# 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 2025-2026

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, 2025. 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. <u>RECITALS</u>. The parties mutually agree that the foregoing recitals are true and correct and incorporated herein by reference.
- 2. <u>TERM</u>. The parties mutually agree that this contract shall be effective from October 1, 2025, through September 30, 2026, 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. <u>SERVICES MAINTAINED BY THE CHD</u>. 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. <u>FUNDING</u>. 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 \$8,058,664.00(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 32<sup>nd</sup> Avenue Ocala, FL 34471

- 5. <u>CHD DIRECTOR or ADMINISTRATOR</u>. 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. <u>ADMINISTRATIVE POLICIES AND PROCEDURES</u>. 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.
- I. 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:

- 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 yearend 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, 2026, for the reporting period of October 1, 2025, through December 31, 2025; and
  - *ii.* June 1, 2026, for the reporting period of October 1, 2025, through March 31, 2026; and
  - iii. September 1, 2026, for the reporting period of October 1, 2025 through June 30, 2026; and
  - *iv.* December 1, 2026, for the reporting period of October 1, 2025 through September 30, 2026.

# 7. <u>FACILITIES AND EQUIPMENT</u>. 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 County up to \$300,000.00 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. <u>Termination at Will</u>. 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. <u>Termination for Breach</u>. 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, 2026, 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:	For the County:
Kailee Sanchez Name Business Manager Title 1801 SE 32 <sup>nd</sup> Avenue	Mounir Bouyounes Name County Administrator Title 601 SE 25th Avenue
Ocala, FL 34471 Address Kailee.Sanchez@flhealth.gov Email Address 352-644-2617 Telephone	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. <u>Captions</u>. 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. <u>Notices</u>. 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 (six pages), Attachment III (one page), Attachment IV (one page), and Attachment V (one page), to be executed by their undersigned officials as duly authorized effective the 1st day of October 2025.

BOARD OF COUNTY COMMISSIONERS FOR MARION COUNTY					
SIGNED BY:	SIGNED BY:				
NAME:	NAME: <u>Joseph A. Ladapo, M.D., Ph.D</u>				
TITLE:	TITLE: State Surgeon General				
DATE:	DATE:				
ATTESTED TO:					
SIGNED BY:	SIGNED BY:				
NAME:	NAME:Mark S. Lander, M.S.				
TITLE:	TITLE: CHD Director or Administrator				
DATE:	DATE:				

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

## ATTACHMENT I (Continued)

		levels as documented in Florida SHOTS and supported by CHD Guidebook policies and technical assistance guidance.
7.	Environmental Health	Requirements as specified in Environmental Health Programs Manual 150-4* and DHP 50-21*
8.	HIV/AIDS Program	Requirements as specified in F.S. 384.25 and F.A.C. 64D-3.030 and 64D-3.031. Case reporting should be on Adult HIV/AIDS Confidential Case Report CDC Form DH2139 and Pediatric HIV/AIDS Confidential Case Report CDC Form DH2140.
		Requirements as specified in F.A.C. 64D-2 and 64D-3, F.S. 381 and F.S. 384. Socio-demographic and risk data on persons tested for HIV in CHD clinics should be reported on Lab Request DH Form 1628 in accordance with the Forms Instruction Guide. Requirements for the HIV/AIDS Patient Care programs are found in the Patient Care Contract Administrative Guidelines.
9.	School Health Services	Requirements as specified in the Florida School Health Administrative Guidelines (May 2012). Requirements as specified in F.S. 381.0056, F.S. 381.0057, F.S. 402.3026 and F.A.C. 64F-6.
10.	Tuberculosis	Tuberculosis Program Requirements as specified in F.A.C. 64D-3 and F.S. 392.
11.	General Communicable Disease Control	Carry out surveillance for reportable communicable and other acute diseases, detect outbreaks, respond to individual cases of reportable diseases, investigate outbreaks, and carry out communication and quality assurance functions, as specified in F.A.C. 64D-3, F.S. 381, F.S. 384 and the CHD Epidemiology Guide to Surveillance and Investigations.
12.	Refugee Health Program	Programmatic and financial requirements as specified by the program office.

