

CONSENT AGENDA

September 27, 2011

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PORT ST. JOE, FLORIDA**AUGUST 16, 2011****SPECIAL MEETING**

The Gulf County Board of County Commissioners met this date in a special meeting with the following members present: Chairman Warren J. Yeager, Jr., Vice Chairman Bill Williams, and Commissioners Carmen L. McLemore, Ward McDaniel, and Tan Smiley.

Others present were: Clerk of Court Rebecca L. Norris, Deputy Clerk Kari Summers, Clerk Finance Officer Carla Hand, Chief Administrator Don Butler, Gulf County E.M.S. Director Houston Whitfield, Public Works Director Joe Danford, Sheriff Joe Nugent, Sheriff Major Bobby Plair, Supervisor of Elections Linda Griffin, Assistant Public Works Director Bobby Knee, Maintenance Supervisor Steve Mork, Building Official Lee Collinsworth, GIS Coordinator Scott Warner, Assistant Administrator Michael Hammond, Veteran's Service Officer James Kennedy, Grant Writer Towan Kopinsky, and T.D.C. Director Tim Kerigan.

Chairman Yeager called the meeting to order at 4:00 p.m., E.T.

PERSONNEL

John Ford appeared before the Board and stated on July 17 and 18 he made a judgment call and that judgment call was wrong. He stated that Dr. Pablo explained to him why it was wrong. He further stated that neither County Administration, nor the Commission made this call; he did. Mr. Ford discussed the need to work together, move forward, and rebuild everything. At Commissioner McLemore's inquiry, Mr. Ford stated he fully understands Mr. Houston Whitfield is his supervisor and he runs the ambulance service. Commissioner McLemore commended Mr. Ford as being a top-notch paramedic, but stated there were other issues that needed to be worked through. Mr. Ford stated he was willing to work through all the issues if given the opportunity to do so. Commissioner McLemore stated, as far as he is concerned, this is a matter for Chief Administrator Butler and E.M.S. Director Whitfield and he will support whatever decision they make concerning his re-employment. Commissioner Smiley commended Mr. Ford on being a good paramedic, stating people who work all the time make mistakes, and encouraged Mr. Ford to continue to do a good job. Commissioner McDaniel stated he agreed with Commissioner McLemore and according to county policy, the Chief Administrator would do the hiring and firing to keep the politics out of it. Commissioner McDaniel went on to say we need to get on the same page and work as a team instead of fighting each other. Commissioner Williams commended Mr. Ford on his obvious technical skills, but stated there were systemic operational problems and oversight issues in the E.M.S. department (North and South units) that have to be addressed. Commissioner Williams stated it is very important to support administrative staff and legal counsel and not change gears all the time, and for Mr. Ford to set an example among his peers through support of Mr. Whitfield and this County.

Commissioner Smiley addressed Mr. Whitfield and Chief Administrator Butler, intending no disrespect, stated the people put him in this chair (as Commissioner) therefore politics cannot be left out of it because politics is what put him here; they were elected to make the tough decisions. Chief Administrator Butler addressed the Board stating he and Mr. Ford met yesterday but should have met several weeks ago about this issue because what he knows now, the outcome could have very well been different. He discussed a letter from Medical Director Pablo that stated Mr. Ford could no longer operate under his license. Mr. Butler stated the Board could vote on this, or if they so desired, allow him, Mr. Whitfield, and Mr. Ford to meet to work out some details (pre and post termination issues), then E.M.S. Director Whitfield can put Mr. Ford back on the first available work schedule; suggesting they just move forward. Chairman Yeager agreed with Chief Administrator Butler's assessment that this started at the administrative level and would like to see them sit down and work this out at the administrative level. Chairman Yeager addressed the need to work together as a County and a Community but stated there were some systemic problems with the E.M.S. department that need to be worked out and asked the Board to allow him to work on these issues and bring recommendations back to the Board. The Board had no objection. Chairman Yeager recommended turning this matter over to Administration. Upon inquiry by Commissioner McLemore, E.M.S. Director Whitfield stated he was comfortable this matter could be cleaned up and they could move forward.

INSURANCE(T.D.C. EVENTS)

Commissioner Williams stated he had been working with the T.D.C. on the PoJo Fest in obtaining a special events alcohol permit and motioned for Chief Administrator Butler to work to obtain the required insurance (to be paid from T.D.C. funds). Commissioner McLemore seconded for discussion. Upon inquiry by Commissioner McLemore, T.D.C. Director Kerigan stated on any T.D.C. events they are looking at requiring a \$1,000,000.00 policy. Kerigan further stated that vendors that participate in these events must name the County as an additional insured. Upon inquiry by Commissioner McLemore, Commissioner Williams explained that additional vendors that want to serve alcohol at T.D.C. or Chamber sponsored events would have to name the County as an additional insured, but it would not affect all the other vendors. Mr. Kerigan discussed the Scallop Festival, stating that participants will not be required to pay a fee. Discussion continued about the process, policies of the City of Port St. Joe, fees and insurance coverage and Chairman Yeager directed T.D.C. Director Kerigan to research the matter further. Deputy Administrator Lanier stated that permission is needed from the Board to purchase the license for the liquor sales, and permission to apply for the license itself. The second and motion were amended to include the approval to apply for and purchase the license. The motion then carried 5-0.

INSURANCE (HEALTH/VISION)

Chief Administrator Butler distributed a list of carriers that the Board reached out to in trying to obtain quotes or RFP's for health insurance. He reported that only Blue Cross/Blue Shield of Florida (BCBS) and United Healthcare (UHC) responded. Mr. Butler reported the Insurance Committee is recommending the County stay with a fully-insured plan through BCBS, giving employees a choice of whether to go with a P.P.O.

