

REGULAR MEETING  
SEPTEMBER 13, 2010  
9:00 A.M.

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The Lafayette County Commission met on the above date and hour for a regular scheduled meeting. The meeting was held in the County Commissioner's Meeting Room in Mayo, Florida. The following members were present: Commissioner Lance Lamb, Dist. 1; Commissioner Thomas E. Pridgeon, Dist. 2; Commissioner Donnie Hamlin, Dist. 3; Commissioner T. Jack Byrd, Dist. 4; Commissioner Earnest Jones, Dist. 5; and Lafayette County Attorney Leenette McMillan.

**APPROVE THE MINUTES**

On a motion by Mr. Pridgeon and a second by Mr. Jones, the Board voted unanimously to approve the minutes.

**LAFAYETTE COUNTY HEALTH DEPARTMENT CONTRACT**

On a motion by Mr. Jones and a second by Mr. Lamb, the Board voted unanimously to approve the contract with the Lafayette County Health Department.

**THIRD DISTRICT COLLECTION SITE**

On a motion by Mr. Jones and a second by Mr. Lamb, the Board voted unanimously to move Jerri Atkins to a full time position at the Third District Collection Site that was recently vacated.

**RESOLUTION REGARDING SCHOOL BOARD REFERENDUM**

The Board reviewed a Resolution and ballot language regarding a referendum approved by the Lafayette County School Board to continue the levy of 0.25 mills for critical operating needs. The ballot language will be forwarded to the Supervisor of Elections for placement on the November 2 ballot. No action was taken on this issue

**PERMIT FEE RESOLUTION**

On a motion by Mr. Jones and a second by Mr. Byrd, the Board voted unanimously to have Ms. McMillan read the Permit Fee Resolution by title only. On a motion by Mr. Lamb and a second by Mr. Byrd, the Board voted unanimously to adopt the Permit Fee Resolution with an effective date of 10/1/10.

**PURCHASE OF TRACTOR AND BOOM MOWER FOR ROAD DEPARTMENT**

On a motion by Mr. Lamb and a second by Mr. Byrd, the Board voted unanimously to approve the purchase of a tractor and boom mower from the state bid list.

**ADVERTISE FOR PART TIME COURTHOUSE CUSTODIAN**

On a motion by Mr. Byrd and a second by Mr. Jones, the Board voted unanimously to advertise for a part time Courthouse Custodian.

**VENDOR RESOLUTION FOR THE RECREATION PARKS**

On a motion by Mr. Byrd and a second by Mr. Jones, the Board voted unanimously to advertise a vendor resolution for the Recreation Parks, upon the recommendation of Ms. McMillan, County Attorney.

**APPROVE THE BILLS**

On a motion by Mr. Jones and a second by Mr. Pridgeon, the Board voted unanimously to approve the following bills, with the exception of the Byrd's Power Equipment bill and the Paul Lamb bill:

General Fund - \$256,767.36

E911 Fund - \$1,268.13

Industrial Park Fund - \$2,684.61

Road & Bridge Secondary Fund - \$139,984.00

Lafayette County Grant Fund - \$156,259.90

On a motion by Mr. Lamb and a second by Mr. Pridgeon, with Mr. Byrd abstaining, the Board voted unanimously to approve the Byrd's Power Equipment bill in the amount of \$236.77.

On a motion by Mr. Pridgeon and a second by Mr. Jones, with Mr. Lamb abstaining, the Board voted unanimously to approve the Paul Lamb bill in the amount of \$673.00.

**APPOINT NEW MEMBER TO DEVELOPMENT AUTHORITY BOARD**

On a motion by Mr. Jones and a second by Mr. Byrd, the Board voted unanimously to appoint Joanna Lemmon to fill the vacant position on the Development Authority Board.

**SHIP SUBORDINATION AGREEMENT**

On a motion by Mr. Byrd and a second by Mr. Jones, the Board voted unanimously to approve the SHIP Subordination Agreement for Brett and Meredith Hewett.

**KENNY MCCRAY'S ACCUMULATED LEAVE**

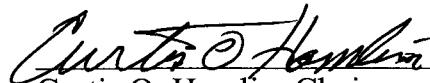
On a motion by Mr. Lamb and a second by Mr. Byrd, the Board voted unanimously to request Ms. McMillan to properly execute payment of Mr. Kenny McCray's accumulated leave to his family.

**SOLID WASTE PROPOSAL WITH TOWN OF MAYO**

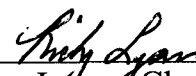
The Board upon general consent agreed to approve the attached Solid Waste proposal with the Town of Mayo.

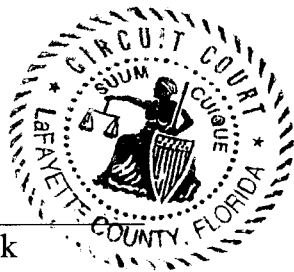
**ADJOURN**

On a motion by Mr. Byrd and a second by Mr. Jones, the Board voted unanimously to adjourn.

  
Curtis O. Hamlin, Chairman

Attest:

  
Ricky Lyons, Clerk



Approved this 27<sup>th</sup> day of September, 2010.

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

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

**RECITALS**

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

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

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

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

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

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

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

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

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

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

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

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

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

i. The State's appropriated responsibility (*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 \$ 749,193 (*State General Revenue, 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 \$ 21,004 (*amount listed under the "Board of County Commissioners Annual Appropriations section of the revenue attachment*).

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

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

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

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

County Health Department Trust Fund  
Lafayette County  
P. O. Box 1806  
Mayo, FL 32066

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

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

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

b. The CHD shall comply with all applicable provisions of federal and state laws and regulations relating to its operation with the exception that the use of county purchasing procedures shall be allowed when it will result in a better price or service and no statewide Department of Health purchasing contract has been implemented for those goods or services. In such cases, the CHD director/administrator must sign a justification therefore, and all county-purchasing procedures must be followed in their entirety, and such compliance shall be documented. Such justification and compliance documentation shall

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be maintained by the CHD in accordance with the terms of this Agreement. State procedures must be followed for all leases on facilities not enumerated in Attachment IV.

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

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

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

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

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surplus funds shall be reflected in Attachment II, Part I of this contract, with special capital projects explained in Attachment V.

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

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

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

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

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

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

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

m. The CHD shall establish a system through which applicants for services and current clients may present grievances over denial, modification or termination of services. The



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CHD will advise applicants of the right to appeal a denial or exclusion from services, of failure to take account of a client's choice of service, and of his/her right to a fair hearing to the final governing authority of the agency. Specific references to existing laws, rules or program manuals are included in Attachment I of this Agreement.

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

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

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

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

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

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

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

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

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

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

### 8. TERMINATION.

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

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

c. Termination for Breach. This Agreement may be terminated by one party, upon no less than thirty (30) days notice, because of the other party's failure to perform an

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obligation hereunder. Said notice shall be delivered by certified mail, return receipt requested, or in person to the other party's contract manager with proof of delivery. Waiver of breach of any provisions of this Agreement shall not be deemed to be a waiver of any other breach and shall not be construed to be a modification of the terms of this Agreement.

9. MISCELLANEOUS. The parties further agree:

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

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

For the State:

Pamela M Blackmon, RN, BSN, MPH  
Name

Administrator  
Title

P. O. Box 1806

Mayo, FL 32066  
Address

386-294-1321  
Telephone

For the County:

Ricky Lyons  
Name

Clerk of Circuit Court  
Title

Lafayette County Courthouse

Mayo, FL 32066  
Address

386-294-1600  
Telephone

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

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

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In WITNESS THEREOF, the parties hereto have caused this 25 page agreement to be executed by their undersigned officials as duly authorized effective the 1<sup>st</sup> day of October, 2010.

BOARD OF COUNTY COMMISSIONERS

STATE OF FLORIDA

FOR LAFAYETTE COUNTY

DEPARTMENT OF HEALTH

SIGNED BY: Curtis Hamlin

SIGNED BY: Michael D. Ros

NAME: Donnie Hamlin

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

TITLE: Chairman

TITLE: State Surgeon General

DATE: 9/13/10

DATE: 9/27/10

ATTESTED TO:

SIGNED BY: Ricky Lyons

SIGNED BY: Pamela M. Blackmon, RN, BSN, MPH

NAME: Ricky Lyons

NAME: Pamela M. Blackmon, RN, BSN, MPH

TITLE: Clerk of Circuit Court

TITLE: CHD Administrator

DATE: 9/13/10

DATE: 9/13/10

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

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

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

ATTACHMENT I (Continued)

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

10. School Health Services

Requirements as specified in the Florida School Health Administrative Guidelines (April 2007).

11. Tuberculosis

Tuberculosis Program Requirements as specified in FAC 64D-3, F.S. *Specific Authority* 381.0011(13), 381.003(2), 381.0031(6), 384.33, 392.53(2), 392.66 *FS Law Implemented* 381.0011(4), 381.003(1), 381.0031(1), (2), (6), 383.06, 384.23, 384.25, 385.202, 392.53 FS.381 and CHD Guidebook.

12. General Communicable Disease Control

Carry out surveillance for reportable communicable and other acute diseases, detect outbreaks, respond to individual cases of reportable diseases, investigate outbreaks, and carry out communication and quality assurance functions, as specified in the CHD Guide to Surveillance and Investigations.