<sup>\*</sup>or the subsequent replacement if adopted during the contract period.

# 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 09/30/25	2928760	6239510	9168270
2.	Drawdown for Contract Year October 1, 2025 to September 30, 2026	-282936	-70735	-353671
3.	Special Capital Project use for Contract Year October 1, 2025 to September 30, 2026	0	0	0
4.	Balance Reserved for Contingency Fund October 1, 2025 to September 30, 2026	2645824	6168775	8814599

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

# MARION COUNTY HEALTH DEPARTMENT

Part II, Sources of Contributions to County Health Department October 1, 2025 to September 30, 2026

		State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
1. GENE	CRAL REVENUE - STATE		AAL VARANGEREN ERDSWALLS			
015040	AIDS PATIENT CARE	100,000	0	100,000	0	100,000
015040	AIDS PREVENTION & SURVEILLANCE · GENERAL REVENUE	34,299	0	34,299	0	34,299
015040	$\mathtt{CHD} \cdot \mathtt{TB} \ \mathtt{COMMUNITY} \ \mathtt{PROGRAM}$	50,027	0	50,027	0	50,027
015040	SEXUALLY TRANSMITTED DISEASE CONTROL PROGRAM GR	24,265	0	24,265	0	24,265
015040	SCHOOL BASED DENTAL SEALANT	180,905	0	180,905	0	180,905
015040	DENTAL SPECIAL INITIATIVE PROJECTS	9,123	0	9,123	0	9,123
015040	FAMILY PLANNING GENERAL REVENUE	184,346	0	184,346	0	184,346
015040	MCH SPECIAL PROJCT DENTAL	5,964	0	5,964	0	5,964
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
015040	SWIMMING LESSONS VOUCHER PROGRAM	19,400	0	19,400	0	19,400
015050	CHD GENERAL REVENUE NON-CATEGORICAL	3,625,599	0	3,625,599	0	3,625,599
GENERA	L REVENUE TOTAL	4,976,836	0	4,976,836	0	4,976,836
2. NON C	ENERAL REVENUE - STATE					
015010	ENVIRONMENTAL BIOMEDICAL WASTE PROGRAM	5,379	0	5,379	0	5,379
015010	INFANT MORTALITY	5,964	0	5,964	0	5,964
015010	TOBACCO STATE & COMMUNITY HEALTHY BABY	10,000	0	10,000	0	10,000
NON GE	NERAL REVENUE TOTAL	21,343	0	21,343	0	21,343
B. FEDEI	RAL FUNDS · STATE					
007000	AIDS DRUG ASSISTANCE PROGRAM ADMIN HQ	21,999	0	21,999	0	21,999
007000	WIC BREASTFEEDING PEER COUNSELING PROG	92,464	0	92,464	0	92,464
007000	COMPREHENSIVE COMMUNITY CARDIO · PHBG	35,000	0	35,000	0	35,000
007000	ELC COVID HAI/AR	69,168	0	69,168	0	69,168
007000	FAMILY PLANNING TITLE $X \cdot GRANT$	144,991	0	144,991	0	144,991
007000	PUBLIC HLTH INFRASTRUCTURE & WORKFORCE/CENTRAL 1	298,675	0	298,675	0	298,675
007000	IMMUNIZATION ACTION PLAN	121,134	0	121,134	0	121,134
007000	IMMUNIZATION VACCINE FOR CHILDREN PANFLU	38,325	0	38,325	0	38,325
007000	MEDICAL HOME FOR CHILD & ADOLESCENT HEALTH	5,964	0	5,964	0	5,964
007000	MCH SPEC PRJ SOCIAL DETERMINANTS HLTH COMM EDU	90	0	90	0	90
007000	OVERDOSE TO ACTION · PREVENTION	98,791	0	98,791	0	98,791
007000	BASE COMMUNITY PREPAREDNESS CAPABILITY	69,907	0	69,907	0	69,907
007000	BASE PUB HLTH SURVEILLANCE & EPI INVESTIGATION	70,888	0	70,888	0	70,888
007000	AIDS PREVENTION	23,767	0	23,767	0	23,767
007000	RYAN WHITE TITLE II GRANT/CHD CONSORTIUM	133,835	0	133,835	0	133,835
007000	SEXUAL RISK AVOIDANCE EDUCATION GRANT PROGRAM	355,105	0	355,105	0	355,105
007000	WIC PROGRAM ADMINISTRATION	2,244,199	0	2,244,199	0	2,244,199
015075	SCHOOL HEALTH SERVICES	198,962	0	198,962	0	198,962
015075	REFUGEE HEALTH SCREENING REIMBURSEMENT ADMIN	22,421	0	22,421	0	22,421
015075	REFUGEE HEALTH SCREENING REIMBURSEMENT SERVICES	51,085	0	51,085	0	51,085
EDERAI	L FUNDS TOTAL	4,096,770	0	4,096,770	0	4,096,770