or an H.S.A. plan. He further reported that the recommendation of the Insurance Committee is to incentivize the migration from P.P.O. to H.S.A. by adding an additional \$50.00 monthly to the employer paid base amount (represents about 88 people) and reducing the P.P.O. employer paid base amount by \$100.00 monthly (represents about 44 people); this being revenue neutral to the Board. Mr. Butler also discussed the committee felt it was too late to force all employees on the H.S.A. plan for this year, but the Board might consider this for the next year. Chief Administrator Butler also stated the Insurance Committee, by January 2012, would have another recommendation for the Board to consider that would incentivize non-tobacco users, gym use, and other lifestyle changes. Commissioner McLemore asked what would be the premium increase for this year. Chief Administrator Butler responded that there is a 5% increase this year to the employee; nothing to the Board. Sheriff Nugent appeared before the Board and stated he voted against this recommendation, stating he does not have a problem with staying where we are but is opposed to asking employees to pay an additional 5% increase in premiums and also reduce the county contribution by \$100.00 with very little time to adjust. Sheriff Nugent discussed a plan he received from Todd Torgenson that would increase Sheriff's employee's premiums by only \$11.00 a month, versus a \$114.00 increase if they stay on the County plan. Sheriff Nugent stated if his organization breaks off from the Board, the County will not be able to stay on the BCBS plan. Assistant County Administrator Hammond stated that the P.P.O. participants are using 200 plus percent of their premium, so the H.S.A. participants are subsidizing that. Discussion continued about the additional costs and the dates to begin deducting the increased premiums from the employees. Discussion ensued about starting the process earlier in the year to give the employees time to plan for the possible increases in premiums. Commissioner McLemore moved to adopt the Insurance Committee's recommendation. Commissioner McDaniel seconded the motion and it passed 4-1, with Commission Williams opposing. Chief Administrator Butler reported to the Board that he spoke with Todd Torgenson about the 5% BCBS put in front of them, he stated the Board would not get a reduction in the 5% whether they paid their agent or not. He noted BCBS would pay the 2% this year if the County wanted them to, or the County Commission could pay it, but would not get any money back from BCBS. Sheriff Nugent again stated he was not going to stay on the County plan. Todd Torgenson appeared before the Board and stated BCBS was not interested in breaking off the Sheriff's Department. He stated the quote the Sheriff has is a small group quote which is a guaranteed issue product, which means, if the Sheriff's group meets the requirements of a small group then they would get that plan. Mr. Torgenson noted BCBS has committed if the Sheriff were to break off and the census enrollment changed by more than 15% of the total population, then they (BCBS) would re-evaluate the case, and based on his discussions with them, the premiums would most likely go up. Chief Administrator Butler informed the Board if BCBS goes up, United Healthcare rates were provided and can be compared to BCBS. Chairman Yeager directed the Insurance Committee to make the determination of whether to stay with BCBS or go with UHC, based on the numbers that will be provided by BCBS, and not bring the matter back to the Board. Chief Administrator Butler informed the Board the committee also recommends the County stay with the Vision plan currently in place (Humana), stating this is the best one. Commissioner McLemore so moved to take the committee's

recommendation. Commissioner McDaniel seconded the motion and it passed unanimously.

REDISTRICTING

Chief Administrator Butler stated in consultation with County Attorney Novak, and until he learns differently District 4 cannot change in size, and limiting what can be done in other districts. Mr. Butler discussed maps provided by G.I.S. Coordinator Scott Warner showing how many people live in each particular block. He stated that Mr. Warner provided some maps in several areas (Highland View, White City, Howard Creek, Overstreet), with numbers, in the event the Board wanted to make some moves in any of those areas. Commissioner McLemore requested they look at District 1 and where the line is, and asked that his line extend up to West Arm Creek (instead of stopping at Jehu Road as it is now). Commissioner McDaniel stated that he was somewhat disturbed because the census should be done based on numbers, not race. He discussed the increases and decreases within each district. Commissioner McDaniel discussed the Overstreet area and possibly moving those to District 3; Commissioner Williams had no objection. Commissioner McDaniel so moved to add the Overstreet area (up to the Intercoastal Waterway) from District 2 to District 3. The second and motion were amended to include extending the District 1 boundary up to the West Arm Creek, as recommended by Commissioner McLemore (natural boundaries for both), and directed G.I.S. Coordinator Warner to draft the map with the new lines for presentation at the regular meeting on 8/23/2011. Rich Brenner appeared before the Board and noted that the purpose of redistricting is to even out the numbers in each district and stated that he didn't know if moving these borders would accomplish this because there is a discrepancy when you look at the numbers. Chairman Yeager stated that the Board is going by the numbers as best they can, while leaving District 4 intact. Commissioner Williams stated that the map will verify this by Mr. Warner's statistical modeling. Commissioner Smiley stated that District 4 is decreasing, but has also lost more jobs than any other district and that has a lot to do with the decrease in population. The motion then passed 5-0.

There being no further discussion, and upon motion by Commissioner McLemore, the meeting did then adjourn at 4:50 p.m., E.T.

**WARREN J. YEAGER, JR.
CHAIRMAN**

**ATTEST:
REBECCA L. NORRIS
CLERK**

SEPTEMBER 6, 2011
PORT ST. JOE, FLORIDA

SPECIAL MEETING

The Gulf County Board of County Commissioners met this date in a special meeting with the following members present: Chairman Warren J. Yeager, Jr., Vice Chairman Bill Williams, and Commissioners Carmen L. McLemore, Ward McDaniel, and Tan Smiley.

Others present were: Clerk of Court Rebecca L. Norris, Deputy Clerk Tracy Tharpe, Sheriff Joe Nugent, Supervisor of Elections Linda Griffin, County Attorney Jeremy Novak, Chief Administrator Don Butler, Assistant Administrator Michael Hammond, Deputy Administrator Lynn Lanier, Grant Writer Towan Kopinsky, G.I.S. Coordinator Scott Warner, Building Official Lee Collinsworth, Planner David Richardson, Emergency Management Director Marshall Nelson, and T.D.C. Director Tim Kerigan.

The meeting was called to order at 4:00 p.m., E.T., by Chairman Yeager.

LOT 10, BLOCK "C" HIGHLAND VIEW-EUBANKS ESTATES CONVEYANCE

County Attorney Novak discussed Lot 10, Block "C" in Highland View (Clay Eubanks estate currently in Probate), stating the subject property has code violations and the personal representative and attorneys for the estate have offered the property to the County for public use in lieu of the code fines. He noted there was a lien by Vision Bank against the property and after discussion with the banks attorneys, they indicated as long as the county took possession of and used the property for public use, they would release the lien. County Attorney Novak stated he would issue a general release of liability to the bank upon conveyance of the property to the County. Mr. Novak presented pictures of the property to the Board for review. Upon inquiry by Commissioner McLemore concerning the location and possible use of the property, Chairman Yeager stated it could be sold after the real estate market improves. Commissioner Williams discussed the restructuring of the S.H.I.P. program, stating it may be something they could do with critical personnel with law enforcement as part of the County's ongoing affordable housing strategy. Commissioner Williams moved to accept County Attorney Novak's recommendation to accept the property and asked that he (the attorney) follow up with the Fire Department and Sheriff regarding critical personnel. Commissioner McDaniel seconded the motion for discussion and inquired about the acreage. County Attorney Novak responded stating he wasn't sure but no more than ¼ of an acre. Commissioner McLemore reported the property has an old house on it that would need to be torn down and would be the only expense for the County. The motion then passed 5-0.

F.E.M.A./CBRA

Chairman Yeager discussed ongoing critical issues at the Cape, noting one being a project over \$15 million dollars that F.E.M.A. is holding up. He stated if these issues are going to be pushed through; the County needs the federal lobbyist. Chairman Yeager informed the Board that he and Mr. Butler had an extensive discussion with this group (The Ferguson Group, LLC) who feel they not only can assist with the F.E.M.A. issue, but also the CBRA issue, stating they have been successful with this same issue with other clients. Chairman Yeager reported an amount has been negotiated but benchmarks need to be established to measure the goals and to determine if the money is being well spent. Chief Administrator Butler pointed out two (2) strong-points; (1) the County needs F.E.M.A. reimbursement, and (2) CBRA removal at St. Joseph Peninsula. Chief Administrator Butler stated there were other items this group could assist with, such as, infrastructure and Port issues. Chairman Yeager reported a negotiated monthly amount of \$6,500.00 that had been reached but the benchmarks would need to be tied down within the next day or two. Chairman Yeager stated The Port Authority is applying for a Tiger III grant (for the Inter-Coastal canal side and Arizona Chemical site) and for an additional \$1,000.00 the lobbying firm could assist with getting that set up. Chairman Yeager stated for \$7,500.00 a month this firm could work on these three (3) issues and noted this was a budgeted item. Commissioner Williams discussed, then moved to accept the administrations recommendation to enter into a contract with The Ferguson Group, LLC, with benchmarks and periodic reviews (Bid/R.F.Q. #2011-32). Commissioner McLemore seconded for discussion and inquired about whether any timelines had been developed. Chairman Yeager stated that is the reason there will be benchmarks and noted this firm has indicated results within 6 months to 12 months. He further stated there will be a "30-day out" to end the contract. The second and motion were amended to include a review in 6 months. Upon Commissioner McDaniel's inquiry it was noted that The Ferguson Group, LLC have offices located in Washington, D.C., South Carolina, and Florida. Commissioner Williams stated that The Port Authority will have to come to bear with funds too. Commissioners McDaniel and McLemore pointed out that it was a gamble for 6 months at \$50,000.00 with the possibility of millions in return. The motion then passed 5-0.

