

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

This contract is made and entered into between the State of Florida, Department of Health (“State”), and the Marion County Board of County Commissioners (“County”), through their undersigned authorities, effective October 1, 2024. State and County are jointly referred to as the “parties”.

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 the “promotion of the public’s health, the control and eradication of preventable diseases, and the provision of primary health care for special populations.”

C. Marion 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 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 is 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 according to the termination provisions outlined in paragraph 8. below.
3. SERVICES MAINTAINED BY THE CHD. The parties mutually agree that the CHD shall provide those services as outlined in Part III of Attachment II hereof, 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 that are organized and operated to protect the health of the general public by monitoring and regulating activities in the environment that 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 that protect the health of the general public through the detection, control, and eradication of diseases that are transmitted primarily by human beings. Communicable disease services shall be supported by available federal, state, and local funds and shall include those services mandated on a state or federal level. Such services include, but are not limited to, epidemiology, sexually transmissible disease detection and control, HIV/AIDS, immunization, tuberculosis control, and maintenance of vital statistics.

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

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

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

i. The State's appropriated responsibility (*direct contribution excluding any state fees, Medicaid contributions, or any other funds not listed on the Schedule C*) as provided in Attachment II, Part II is an amount not to exceed \$ 8,835,477 (*State General Revenue, State Funds, Other State Funds and Federal Funds listed on the Schedule C*). The State's obligation to pay under this contract is contingent upon an annual appropriation by the Legislature.

ii. The County's appropriated responsibility (*direct contribution excluding any fees, other cash, or local contributions*) as provided in Attachment II, Part II is an amount not to exceed \$ 3,150,000.00 (*amount listed under the "Board of County Commissioners Annual Appropriations section of the revenue attachment*).

b. Overall expenditures will not exceed available funding or budget authority, whichever is less, (either the 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 or decrease, the CHD will revise Attachment II and send a copy of the revised pages to the County and the State's Office of Budget and Revenue Management. If the County initiates the increase or decrease, the County shall notify the CHD in writing. The CHD will then revise Attachment II and send a copy of the revised pages to the State's 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
Marion County Health Department
1801 SE 32nd Avenue
Ocala, FL 34471

5. CHD DIRECTOR or ADMINISTRATOR. Both parties agree the director or 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 State's Deputy Secretary for County Health Systems. The director or administrator shall be selected by the State with the concurrence of the County. The director or 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.

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 outlined in subparagraph b., below. All CHD employees shall be State or State-contract personnel subject to State personnel laws, 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 purchasing contract has been implemented for those goods or services. In such cases, the CHD director or 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 following 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 following the Generally Accepted Accounting Principles, as promulgated by the Governmental Accounting Standards Board, and the requirements of federal or state law. These records shall be maintained as

required by the State's 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 is subject to the confidentiality provisions of paragraphs 6.i. and 6.k., 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 System; and
- 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; and
- iii.* Financial procedures specified in the State's Accounting Procedures Manuals, Accounting memoranda, and Comptroller's memoranda; and
- 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 Marion County.

e. That any surplus or 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 or 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 or deficit funds accruing to the State and County is determined each month and at the contract year-end. Surplus funds may be applied toward the funding requirements of each party 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 that clearly illustrates the amount which has been credited to each party. 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 or administrator determines that an emergency exists wherein a time delay would endanger the public's health and the State's Deputy Secretary for County Health Systems have approved the transfer. The State's 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 certified public accountant 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, as revised, and may be in conjunction with audits performed by the County government. If audit exceptions are found, then the director or 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 five years after termination of this contract. If an audit has been initiated and audit findings have not been resolved at the end of five years, the records shall be retained until the resolution of the audit findings.

k. The CHD shall maintain the 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 State's 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 concerning 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.