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

ATTACHMENT II

LAFAYETTE COUNTY HEALTH DEPARTMENT

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

	Estimated State Share of CHD Trust Fund Balance as of 09/30/10	Estimated County Share of CHD Trust Fund Balance as of 09/30/10	Total
1. CHD Trust Fund Ending Balance 09/30/10	157,066	67,313	224,379
2. Drawdown for Contract Year October 1, 2010 to September 30, 2011	63,311	27,133	90,444
3. Special Capital Project use for Contract Year October 1, 2010 to September 30, 2011	20,145	8,633	28,778
4. Balance Reserved for Contingency Fund October 1, 2010 to September 30, 2011	73,610	31,547	105,157

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

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

Working Copy ATTACHMENT II.

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

October 1, 2010 to September 30, 2011

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	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>1. GENERAL REVENUE - STATE</b>					
015040	ALG/CESSPOOL IDENTIFICATION AND ELIMINATION	0	0	0	0
015040	ALG/CONTR TO CHDS-AIDS PATIENT CARE	0	0	0	0
015040	ALG/CONTR TO CHDS-AIDS PATIENT CARE NETWORK	0	0	0	0
015040	ALG/CONTR TO CHDS-AIDS PREV & SURV & FIELD STAFF	0	0	0	0
015040	ALG/CONTR TO CHDS-DENTAL PROGRAM	17,907	0	17,907	17,907
015040	ALG/CONTR TO CHDS-MIGRANT LABOR CAMP SANITATION	0	0	0	0
015040	MINORITY OUTREACH-PENALVER CLINIC - MIAMI-DADE	0	0	0	0
015040	PRIMARY CARE SPECIAL DENTAL PROJECTS	6,924	0	6,924	6,924
015040	SPECIAL NEEDS SHELTER PROGRAM	0	0	0	0
015040	STATEWIDE DENTISTRY NETWORK - ESCAMBIA	0	0	0	0
015040	STD GENERAL REVENUE	0	0	0	0
015040	VARICELLA IMMUNIZATION REQUIREMENT	531	0	531	531
015040	HEALTHY START MED WAIVER - SOBRA	0	0	0	0
015040	HEALTHY START MED-WAIVER - CLIENT SERVICES	0	0	0	0
015040	JESSIE TRICE CANCER CTR/HEALTH CHOICE - MIAMI-DADE	0	0	0	0
015040	LA LIGA CONTRA EL CANCER	0	0	0	0
015040	MANATEE COUNTY RURAL HEALTH SERVICES	0	0	0	0
015040	METRO ORLANDO URBAN LEAGUE TEENAGE PREG PREV	0	0	0	0
015040	COUNTY SPECIFIC DENTAL PROJECTS - ESCAMBIA	0	0	0	0
015040	DENTAL SPECIAL INITIATIVES	3,295	0	3,295	3,295
015040	DUVAL TEEN PREGNANCY PREVENTION	0	0	0	0
015040	FL CLPPP SCREENING & CASE MANAGEMENT	0	0	0	0
015040	FL HEPATITIS & LIVER FAILURE PREVENTION/CONTROL	0	0	0	0
015040	HEALTHY BEACHES MONITORING	0	0	0	0
015040	ALG/IPO HEALTHY START/IPO	0	0	0	0
015040	ALG/PRIMARY CARE	107,379	0	107,379	107,379
015040	ALG/SCHOOL HEALTH/SUPPLEMENTAL	27,364	0	27,364	27,364
015040	CHILD HEALTH MEDICAL SERVICES	0	0	0	0
015040	COMMUNITY SMILES - MIAMI-DADE	0	0	0	0
015040	COMMUNITY TB PROGRAM	3,000	0	3,000	3,000
015040	ALG/CONTR. TO CHDS-IMMUNIZATION OUTREACH TEAMS	931	0	931	931
015040	ALG/CONTR. TO CHDS-INDOOR AIR ASSIST PROG	0	0	0	0
015040	ALG/CONTR. TO CHDS-MCH HEALTH - FIELD STAFF COST	0	0	0	0
015040	ALG/CONTR. TO CHDS-SOVEREIGN IMMUNITY	0	0	0	0
015040	ALG/CONTRIBUTION TO CHDS-PRIMARY CARE	6,159	0	6,159	6,159
015040	ALG/FAMILY PLANNING	23,002	0	23,002	23,002
015050	ALG/CONTR TO CHDS	241,310	0	241,310	241,310
<b>GENERAL REVENUE TOTAL</b>		<b>437,802</b>	<b>0</b>	<b>437,802</b>	<b>437,802</b>
<b>2. NON GENERAL REVENUE - STATE</b>					
015010	ALG/CONTR TO CHDS-REBASING TOBACCO TF	1,712	0	1,712	1,712
015010	ALG/CONTR. TO CHDS-BIOMEDICAL WASTE/DEP ADM TF	0	0	0	0
015010	ALG/CONTR. TO CHDS-SAFE DRINKING WATER PRG/DEP ADM	0	0	0	0
015010	BASIC SCHOOL HEALTH - TOBACCO TF	0	0	0	0
015010	CHD PROGRAM SUPPORT	0	0	0	0
015010	ENVIRONMENTAL HEALTH PACE PROJECTS	0	0	0	0
015010	FOOD AND WATERBORNE DISEASE PROGRAM ADM TF/DACS	0	0	0	0
015010	FULL SERVICE SCHOOLS - TOBACCO TF	39,850	0	39,850	39,850



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

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	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total	
<b>2. NON GENERAL REVENUE - STATE</b>						
015010	IMMUNIZATION SPECIAL PROJECT	489	0	489	0	489
015010	PUBLIC SWIMMING POOL PROGRAM	0	0	0	0	0
015010	SUPPLEMENTAL/COMPREHENSIVE SCHOOL HEALTH - TOB TF	7,066	0	7,066	0	7,066
015010	TOBACCO COMMUNITY INTERVENTION	131,250	0	131,250	0	131,250
015020	TRANSFER FROM ANOTHER STATE AGENCY	0	0	0	0	0
015020	TRANSFER FROM ANOTHER STATE AGENCY	0	0	0	0	0
015020	TRANSFER FROM ANOTHER STATE AGENCY	0	0	0	0	0
015060	Non-Categorical Tobacco Rebasing	0	0	0	0	0
<b>NON GENERAL REVENUE TOTAL</b>		<b>180,367</b>	<b>0</b>	<b>180,367</b>	<b>0</b>	<b>180,367</b>
<b>3. FEDERAL FUNDS - State</b>						
007000	AFRICAN AMERICAN TESTING INITIATIVE (AATI)	0	0	0	0	0
007000	AIDS PREVENTION	0	0	0	0	0
007000	AIDS SURVEILLANCE	0	0	0	0	0
007000	BIOTERRORISM HOSPITAL PREPAREDNESS	0	0	0	0	0
007000	CHILDHOOD LEAD POISONING PREVENTION	0	0	0	0	0
007000	COASTAL BEACH MONITORING PROGRAM	0	0	0	0	0
007000	TUBERCULOSIS CONTROL - FEDERAL GRANT	0	0	0	0	0
007000	WIC ADMINISTRATION	0	0	0	0	0
007000	WIC BREASTFEEDING PEER COUNSELING	0	0	0	0	0
007000	STD FEDERAL GRANT - CSPS	0	0	0	0	0
007000	STD PROGRAM - PHYSICIAN TRAINING CENTER	0	0	0	0	0
007000	STD PROGRAM - PHYSICIANS TRAINING CENTER	0	0	0	0	0
007000	STD PROGRAM INFERTILITY PREVENTION PROJECT (IPP)	0	0	0	0	0
007000	SYPHILIS ELIMINATION	0	0	0	0	0
007000	TITLE X MALE PROJECT	0	0	0	0	0
007000	RYAN WHITE	0	0	0	0	0
007000	RYAN WHITE - EMERGING COMMUNITIES	0	0	0	0	0
007000	RYAN WHITE PART B SUPPLEMENTAL	0	0	0	0	0
007000	RYAN WHITE-AIDS DRUG ASSIST PROG-ADMIN	0	0	0	0	0
007000	RYAN WHITE-CONSORTIA	0	0	0	0	0
007000	STATE INDOOR RADON GRANT	0	0	0	0	0
007000	NATIONAL COMPREHENSIVE CANCER CONTROL PROGRAM	0	0	0	0	0
007000	ORAL HEALTH WORKFORCE ACTIVITIES	0	0	0	0	0
007000	ORAL HEALTH WORKFORCE ACTIVITIES 2010-2011	0	0	0	0	0
007000	PHP - CITIES READINESS INITIATIVE	0	0	0	0	0
007000	PUBLIC HEALTH PREPAREDNESS BASE	0	0	0	0	0
007000	RAPE PREVENTION & EDUCATION GRANT	0	0	0	0	0
007000	IMMUNIZATION FIELD STAFF EXPENSE	0	0	0	0	0
007000	IMMUNIZATION SUPPLEMENTAL	0	0	0	0	0
007000	IMMUNIZATION WIC-LINKAGES	0	0	0	0	0
007000	IMMUNIZATION-WIC LINKAGES	0	0	0	0	0
007000	MCH BGTF-GADSDEN SCHOOL CLINIC	0	0	0	0	0
007000	MCH BGTF-HEALTHY START IPO	0	0	0	0	0
007000	FGTF/FAMILY PLANNING-TITLE X	50,177	0	50,177	0	50,177
007000	FGTF/IMMUNIZATION ACTION PLAN	2,465	0	2,465	0	2,465
007000	HEALTH PROGRAM FOR REFUGEES	0	0	0	0	0
007000	HEALTHY PEOPLE HEALTHY COMMUNITIES	25,541	0	25,541	0	25,541