Commissioner Williams discussed potential funding from the T.D.C. to help with this. Commissioner McLemore stated Chairman Yeager and Commissioner Williams can do this and he felt comfortable with them being in Washington (travel) helping to promote this. Chairman Yeager acknowledged that he and Commissioner Williams will go when called upon to do so.

REDISTRICTING

Commissioner McLemore recognized the map on display as the scenario tentatively approved to this point and recommended the Board use this map as a starting point. G.I.S. Coordinator Scott Warner distributed four (4) other possible scenarios. At Commissioner Williams' request, County Attorney Novak discussed the requirements and directives of the redistricting process, noting the deviations in numbers should be kept between 1% and 3%. He warned the Board that anything over 10% is a "red flag" to the State, however District 4 is an exception due to the Federal Consent Decree and

the Board still had to take this into consideration. Discussion continued among Commissioners about the process, possible boundaries, the Federal Consent Decree, and the study done by the law firm of Sniffen and Spellman, P.A. Upon inquiry by Chairman Yeager, G.I.S. Coordinator Warner confirmed the scenario on display is what the Board tentatively adopted at the previous meeting with boundary changes for Districts 1, 2, and 3. Mr. Warner discussed the 4 other scenarios that he provided at the beginning of the meeting. Supervisor of Elections Linda Griffin appeared and asked if the Board had considered eliminating the voting precinct in Overstreet due to the changes made to this point. Discussion followed about future cost factors related to the 2014 A.D.A. compliance requirement, and early and absentee voting history for that area. Barbara Radcliff appeared before the Board and stated the first thing the Board should do is realign each district so they are within the 1-3 percent range as the law requires, stating the intent of the law is one person one vote. She recommended the Board follow that for all five (5) districts based on the State requirement. Discussion followed with County Attorney Novak giving a brief overview of the history behind the Federal Consent Decree, also noting the recommendation of Michael Spellman. Discussion ensued about county-wide voting. Chairman Yeager called for everyone to stay on topic, which is redistricting. Patricia Hardman addressed the Board stating they must redistrict because the law says they must redistrict; and they must stay within that 1-3 percent margin. Ms. Hardman recommended the Board leave District 4 alone for now but make the others in conformance with the law; send it to the State then let the State fight that argument with the Court, not the County. Assistant Administrator Hammond stated that sending it to the State with a 1-3 percent margin will not work because Gulf County does not include the prisoners like everyone else does. Commissioner McLemore moved to adopt scenario #4 which put Districts 1, 2, 3, and 5 very close, and leaving District 4 as it is. Commissioner Smiley seconded the motion. For clarity, Commissioners McDaniel and McLemore confirmed the District 1 and 2 boundary line would remain at the Jehu Road, with District 3 proceeding to Pleasant Rest Cemetery straight into the canal. At Commissioner Williams request, the motion and second were amended for District 3 to include the Eastern side of County Road 386 (Buddy Floor down to Fire Station) and everything South of the canal. The motion then passed 5-0. Commissioner Yeager directed that Scenario #4 be posted to the County website and be placed in the Boards upcoming agenda.

There being no further business and upon motion by Commissioner McLemore, the meeting did then adjourn at 5:05 p.m., E.T.

WARREN J. YEAGER, JR.
CHAIRMAN

ATTEST:
REBECCA L. NORRIS
CLERK

**BOARD OF COUNTY COMMISSIONERS
GULF COUNTY, FLORIDA**

Towan Kopinsky, Grant Writer/Coordinator
1000 CECIL G. COSTIN SR. BLVD., ROOM 309, PORT ST. JOE, FLORIDA 32456
PHONE: (850) 229-6144 / FAX (850) 229-9252 / EMAIL: tkopinsky@gulfcounty-fl.gov

M E M O R A N D U M

2011 09 21 11:18:05

TO: BOARD OF COUNTY COMMISSIONERS
FROM: TOWAN, GRANT COORDINATOR
DATE: SEPTEMBER 19, 2011
**TOPIC: CAPE SAN BLAS BIKE PATH, PHASE IV CONSTRUCTION
BID #1011-30**

By this memo, I am requesting that the Board award Bid #1011-30 (for construction of Phase IV of the Cape San Blas Bike Path) to low bidder C. W. Roberts Contracting, Inc. in the amount of \$380,356.20. The bid is well within the limits of the grant amount, and I have attached the bid tab sheet and a recommendation from Preble-Rish, Inc. (Designer) for this project.

BCC APPROVED
DATE _____ D.C. _____

CARMEN J. McENROPE
District 1

WARD McDANIEL
District 2

BILL WILLIAMS
District 3

TAN SMILEY
District 4

WARREN J. YEAGER, JR.
District 5

8
9/27/11 u

BID TABULATION SHEET

PROJECT: Construction of Phase IV Cape Bike Path Project

Bid #1011-30

COMPANY NAME	BASE BID	ALTERNATE #1	ALTERNATE #2
C.W. Roberts Contracting, Inc.	380,356.30 319,833.20		
GAC Contractors	407,036.00		

Joan Thayer 9/12/11
Deputy Clerk Date

Donna Kepinsky 9/12/11
BCC Representative Date

From: Clay Smallwood [SmallwoodC@preble-rish.com]
Sent: Wednesday, September 14, 2011 2:09 PM
To: Towan Kopinsky
Subject: RE: Bike Path, Phase IV Construction Bids
Attachments: CWR Corrected Bid Amount.pdf

Towan,
During review of CWR's bid, they made a mistake on Line Item 24, Sod (Seashore Paspalum). They used a quantity of 13,349 SY instead of the 13,439 SY that was included in the bid form. This results in an increase of Line Item 24 by \$423. Therefore, CWR's total bid price should be \$380,356.20.

Everything else with the bid appeared to meet the specifications as required. I recommend awarding the contract to the low bidder, C.W. Roberts in the amount of \$380,356.20.

Let me know if you have any questions or need additional information.