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 right to a fair hearing to the final governing authority of the CHD. 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 Compliance and Non-Discrimination 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; and
- ii.* A written explanation to the County of service variances reflected in the year-end DE385L1 report if the variance exceeds or falls below 25 percent of the planned expenditure amount for the contract year. 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 State's 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 are delayed due to circumstances beyond the CHD's control:

- i.* March 1, 2025, for the reporting period of October 1, 2024, through December 31, 2024; and
- ii.* June 1, 2025, for the reporting period of October 1, 2024, through March 31, 2025; and
- iii.* September 1, 2025, for the reporting period of October 1, 2024 through June 30, 2025; and
- iv.* December 1, 2025, for the reporting period of 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 all furnishings and equipment in CHD offices through either a self-insurance program or insurance purchased by the County. The County's Facilities Management coordinates and provides services to the County-owned CHD offices and buildings including housekeeping, repairs, and maintenance. CHD will reimburse the County up to \$275,000.00 for these services for the contract period, upon receipt of monthly invoices for the services provided. Services provided in excess of this figure are an in-kind contribution by the County.

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

the proceeds returned to the County Health Department Trust Fund. All vehicles in the fleet of the CHD will be maintained by the County's Fleet Department. The CHD will reimburse the County for the cost of fuel, maintenance and repair of County vehicles used by the CHD.

8. TERMINATION.

a. Termination at Will. This contract may be terminated by either party without cause upon no less than 180 calendar days' notice in writing to the other party unless a lesser time is mutually agreed upon in writing by both parties.

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 24 hours' notice.

c. Termination for Breach. This contract may be terminated by either party for a material breach of an obligation hereunder, upon no less than 30 days' notice. Waiver of a breach of any provisions of this contract shall not be deemed to be a waiver of any other breach and shall not be construed to be a modification of the terms of this contract.

9. MISCELLANEOUS. The parties further agree:

a. Availability of Funds. If this contract, any renewal hereof, or any term, performance, or payment hereunder, extends beyond the CHD fiscal year beginning July 1, 2024, it is agreed that the performance and payment under this contract are contingent upon an annual appropriation by the Legislature, under section 287.0582, Florida Statutes.

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

For the State:

Sherry Duncan

Asst. County Health Dept. Director

Title

1801 SE 32nd Avenue

Ocala, FL 34471

Address

Sherry.Duncan@flhealth.gov

Email Address

352-644-2626

Telephone

For the County:

Mounir Bouyounes

County Administrator

Title

601 SE 25th Avenue

Ocala, FL 34471

Address

Mounir.Bouyounes@marionfl.org

Email Address

352-438-2300

Telephone

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

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

d. Notices. Any notices provided under this contract must be delivered by certified mail, return receipt requested, in person with proof of delivery, or by email to the email address of the respective party identified in Section 9.b., above.

In WITNESS THEREOF, the parties hereto have caused this eight-page contract, with its attachments as referenced, including Attachment I (two pages), Attachment II (seven pages), Attachment III (one page), Attachment IV (one page), and Attachment V (two pages), to be executed by their undersigned officials as duly authorized effective the 1st day of October 2024.

**BOARD OF COUNTY COMMISSIONERS
FOR MARION COUNTY**

SIGNED BY: Michelle Stone
NAME: Michelle Stone
TITLE: Chair
DATE: October 15, 2024

ATTESTED TO:

SIGNED BY: G. C. Harrell
NAME: Gregory C. Harrell
TITLE: Clerk
DATE: October 15, 2024

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

SIGNED BY: J. A. Ladapo
NAME: Joseph A. Ladapo, M.D., Ph.D.
TITLE: State Surgeon General
DATE: 12-20-24

SIGNED BY: Shing D
NAME: For Mark S. Lander
TITLE: CHD Director or Administrator
DATE: 10/18/24

ATTACHMENT I
MARION 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
 MARION 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	2177545	7031232	9208777
2. Drawdown for Contract Year October 1, 2024 to September 30, 2025	0	-510468	-510468
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	2177545	6520764	8698309