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LAFAYETTE COUNTY HEALTH DEPARTMENT  
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	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>3. FEDERAL FUNDS - State</b>					
007000	HIV HOUSING FOR PEOPLE LIVING WITH AIDS	0	0	0	0
007000	HIV INCIDENCE SURVEILLANCE	0	0	0	0
007000	COLORECTAL CANCER SCREENING 2009-10	0	0	0	0
007000	DIABETES PREVENTION & CONTROL PROGRAM	0	0	0	0
007000	FAMILY PLANNING - TITLE X	0	0	0	0
007000	FGTF/AIDS MORBIDITY	0	0	0	0
007000	FGTF/BREAST & CERVICAL CANCER-ADMIN/CASE MAN	0	0	0	0
007000	FGTF/FAMILY PLANNING TITLE X SPECIAL INITIATIVES	0	0	0	0
015009	MEDIPASS WAIVER-HLTHY STRT CLIENT SERVICES	0	0	0	0
015009	MEDIPASS WAIVER-SOBRA	0	0	0	0
015075	SCHOOL HEALTH/SUPPLEMENTAL	52,841	0	52,841	52,841
007055	ARRA Federal Grant - Schedule C	0	0	0	0
015075	Inspections of Summer Feeding Program	0	0	0	0
<b>FEDERAL FUNDS TOTAL</b>		131,024	0	131,024	131,024
<b>4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE</b>					
001020	TANNING FACILITIES	135	0	135	135
001020	BODY PIERCING	0	0	0	0
001020	MIGRANT HOUSING PERMIT	0	0	0	0
001020	MOBILE HOME AND PARKS	706	0	706	706
001020	FOOD HYGIENE PERMIT	936	0	936	936
001020	BIOHAZARD WASTE PERMIT	0	0	0	0
001020	PRIVATE WATER CONSTR PERMIT	0	0	0	0
001020	PUBLIC WATER ANNUAL OPER PERMIT	0	0	0	0
001020	PUBLIC WATER CONSTR PERMIT	0	0	0	0
001020	NON-SDWA SYSTEM PERMIT	0	0	0	0
001020	SAFE DRINKING WATER	0	0	0	0
001020	SWIMMING POOLS	0	0	0	0
001092	OSDS PERMIT FEE	0	0	0	0
001092	I & M ZONED OPERATING PERMIT	0	0	0	0
001092	AEROBIC OPERATING PERMIT	0	0	0	0
001092	SEPTIC TANK SITE EVALUATION	24,407	0	24,407	24,407
001092	NON SDWA LAB SAMPLE	0	0	0	0
001092	OSDS VARIANCE FEE	0	0	0	0
001092	ENVIRONMENTAL HEALTH FEES	0	0	0	0
001092	OSDS REPAIR PERMIT	0	0	0	0
001170	LAB FEE CHEMICAL ANALYSIS	0	0	0	0
001170	WATER ANALYSIS-POTABLE	0	0	0	0
001170	NONPOTABLE WATER ANALYSIS	0	0	0	0
010304	MQA INSPECTION FEE	0	0	0	0
001206	Central Office Surcharge	2,612	0	2,612	2,612
<b>FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL</b>		28,796	0	28,796	28,796
<b>5. OTHER CASH CONTRIBUTIONS - STATE</b>					
010304	STATIONARY POLLUTANT STORAGE TANKS	0	0	0	0
090001	DRAW DOWN FROM PUBLIC HEALTH UNIT	63,311	0	63,311	63,311
<b>OTHER CASH CONTRIBUTIONS TOTAL</b>		63,311	0	63,311	63,311

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

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	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>6. MEDICAID - STATE/COUNTY</b>					
001056	MEDICAID PHARMACY	0	0	0	0
001076	MEDICAID TB	0	0	0	0
001078	MEDICAID ADMINISTRATION OF VACCINE	728	728	1,455	1,455
001079	MEDICAID CASE MANAGEMENT	0	0	0	0
001081	MEDICAID CHILD HEALTH CHECK UP	4,954	7,927	12,881	12,881
001082	MEDICAID DENTAL	147,086	235,353	382,439	382,439
001083	MEDICAID FAMILY PLANNING	2,706	24,353	27,059	27,059
001087	MEDICAID STD	227	363	590	590
001089	MEDICAID AIDS	0	0	0	0
001147	Medicaid HMO Capitation	284	454	738	738
001191	MEDICAID MATERNITY	14,075	22,522	36,597	36,597
001192	MEDICAID COMPREHENSIVE CHILD	14,060	22,497	36,557	36,557
001193	MEDICAID COMPREHENSIVE ADULT	10,872	17,397	28,269	28,269
001194	MEDICAID LABORATORY	0	0	0	0
001208	MEDIPASS \$3.00 ADM. FEE	1,754	1,754	3,507	3,507
001059	Medicaid Low Income Pool	0	0	0	0
001051	Emergency Medicaid	0	0	0	0
001058	Medicaid - Behavioral Health	0	0	0	0
001071	Medicaid - Orthopedic	0	0	0	0
001072	Medicaid - Dermatology	0	0	0	0
001075	Medicaid - School Health Certified Match	0	0	0	0
001069	Medicaid - Refugee Health	0	0	0	0
001055	Medicaid - Hospital	0	0	0	0
001148	Medicaid HMO Non-Capitation	0	0	0	0
001074	Medicaid - Newborn Screening	0	0	0	0
<b>MEDICAID TOTAL</b>		196,745	333,347	530,092	530,092
<b>7. ALLOCABLE REVENUE - STATE</b>					
018000	REFUNDS	0	0	0	0
037000	PRIOR YEAR WARRANT	0	0	0	0
038000	12 MONTH OLD WARRANT	0	0	0	0
<b>ALLOCABLE REVENUE TOTAL</b>		0	0	0	0
<b>8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE</b>					
	PHARMACY SERVICES	0	0	0	13,353
	LABORATORY SERVICES	0	0	0	3,869
	TB SERVICES	0	0	0	0
	IMMUNIZATION SERVICES	0	0	0	30,017
	STD SERVICES	0	0	0	0
	CONSTRUCTION/RENOVATION	0	0	0	0
	WIC FOOD	0	0	0	154,313
	ADAP	0	0	0	5,721
	DENTAL SERVICES	0	0	0	0
	OTHER (SPECIFY)	0	0	0	0
	OTHER (SPECIFY)	0	0	0	0
<b>OTHER STATE CONTRIBUTIONS TOTAL</b>		0	0	0	207,273

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

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	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total	
<b>9. DIRECT LOCAL CONTRIBUTIONS - COUNTY</b>						
008030	Contribution from Health Care Tax	0	0	0	0	
008034	BCC Contribution from General Fund	0	21,004	21,004	0	21,004
<b>DIRECT COUNTY CONTRIBUTION TOTAL</b>		0	21,004	21,004	0	21,004
<b>10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY</b>						
001060	CHD SUPPORT POSITION	0	0	0	0	0
001077	RABIES VACCINE	0	0	0	0	0
001077	CHILD CAR SEAT PROG	0	0	0	0	0
001077	PERSONAL HEALTH FEES	0	66,332	66,332	0	66,332
001077	AIDS CO-PAYS	0	0	0	0	0
001094	ADULT ENTER. PERMIT FEES	0	0	0	0	0
001094	LOCAL ORDINANCE FEES	0	17,200	17,200	0	17,200
001114	NEW BIRTH CERTIFICATES	0	4,582	4,582	0	4,582
001115	Vital Statistics - Death Certificate	0	1,822	1,822	0	1,822
001117	VITAL STATS-ADM. FEE 50 CENTS	0	196	196	0	196
001073	Co-Pay for the AIDS Care Program	0	0	0	0	0
001025	Client Revenue from GRC	0	0	0	0	0
001040	Cell Phone Administrative Fee	0	0	0	0	0
<b>FEES AUTHORIZED BY COUNTY TOTAL</b>		0	90,132	90,132	0	90,132
<b>11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY</b>						
001009	RETURNED CHECK ITEM	0	0	0	0	0
001029	THIRD PARTY REIMBURSEMENT	0	742	742	0	742
001029	HEALTH MAINTENANCE ORGAN. (HMO)	0	0	0	0	0
001054	MEDICARE PART D	0	0	0	0	0
001077	RYAN WHITE TITLE II	0	0	0	0	0
001090	MEDICARE PART B	0	28,500	28,500	0	28,500
001190	Health Maintenance Organization	0	0	0	0	0
005040	INTEREST EARNED	0	0	0	0	0
005041	INTEREST EARNED-STATE INVESTMENT ACCOUNT	0	1,478	1,478	0	1,478
007010	U.S. GRANTS DIRECT	0	0	0	0	0
008010	Contribution from City Government	0	0	0	0	0
008020	Contribution from Health Care Tax not thru BCC	0	0	0	0	0
008050	School Board Contribution	0	0	0	0	0
008060	Special Project Contribution	0	0	0	0	0
010300	SALE OF GOODS AND SERVICES TO STATE AGENCIES	0	0	0	0	0
010301	EXP WITNESS FEE CONSULTNT CHARGES	0	0	0	0	0
010405	SALE OF PHARMACEUTICALS	0	0	0	0	0
010409	SALE OF GOODS OUTSIDE STATE GOVERNMENT	0	0	0	0	0
011001	HEALTHY START COALITION CONTRIBUTIONS	0	73,480	73,480	0	73,480
011007	CASH DONATIONS PRIVATE	0	0	0	0	0
012020	FINES AND FORFEITURES	0	0	0	0	0
012021	RETURN CHECK CHARGE	0	0	0	0	0
028020	INSURANCE RECOVERIES-OTHER	0	0	0	0	0
090002	DRAW DOWN FROM PUBLIC HEALTH UNIT	0	27,133	27,133	0	27,133
011000	GRANT DIRECT-NOVA UNIVERSITY CHD TRAINING	0	0	0	0	0
011000	GRANT-DIRECT	0	0	0	0	0