# MARION COUNTY HEALTH DEPARTMENT

Part II, Sources of Contributions to County Health Department October 1, 2025 to September 30, 2026

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE					
001020 CHD STATEWIDE ENVIRONMENTAL FEES	276,672	0	276,672	0	276,672
001092 ON SITE SEWAGE DISPOSAL PERMIT FEES	989	0	989	0	989
001092 CHD STATEWIDE ENVIRONMENTAL FEES	6,000	0	6,000	0	6,000
001206 ON SITE SEWAGE DISPOSAL PERMIT FEES	86	0	86	0	86
001206 SANITATION CERTIFICATES (FOOD INSPECTION)	4,200	0	4,200	0	4,200
001206 PUBLIC SWIMMING POOL PERMIT FEES-10% HQ TRANSFER	8,000	0	8,000	0	8,000
001206 DRINKING WATER PROGRAM OPERATIONS	5,500	0	5,500	0	5,500
001206 REGULATION OF BODY PIERCING SALONS	250	0	250	0	250
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	309,697	0	309,697	0	309,697
5. OTHER CASH CONTRIBUTIONS · STATE:					
031005 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES	17,400	0	17,400	0	17,400
090001 DRAW DOWN FROM PUBLIC HEALTH UNIT	282,936	0	282,936	0	282,936
OTHER CASH CONTRIBUTION TOTAL	300,336	0	300,336	0	300,336
6. MEDICAID - STATE/COUNTY:					
001057 CHD CLINIC FEES	0	92,100	92,100	0	92,100
001148 CHD CLINIC FEES	0	405,000	405,000	0	405,000
001148 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES	0	2,500	2,500	0	2,500
MEDICAID TOTAL	0	499,600	499,600	0	499,600
7. ALLOCABLE REVENUE - STATE:					
001004 CHD STATEWIDE ENVIRONMENTAL FEES	1,000	0	1,000	0	1,000
018000 CHD CLINIC FEES	650	0	650	0	650
ALLOCABLE REVENUE TOTAL	1,650	0	1,650	0	1,650
8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE	12				
ADAP	0	0	0	64,528	64,528
PHARMACY DRUG PROGRAM	0	0	0	10,643	10,643
WIC PROGRAM	0	0	0	8,182,343	8,182,343
BUREAU OF PUBLIC HEALTH LABORATORIES	0	0	0	8,028	8,028
IMMUNIZATIONS OTHER CHATTE CONTROLL THOUSE TO TAKE	0	0	0	570,800	570,800
OTHER STATE CONTRIBUTIONS TOTAL	0	0	0	8,836,342	8,836,342
9. DIRECT LOCAL CONTRIBUTIONS · BCC/TAX DISTRICT					
008005 CHD LOCAL REVENUE & EXPENDITURES	0	4,200,000	4,200,000	0	4,200,000
DIRECT COUNTY CONTRIBUTIONS TOTAL	0	4,200,000	4,200,000	0	4,200,000
10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY 001025 CHD CLINIC FEES	0	2,190	2,190	0	2,190