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

ATTACHMENT II

MARION 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	100,000	0	100,000	0	100,000
016040 AIDS PREVENTION & SURVEILLANCE - GENERAL REVENUE	34,299	0	34,299	0	34,299
016040 CHD - TB COMMUNITY PROGRAM	51,997	0	51,997	0	51,997
015040 SEXUALLY TRANSMITTED DISEASE CONTROL PROGRAM GR	24,265	0	24,265	0	24,265
015040 SCHOOL BASED DENTAL SEALANT	183,168	0	183,168	0	183,168
015040 DENTAL SPECIAL INITIATIVE PROJECTS	6,303	0	6,303	0	6,303
015040 FAMILY PLANNING GENERAL REVENUE	183,053	0	183,053	0	183,053
015040 FLORIDA SPRINGS AND AQUIFER PROTECTION ACT	72,939	0	72,939	0	72,939
015040 PRIMARY CARE PROGRAM	467,515	0	467,515	0	467,515
015040 RACIAL & ETHNIC DISPARITIES - CHD EXPENSES	52,000	0	52,000	0	52,000
015040 SCHOOL HEALTH SERVICES	223,393	0	223,393	0	223,393
015050 CHD GENERAL REVENUE NON-CATEGORICAL	3,424,313	0	3,424,313	0	3,424,313
GENERAL REVENUE TOTAL	4,823,245	0	4,823,245	0	4,823,245
2. NON GENERAL REVENUE - STATE					
015010 ENVIRONMENTAL BIOMEDICAL WASTE PROGRAM	5,343	0	5,343	0	5,343
015010 TOBACCO STATE & COMMUNITY HEALTHY BABY	10,000	0	10,000	0	10,000
NON GENERAL REVENUE TOTAL	15,343	0	15,343	0	15,343
3. FEDERAL FUNDS - STATE					
007000 AIDS DRUG ASSISTANCE PROGRAM ADMIN HQ	58,279	0	58,279	0	58,279
007000 WIC BREASTFEEDING PEER COUNSELING PROG	139,398	0	139,398	0	139,398
007000 COMPREHENSIVE COMMUNITY CARDIO - PHBG	38,620	0	38,620	0	38,620
007000 ELC COVID ENHANCED DETECTION EXPANSION GRANT	203,071	0	203,071	0	203,071
007000 ELC COVID HAVAR	193,400	0	193,400	0	193,400
007000 ELCCOVID NURSING HOME & LTC FACILITY STRIKE TEAM	3,611	0	3,611	0	3,611
007000 ELC COVID OTHER & LONG TERM CARE FAC STRIKE TEAM	3,478	0	3,478	0	3,478
007000 EPIDEMIOLOGY/LABORATORY CAPACITY INFECTIOUS DIS	40	0	40	0	40
007000 FAMILY PLANNING TITLE X - GRANT	132,654	0	132,654	0	132,654
007000 HEALTH DISPARITIES GRANT COVID-19	10,163	0	10,163	0	10,163
007000 PUBLIC HLTH INFRASTRUCTURE & WORKFORCE/CENTRAL I	338,607	0	338,607	0	338,607
007000 IMMUNIZATION & VACCINES CHILDREN COVID 19 RESPON	45,340	0	45,340	0	45,340
007000 INFANT MORTALITY	8,425	0	8,425	0	8,425
007000 IMMUNIZATION ACTION PLAN	120,641	0	120,641	0	120,641
007000 IMMUNIZATION VACCINE FOR CHILDREN PANFLU	70,195	0	70,195	0	70,195
007000 MCH SPECIAL PRJCT UNPLANNED PREGNANCY	3,676	0	3,676	0	3,676
007000 MCH SPECIAL PROJCT DENTAL	5,964	0	5,964	0	5,964
007000 MCH SPEC PRJ SOCIAL DETERMINANTS HLTH COMM EDU	5,964	0	5,964	0	5,964
007000 OVERDOSE TO ACTION - PREVENTION	204,305	0	204,305	0	204,305
007000 BASE COMMUNITY PREPAREDNESS CAPABILITY	144,723	0	144,723	0	144,723
007000 BASE PUB HLTH SURVEILLANCE & EPI INVESTIGATION	150,179	0	150,179	0	150,179
007000 AIDS PREVENTION	51,554	0	51,554	0	51,554
007000 POOL SAFELY GRANT PROGRAM	5,000	0	5,000	0	5,000
007000 RYAN WHITE TITLE II GRANT/CHD CONSORTIUM	318,249	0	318,249	0	318,249