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LAFAYETTE COUNTY HEALTH DEPARTMENT  
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	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total	
<b>11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY</b>						
011000	GRANT DIRECT-COUNTY HEALTH DEPARTMENT DIRECT SERVICES	0	0	0	0	
011000	DIRECT-ARROW	0	0	0	0	
011000	GRANT-DIRECT	0	0	0	0	
011000	GRANT-DIRECT	0	0	0	0	
011000	GRANT DIRECT-QUANTUM DENTAL	0	0	0	0	
011000	GRANT DIRECT-HEALTH CARE DISTRICT PAHOKEE	0	0	0	0	
011000	GRANT-DIRECT	0	0	0	0	
011000	GRANT-DIRECT	0	0	0	0	
011000	GRANT-DIRECT	0	0	0	0	
011000	GRANT-DIRECT	0	0	0	0	
011000	GRANT-DIRECT	0	0	0	0	
011000	GRANT-DIRECT	0	0	0	0	
011000	GRANT DIRECT-ARROW	0	0	0	0	
010402	Recycled Material Sales	0	0	0	0	
010303	FDLE Fingerprinting	0	0	0	0	
007050	ARRA Federal Grant	0	0	0	0	
001010	Recovery of Bad Checks	0	0	0	0	
008065	FCO Contribution	0	0	0	0	
011006	Restricted Cash Donation	0	0	0	0	
028000	Insurance Recoveries	0	0	0	0	
001033	CMS Management Fee - PMPMPC	0	0	0	0	
010400	Sale of Goods Outside State Government	0	0	0	0	
010500	Refugee Health	0	0	0	0	
005045	Interest Earned-Third Party Provider	0	0	0	0	
005043	Interest Earned-Contract/Grant	0	0	0	0	
010306	DOH/DOC Interagency Agreement	0	0	0	0	
008040	BCC Grant/Contract	0	0	0	0	
011002	ARRA Federal Grant - Sub-Recipient	0	0	0	0	
<b>OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL</b>		0	131,333	131,333	0	131,333
<b>12. ALLOCABLE REVENUE - COUNTY</b>						
018000	REFUNDS	0	0	0	0	
037000	PRIOR YEAR WARRANT	0	0	0	0	
038000	12 MONTH OLD WARRANT	0	0	0	0	
<b>COUNTY ALLOCABLE REVENUE TOTAL</b>		0	0	0	0	
<b>13. BUILDINGS - COUNTY</b>						
	ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	0	
	GROUNDS MAINTENANCE	0	0	0	0	
	OTHER (SPECIFY)	0	0	0	0	
	INSURANCE	0	0	0	0	
	UTILITIES	0	0	0	0	
	OTHER (SPECIFY)	0	0	0	0	
	BUILDING MAINTENANCE	0	0	0	0	
<b>BUILDINGS TOTAL</b>		0	0	0	0	
<b>14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY</b>						
	EQUIPMENT/VEHICLE PURCHASES	0	0	0	0	

Working Copy ATTACHMENT II.

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

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	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY</b>					
VEHICLE INSURANCE	0	0	0	0	0
VEHICLE MAINTENANCE	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
<b>OTHER COUNTY CONTRIBUTIONS TOTAL</b>	0	0	0	0	0
<b>GRAND TOTAL CHD PROGRAM</b>	1,038,045	575,816	1,613,861	207,273	1,821,134

**Working Copying ATTACHMENT II.  
LAFAYETTE COUNTY HEALTH DEPARTMENT**

**Part III: Planned Staffing, Clients, Services, And Expenditures By Program Service Area Within Each Level Of Service**

**October 1, 2010 to September 30, 2011**

**Book 31 Page 023**

	FTE's (0.00)	Clients Units	Services	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd (Whole dollars only)	3rd	4th			
<b>A. COMMUNICABLE DISEASE CONTROL:</b>										
IMMUNIZATION (101)	1.73	481	1,012	4,444	3,333	4,444	3,650	5,144	10,727	15,871
STD (102)	0.04	37	100	505	379	505	415	227	1,577	1,804
A.I.D.S. (103)	0.00	0	0	0	0	0	0	0	0	0
TB CONTROL SERVICES (104)	0.01	15	33	1,173	879	1,173	963	3,000	1,188	4,188
COMM. DISEASE SURV. (106)	0.00	0	0	0	0	0	0	0	0	0
HEPATITIS PREVENTION (109)	0.00	0	0	0	0	0	0	0	0	0
PUBLIC HEALTH PREP AND RESP (116)	0.22	0	0	4,200	3,150	4,200	3,450	0	15,000	15,000
VITAL STATISTICS (180)	0.41	517	691	5,151	3,863	5,151	4,230	0	18,395	18,395
<b>COMMUNICABLE DISEASE SUBTOTAL</b>	<b>2.41</b>	<b>1,050</b>	<b>1,836</b>	<b>15,473</b>	<b>11,604</b>	<b>15,473</b>	<b>12,708</b>	<b>8,371</b>	<b>46,887</b>	<b>55,258</b>
<b>B. PRIMARY CARE:</b>										
CHRONIC DISEASE SERVICES (210)	0.78	0	0	14,521	10,891	14,521	11,927	25,541	26,319	51,860
TOBACCO PREVENTION (212)	1.43	0	0	36,750	27,563	36,750	30,187	131,250	0	131,250
W.I.C. (221)	0.00	0	0	0	0	0	0	0	0	0
FAMILY PLANNING (223)	1.22	284	1,064	35,896	26,922	35,896	29,486	100,738	27,462	128,200
IMPROVED PREGNANCY OUTCOME (225)	1.02	84	1,043	25,409	19,057	25,409	20,873	51,780	38,968	90,748
HEALTHY START PRENATAL (227)	0.16	76	1,495	16,243	12,182	16,243	13,343	0	58,011	58,011
COMPREHENSIVE CHILD HEALTH (229)	1.15	249	991	37,188	27,891	37,188	30,546	101,513	31,300	132,813
HEALTHY START INFANT (231)	0.11	32	564	4,331	3,248	4,331	3,559	0	15,469	15,469
SCHOOL HEALTH (234)	4.23	0	38,900	43,994	32,995	43,994	36,138	127,121	30,000	157,121
COMPREHENSIVE ADULT HEALTH (237)	2.94	528	2,503	61,425	46,069	61,425	50,455	171,404	47,970	219,374
DENTAL HEALTH (240)	5.68	1,799	8,437	139,558	104,668	139,558	114,636	263,067	235,353	498,420
<b>PRIMARY CARE SUBTOTAL</b>	<b>18.72</b>	<b>3,052</b>	<b>54,997</b>	<b>415,315</b>	<b>311,486</b>	<b>415,315</b>	<b>341,150</b>	<b>972,414</b>	<b>510,852</b>	<b>1,483,266</b>
<b>C. ENVIRONMENTAL HEALTH:</b>										
<b>Water and Onsite Sewage Programs</b>										
COASTAL BEACH MONITORING (347)	0.00	0	0	0	0	0	0	0	0	0
LIMITED USE PUBLIC WATER SYSTEMS (357)	0.00	0	0	0	0	0	0	0	0	0
PUBLIC WATER SYSTEM (358)	0.00	0	0	0	0	0	0	0	0	0
PRIVATE WATER SYSTEM (359)	0.00	0	0	0	0	0	0	0	0	0
INDIVIDUAL SEWAGE DISP. (361)	1.20	29	208	20,258	15,194	20,258	16,640	55,483	16,867	72,350
<b>Group Total</b>	<b>1.20</b>	<b>29</b>	<b>208</b>	<b>20,258</b>	<b>15,194</b>	<b>20,258</b>	<b>16,640</b>	<b>55,483</b>	<b>16,867</b>	<b>72,350</b>
<b>Facility Programs</b>										
FOOD HYGIENE (348)	0.04	5	31	508	381	508	416	936	877	1,813
BODY ART (349)	0.00	0	0	0	0	0	0	0	0	0
GROUP CARE FACILITY (351)	0.01	9	17	93	70	93	77	0	333	333
MIGRANT LABOR CAMP (352)	0.00	0	0	0	0	0	0	0	0	0
HOUSING,PUBLIC BLDG SAFETY,SANITATION (359)	0.00	0	0	0	0	0	0	0	0	0
MOBILE HOME AND PARKS SERVICES (354)	0.01	7	12	198	148	198	162	706	0	706
SWIMMING POOLS/BATHING (360)	0.00	0	0	0	0	0	0	0	0	0
BIOMEDICAL WASTE SERVICES (364)	0.00	0	0	0	0	0	0	0	0	0
TANNING FACILITY SERVICES (369)	0.01	1	1	38	28	38	31	135	0	135
<b>Group Total</b>	<b>0.07</b>	<b>22</b>	<b>61</b>	<b>837</b>	<b>627</b>	<b>837</b>	<b>686</b>	<b>1,777</b>	<b>1,210</b>	<b>2,987</b>