#### MARION COUNTY HEALTH DEPARTMENT

# Part II, Sources of Contributions to County Health Department

October 1, 2025 to September 30, 2026

		State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
001073 CURANT 340B REVENUE AND B	EXPENSE TRACKING	0	345,000	345,000	0	345,000
001077 CHD CLINIC FEES		0	154,750	154,750	0	154,750
001077 GENERAL CLINIC RABIES SERV	VICES & DRUG PURCHASES	0	6,000	6,000	0	6,000
001094 CHD LOCAL ENVIRONMENTAL	FEES	0	356,800	356,800	0	356,800
001110 VITAL STATISTICS CERTIFIED	RECORDS	0	620,000	620,000	0	620,000
FEES AUTHORIZED BY COUNTY TOTAL		0	1,484,740	1,484,740	0	1,484,740
11. OTHER CASH AND LOCAL CONTRIBU	TIONS · COUNTY					
001029 CHD CLINIC FEES		0	62,760	62,760	0	62,760
001029 GENERAL CLINIC RABIES SERV	VICES & DRUG PURCHASES	0	4,000	4,000	0	4,000
001090 CHD CLINIC FEES		0	24,950	24,950	0	24,950
001090 GENERAL CLINIC RABIES SERV	VICES & DRUG PURCHASES	0	1,200	1,200	0	1,200
005000 CHD LOCAL REVENUE & EXPE	NDITURES	0	960	960	0	960
010300 MIGRANT LABOR HOUSING INS	SPECTION H-2A PROGRAM	0	4,100	4,100	0	4,100
010300 CHD SALE OF SERVICES IN OR	OUTSIDE OF STATE GOVT	0	200	200	0	200
011001 CHD HEALTHY START COALITI	ON CONTRACT	0	650,000	650,000	0	650,000
090002 DRAW DOWN FROM PUBLIC H	EALTH UNIT	0	70,735	70,735	. 0	70,735
OTHER CASH AND LOCAL CONTRIBUTIO	ONS TOTAL	0	818,905	818,905	0	818,905
12. ALLOCABLE REVENUE - COUNTY						
001004 CHD STATEWIDE ENVIRONMEN	NTAL FFFS	0	1.000	1.000	0	1.000
018000 CHD CLINIC FEES	VIALIFEES	0	1,000 650	1,000	0	1,000
COUNTY ALLOCABLE REVENUE TOTAL		0	1,650	650 1,650	0	650 1,650
13. BUILDINGS · COUNTY						
ANNUAL RENTAL EQUIVALEN	TVALLE	0	0	0	1 000 000	1 000 000
FIRE EXTINGUISHER INSPECT		0	0	0	1,000,000	1,000,000
ELEVATOR SERVICE	10103	0	0	0	0	0
BUILDING MAINTENANCE			0	0	0	0
GROUNDS MAINTENANCE		0	0	0	0	0
INSURANCE			0	0	0	0
OTHER (Specify)		0	0	0	0	0
OTHER (Specify)		0	0	0	0	0
BUILDINGS TOTAL		0	0	0	1,000,000	1,000,000
14 OWNER GOLD WE GOLD TO A STATE OF THE STAT						
14. OTHER COUNTY CONTRIBUTIONS NO						
EQUIPMENT / VEHICLE PURCE	HASES	0	0	0	0	0
VEHICLE INSURANCE		0	0	0	0	0
VEHICLE MAINTENANCE	A CARLOTTIO	0	0	0	0	0
OTHER COUNTY CONTRIBUTIO		0	0	0	0	0
OTHER COUNTY CONTRIBUTIO		0	0	0	0	0
OTHER COUNTY CONTRIBUTIONS TOTAL		0	0	0	0	0
GRAND TOTAL CHD PROGRAM		9,706,632	7,004,895	16,711,527	9,836,342	26,547,869