ATTACHMENT II

MARION 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 SEXUAL RISK AVOIDANCE EDUCATION GRANT PROGRAM	311,388	0	311,388	0	311,388
007000 WIC PROGRAM ADMINISTRATION	1,930,863	0	1,930,863	0	1,930,863
015075 SCHOOL HEALTH SERVICES	155,083	0	155,083	0	155,083
015075 REFUGEE HEALTH SCREENING REIMBURSEMENT ADMIN	29,936	0	29,936	0	29,936
015075 REFUGEE HEALTH SCREENING REIMBURSEMENT SERVICES	146,195	0	146,195	0	146,195
FEDERAL FUNDS TOTAL	4,829,001	0	4,829,001	0	4,829,001
4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE					
001020 CHD STATEWIDE ENVIRONMENTAL FEES	237,276	0	237,276	0	237,276
001092 ON SITE SEWAGE DISPOSAL PERMIT FEES	1,144,905	0	1,144,905	0	1,144,905
001092 CHD STATEWIDE ENVIRONMENTAL FEES	3,500	0	3,500	0	3,500
001206 ON SITE SEWAGE DISPOSAL PERMIT FEES	108,700	0	108,700	0	108,700
001206 SANITATION CERTIFICATES (FOOD INSPECTION)	4,845	0	4,845	0	4,845
001206 SEPTIC TANK RESEARCH SURCHARGE	22,180	0	22,180	0	22,180
001206 SEPTIC TANK VARIANCE FEES 50%	27,900	0	27,900	0	27,900
001206 PUBLIC SWIMMING POOL PERMIT FEES-10% HQ TRANSFER	8,156	0	8,156	0	8,156
001206 DRINKING WATER PROGRAM OPERATIONS	6,600	0	6,600	0	6,600
001206 REGULATION OF BODY PIERCING SALONS	400	0	400	0	400
001206 TANNING FACILITIES	500	0	500	0	500
001206 TATTO PROGRAM ENVIRONMENTAL HEALTH	2,500	0	2,500	0	2,500
001206 MOBILE HOME & RV PARK FEES	5,000	0	5,000	0	5,000
FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL	1,572,462	0	1,572,462	0	1,572,462
5. OTHER CASH CONTRIBUTIONS - STATE:					
031005 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES	18,710	0	18,710	0	18,710
031005 MIGRANT LABOR HOUSING INSPECTION H-2A PROGRAM	71	0	71	0	71
090001 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	0	0	0	0
OTHER CASH CONTRIBUTION TOTAL	18,781	0	18,781	0	18,781
6. MEDICAID - STATE/COUNTY:					
001057 CHD CLINIC FEES	0	75,354	75,354	0	75,354
001148 CHD CLINIC FEES	0	471,546	471,546	0	471,546
001148 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES	0	4,779	4,779	0	4,779
MEDICAID TOTAL	0	551,679	551,679	0	551,679
7. ALLOCABLE REVENUE - STATE:					
001004 CHD STATEWIDE ENVIRONMENTAL FEES	200	0	200	0	200
ALLOCABLE REVENUE TOTAL	200	0	200	0	200
8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE					
ADAP	0	0	0	307,744	307,744
PHARMACY DRUG PROGRAM	0	0	0	13,523	13,523
WIC PROGRAM	0	0	0	7,278,561	7,278,561
BUREAU OF PUBLIC HEALTH LABORATORIES	0	0	0	41,514	41,514
IMMUNIZATIONS	0	0	0	774,566	774,566