Clay Smallwood, E.I.
Project Engineer
Cellphone: 850.819.5013

PREBLE-RISH INC
CONSULTING ENGINEERS & SURVEYORS

324 Marina Drive, Port St. Joe, FL 32456
PHONE: 850.227.7200 • FAX: 850.227.7215
www.preble-rish.com

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From: Towan Kopinsky [mailto:tkopinsky@gulfcounty-fl.gov]
Sent: Wednesday, September 14, 2011 9:43 AM
To: 'Shores, Keith'
Cc: Clay Smallwood
Subject: RE: Bike Path, Phase IV Construction Bids

Thank you, Keith! I will be recommending the bid be awarded to C.W. Roberts (after verification from PRI and you that it meets all bid requirements). The next BOCC meeting is 9/27, so it will be awarded then. I greatly appreciate your help...have a great day.

Towan

From: Shores, Keith [mailto:Keith.Shores@dot.state.fl.us]
Sent: Wednesday, September 14, 2011 8:13 AM
To: tkopinsky@gulfcounty-fl.gov
Subject: RE: Bike Path, Phase IV Construction Bids

4. "coercive practice" means harming or threatening to harm, directly or indirectly, persons or their property to influence their participation in the bidding process or affect the execution of the Contract.

ARTICLE 5 - BASIS OF BID

5.01 Bidder will complete the Work in accordance with the Contract Documents for the following price(s).

ITEM	DESCRIPTION	QTY	UNIT	BID UNIT PRICE	BID PRICE
GENERAL					
1	MOBILIZATION (5% OF BID MAX)	1	LS	\$15,000.00	\$15,000.00
2	BONDS AND INSURANCE (2% OF BID MAX)	1	LS	\$6,500.00	\$6,500.00
3	MAINTENANCE OF TRAFFIC	1	LS	\$15,000.00	\$15,000.00
4	CONSTRUCTION LAYOUT	1	LS	\$6,000.00	\$6,000.00
5	CERTIFIED RECORD DRAWINGS BY A PROFESSIONAL LAND SURVEYOR REGISTERED IN THE STATE OF FLORIDA (MIN 1% OF BID)	1	LS	\$3,500.00	\$3,500.00
6	NPDES PERMIT	1	LS	\$1,000.00	\$1,000.00
SUBTOTAL					\$47,000.00
ROAD CONSTRUCTION					
7	CLEAR & GRUB INCLUDING DEMOLITION	1	LS	\$30,000.00	\$30,000.00
8	TYPE SP 9.5 ASPHALT	490	TON	\$93.00	\$45,570.00
9	OPTIONAL BASE GROUP 5	6,330	SY	\$10.25	\$64,882.50
10	12" FDOT TYPE B STABILIZATION	6,741	SY	\$1.00	\$6,741.00
11	4" 3-9 SKIP WHITE THERMOPLASTIC CENTER STRIPE	5,336	LF	\$1.10	\$5,869.60
12	THERMOPLASTIC CROSSWALK PER FDOT INDEX 17346	2	EA	\$510.00	\$1,020.00
13	DETECTABLE WARNING PER FDOT INDEX 304	4	EA	\$500.00	\$2,000.00
14	THERMOPLASTIC STOP BAR AND MESSAGE	1	EA	\$500.00	\$500.00
15	EXCAVATION REGULAR	1,044	CY	\$3.00	\$3,132.00
16	EXCAVATION BORROW (TRUCK MEASURE)	2,088	CY	\$9.00	\$18,792.00
17	RELOCATE MAILBOX PER FDOT INDEX 532	8	EA	\$150.00	\$1,200.00
18	RELOCATE SIGN PER FDOT INDEX 11860	2	EA	\$250.00	\$500.00
19	SIGNS	2	EA	\$310.00	\$620.00
20	RELOCATE FIRE HYDRANT	3	EA	\$2,200.00	\$6,600.00
21	RELOCATE WATER METER	5	EA	\$750.00	\$3,750.00
22	VALVE ADJUSTMENT	3	EA	\$650.00	\$1,950.00
23	SILT FENCE	4,918	LF	\$1.10	\$5,409.80
24	SOD (SEASHORE PASPALUM)	13,439	SY	\$4.70	\$62,740.30
25	24" PIPE EXTENSION	8	LF	\$57.00	\$456.00
26	CONCRETE ENDWALL CONSTRUCTION	3	CY	\$1,300.00	\$3,900.00
27	14" X 23" ERCP	624	LF	\$50.00	\$31,200.00
28	M.E.S. PER FDOT INDEX 273	38	EA	\$950.00	\$36,100.00
SUBTOTAL					\$332,933.20
TOTAL BASE BID					\$379,933.20

#163,163.20
 #333,350.20
 #380,350.20

Amend the FY2010-2011 General Fund budget for items approved to be paid with Reserve for Infrastructure funds.

**Budget Amendment
#9
General Fund**

	Original Budget	Increase	Decrease	Amended Budget
Reserves:				
99984-95002 Resrv for Infrastr	\$ 491,020.00	\$ 0.00	\$ 3,570.00	\$ 487,450.00
BOCC:				
21111-31300 Prof Services	\$ 86,550.00	\$ 3,570.00	\$ 0.00	\$ 90,120.00

2010-2011 Budget Amendments and Resolutions BA#9 Expenditures to be paid from Reserve for Infrastructure Fund

BCC APPROVED

DATE _____ D.C. _____

alanu JK

Becky Norris

From: Carla Hand [chand@gulfclerk.com]
Sent: Friday, September 16, 2011 3:16 PM
To: 'Kari Summers'
Cc: dbutler@gulfcountry-fl.gov; 'Lynn Lanier'; 'Warren Yeager'; 'Bill Williams'
Subject: BA#9 Expenditures to be paid from Reserve for Infrastructure Fund.docx
Attachments: BA#9 Expenditures to be paid from Reserve for Infrastructure Fund.docx

Kari

Please place this in the next consent agenda. This is for the 2011 Public Works Stormwater invoice from Preble-Rish for storm water design and permitting and certifications.

Carla A. Hand, CPA, CGFO

Finance Officer

Gulf County Clerk of Courts

"Under Florida Law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public records request, do not send electronic mail to this entity. Instead, contact this office by telephone or in writing."

Information from ESET NOD32 Antivirus, version of virus signature database 6470
(20110916)

The message was checked by ESET NOD32 Antivirus.

<http://www.eset.com>



September 20, 2011

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

Dear Chairman,

Enclosed are three originals of the 2011-2012 Core Contract between the Gulf County Health Department and the Gulf County Board of County Commissioners. Also enclosed with each contract is an original fee schedule for medical, dental, and environmental health. These documents are submitted for your review and approval signature, prior to September 30, 2011.

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

Yours truly,

Marie Clark
Business Manager

Enclosures

cc: Marsha Player, Administrator, Gulf CHD

BCC APPROVED
DATE _____ D.C. _____

9/27/11 OK

GULF COUNTY HEALTH DEPARTMENT



Date: September 20, 2011

To: Members of the Board of County commissioners

From: ^{NU}Marsha Lindeman
Gulf County Health Department
2475 Garrison Avenue
Port St. Joe, FL 32456

Subject: Gulf County 2011/2010 Proposed Fee Schedule

Descriptions and Conditions

The Gulf County Health Department is submitting the attached Proposed Fee Schedule for approval by the Board of Commissioners. The Gulf County Health Department requests that these fees be effective October 1, 2011. Pursuant to Florida Statutes, Section 154.06 (1), the Board of Commissioners must establish the fee schedule by resolution.

