25
Daily	\$60.00	50	\$0.25
Hourly (>4hrs charged daily rate)	\$12.00	25	\$0.25

Please feel free to contact me directly if you have any questions/concerns at 954-357-6492 or rmeslin@broward.org.