ATTACHMENT II

MARION 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
OTHER STATE CONTRIBUTIONS TOTAL	0	0	0	8,415,908	8,415,908
9. DIRECT LOCAL CONTRIBUTIONS - BCC/TAX DISTRICT					
008005 CHD LOCAL REVENUE & EXPENDITURES	0	3,150,000	3,150,000	0	3,150,000
DIRECT COUNTY CONTRIBUTIONS TOTAL	0	3,150,000	3,150,000	0	3,150,000
10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY					
001025 CHD CLINIC FEES	0	2,328	2,328	0	2,328
001073 CURANT 340B REVENUE AND EXPENSE TRACKING	0	411,315	411,315	0	411,315
001077 CHD CLINIC FEES	0	121,915	121,915	0	121,915
001077 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES	0	6,118	6,118	0	6,118
001094 CHD LOCAL ENVIRONMENTAL FEES	0	299,573	299,573	0	299,573
001110 VITAL STATISTICS CERTIFIED RECORDS	0	610,000	610,000	0	610,000
FEES AUTHORIZED BY COUNTY TOTAL	0	1,451,249	1,451,249	0	1,451,249
11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY					
001029 CHD CLINIC FEES	0	44,226	44,226	0	44,226
001029 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES	0	12,547	12,547	0	12,547
001090 CHD CLINIC FEES	0	17,573	17,573	0	17,573
001090 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES	0	715	715	0	715
010300 MIGRANT LABOR HOUSING INSPECTION H-2A PROGRAM	0	3,280	3,280	0	3,280
011001 CHD HEALTHY START COALITION CONTRACT	0	742,262	742,262	0	742,262
090002 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	510,468	510,468	0	510,468
OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL	0	1,331,071	1,331,071	0	1,331,071
12. ALLOCABLE REVENUE - COUNTY					
001004 CHD STATEWIDE ENVIRONMENTAL FEES	0	200	200	0	200
COUNTY ALLOCABLE REVENUE TOTAL	0	200	200	0	200
13. BUILDINGS - COUNTY					
ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	1,000,000	1,000,000
FIRE EXTINGUISHER INSPECTIONS	0	0	0	2,040	2,040
ELEVATOR SERVICE	0	0	0	2,700	2,700
BUILDING MAINTENANCE	0	0	0	5,000	5,000
GROUNDS MAINTENANCE	0	0	0	9,254	9,254
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	1,018,994	1,018,994
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

ATTACHMENT II

MARION 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
GRAND TOTAL CHD PROGRAM	11,259,032	6,484,199	17,743,231	9,434,902	27,178,133