Attachments

2011/2012 Proposed Fee Schedule

**CONTRACT BETWEEN
GULF COUNTY BOARD OF COUNTY COMMISSIONERS
AND
STATE OF FLORIDA DEPARTMENT OF HEALTH
FOR OPERATION OF
THE GULF COUNTY HEALTH DEPARTMENT
CONTRACT YEAR 2011-2012**

This agreement ("Agreement") is made and entered into between the State of Florida, Department of Health ("State") and the Gulf County Board of County Commissioners ("County"), through their undersigned authorities, effective October 1, 2011.

RECITALS

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

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

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

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

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

2. TERM. The parties mutually agree that this Agreement shall be effective from October 1, 2011, through September 30, 2012, or until a written agreement replacing this Agreement is entered into between the parties, whichever is later, unless this Agreement is otherwise terminated pursuant to the termination provisions set forth in paragraph 8, below.

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

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

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

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

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

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

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

i. The State's appropriated responsibility (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 \$1,538,324 (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 \$59,497 (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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- i. March 1, 2012 for the report period October 1, 2011 through December 31, 2011;
- ii. June 1, 2012 for the report period October 1, 2011 through March 31, 2012;
- iii. September 1, 2012 for the report period October 1, 2011 through June 30, 2012; and
- iv. December 1, 2012 for the report period October 1, 2011 through September 30, 2012.

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

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

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

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

8. TERMINATION.

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

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

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

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

9. MISCELLANEOUS. The parties further agree:

a. Availability of Funds. If this Agreement, any renewal hereof, or any term, performance or payment hereunder, extends beyond the fiscal year beginning July 1, 2012, it is agreed that the performance and payment under this Agreement are contingent upon an annual appropriation by the Legislature, in accordance with section 287.0582, Florida Statutes.

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

For the State:

For the County:

Stacy Webb
Name

Rebecca Norris
Name

Accountant
Title

Clerk of Courts
Title

Gulf County Health Department

Gulf County Courthouse

2475 Garrison Avenue
Address

1000 Cecil G. Costin, Sr. Boulevard
Address

(850) 227-1276 x 196
Telephone

(850) 229-6113
Telephone

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

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

In WITNESS THEREOF, the parties hereto have caused this 24 page agreement to be executed by their undersigned officials as duly authorized effective the 1st day of October, 2011.

**BOARD OF COUNTY COMMISSIONERS
FOR GULF COUNTY**

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

SIGNED BY: _____

NAME: Warren Yeager, Jr.

TITLE: Chairman, Board of Gulf
County Commissioners

DATE: _____

ATTESTED TO:

SIGNED BY: _____

NAME: Rebecca Norris

TITLE: Clerk of Courts

DATE: _____

SIGNED BY: _____

NAME: H. Frank Farmer, Jr., MD, PhD, FACP

TITLE: State Surgeon General

DATE: _____

SIGNED BY: _____

NAME: Marsha Lindeman

TITLE: Gulf CHD Administrator

DATE: _____

ATTACHMENT I

GULF COUNTY HEALTH DEPARTMENT

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

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

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

ATTACHMENT I (Continued)

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

10. School Health Services Requirements as specified in the Florida School Health Administrative Guidelines (April 2007).
11. Tuberculosis Tuberculosis Program Requirements as specified in FAC 64D-3, F.S. *Specific Authority 381.0011(13), 381.003(2), 381.0031(6), 384.33, 392.53(2), 392.66 FS Law Implemented 381.0011(4), 381.003(1), 381.0031(1), (2), (6), 383.06, 384.23, 384.25, 385.202, 392.53 FS.381 and CHD Guidebook.*
12. General Communicable Disease Control Carry out surveillance for reportable communicable and other acute diseases, detect outbreaks, respond to individual cases of reportable diseases, investigate outbreaks, and carry out communication and quality assurance functions, as specified in the CHD Guide to Surveillance and Investigations.

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

ATTACHMENT II

GULF COUNTY HEALTH DEPARTMENT

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

	Estimated State Share of CHD Trust Fund Balance as of 09/30/11	Estimated County Share of CHD Trust Fund Balance as of 09/30/11	Total
1. CHD Trust Fund Ending Balance 09/30/10	167,455	174,289	341,744
2. Drawdown for Contract Year October 1, 2010 to September 30, 2011	Drawdown (26,333) Medicaid Buy-Back (53,134)	(92,821)	(119,154) (53,134)
3. Special Capital Project use for Contract Year October 1, 2010 to September 30, 2011	0	0	0
4. Balance Reserved for Contingency Fund October 1, 2010 to September 30, 2011	87,988	81,468	169,456

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.

ATTACHMENT III
GULF COUNTY HEALTH DEPARTMENT
CIVIL RIGHTS CERTIFICATE

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

The applicant assures that it will comply with:

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

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

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

ATTACHMENT V
GULF COUNTY HEALTH DEPARTMENT
SPECIAL PROJECTS SAVINGS PLAN

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

<u>CONTRACT YEAR</u>	<u>STATE</u>	<u>COUNTY</u>	<u>TOTAL</u>
2009-2010	\$ _____	\$ _____	\$ _____ -
2010-2011	\$ _____	\$ _____	\$ _____ -
2011-2012	\$ _____	\$ _____	\$ _____ -
2012-2013	\$ _____	\$ _____	\$ _____ -
2013-2014	\$ _____	\$ _____	\$ _____ -
PROJECT TOTAL	\$ _____ -	\$ _____ -	\$ _____ -

SPECIAL PROJECT CONSTRUCTION/RENOVATION PLAN

PROJECT NAME: _____

LOCATION/ ADDRESS: _____

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

SQUARE FOOTAGE: _____

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

ESTIMATED PROJECT INFORMATION:

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

COMPLETION DATE: _____

DESIGN FEES: \$ _____ -

CONSTRUCTION COSTS: \$ _____ -

FURNITURE/EQUIPMENT \$ _____ -

TOTAL PROJECT COST: \$ _____ -

COST PER SQ FOOT: \$ _____ -

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

ATTACHMENT II.