#### MARION COUNTY HEALTH DEPARTMENT

Part III, Planned Staffing. Clients, Services and Expenditures By Program Service Area Within Each Level of Service
October 1, 2025 to September 30, 2026

Quarterly Expenditure Plan FTE's Clients Services/ lat 2nd 3rd 4th Grand (0.00)Units Visits (Whole dollars only) State Total County COMMUNICABLE DISEASE CONTROL: IMMUNIZATION (101) 14.30 5.377 6,690 349,551 299,634 349.551 304,586 1,083,191 220,131 1,303,322 SEXUALLY TRANS. DIS. (102) 12.86 2,124 3,282 303,893 260.496 303,893 264,802 126,790 1,006,294 1,133,084 HIV/AIDS PREVENTION (03A1) 2.92 0 2,444 63.412 54,357 63,412 55,255 236,400 36 236,436 HIV/AIDS SURVEILLANCE (03A2) 0.02 0 3 310 266 310 269 0 1.155 1.155 HIV/AIDS PATIENT CARE (03A3) 9.16 744 1,862 323,075 276,939 323,075 233,836 970,769 281.516 1.204.605 ADAP (03A4) 1.65 1 209 36,650 31,416 36,650 31.935 136.630 21 136.651 TUBERCULOSIS (104) 2.66 143 476 69,781 59.816 69.781 60.805 50.027 210 156 260 183 COMM. DIS. SURV. (106) 5.54 0 2.346 143.157 122.714 124.743 143.157 533.771 0 533.771 HEPATITIS (109) 1.43 93 157 35 787 30.676 35.787 31,183 0 133,433 133,433 PREPAREDNESS AND RESPONSE (116) 0 8 2.37 63.831 54,716 63.831 55,619 237.997 0 237,997 REFUGEE HEALTH (118) 1.72 191 544 32,947 28.242 32,947 28,710 122.825 21 122,846 VITAL RECORDS (180) 4.90 20.883 65.212 99.225 85,055 99,225 86,462 0 369,967 369,967 COMMUNICABLE DISEASE SUBTOTAL 59.53 29,556 83,233 1,521,619 1,304,327 1,521,619 1,325,885 2,761,467 2.911.983 5,673,450 PRIMARY CARE: B. CHRONIC DISEASE PREVENTION PRO (210) 2.96 2,005 692 81,069 69,492 81,069 70,642 302,272 0 302,272 WIC (21W1) 34.48 15,609 101,470 676,071 579,526 676,071 2,520,773 589.105 0 2.520.773 TOBACCO USE INTERVENTION (212) 0.05 0 8 5.385 4.616 5.385 4 692 20.078 0 20.078 WIC BREASTFEEDING PEER COUNSELING (21W2) 1.85 0 5.519 28.691 24.594 28.691 25,000 106 976 0 106.976 FAMILY PLANNING (223) 13.48 3.560 6.398 332.748 285 231 332 748 289 946 591.802 648.871 1,240,673 IMPROVED PREGNANCY OUTCOME (225) 0.01 0 0 1 864 1.598 1.864 1.625 6.951 0 6.951 HEALTHY START PRENATAL (227) 1.090 4 474 5 63 147 806 126,699 147,806 128 793 0 551.104 551.104 COMPREHENSIVE CHILD HEALTH (229) 0.00 0 0 1.600 1.371 1.600 1.393 5.964 0 5.964 HEALTHY START CHILD (231) 5.70 952 4,482 103.190 88,454 103,190 89,917 0 384,751 384,751 SCHOOL HEALTH (234) 6.27 0 60,350 256,876 220,193 256,876 223,831 957,776 0 957,776 COMPREHENSIVE ADULT HEALTH (237) 0.23 98 98 14,061 12,053 14,061 12,251 52,426 52,426 COMMUNITY HEALTH DEVELOPMENT (238) 9.18 0 2,621 281,073 240,934 281,073 244.916 1.047.996 1,047,996 DENTAL HEALTH (240) 17.20 513,335 4.177 7.755 440.029 513.335 447.301 196,642 1,717,358 1,914,000 PRIMARY CARE SUBTOTAL 97.04 27,491 193.867 2,443,769 2,094,790 2,443,769 2,129,412 5,757,230 3,354,510 9,111,740 C. ENVIRONMENTAL HEALTH: Water and Onsite Sewage Programs COSTAL BEACH MONITORING (347) 0.00 0 0 0 0 0 0 0 0 LIMITED USE PUBLIC WATER SYSTEMS (357) 2.19 789 1,616 50,395 43,199 50,395 43,913 183,307 4.595 187.902 PUBLIC WATER SYSTEM (358) 0.00 0 0 7 6 7 0 27 27 PRIVATE WATER SYSTEM (359) 2.73 2,063 8,803 56,556 48,480 56.556 49.281 74 210.799 210.873 ONSITE SEWAGE TREATMENT & DISPOSAL (361) 7.79 5.355 3.150 158.211 135.618 158 211 137.858 284 261 305 637 589 898 Group Total 12.71 8.207 13.569 265 169 227 303 265 169 231 059 467 642 521.058 988 700 Facility Programs