ATTACHMENT II

MARION 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**

	FTE's (0.00)	Clients Units	Services/ Visits	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd (Whole dollars only)	3rd	4th			
A. COMMUNICABLE DISEASE CONTROL:										
IMMUNIZATION (101)	11.49	4,590	5,976	295,014	252,885	295,014	257,064	838,921	261,056	1,099,977
SEXUALLY TRANS. DIS. (102)	13.89	1,913	2,635	337,277	280,113	337,277	293,892	126,790	1,130,769	1,257,559
HIV/AIDS PREVENTION (03A1)	2.87	0	2,492	67,224	57,024	67,224	58,577	250,589	60	260,649
HIV/AIDS SURVEILLANCE (03A2)	0.01	0	0	253	217	253	220	0	943	943
HIV/AIDS PATIENT CARE (03A3)	7.92	569	1,333	291,972	250,277	291,972	254,415	418,249	670,387	1,088,636
ADAP (03A4)	1.63	2	230	35,134	30,116	35,134	30,614	130,984	34	130,998
TUBERCULOSIS (104)	2.79	125	654	72,995	62,571	72,995	63,607	51,997	220,171	272,168
COMM. DIS. SURV. (106)	6.59	0	3,969	230,414	197,510	230,414	200,775	859,063	50	859,113
HEPATITIS (109)	1.26	84	265	31,561	27,064	31,561	27,502	0	117,678	117,678
PREPAREDNESS AND RESPONSE (116)	2.31	0	1	62,683	53,731	62,683	54,619	233,716	0	233,716
REFUGEE HEALTH (118)	2.99	432	1,039	88,640	75,982	88,640	77,238	330,437	63	330,500
VITAL RECORDS (180)	5.21	22,114	67,971	102,722	88,053	102,722	89,507	0	383,004	383,004
COMMUNICABLE DISEASE SUBTOTAL	58.96	29,829	86,465	1,615,889	1,385,133	1,615,889	1,408,030	3,240,726	2,784,215	6,024,941
B. PRIMARY CARE:										
CHRONIC DISEASE PREVENTION PRO (210)	3.38	1,443	460	79,111	67,814	79,111	68,935	294,971	0	294,971
WIC (21W1)	29.71	13,005	83,464	593,671	508,892	593,671	517,303	2,213,537	0	2,213,537
TOBACCO USE INTERVENTION (212)	0.03	0	0	2,781	2,384	2,781	2,423	10,369	0	10,369
WIC BREASTFEEDING PEER COUNSELING (21W2)	5.07	0	10,129	76,104	65,236	76,104	66,314	283,758	0	283,758
FAMILY PLANNING (223)	14.08	2,625	4,646	338,089	289,809	338,089	294,599	581,847	678,739	1,260,586
IMPROVED PREGNANCY OUTCOME (225)	0.06	0	17	2,989	2,562	2,989	2,606	11,145	1	11,146
HEALTHY START PRENATAL (227)	5.49	1,127	4,740	135,544	116,188	135,544	118,107	0	505,383	505,383
COMPREHENSIVE CHILD HEALTH (229)	0.00	0	0	0	0	0	0	0	0	0
HEALTHY START CHILD (231)	5.37	974	4,359	97,753	83,794	97,753	85,179	0	364,479	364,479
SCHOOL HEALTH (234)	7.25	0	41,773	261,872	224,476	261,872	228,186	976,406	0	976,406
COMPREHENSIVE ADULT HEALTH (237)	0.00	0	0	8,704	7,461	8,704	7,585	0	32,454	32,454
COMMUNITY HEALTH DEVELOPMENT (238)	8.44	0	931	346,192	296,754	346,192	301,659	1,290,797	0	1,290,797
DENTAL HEALTH (240)	17.54	4,155	7,117	500,949	429,412	500,949	436,509	195,436	1,672,383	1,867,819
PRIMARY CARE SUBTOTAL	96.42	23,320	157,636	2,443,759	2,094,782	2,443,759	2,129,405	5,858,266	3,253,439	9,111,705
C. ENVIRONMENTAL HEALTH:										
Water and Onsite Sewage Programs										
COSTAL BEACH MONITORING (347)	0.00	0	0	0	0	0	0	0	0	0
LIMITED USE PUBLIC WATER SYSTEMS (367)	1.60	535	1,224	36,863	31,599	36,863	32,121	133,985	3,511	137,446
PUBLIC WATER SYSTEM (358)	0.00	0	0	93	80	93	80	6	340	346
PRIVATE WATER SYSTEM (359)	1.25	742	4,219	24,372	20,891	24,372	21,236	3	90,868	90,871
ONSITE SEWAGE TREATMENT & DISPOSAL (361)	17.11	10,422	7,823	397,876	341,057	397,876	346,694	1,481,382	2,121	1,483,503
Group Total	19.96	11,699	13,265	459,204	393,627	459,204	400,131	1,615,326	96,840	1,712,166
Facility Programs										
TATTOO FACILITY SERVICES (344)	0.37	246	110	8,577	7,352	8,577	7,474	29,977	2,003	31,880
FOOD HYGIENE (348)	0.60	149	393	15,154	12,990	15,154	13,206	55,000	1,504	56,504