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

October 1, 2011 to September 30, 2012

		State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
I. GENERAL REVENUE - STATE						
015040	AIDS PREVENTION	0	0	0	0	0
015040	AIDS SURVEILLANCE	0	0	0	0	0
015040	ALG/CESSPOOL IDENTIFICATION AND ELIMINATION	0	0	0	0	0
015040	ALG/CONTR TO CHDS-AIDS PATIENT CARE	0	0	0	0	0
015040	ALG/CONTR TO CHDS-AIDS PATIENT CARE NETWORK	0	0	0	0	0
015040	ALG/CONTR. TO CHDS-SOVEREIGN IMMUNITY	0	0	0	0	0
015040	ALG/IPO HEALTHY START/IPO	0	0	0	0	0
015040	ALG/PRIMARY CARE	112,960	0	112,960	0	112,960
015040	ALPHA ONE PROGRAM - MIAMI-DADE	0	0	0	0	0
015040	CHILD HEALTH MEDICAL SERVICES	0	0	0	0	0
015040	CLOSING THE GAP PROGRAM	0	0	0	0	0
015040	COMMUNITY SMILES - MIAMI-DADE	0	0	0	0	0
015040	COMMUNITY TB PROGRAM	3,000	0	3,000	0	3,000
015040	COUNTY SPECIFIC DENTAL PROJECTS - ESCAMBIA	0	0	0	0	0
015040	DENTAL SPECIAL INITIATIVES	6,540	0	6,540	0	6,540
015040	DUVAL TEEN PREGNANCY PREVENTION	0	0	0	0	0
015040	FAMILY PLANNING GENERAL REVENUE	25,732	0	25,732	0	25,732
015040	FL CLPPP SCREENING & CASE MANAGEMENT	0	0	0	0	0
015040	FL HEPATITIS & LIVER FAILURE PREVENTION/CONTROL	0	0	0	0	0
015040	HEALTHY START MED WAIVER - SOBRA	0	0	0	0	0
015040	HEALTHY START MED-WAIVER - CLIENT SERVICES	0	0	0	0	0
015040	JESSIE TRICE CANCER CTR/HEALTH CHOICE - MIAMI-DADE	0	0	0	0	0
015040	LA LIGA-LEAGUE AGAINST CANCER - MIAMI-DADE	0	0	0	0	0
015040	MANATEE COUNTY RURAL HEALTH SERVICES	0	0	0	0	0
015040	METRO ORLANDO URBAN LEAGUE TEENAGE PREG PREV	0	0	0	0	0
015040	MIGRANT LABOR CAMP SANITATION	0	0	0	0	0
015040	MINORITY OUTREACH-PENALVER CLINIC - MIAMI-DADE	0	0	0	0	0
015040	SCHOOL HEALTH GENERAL REVENUE	57,674	0	57,674	0	57,674
015040	SPECIAL NEEDS SHELTER PROGRAM	0	0	0	0	0
015040	STATEWIDE DENTISTRY NETWORK - ESCAMBIA	0	0	0	0	0
015040	STD GENERAL REVENUE	0	0	0	0	0
015050	NON-CATEGORICAL GENERAL REVENUE	469,699	0	469,699	0	469,699
GENERAL REVENUE TOTAL		675,605	0	675,605	0	675,605
2. NON GENERAL REVENUE - STATE						
015010	ALG/CONTR. TO CHDS-BIOMEDICAL WASTE	578	0	578	0	578
015010	ALG/CONTR. TO CHDS-SAFE DRINKING WATER PRG	0	0	0	0	0
015010	ALG/PRIMARY CARE	0	0	0	0	0
015010	CHD PROGRAM SUPPORT	0	0	0	0	0
015010	FOOD AND WATERBORNE DISEASE PROGRAM ADM TF/DACS	0	0	0	0	0
015010	PUBLIC SWIMMING POOL PROGRAM	0	0	0	0	0
015010	SCHOOL HEALTH TOBACCO TF	14,228	0	14,228	0	14,228
015010	TOBACCO ADMINISTRATION & MANAGEMENT	0	0	0	0	0
015010	TOBACCO ADMINISTRATIVE SUPPORT	32,087	0	32,087	0	32,087
015010	TOBACCO COMMUNITY INTERVENTION	135,833	0	135,833	0	135,833
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

ATTACHMENT II.

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

October 1, 2011 to September 30, 2012

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
2. NON GENERAL REVENUE - STATE					
015060 NON-CATEGORICAL TOBACCO REBASING	3,426	0	3,426	0	3,426
NON GENERAL REVENUE TOTAL	186,152	0	186,152	0	186,152
3. FEDERAL FUNDS - State					
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 COASTAL BEACH MONITORING PROGRAM	8,271	0	8,271	0	8,271
007000 COMMUNITY HEALTH NEEDS ASSESSMENT	17,050	0	17,050	0	17,050
007000 ENHANCE COMPREHENSIVE PREVENTION PLANNING AND IMPL	0	0	0	0	0
007000 EXPANDED TESTING INITIATIVE (ETI)	0	0	0	0	0
007000 FGTF/AIDS MORBIDITY	0	0	0	0	0
007000 FGTF/BREAST & CERVICAL CANCER-ADMIN/CASE MAN	0	0	0	0	0
007000 FGTF/FAMILY PLANNING TITLE X SPECIAL INITIATIVES	0	0	0	0	0
007000 FGTF/FAMILY PLANNING-TITLE X	47,072	0	47,072	0	47,072
007000 HRSA MAMMOGRAM EQUIPMENT	198,000	0	198,000	0	198,000
007000 HEALTHY PEOPLE HEALTHY COMMUNITIES	28,453	0	28,453	0	28,453
007000 HIV HOUSING FOR PEOPLE LIVING WITH AIDS	0	0	0	0	0
007000 HIV INCIDENCE SURVEILLANCE	0	0	0	0	0
007000 IMMUNIZATION FEDERAL GRANT ACTIVITY SUPPORT	2,254	0	2,254	0	2,254
007000 IMMUNIZATION FIELD STAFF EXPENSE	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 BLOCK GRANT SPECIAL PROJECTS	42,457	0	42,457	0	42,457
007000 MCH BGTF-HEALTHY START COALITIONS	0	0	0	0	0
007000 ORAL HEALTH WORKFORCE ACTIVITIES	0	0	0	0	0
007000 PHP - PROJECT READINESS INITIATIVE	1,500	0	1,500	0	1,500
007000 PUBLIC HEALTH PREPAREDNESS BASE	24,550	0	24,550	0	24,550
007000 RAPE PREVENTION & EDUCATION GRANT	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-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 STD FEDERAL GRANT - C/SPS	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 TEENAGE PREGNANCY PREVENTION REPLICATION 2010-11	0	0	0	0	0
007000 TEENAGE PREGNANCY PREVENTION REPLICATION 2011-12	55,919	0	55,919	0	55,919
007000 TITLE X HIV/AIDS PROJECT	0	0	0	0	0
007000 TITLE X MALE PROJECT	0	0	0	0	0
007000 TOBACCO FAITH BASED PROJECT	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
015009 MEDIPASS WAIVER-HLTHY STRT CLIENT SERVICES	0	0	0	0	0
015009 MEDIPASS WAIVER-SOBRA	0	0	0	0	0
007055 ARRA-School Hlth Seasonal Flu Vaccinations	14,041	0	14,041	0	14,041