10 652

9 131

10.652

9 281

37.697

154

TATTOO FACILITY SERVICES (344)

0.45

327

39.716

2 019

# MARION COUNTY HEALTH DEPARTMENT

Part III, Planned Staffing. Clients, Services and Expenditures By Program Service Area Within Each Level of Service
October 1, 2025 to September 30, 2026

				Qı	arterly Exp	enditure Pla	a ·			
	FTE's	Clients S	STATE OF THE PARTY	1st	2nd	3rd	4th			Grand
	(0.00)	Units	Visits		(Whole dol	lars only)		State	County	Total
FOOD HYGIENE (348)	1.04	243	831	27,466	23,544	27,466	23,934	101,365	1,045	102,410
BODY PIERCING FACILITIES SERVICES (349)	0.14	168	168	3,760	3,223	3,760	3,277	13,914	106	14,020
GROUP CARE FACILITY (351)	0.62	343	384	14,327	12,281	14,327	12,484	26	53,393	53,419
MIGRANT LABOR CAMP (352)	0.22	44	185	5,517	4,729	5,517	4,807	1,510	19,060	20,570
HOUSING & PUB. BLDG. (353)	0.00	0	0	0	0	0	0	0	0	0
MOBILE HOME AND PARK (354)	0.80	246	877	16,899	14,486	16,899	14,726	61,875	1,135	63,010
POOLS/BATHING PLACES (360)	1.83	552	1,424	39,500	33,859	39,500	34,418	145,198	2,079	147,277
BIOMEDICAL WASTE SERVICES (364)	1.08	621	1,574	25,920	22,219	25,920	22,587	93,399	3,247	96,646
TANNING FACILITY SERVICES (369)	0.20	170	100	5,008	4,293	5,008	4,365	18,565	109	18,674
Group Total	6.38	2,714	5,697	149,049	127,765	149,049	129,879	473,549	82,193	555,742
Groundwater Contamination										
STORAGE TANK COMPLIANCE SERVICES (355)	0.00	0	0	0	0	0	0	0	0	0
SUPER ACT SERVICES (356)	0.00	0	0	7	6	7	7	0	27	27
Group Total	0.00	0	0	7	6	7	7	0	27	27
Community Hygiene										
COMMUNITY ENVIR. HEALTH (345)	0.11	0	0	3,000	2,571	3,000	2,614	5	11,180	11,185
INJURY PREVENTION (346)	2.53	106	232	57,801	49,547	57,801	50,366	215,406	109	215,515
LEAD MONITORING SERVICES (350)	0.00	0	0	0	0	0	0	0	0	0
PUBLIC SEWAGE (362)	0.00	0	0	76	65	76	66	0	283	283
SOLID WASTE DISPOSAL SERVICE (363)	0.00	0	0	0	0	0	0	0	0	0
SANITARY NUISANCE (365)	0.06	492	87	1,283	1,100	1,283	1,118	3	4,781	4,784
RABIES SURVEILLANCE (366)	1.24	3,463	8,658	29,958	25,680	29,958	26,106	54	111,648	111,702
ARBORVIRUS SURVEIL. (367)	0.06	0	18	1,904	1,632	1,904	1,659	3	7,096	7,099
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	7	6	7	7	0	27	27
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	4.00	4,061	8,995	94,029	80,601	94,029	81,936	215,471	135,124	350,595
ENVIRONMENTAL HEALTH SUBTOTAL	23.09	14,982	28,261	508,254	435,675	508,254	442,881	1,156,662	738,402	1,895,064
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	8,387	7,190	8,387	7,309	31,273	0	31,273
MEDICAID BUYBACK (611)	0.00	0	0	0	0	0	0	0	0	0
NON-OPERATIONAL COSTS SUBTOTAL	0.00	0	0	8,387	7,190	8,387	7,309	31,273	0	31,273
TOTAL CONTRACT	179.66	72,029	305,361	4,482,029	3,841,982	4,482,029	3,905,487	9,706,632	7,004,895	16,711,527