ATTACHMENT II

MARION 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

	FTE's (0.00)	Clients Units	Services/ Visits	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd (Whole dollars only)	3rd	4th			
BODY PIERCING FACILITIES SERVICES (349)	0.07	28	42	1,828	1,394	1,828	1,417	5,962	101	6,063
GROUP CARE FACILITY (351)	0.56	346	639	10,102	8,659	10,102	8,803	4	37,662	37,666
MIGRANT LABOR CAMP (352)	0.17	32	136	3,677	3,152	3,677	3,205	2,072	11,639	13,711
HOUSING & PUB. BLDG. (353)	0.00	0	0	0	0	0	0	0	0	0
MOBILE HOME AND PARK (354)	0.65	274	594	12,601	10,853	12,661	11,031	46,201	1,005	47,206
POOLS/BATHING PLACES (360)	1.20	330	1,033	24,571	21,062	24,571	21,410	90,006	1,608	91,614
BIOMEDICAL WASTE SERVICES (364)	0.98	637	1,530	23,233	19,915	23,233	20,243	84,117	2,507	86,624
TANNING FACILITY SERVICES (369)	0.25	71	107	4,468	3,830	4,468	3,895	16,559	2	16,661
Group Total	4.85	2,113	4,584	104,069	89,307	104,069	90,684	329,998	58,031	388,029
Groundwater Contamination										
STORAGE TANK COMPLIANCE SERVICES (355)	0.00	0	0	0	0	0	0	0	0	0
SUPER ACT SERVICES (356)	0.01	0	0	152	130	152	131	0	565	565
Group Total	0.01	0	0	152	130	152	131	0	565	565
Community Hygiene										
COMMUNITY ENVIR. HEALTH (345)	0.10	0	0	2,818	2,415	2,818	2,455	1	10,505	10,506
INJURY PREVENTION (346)	1.81	368	269	39,176	33,581	39,176	34,136	13	146,056	146,069
LEAD MONITORING SERVICES (350)	0.00	0	0	0	0	0	0	0	0	0
PUBLIC SEWAGE (362)	0.02	0	0	424	363	424	370	0	1,581	1,581
SOLID WASTE DISPOSAL SERVICE (363)	0.00	0	0	0	0	0	0	0	0	0
SANITARY NUISANCE (365)	0.16	418	160	3,121	2,675	3,121	2,720	1	11,636	11,637
RABIES SURVEILLANCE (366)	1.22	3,496	8,740	29,575	25,352	29,575	25,770	9	110,263	110,272
ARBORVIRUS SURVEIL. (367)	0.10	0	80	2,876	2,465	2,876	2,506	1	10,722	10,723
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	93	80	93	80	0	346	346
RADIOLOGICAL HEALTH (372)	0.00	0	0	0	0	0	0	0	0	0
TOXIC SUBSTANCES (373)	0.00	0	0	0	0	0	0	0	0	0
Group Total	3.41	4,282	9,249	78,083	66,931	78,083	68,037	25	291,109	291,134
ENVIRONMENTAL HEALTH SUBTOTAL	28.23	18,094	27,098	641,508	549,895	641,508	558,983	1,945,349	446,545	2,391,894
D. NON-OPERATIONAL COSTS:										
NON-OPERATIONAL COSTS (590)	0.00	0	0	0	0	0	0	0	0	0
ENVIRONMENTAL HEALTH SURCHARGE (399)	0.00	0	0	57,580	49,357	57,580	50,174	214,691	0	214,691
MEDICAID BUYBACK (611)	0.00	0	0	0	0	0	0	0	0	0
NON-OPERATIONAL COSTS SUBTOTAL	0.00	0	0	57,580	49,357	57,580	50,174	214,691	0	214,691
TOTAL CONTRACT	183.61	71,252	271,199	4,758,736	4,079,167	4,758,736	4,146,592	11,259,032	6,484,199	17,743,231