**Working Copying ATTACHMENT II.  
LAFAYETTE COUNTY HEALTH DEPARTMENT**

**Part III. Planned Staffing, Clients, Services, And Expenditures By Program Service Area Within Each Level Of Service**

**October 1, 2010 to September 30, 2011**

**Book 31 Page 024**

	FTE's (0.00)	Clients		Quarterly Expenditure Plan				State	County	Grand Total
		Units	Services	1st	2nd (Whole dollars only)	3rd	4th			
<b>C. ENVIRONMENTAL HEALTH:</b>										
<b>Groundwater Contamination</b>										
STORAGE TANK COMPLIANCE (355)	0.00	0	0	0	0	0	0	0	0	0
SUPER ACT SERVICE (356)	0.00	0	0	0	0	0	0	0	0	0
<b>Group Total</b>	0.00	0	0	0	0	0	0	0	0	0
<b>Community Hygiene</b>										
OCCUPATIONAL HEALTH (344)	0.00	0	0	0	0	0	0	0	0	0
CONSUMER PRODUCT SAFETY (345)	0.00	0	0	0	0	0	0	0	0	0
INJURY PREVENTION (346)	0.00	0	0	0	0	0	0	0	0	0
LEAD MONITORING SERVICES (350)	0.00	0	0	0	0	0	0	0	0	0
PUBLIC SEWAGE (362)	0.00	0	0	0	0	0	0	0	0	0
SOLID WASTE DISPOSAL (363)	0.00	0	0	0	0	0	0	0	0	0
SANITARY NUISANCE (365)	0.00	0	0	0	0	0	0	0	0	0
RABIES SURVEILLANCE/CONTROL SERVICES (366)	0.00	0	0	0	0	0	0	0	0	0
ARBOVIRUS SURVEILLANCE (367)	0.00	0	0	0	0	0	0	0	0	0
RODENT/ARTHROPOD CONTROL (368)	0.00	0	0	0	0	0	0	0	0	0
WATER POLLUTION (370)	0.00	0	0	0	0	0	0	0	0	0
AIR POLLUTION (371)	0.00	0	0	0	0	0	0	0	0	0
RADIOLOGICAL HEALTH (372)	0.00	0	0	0	0	0	0	0	0	0
TOXIC SUBSTANCES (373)	0.00	0	0	0	0	0	0	0	0	0
<b>Group Total</b>	0.00	0	0	0	0	0	0	0	0	0
<b>ENVIRONMENTAL HEALTH SUBTOTAL</b>	1.27	51	269	21,095	15,821	21,095	17,326	57,260	18,077	75,337
<b>D. SPECIAL CONTRACTS:</b>										
SPECIAL CONTRACTS (599)	0.00	0	0	0	0	0	0	0	0	0
<b>SPECIAL CONTRACTS SUBTOTAL</b>	0.00	0	0	0	0	0	0	0	0	0
<b>TOTAL CONTRACT</b>	22.40	4,153	57,102	451,883	338,911	451,883	371,184	1,038,045	575,816	1,613,861



ATTACHMENT III

Book 31 Page 025

LAFAYETTE COUNTY HEALTH DEPARTMENT

CIVIL RIGHTS CERTIFICATE

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

The applicant assures that it will comply with:

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

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ATTACHMENT IV

LAFAYETTE COUNTY HEALTH DEPARTMENT

FACILITIES UTILIZED BY THE COUNTY HEALTH DEPARTMENT

<u>Facility Description</u>	<u>Location</u>	<u>Owned By</u>
Lafayette County Health Dept. Main Office	140 Virginia Circle Mayo, FL 32066	Lafayette County

ATTACHMENT V

LAFAYETTE COUNTY HEALTH DEPARTMENT

SPECIAL PROJECTS SAVINGS PLAN

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

<u>CONTRACT YEAR</u>	<u>STATE</u>	<u>COUNTY</u>	<u>TOTAL</u>
2008-2009	\$ _____	\$ _____	\$ _____ -
2009-2010	\$ _____	\$ _____	\$ _____ -
2010-2011	\$ <u>20,145</u>	\$ <u>8,633</u>	\$ <u>28,778</u>
2011-2012	\$ _____	\$ _____	\$ _____ -
2012-2013	\$ _____	\$ _____	\$ _____ -
PROJECT TOTAL	\$ <u>20,145</u>	\$ <u>8,633</u>	\$ <u>28,778</u>

SPECIAL PROJECT CONSTRUCTION/RENOVATION PLAN

PROJECT NAME: Electronic Medical Records Systems

LOCATION/ ADDRESS: 140 SW VIRGINIA CIRCLE, MAYO, FL 32066

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

SQUARE FOOTAGE: \_\_\_\_\_

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

Rewire of Building for Electronic Health Records System and purchase all equipment needed.

ESTIMATED PROJECT INFORMATION:

START DATE (initial expenditure of funds): 1/11/2011

COMPLETION DATE: 6/30/2011

DESIGN FEES: \$ \_\_\_\_\_

CONSTRUCTION COSTS: \$ \_\_\_\_\_

FURNITURE/EQUIPMENT \$ 28,778

TOTAL PROJECT COST: \$ 28,778

COST PER SQ FOOT: \$ #DIV/0!

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

LAFAYETTE COUNTY HEALTH DEPARTMENT

PRIMARY CARE

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

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

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

- X   Comprehensive Child Health (229/29)
- X   Comprehensive Adult Health (237/37)
- X   Family Planning (223/23)
- X   Maternal Health/IPO (225/25)
- Laboratory (242/42)
- Pharmacy (241/93)
- X   Other Medical Treatment Program (please identify)   Dental (240/40)

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

The target population will be for the indigent care for Child Health, Adult Health, Family Planning and Maternal Health sliding fee clients.

Does the health department intend to contract with other providers for the delivery of primary health care services using categorical (015040) Primary Care funds? No If so, please identify the provider(s), describe the services to be delivered, and list the anticipated contractual amount by provider. In addition, contract providers are required to provide data on patients served and the services provided so that the patients may be registered and the service data entered into HMS.

MAYO FREE PRESS  
Published Weekly  
Post Office Box 148- Phone 935-4440  
Branford, Lafayette County, Florida 32008

STATE OF FLORIDA  
COUNTY OF LAFAYETTE:

Before the undersigned authority personally appeared

JANICE GANOTE

who on oath says that she is  
Legal Secretary

of The Mayo Free Press, a weekly newspaper  
published in Mayo in Lafayette County, Florida;  
that the attached copy of advertisement, being a

PUBLIC NOTICE

in the matter of

RESOLUTION SETTING PERMIT FEES

was published in said newspaper in the issues of

9/2

Affiant further says that the said , The Mayo Free Press is a newspaper published at Mayo in said Lafayette County, Florida, and that the said newspaper has heretofore been continuously published in said Lafayette County, Florida, each week and has been entered as second class mail matter at the post office in Mayo, in said Lafayette County, Florida, for a period of one year next preceding the first publication of the attached copy of advertisement; and affiant further says that he has neither paid nor promised any person, firm or corporation any discount, rebate, commission or refund for the purpose of securing this advertisement for publication in said newspaper.

*Janice K Ganote*

Sworn to and subscribed before me this 2nd day of September, 2010.

*Margaret Slater*

(SEAL) Notary Public

Personally known X or produced identification \_\_\_\_\_

Type of identification produced \_\_\_\_\_

NOTICE  
PURSUANT TO FLORIDA  
STATUTE 126.01

Notice is hereby given that the Board of County Commissioners of Lafayette County, Florida, will hold a public hearing on the passage of the proposed Resolution setting the permit fees, subdivision fees and zoning compliance fees, the public hearing shall be held at the Board of County Commission Meeting Room at the Lafayette County Courthouse in Mayo, Florida, on September 13, 2010, at 9:00 a.m. The title of the proposed ordinance is:

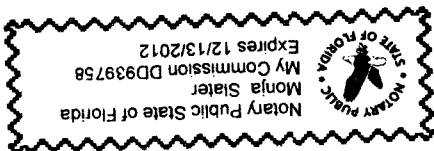
A RESOLUTION SETTING THE PERMIT FEES; SUBDIVISION FEES AND ZONING COMPLIANCE FEES IN LAFAYETTE COUNTY, FLORIDA.

The proposed resolution may be inspected by the public at the Clerk of the Circuit Court's Office at the Lafayette County Courthouse, Mayo, Lafayette County, Florida.

All members of the public are welcome to attend. Notice is further hereby given, pursuant to Florida Statute 220.03(2), that any person or persons desiring to appeal any matters considered at this public hearing will need a record of the hearing and may need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence upon which the appeals is to be based.

DATED this 23rd day of August, 2010, by RICKY LYONS, Clerk of the Circuit Court and Clerk of the Board of County Commissioners of Lafayette County, Florida.

Persons with disabilities requesting reasonable accommodations to participate in this proceeding should contact (800) 294-1800 or via Florida Relay Service at 800-955-8771.  
9/2



***McMillan Law Office, P.A.***

*Post Office Box 1388*

*Mayo, Florida 32066*

*(386) 294-1688*

*(386) 294-1689 fax*

**Book 31 Page 030**

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**MEMORANDUM**

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**TO:** DONNIE HAMLIN  
T. JACK BYRD  
ERNEST JONES  
THOMAS E. PRIDGEON, JR.  
LANCE LAMB

**FROM:** LEENETTE W. MCMILLAN-FREDRIKSSON  
LAFAYETTE COUNTY ATTORNEY

**SUBJECT:** RESOLUTION-PERMIT FEES

**DATE:** AUGUST 24, 2010

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For you information, enclosed is a copy of the Resolution for the Permit Fees, Subdivision Fees and Zoning Compliance Fees.