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

October 1, 2011 to September 30, 2012

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
3. FEDERAL FUNDS - State					
015075 ON SITE SEWAGE TREATMENT & DISPOSAL SYSTEM	0	0	0	0	0
015075 SCHOOL HEALTH TITLE XXI	237,000	0	237,000	0	237,000
015075 Inspections of Summer Feeding Programs	0	0	0	0	0
015075 TRANSFER OF FEDERAL GRANT FROM OTHER AGENCY	0	0	0	0	0
FEDERAL FUNDS TOTAL	676,567	0	676,567	0	676,567
4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE					
001020 TANNING FACILITIES	765	0	765	0	765
001020 BODY PIERCING	0	0	0	0	0
001020 MIGRANT HOUSING PERMIT	0	0	0	0	0
001020 MOBILE HOME AND PARKS	3,320	0	3,320	0	3,320
001020 FOOD HYGIENE PERMIT	4,610	0	4,610	0	4,610
001020 BIOHAZARD WASTE PERMIT	935	0	935	0	935
001020 PRIVATE WATER CONSTR PERMIT	0	0	0	0	0
001020 PUBLIC WATER ANNUAL OPER PERMIT	2,790	0	2,790	0	2,790
001020 PUBLIC WATER CONSTR PERMIT	0	0	0	0	0
001020 NON-SDWA SYSTEM PERMIT	0	0	0	0	0
001020 SAFE DRINKING WATER	0	0	0	0	0
001020 SWIMMING POOLS	9,975	0	9,975	0	9,975
001092 OSDS PERMIT FEE	31,150	0	31,150	0	31,150
001092 I & M ZONED OPERATING PERMIT	0	0	0	0	0
001092 AEROBIC OPERATING PERMIT	0	0	0	0	0
001092 SEPTIC TANK SITE EVALUATION	0	0	0	0	0
001092 NON SDWA LAB SAMPLE	0	0	0	0	0
001092 OSDS VARIANCE FEE	0	0	0	0	0
001092 ENVIRONMENTAL HEALTH FEES	16,290	0	16,290	0	16,290
001092 OSDS REPAIR PERMIT	0	0	0	0	0
001170 LAB FEE CHEMICAL ANALYSIS	0	0	0	0	0
001170 WATER ANALYSIS-POTABLE	0	0	0	0	0
001170 NONPOTABLE WATER ANALYSIS	0	0	0	0	0
010304 MQA INSPECTION FEE	0	0	0	0	0
001206 Central Office Surcharge	0	0	0	0	0
FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL	69,835	0	69,835	0	69,835
5. OTHER CASH CONTRIBUTIONS - STATE					
010304 STATIONARY POLLUTANT STORAGE TANKS	44,542	0	44,542	0	44,542
090001 DRAW DOWN FROM PUBLIC HEALTH UNIT	26,333	0	26,333	0	26,333
OTHER CASH CONTRIBUTIONS TOTAL	70,875	0	70,875	0	70,875
6. MEDICAID - STATE/COUNTY					
001056 MEDICAID PHARMACY	0	0	0	0	0
001076 MEDICAID TB	0	0	0	0	0
001078 MEDICAID ADMINISTRATION OF VACCINE	0	0	0	0	0
001079 MEDICAID CASE MANAGEMENT	0	0	0	0	0
001081 MEDICAID CHILD HEALTH CHECK UP	65,127	82,688	147,815	0	147,815
001082 MEDICAID DENTAL	197,005	250,125	447,130	0	447,130
001083 MEDICAID FAMILY PLANNING	3,861	34,750	38,611	0	38,611

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

October 1, 2011 to September 30, 2012

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
6. MEDICAID - STATE/COUNTY					
001087	MEDICAID STD	0	0	0	0
001089	MEDICAID AIDS	0	0	0	0
001147	Medicaid HMO Capitation	0	0	0	0
001191	MEDICAID MATERNITY	0	0	0	0
001192	MEDICAID COMPREHENSIVE CHILD	0	0	0	0
001193	MEDICAID COMPREHENSIVE ADULT	69,214	87,876	157,090	157,090
001194	MEDICAID LABORATORY	0	0	0	0
001208	MEDIPASS \$3.00 ADM. FEE	0	0	0	0
001059	Medicaid Low Income Pool	16,307	20,703	37,010	37,010
001051	Emergency Medicaid	0	0	0	0
001058	Medicaid - Behavioral Health	3,980	5,053	9,033	9,033
001071	Medicaid - Orthopedic	0	0	0	0
001072	Medicaid - Dermatology	0	0	0	0
001075	Medicaid - School Health Certified Match	0	0	0	0
001069	Medicaid - Refugee Health	0	0	0	0
001055	Medicaid - Hospital	0	0	0	0
001148	Medicaid HMO Non-Capitation	0	0	0	0
001074	Medicaid - Newborn Screening	0	0	0	0
MEDICAID TOTAL	355,494	481,195	836,689	0	836,689
7. ALLOCABLE REVENUE - STATE					
018000	REFUNDS	0	0	0	0
037000	PRIOR YEAR WARRANT	0	0	0	0
038000	12 MONTH OLD WARRANT	0	0	0	0
ALLOCABLE REVENUE TOTAL	0	0	0	0	0
8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE					
	PHARMACY SERVICES	0	0	0	0
	LABORATORY SERVICES	0	0	0	6,039
	TB SERVICES	0	0	0	358
	IMMUNIZATION SERVICES	0	0	0	59,627
	STD SERVICES	0	0	0	535
	FAMILY PLANNING	0	0	0	21,133
	WIC FOOD	0	0	0	204,083
	ADAP	0	0	0	7,196
	INSULIN	0	0	0	5,290
	RHO	0	0	0	2,198
	GENERAL CLINIC	0	0	0	2,985
OTHER STATE CONTRIBUTIONS TOTAL	0	0	0	309,444	309,444
9. DIRECT LOCAL CONTRIBUTIONS - COUNTY					
008030	Contribution from Health Care Tax	0	0	0	0
008034	BCC Contribution from General Fund	0	55,879	55,879	55,879
DIRECT COUNTY CONTRIBUTION TOTAL	0	55,879	55,879	0	55,879
10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY					