ATTACHMENT III
MARION 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

Marion 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>
1801 SE 32nd Avenue Ocala, FL 34471	Marion County Health Department Main Site		County	County Board of County Commission	64431	201
7055 SE 110th Street Road Belleview, FL 34420	Belleview - WIC		County	County Board of County Commission	5000	5
4500 NW 152nd Avenue Reddick, FL 32686	Reddick - WIC		County	County Board of County Commission	5000	4
1501 West Silver Springs Blvd Ocala, FL 34474	Hampton Center - Dental		Private Lease with State College	Central Florida College	2152	18

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

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

CASH RESERVED OR ANTICIPATED TO BE RESERVED FOR PROJECTS

<u>CONTRACT YEAR</u>	<u>STATE</u>	<u>COUNTY</u>	<u>TOTAL</u>
2021-2022*	\$ <u>0</u>	\$ <u>108506</u>	\$ <u>108506</u>
2022-2023**	\$ <u>0</u>	\$ <u>600000</u>	\$ <u>600000</u>
2023-2024***	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
2025-2026***	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
PROJECT TOTAL	\$ <u>0</u>	\$ <u>708506</u>	\$ <u>708506</u>

SPECIAL PROJECTS CONSTRUCTION/RENOVATION PLAN

PROJECT NUMBER: 72242100

PROJECT NAME: Marion CHD - Interior Renovations

LOCATION/ADDRESS: 1801 SE 32nd Avenue, Ocala, FL 34471

PROJECT TYPE:

NEW BUILDING	<input type="checkbox"/>	ROOFING	<input type="checkbox"/>
RENOVATION	<input checked="" type="checkbox"/>	PLANNING STUDY	<input type="checkbox"/>
NEW ADDITION	<input type="checkbox"/>	OTHER	<input type="checkbox"/>

SQUARE FOOTAGE: 0

PROJECT SUMMARY: *Describe scope of work in reasonable detail.*
 Renovate 3 large program areas to accommodate increased staffing and to accommodate changes and increases in program delivery

START DATE (Initial expenditure of funds) : 9/1/2023

COMPLETION DATE: 3/31/2025

DESIGN FEES: \$ 0

CONSTRUCTION COSTS: \$ 0

FURNITURE/EQUIPMENT: \$ 0

TOTAL PROJECT COST: \$ 708506

COST PER SQ FOOT: \$ 83

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

* Cash balance as of 9/30/24

** Cash to be transferred to FCO account.

*** Cash anticipated for future contract years.

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

CASH RESERVED OR ANTICIPATED TO BE RESERVED FOR PROJECTS

<u>CONTRACT YEAR</u>	<u>STATE</u>	<u>COUNTY</u>	<u>TOTAL</u>
2023-2024*	\$ <u>0</u>	\$ <u>400000</u>	\$ <u>400000</u>
2024-2025**	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
2025-2026***	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
2026-2027***	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
PROJECT TOTAL	\$ <u>0</u>	\$ <u>400000</u>	\$ <u>400000</u>

SPECIAL PROJECTS CONSTRUCTION/RENOVATION PLAN

PROJECT NUMBER: 82242100

PROJECT NAME: Restroom Renovation

LOCATION/ADDRESS: 2801 SE 32nd Avenue, Ocala, FL 34471

PROJECT TYPE:

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

SQUARE FOOTAGE: 1600

PROJECT SUMMARY: *Describe scope of work in reasonable detail.*
Renovation of 3 multi stall restrooms and 1 regular restroom to meet current ADA standards.

START DATE *(Initial expenditure of funds)* : 1/1/2025

COMPLETION DATE: 9/30/2025

DESIGN FEES: \$ 0

CONSTRUCTION COSTS: \$ 0

FURNITURE/EQUIPMENT: \$ 0

TOTAL PROJECT COST: \$ 400000

COST PER SQ FOOT: \$ 250

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

* Cash balance as of 9/30/24
 ** Cash to be transferred to FCO account.
 *** Cash anticipated for future contract years.