If you have any questions, please call me.

cc w/enc.: Ricky Lyons, Clerk

COPY

8

RESOLUTION NO. 2010- 9-1-1

**A RESOLUTION SETTING THE PERMIT FEES, SUBDIVISION FEES AND ZONING COMPLIANCE FEES IN LAFAYETTE COUNTY, FLORIDA.**

WHEREAS, the Board of County Commissioners have been informed that the permit fees, subdivision fees and zoning compliance fees in Lafayette County are for the most part lower than the fees of surrounding counties, and

WHEREAS, the permit fees need to be raised in Lafayette County so that the County shall be run efficiently.

**THEREFORE, BE IT RESOLVED**, by the Board of County Commissioners of Lafayette County, that beginning Oct 1, 2010, the permit fees are set as follows:

Single wide mobile home	\$ 150.00
Double wide mobile home	\$ 300.00
Triple wide mobile home	\$ 450.00
Electrical (mobile home)	\$ 75.00
HVAC (mobile home)	\$ 75.00
Plumbing (mobile home)	NONE
Pre-inspection (mobile home)	NONE
Modular home (see valuation table below)	VALUE
Electrical (residential)	\$ 75.00
Plumbing (residential)	\$ 75.00
Roof (residential)	\$ 75.00
HVAC (residential)	\$ 75.00
Re-inspection fee	\$ 40.00

## Book 31 Page 032

Pool	VALUE
House moving	VALUE
Demolition	\$ 100.00
Ag. Pole 60 Amp.	\$ 60.00
Permit Fee - New building	CONTRACTED PRICE/ VALUE CALCULATED

### DEFINITION OF VALUE IS CONTRACTED PRICE

Electrical upgrade	\$ 100.00
Electrical (200 amps plus)	\$ 100.00 first 200 amp, plus .25 per amp.
Camper service	\$ 200.00
Signs (commercial)	\$ 150.00
Re-roofing	\$ 100.00

### VALUATION FEE SCHEDULE:

Up to \$2,000.00	\$ 75.00
\$2,001.00 to \$100,000.00	\$4.50 per thousand
\$100,001.00 to \$500,000.00	\$495.00 for first \$100,000.00- \$2.75 per thousand.
\$500,001.00 and above	\$1,750.00 for first \$500,000.00- \$2.00 per thousand.

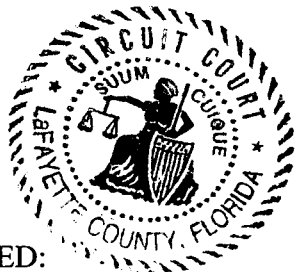
### SUBDIVISION FEES:

Major	\$1,000.00
Minor	\$ 750.00
Zoning compliance	\$ 25.00
State fee (replace radon gas 1%)	\$0.03 per \$ or \$4.00 minimum fee.



PASSED in regular session this 13 day of Sept, 2010.

BOARD OF COUNTY COMMISSIONERS  
LAFAYETTE COUNTY, FLORIDA



ATTESTED:

  
Curtis O. Hamlin, Chairperson

  
Ricky Lyons, Clerk

## LAFAYETTE COUNTY BUILDING DEPARTMENT REPORT FOR AUG 2010

	IMPACT FEE	NEW CONSTRUCTION	MOBILE	CAMPER	MISC	TOTAL
					100	100.00
5064			NO FEE			0.00
5065						0.00
5066						0.00
5067						
5068					71.07	71.07
5069					60.00	60.00
5070					75.95	75.95
5071					66.66	66.66
5072					60.00	60.00
5073					60.00	60.00
5074					60.00	60.00
5075					60.00	60.00
5076	300.00	1265.90				1565.90
5077					72.83	72.83
5078					67.88	67.88
5079					67.17	67.17
5080					69.59	69.59
5081					60.00	60.00
5082					60.00	60.00
5083					60.00	60.00
5084					60.00	60.00
5085					138.55	138.55
5086						0.00
5087					60.00	60.00
5088					60.00	60.00
5089					60.00	60.00
5090	300.00		300		60.00	660.00
<b>TOTALS</b>	<b>600.00</b>	<b>1265.90</b>	<b>300.00</b>		<b>1409.70</b>	<b>3575.60</b>

MISC. = ROOF, PLUMBING, ELECTRICAL, AG POLES, HOODS, STORAGE, REMODEL

**LAFAYETTE COUNTY SOLID WASTE  
AUGUST 2010  
REPORT**

**COMMERCIAL ACCOUNTS**

INVOICES 8,945.00

CREDITS 4,127.00

**Book 31 Page 035**

**LANDFILL TICKETS**

INVOICES 1655.61

CREDITS 544.10

**TOTAL INVOICES 10,600.61**

**TOTAL CREDITS 4,671.10**

## **Solid Waste Pickup proposal for the Town of Mayo**

**Book 31 Page 036**

The household solid waste pickup will be changed to a twice per week pickup on Mondays and Thursdays. The schedule will have to be worked out with some parts of town being picked up in the afternoons.

The commercial pickup will continue as it is with two times per week pickups being on Monday and Thursday and one time pickups occurring on Mondays.

Recycling pickup for the households will continue to be on Wednesdays.

The above proposal will be completed at the rate of \$12000 per month. Any increases will occur at the beginning of the fiscal year. An increase will only occur if the tipping fee increases or the fuel cost increases drastically. The town will be notified immediately if any tipping fee increases occur. At any future time if the town preferred, the billing could be changed per dumpster and household pickup numbers providing the documentation was given to the county each month with the payment.

The county would appreciate that if at any future time the town was unhappy with the agreement that the county be notified by March 1 for

**Book 31 Page 037**

the upcoming fiscal year that changes are taking place. The reason for this is that the garbage trucks are in the \$200,000 range and the equipment for the town's household pickup is an additional \$20,000. A six months notice would greatly help for the planning of the equipment and the personnel. The county will also give the town a six months notice if it ever intends to stop performing the solid waste services.

FORM 8B MEMORANDUM OF VOTING CONFLICT FOR COUNTY, MUNICIPAL, AND OTHER LOCAL PUBLIC OFFICERS	
LAST NAME—FIRST NAME—MIDDLE NAME BYRD, T. JACK	NAME OF BOARD, COUNCIL, COMMISSION, AUTHORITY, OR COMMITTEE Lafayette County Board of County Commissioners
MAILING ADDRESS 10305 S.E. County Road 405	THE BOARD, COUNCIL, COMMISSION, AUTHORITY OR COMMITTEE ON WHICH I SERVE IS A UNIT OF: <input type="checkbox"/> CITY <input checked="" type="checkbox"/> COUNTY <input type="checkbox"/> OTHER LOCAL AGENCY
CITY Branford	COUNTY Lafayette
DATE ON WHICH VOTE OCCURRED 9/13/10	NAME OF POLITICAL SUBDIVISION: Lafayette County, Florida
	MY POSITION IS: <input checked="" type="checkbox"/> ELECTIVE <input type="checkbox"/> APPOINTIVE

**WHO MUST FILE FORM 8B**

This form is for use by any person serving at the county, city, or other local level of government on an appointed or elected board, council, commission, authority, or committee. It applies equally to members of advisory and non-advisory bodies who are presented with a voting conflict of interest under Section 112.3143, Florida Statutes.

Your responsibilities under the law when faced with voting on a measure in which you have a conflict of interest will vary greatly depending on whether you hold an elective or appointive position. For this reason, please pay close attention to the instructions on this form before completing the reverse side and filing the form.

**INSTRUCTIONS FOR COMPLIANCE WITH SECTION 112.3143, FLORIDA STATUTES**

A person holding elective or appointive county, municipal, or other local public office **MUST ABSTAIN** from voting on a measure which inures to his or her special private gain or loss. Each elected or appointed local officer also is prohibited from knowingly voting on a measure which inures to the special gain or loss of a principal (other than a government agency) by whom he or she is retained (including the parent organization or subsidiary of a corporate principal by which he or she is retained); to the special private gain or loss of a relative; or to the special private gain or loss of a business associate. Commissioners of community redevelopment agencies under Sec. 163.356 or 163.357, F.S., and officers of independent special tax districts elected on a one-acre, one-vote basis are not prohibited from voting in that capacity.

For purposes of this law, a "relative" includes only the officer's father, mother, son, daughter, husband, wife, brother, sister, father-in-law, mother-in-law, son-in-law, and daughter-in-law. A "business associate" means any person or entity engaged in or carrying on a business enterprise with the officer as a partner, joint venturer, coowner of property, or corporate shareholder (where the shares of the corporation are not listed on any national or regional stock exchange).

**ELECTED OFFICERS:**

In addition to abstaining from voting in the situations described above, you must disclose the conflict:

**PRIOR TO THE VOTE BEING TAKEN** by publicly stating to the assembly the nature of your interest in the measure on which you are abstaining from voting; *and*

**WITHIN 15 DAYS AFTER THE VOTE OCCURS** by completing and filing this form with the person responsible for recording the minutes of the meeting, who should incorporate the form in the minutes.

**APPOINTED OFFICERS:**

Although you must abstain from voting in the situations described above, you otherwise may participate in these matters. However, you must disclose the nature of the conflict before making any attempt to influence the decision, whether orally or in writing and whether made by you or at your direction.