#### 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 - 2025 - 2026

#### **Marion County Health Department**

# **Facilities Utilized by the County Health Department**

Complete Location	Facility Description	Lease/	Type of	Complete	SQ	Employee
(Street Address, City, Zip)	And Offical Building	Agreement	Agreement	Legal Name	Feet	Count
	Name (if applicable)	Number	(Private Lease thru	of Owner		(FTE/OPS/
	(Admin, Clinic, Envn Hith,		State or County, other -			Contract)
	etc.)		please define)			
1801 SE 32nd Avenue Ocala, FL 34471	Marion County Health Department			County Board of County		
7055 SE 110th Street Road	Main Site		County	Commission	64431	190
Belleview, FL 34420	Belleview - WIC		County	County Board of County Commission	5000	_
4500 NW 152nd Avenue Reddick,			Jounty	County Board of County	5000	5
FL 32686	Reddick - WIC		County	Commission	5000	4
1501 West Silver Springs Blvd		<u>-</u> .	Private Lease with State			
Ocala, FL 34474 415 E. Noble Avenue	Hampton Center - Dental	<del></del>	College	Central Florida College	2152	18
Bushnell, FL 33613	Sumter - WiC		Sumter County	Sumter County Board of County Commission	648	
104 Rutland Avenue			Camer Scarty	Sumter County Board of	040	2
Wildwood, FL 34785	Sumter - WIC		Sumter County	County Commission	350	2
		··-				
	<del></del>		<u> </u>	<del></del>		
		<del> </del>				*

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

CONTRACT YEAR	STATE		COUNTY		COUNTY TO	
2023-2024*	\$	0	\$	422285	\$	422285
2024-2025**	\$	0	\$	0	\$	0
2025-2026***	\$	0	\$	0	\$	0
2026-2027***	\$	0	\$	0	\$	0
PROJECT TOTAL	\$	0	\$	422285	\$	422285
	SPECIAL PROJECTS	CONSTRU	JCTION/RENOVATION F	PLAN		
PROJECT NUMBER:						82242100
PROJECT NAME:					-	stroom Renovation
LOCATION/ADDRESS:				2801	SE 32nd Avenue	, Ocala, FL 34471
PROJECT TYPE:	NEW BUILDING	_	ROOFING			
	RENOVATION		X PLANNING STUDY			
	NEW ADDITION	_	OTHER			
SQUARE FOOTAGE:		1600				
PROJECT SUMMARY:	Describe scope of work in reas Renovation of 3 multi stall restr	onable deta	nil. I regular restroom to mee	t current ADA	standards.	
			•			

 START DATE (Initial expenditure of funds):
 9/30/2025

 COMPLETION DATE:
 6/30/2026

 DESIGN FEES:
 \$

 CONSTRUCTION COSTS:
 \$

 FURNITURE/EQUIPMENT:
 \$

 TOTAL PROJECT COST:
 \$

 422285

 COST PER SQ FOOT:
 \$

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

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