**IF YOU INTEND TO MAKE ANY ATTEMPT TO INFLUENCE THE DECISION PRIOR TO THE MEETING AT WHICH THE VOTE WILL BE TAKEN:**

- You must complete and file this form (before making any attempt to influence the decision) with the person responsible for recording the minutes of the meeting, who will incorporate the form in the minutes. (Continued on other side)

**APPOINTED OFFICERS (continued)**

**Book 31 Page 039**

- A copy of the form must be provided immediately to the other members of the agency.
- The form must be read publicly at the next meeting after the form is filed.

**IF YOU MAKE NO ATTEMPT TO INFLUENCE THE DECISION EXCEPT BY DISCUSSION AT THE MEETING:**

- You must disclose orally the nature of your conflict in the measure before participating.
- You must complete the form and file it within 15 days after the vote occurs with the person responsible for recording the minutes of the meeting, who must incorporate the form in the minutes. A copy of the form must be provided immediately to the other members of the agency, and the form must be read publicly at the next meeting after the form is filed.

**DISCLOSURE OF LOCAL OFFICER'S INTEREST**

I, T. JACK BYRD, hereby disclose that on 9/13, 20 10:

(a) A measure came or will come before my agency which (check one)

- inured to my special private gain or loss;
- inured to the special gain or loss of my business associate, \_\_\_\_\_;
- inured to the special gain or loss of my relative, \_\_\_\_\_;
- inured to the special gain or loss of \_\_\_\_\_, by whom I am retained; or
- inured to the special gain or loss of \_\_\_\_\_, which is the parent organization or subsidiary of a principal which has retained me.

(b) The measure before my agency and the nature of my conflicting interest in the measure is as follows:

*Invoice considered and approved payable to Byrd's Power Equipment.*

9/13/10  
Date Filed

*T. Jack Byrd*  
Signature T. Jack Byrd

**NOTICE: UNDER PROVISIONS OF FLORIDA STATUTES §112.317, A FAILURE TO MAKE ANY REQUIRED DISCLOSURE CONSTITUTES GROUNDS FOR AND MAY BE PUNISHED BY ONE OR MORE OF THE FOLLOWING: IMPEACHMENT, REMOVAL OR SUSPENSION FROM OFFICE OR EMPLOYMENT, DEMOTION, REDUCTION IN SALARY, REPRIMAND, OR A CIVIL PENALTY NOT TO EXCEED \$10,000.**

**FORM 8B MEMORANDUM OF VOTING CONFLICT FOR COUNTY, MUNICIPAL, AND OTHER LOCAL PUBLIC OFFICERS**

LAST NAME—FIRST NAME—MIDDLE NAME <b>LAMB, LANCE F.</b>		NAME OF BOARD, COUNCIL, COMMISSION, AUTHORITY, OR COMMITTEE <b>Lafayette County Board of County Commissioners</b>	
MAILING ADDRESS <b>509 S.W. County Road 350</b>		THE BOARD, COUNCIL, COMMISSION, AUTHORITY OR COMMITTEE ON WHICH I SERVE IS A UNIT OF: <input type="checkbox"/> CITY <input checked="" type="checkbox"/> COUNTY <input type="checkbox"/> OTHER LOCAL AGENCY	
CITY <b>Mayo</b>	COUNTY <b>Lafayette</b>	NAME OF POLITICAL SUBDIVISION: <b>Lafayette County, Florida</b>	
DATE ON WHICH VOTE OCCURRED <b>9-13-10</b>		MY POSITION IS: <input checked="" type="checkbox"/> ELECTIVE <input type="checkbox"/> APPOINTIVE	

**WHO MUST FILE FORM 8B**

This form is for use by any person serving at the county, city, or other local level of government on an appointed or elected board, council, commission, authority, or committee. It applies equally to members of advisory and non-advisory bodies who are presented with a voting conflict of interest under Section 112.3143, Florida Statutes.

Your responsibilities under the law when faced with voting on a measure in which you have a conflict of interest will vary greatly depending on whether you hold an elective or appointive position. For this reason, please pay close attention to the instructions on this form before completing the reverse side and filing the form.

**INSTRUCTIONS FOR COMPLIANCE WITH SECTION 112.3143, FLORIDA STATUTES**

A person holding elective or appointive county, municipal, or other local public office **MUST ABSTAIN** from voting on a measure which inures to his or her special private gain or loss. Each elected or appointed local officer also is prohibited from knowingly voting on a measure which inures to the special gain or loss of a principal (other than a government agency) by whom he or she is retained (including the parent organization or subsidiary of a corporate principal by which he or she is retained); to the special private gain or loss of a relative; or to the special private gain or loss of a business associate. Commissioners of community redevelopment agencies under Sec. 163.356 or 163.357, F.S., and officers of independent special tax districts elected on a one-acre, one-vote basis are not prohibited from voting in that capacity.

For purposes of this law, a "relative" includes only the officer's father, mother, son, daughter, husband, wife, brother, sister, father-in-law, mother-in-law, son-in-law, and daughter-in-law. A "business associate" means any person or entity engaged in or carrying on a business enterprise with the officer as a partner, joint venturer, coowner of property, or corporate shareholder (where the shares of the corporation are not listed on any national or regional stock exchange).

**ELECTED OFFICERS:**

In addition to abstaining from voting in the situations described above, you must disclose the conflict:

**PRIOR TO THE VOTE BEING TAKEN** by publicly stating to the assembly the nature of your interest in the measure on which you are abstaining from voting; *and*

**WITHIN 15 DAYS AFTER THE VOTE OCCURS** by completing and filing this form with the person responsible for recording the minutes of the meeting, who should incorporate the form in the minutes.

**APPOINTED OFFICERS:**

Although you must abstain from voting in the situations described above, you otherwise may participate in these matters. However, you must disclose the nature of the conflict before making any attempt to influence the decision, whether orally or in writing and whether made by you or at your direction.

**IF YOU INTEND TO MAKE ANY ATTEMPT TO INFLUENCE THE DECISION PRIOR TO THE MEETING AT WHICH THE VOTE WILL BE TAKEN:**

- You must complete and file this form (before making any attempt to influence the decision) with the person responsible for recording the minutes of the meeting, who will incorporate the form in the minutes. (Continued on other side)



**APPOINTED OFFICERS (continued)**

- A copy of the form must be provided immediately to the other members of the agency.
- The form must be read publicly at the next meeting after the form is filed.

**IF YOU MAKE NO ATTEMPT TO INFLUENCE THE DECISION EXCEPT BY DISCUSSION AT THE MEETING:**

- You must disclose orally the nature of your conflict in the measure before participating.
- You must complete the form and file it within 15 days after the vote occurs with the person responsible for recording the minutes of the meeting, who must incorporate the form in the minutes. A copy of the form must be provided immediately to the other members of the agency, and the form must be read publicly at the next meeting after the form is filed.

**DISCLOSURE OF LOCAL OFFICER'S INTEREST**

I, LANCE F. LAMB, hereby disclose that on 9-13, 20 10 :

(a) A measure came or will come before my agency which (check one)

- inured to my special private gain or loss;
- inured to the special gain or loss of my business associate, \_\_\_\_\_;
- inured to the special gain or loss of my relative, Paul Lamb \_\_\_\_\_;
- inured to the special gain or loss of \_\_\_\_\_, by whom I am retained; or
- inured to the special gain or loss of \_\_\_\_\_, which is the parent organization or subsidiary of a principal which has retained me.

(b) The measure before my agency and the nature of my conflicting interest in the measure is as follows:

*Invoice payable to Paul Lamb considered and approved.*

9-13-10  
Date Filed

*[Signature]*  
Signature **Lance F. Lamb**

**NOTICE: UNDER PROVISIONS OF FLORIDA STATUTES §112.317, A FAILURE TO MAKE ANY REQUIRED DISCLOSURE CONSTITUTES GROUNDS FOR AND MAY BE PUNISHED BY ONE OR MORE OF THE FOLLOWING: IMPEACHMENT, REMOVAL OR SUSPENSION FROM OFFICE OR EMPLOYMENT, DEMOTION, REDUCTION IN SALARY, REPRIMAND, OR A CIVIL PENALTY NOT TO EXCEED \$10,000.**

Bank Code: A General Fund

Check Number	Check Date	Vendor Number	Name	Check Amount	Check Type
045021	9/13/2010	ACBCC	Alachua County BOCC	85.00	Auto
045022	9/13/2010	AFLAC	AFLAC	636.92	Auto
045023	9/13/2010	ATCL	Andersons' Tri-county Locksmit	255.00	Auto
045024	9/13/2010	BBAT	B & B Auto & Truck Specialists	184.24	Auto
045025	9/13/2010	BPE	Byrd's Power Equipment	236.77	Auto
045026	9/13/2010	BR	Blue Rok, Inc.	2,075.73	Auto
045027	9/13/2010	BTM	Bound Tree Medical, LLC.	261.72	Auto
045028	9/13/2010	CDM	CDM Cass Data & Mailing	2,653.97	Auto
045029	9/13/2010	CES	City Electric Supply	26.75	Auto
045030	9/13/2010	CSL	Cotton State Life	177.64	Auto
045031	9/13/2010	CTY	Cindy Tysall	29.26	Auto
045032	9/13/2010	CW	Culligan Water Conditioning	32.78	Auto
045033	9/13/2010	DBM	Dr. Bogdan Maliszewski	700.00	Auto
045034	9/13/2010	DDI	Diamond Drugs, Inc.	8.13	Auto
045035	9/13/2010	DISH	Dish Network	76.94	Auto
045036	9/13/2010	FCPA	FCPA	900.00	Auto
045037	9/13/2010	FMSP	Florida Medicaid Secondary Pay	234.00	Auto
045038	9/13/2010	GCBS	Gulf Coast Business Systems	750.60	Auto
045039	9/13/2010	GFT	Gordon Ford Tractor	993.09	Auto
045040	9/13/2010	GLC	Greatamerica Leasing Corp.	55.27	Auto
045041	9/13/2010	HASI	Hamlin Auto Supply, Inc	822.13	Auto
045042	9/13/2010	HCS	Hill's Computer Service	100.99	Auto
045043	9/13/2010	HIG	Hunt Insurance Group	357.12	Auto
045044	9/13/2010	HLCI	Hart Land Clearing, Inc	123.59	Auto
045045	9/13/2010	JJG	J & J Gas	65.00	Auto
045046	9/13/2010	L4H	Lafayette 4-H	2,478.32	Auto
045047	9/13/2010	LOP	Live Oak Pest	575.02	Auto
045048	9/13/2010	LSL	LightSquared LP	69.19	Auto
045049	9/13/2010	MAP	Mayo Auto Parts	475.53	Auto
045050	9/13/2010	MF	Mayo Fertilizer	38.50	Auto
045051	9/13/2010	MH	Mayo Hardware	490.16	Auto
045052	9/13/2010	MOS	McCrimon's Office Supply	69.50	Auto
045053	9/13/2010	MT	Mayo Thriftway	112.92	Auto
045054	9/13/2010	NCFRPC	N. Cen. FL Regional Planning C	3,250.00	Auto
045055	9/13/2010	NFPM	North Florida Pharmacy of Mayo	19.51	Auto
045056	9/13/2010	NFPS	North Florida Professional Ser	7,462.50	Auto
045057	9/13/2010	NTB	NE-RO Tire & Brake Service	4,340.52	Auto
045058	9/13/2010	OME	Office of the Medical Examiner	2,222.00	Auto
045059	9/13/2010	PEF	Progress Energy Florida, Inc.	1,436.97	Auto
045060	9/13/2010	PL	Paul Lamb	673.00	Auto
045061	9/13/2010	QC	Quill Corporation	603.24	Auto
045062	9/13/2010	QM	Quadmed, Inc.	186.35	Auto
045063	9/13/2010	RAT	Radiology Assoc Tallahassee PA	72.30	Auto
045064	9/13/2010	RKD	RK Distributing, Inc.	85.45	Auto
045065	9/13/2010	RP	Ring Power	2,422.17	Auto
045066	9/13/2010	SGMG	South Georgia Media Group	85.01	Auto
045067	9/13/2010	SON	Sonitrol	160.00	Auto
045068	9/13/2010	SSCF	Sage Software Checks & Forms	176.04	Auto
045069	9/13/2010	SVE	Suwannee Valley Electric	1,921.62	Auto
045070	9/13/2010	SWH	S & W Healthcare	505.74	Auto
045071	9/13/2010	TES	Truck Equipment Sales	161.11	Auto
045072	9/13/2010	TOM	Town of Mayo	696.52	Auto
045073	9/13/2010	VNG	Valley National Gases	63.44	Auto
045074	9/13/2010	W	Windstream	1,102.31	Auto

*Attach*

**Book 31 Page 043**

Bank Code: A General Fund

Check Number	Check Date	Vendor Number	Name	Check Amount	Check Type
045075	9/13/2010	WCSI	Wright Container Services, Inc	780.00	Auto
045076	9/13/2010	WRW	W R Williams Distributors	14,358.18	Auto
045077	9/13/2010	AIG	AIG/American General	610.74	Auto
045078	9/13/2010	BCBS	Blue Cross Blue Shield of FL	42,970.83	Auto
045079	9/13/2010	DDIC	Delta Dental Insurance Company	1,057.81	Auto
045080	9/13/2010	DROA	Public Defender Occupancy Act.	379.47	Auto
045081	9/13/2010	IY	Initially Yours Embroidery	1,248.00	Auto
045082	9/13/2010	LCCC	Lafayette County Clerk of Cour	10,321.37	Auto
045083	9/13/2010	LCPA	Lafayette County Property App.	19,557.12	Auto
045084	9/13/2010	LCSC	Lafayette County Sheriff	37,754.00	Auto
045085	9/13/2010	LCSE	Lafayette County Sup of Electi	12,408.63	Auto
045086	9/13/2010	LCSE9	Lafayette County Sheriff	8,525.00	Auto
045087	9/13/2010	LCSLE	Lafayette County Sheriff	41,758.00	Auto
045088	9/13/2010	LCTC	Lafayette County Tax Collector	17,898.92	Auto
045089	9/13/2010	LN	Liberty National Life Insuranc	394.42	Auto
045090	9/13/2010	ME	Mowrey Elevator Co of FL	231.28	Auto
045091	9/13/2010	MP	Mayo Postmaster	56.00	Auto
045092	9/13/2010	MP	Mayo Postmaster	264.00	Auto
045093	9/13/2010	OD	Office Depot	108.06	Auto
045094	9/13/2010	PDIT	Public Defender I.T.	122.50	Auto
045095	9/13/2010	PPP	Putnal's Premium Pine Straw	645.00	Auto
045096	9/13/2010	SA	Robert L. Jarvis, Jr.	1,617.00	Auto
045097	9/13/2010	SAIT	Robert L. Jarvis, Jr.	547.27	Auto
045098	9/13/2010	SSC	Security Safe Company, Inc.	240.00	Auto
045099	9/13/2010	VISA	VISA	25.95	Auto
<b>045101</b>	<b>9/13/2010</b>	<b>Doreen Ballou</b>	<b>#225.00 (jury room valances)</b>		
<b>Bank A Total:</b>				<u>257,677.13</u>	
<b>Report Total:</b>				<u>257,677.13</u>	

*[Handwritten signatures and names over horizontal lines]*  
 Lane J  
 Thomas E. ...  
 Curtis J. ...  
 Jack ...  
 Ernest L. Jones

# BOARD OF COUNTY COMMISSIONERS, LAFAYETTE COUNTY, FL

LIST OF WARRANTS DRAWN ON THE INDUSTRIAL PARK FUND.

FROM THE LAFAYETTE COUNTY STATE BANK, ON SEPTEMBER 13, 2010.

**Book 31 Page 044**

TO WHOM ISSUED	PURPOSE OF EXPENDITURE	ACCOUNT NUMBER	WARRANT NO.	AMOUNT
SUWANNEE VALLEY ELECT	UTILITIES	552-430		\$ 30.75
CERTIFIED PLUMBING & ELECT	MAINTENANCE	552-460		\$ 398.04
MAYO TRUSS COMPANY	MAINTENANCE	552-460		\$ 48.15
A+ TRAILERS	MAINTENANCE	552-460		\$ 2,207.67
TOTAL				\$ 2,684.61

Laura Lal

Thomas E. Prude

Curtis O. Howler

T. Jack Byrd

Barnest L. Jones

# BOARD OF COUNTY COMMISSIONERS, LAFAYETTE COUNTY, FL

LIST OF WARRANTS DRAWN ON THE EMERGENCY 911 FUND.

FROM THE FIRST FEDERAL BANK, ON SEPTEMBER 13, 2010.

**Book 31 Page 045**

TO WHOM ISSUED	PURPOSE OF EXPENDITURE	ACCOUNT NUMBER	WARRANT NO.	AMOUNT
STATE OF FLORIDA	COMMUNICATIONS	526-410	_____	\$ 584.35
WINDSTREAM	COMMUNICATIONS	526-410	_____	\$ 643.80
HILL'S COMPUTER SERVICE	PROFESSIONAL SERVICE	526-310	_____	\$ 39.98
TOTAL				\$ 1,268.13

Janice S. S.

Thomas W. S.

Curtis S.

Jack B. S.

Darrest J. Jones

BOARD OF COUNTY COMMISSIONERS, LAFAYETTE COUNTY, FL

LIST OF WARRANTS DRAWN ON THE ROAD & BRIDGE SECONDARY FUND.

FROM THE LAFAYETTE COUNTY STATE BANK, ON SEPTEMBER 13, 2010.

TO WHOM ISSUED	PURPOSE OF EXPENDITURE	ACCOUNT NUMBER	WARRANT NO.	AMOUNT
DARABI & ASSOCIATES	PROFESSIONAL SERVICES	541-310		\$ 139,984.00
TOTAL				\$ 139,984.00

Samuel Sal

Thomas G. Pugh

Curter O. Hamlin

Jack Byrd

Carnest A. Jones

BOARD OF COUNTY COMMISSIONERS, LAFAYETTE COUNTY, FL

LIST OF WARRANTS DRAWN ON THE LAFAYETTE COUNTY GRANT FUND

FROM THE LAFAYETTE COUNTY STATE BANK, ON SEPTEMBER 13, 2010.

TO WHOM ISSUED	PURPOSE OF EXPENDITURE	ACCOUNT NUMBER	WARRANT NO.	AMOUNT
CTS AMERICA	EQUIPMENT	523-640		\$ 156,259.90
TOTAL				\$ 156,259.90

James Paul

Thomas E. Perry

Curtis O. Hombert

Jack Byrd

Ernest L. Jones