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

October 1, 2011 to September 30, 2012

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY					
001060	CHD SUPPORT POSITION	0	0	0	0
001077	RABIES VACCINE	0	0	0	0
001077	BEHAVIORAL HEALTH FEES	0	13,766	13,766	13,766
001077	PRIMARY CARE FEES	0	253,867	253,867	253,867
001077	DENTAL HEALTH FEES	0	202,048	202,048	202,048
001094	ADULT ENTER. PERMIT FEES	0	0	0	0
001094	LOCAL ORDINANCE FEES	0	0	0	0
001114	NEW BIRTH CERTIFICATES	0	6,319	6,319	6,319
001115	Vital Statistics - Death Certificate	0	6,908	6,908	6,908
001117	VITAL STATS-ADM. FEE 50 CENTS	0	638	638	638
001073	Co-Pay for the AIDS Care Program	0	0	0	0
001025	Client Revenue from GRC	0	0	0	0
001040	Cell Phone Administrative Fee	0	0	0	0
FEES AUTHORIZED BY COUNTY TOTAL		0	483,546	483,546	483,546
11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY					
001009	RETURNED CHECK ITEM	0	0	0	0
001029	THIRD PARTY REIMBURSEMENT MEDICAL	0	230,810	230,810	230,810
001029	THIRD PARTY PERMBURSEMENT DENTAL	0	156,645	156,645	156,645
001054	MEDICARE PART D	0	0	0	0
001077	RYAN WHITE TITLE II	0	0	0	0
001090	MEDICARE PART B	0	350,000	350,000	350,000
001190	Health Maintenance Organization	0	0	0	0
005040	INTEREST EARNED	0	0	0	0
005041	INTEREST EARNED-STATE INVESTMENT ACCOUNT	0	4,000	4,000	4,000
007010	U.S. GRANTS DIRECT	0	701,868	701,868	701,868
008010	Contribution from City Government	0	0	0	0
008020	Contribution from Health Care Tax not thru BCC	0	0	0	0
008050	School Board Contribution	0	60,000	60,000	60,000
008060	Special Project Contribution	0	0	0	0
010300	SALE OF GOODS AND SERVICES TO STATE AGENCIES	0	0	0	0
010301	EXP WITNESS FEE CONSULTNT CHARGES	0	0	0	0
010405	SALE OF PHARMACEUTICALS	0	0	0	0
010409	SALE OF GOODS OUTSIDE STATE GOVERNMENT	0	0	0	0
011001	HEALTHY START COALITION CONTRIBUTIONS	0	111,896	111,896	111,896
011007	CASH DONATIONS PRIVATE	0	0	0	0
012020	FINES AND FORFEITURES	0	0	0	0
012021	RETURN CHECK CHARGE	0	400	400	400
028020	INSURANCE RECOVERIES-OTHER	0	0	0	0
090002	DRAW DOWN FROM PUBLIC HEALTH UNIT	0	92,821	92,821	92,821
011000	GRANT DIRECT-NOVA UNIVERSITY CHD TRAINING	0	0	0	0
011000	GRANT-DIRECT	0	0	0	0
011000	GRANT DIRECT-COUNTY HEALTH DEPARTMENT DIRECT SERVICES	0	0	0	0
011000	DIRECT-ARROW	0	0	0	0
011000	GRANT-NORTH FLORIDA CHILD DEVELOPMENT-DENTAL	0	35,000	35,000	35,000
011000	GRANT-NORTH FLORIDA CHILD DEVELOPMENT-MEDICAL	0	90,000	90,000	90,000
011000	GRANT SACRED HEART-MAMMOGRAPHY SYSTEM	0	167,000	167,000	167,000
011000	GRANT DIRECT-HEALTH CARE DISTRICT PAHOKEE	0	0	0	0

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

October 1, 2011 to September 30, 2012

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY					
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT DIRECT-ARROW	0	0	0	0	0
010402 Recycled Material Sales	0	0	0	0	0
010303 FDLE Fingerprinting	0	0	0	0	0
007050 ARRA Federal Grant	0	0	0	0	0
001010 Recovery of Bad Checks	0	0	0	0	0
008065 FCO Contribution	0	0	0	0	0
011006 Restricted Cash Donation	0	0	0	0	0
028000 Insurance Recoveries	0	0	0	0	0
001033 CMS Management Fee - PMPMPC	0	0	0	0	0
010400 Sale of Goods Outside State Government	0	0	0	0	0
010500 Refugee Health	0	0	0	0	0
005045 Interest Earned-Third Party Provider	0	0	0	0	0
005043 Interest Earned-Contract/Grant	0	0	0	0	0
010306 DOH/DOC Interagency Agreement	0	0	0	0	0
008040 BCC Grant/Contract	0	0	0	0	0
011002 ARRA Federal Grant - Sub-Recipient	0	0	0	0	0
OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL	0	2,000,440	2,000,440	0	2,000,440
12. ALLOCABLE REVENUE - COUNTY					
018000 REFUNDS	0	0	0	0	0
037000 PRIOR YEAR WARRANT	0	0	0	0	0
038000 12 MONTH OLD WARRANT	0	0	0	0	0
COUNTY ALLOCABLE REVENUE TOTAL	0	0	0	0	0
13. BUILDINGS - COUNTY					
ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	0	0
GROUNDS MAINTENANCE	0	0	0	0	0
OTHER (SPECIFY)	0	0	0	0	0
INSURANCE	0	0	0	0	0
UTILITIES	0	0	0	0	0
OTHER (SPECIFY)	0	0	0	0	0
BUILDING MAINTENANCE	0	0	0	5,500	5,500
BUILDINGS TOTAL	0	0	0	5,500	5,500
14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY					
EQUIPMENT/VEHICLE PURCHASES	0	0	0	0	0
VEHICLE INSURANCE	0	0	0	0	0
VEHICLE MAINTENANCE	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
OTHER COUNTY CONTRIBUTIONS TOTAL	0	0	0	0	0

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

October 1, 2011 to September 30, 2012

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
GRAND TOTAL CHD PROGRAM	2,034,528	3,021,060	5,055,588	314,944	5,370,532

**ATTACHMENT II
GULF COUNTY HEALTH DEPARTMENT**

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

October 1, 2011 to September 30, 2012

	FTE's (0.00)	Clients Units	Services/ Visits	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd (Whole dollars only)	3rd	4th			
A. COMMUNICABLE DISEASE CONTROL:										
IMMUNIZATION (101)	1.00	1,124	1,796	12,896	11,054	12,896	11,054	47,900	0	47,900
STD (102)	0.28	97	384	4,456	3,819	4,456	3,820	5,845	10,706	16,551
HIV/AIDS PREVENTION (03A1)	0.15	0	364	2,049	1,756	2,049	1,755	2,687	4,922	7,609
HIV/AIDS SURVEILLANCE (03A2)	0.00	0	0	0	0	0	0	0	0	0
HIV/AIDS PATIENT CARE (03A3)	0.00	0	0	0	0	0	0	0	0	0
ADAP (03A4)	0.00	0	0	0	0	0	0	0	0	0
TB CONTROL SERVICES (104)	0.12	26	219	1,484	1,272	1,484	1,272	5,512	0	5,512
COMM. DISEASE SURV. (106)	0.08	0	0	1,181	1,012	1,181	1,011	1,549	2,836	4,385
HEPATITIS PREVENTION (109)	0.00	50	97	41	35	41	36	54	99	153
PUBLIC HEALTH PREP AND RESP (116)	0.00	0	0	7,072	6,062	7,072	6,061	26,180	87	26,267
VITAL STATISTICS (180)	0.35	750	1,210	3,709	3,180	3,709	3,180	0	13,778	13,778
COMMUNICABLE DISEASE SUBTOTAL	1.98	2,047	4,070	32,888	28,190	32,888	28,189	89,727	32,428	122,155
B. PRIMARY CARE:										
CHRONIC DISEASE SERVICES (210)	0.38	0	0	6,482	5,556	6,482	5,555	22,374	1,701	24,075
TOBACCO PREVENTION (212)	1.97	0	0	50,988	43,704	50,988	43,702	177,507	11,875	189,382
WIC (21W1)	0.00	0	0	0	0	0	0	0	0	0
WIC BREASTFEEDING PEER COUNSELING (21W2)	0.00	390	390	0	0	0	0	0	0	0
FAMILY PLANNING (223)	3.90	745	1,798	66,455	56,962	66,455	56,961	171,030	75,803	246,833
IMPROVED PREGNANCY OUTCOME (225)	0.43	69	340	5,949	5,099	5,949	5,101	14,880	7,218	22,098
HEALTHY START PRENATAL (227)	2.57	335	1,552	31,554	27,046	31,554	27,046	461	116,739	117,200
COMPREHENSIVE CHILD HEALTH (229)	8.47	1,756	3,912	141,891	121,621	141,891	121,622	155,654	371,371	527,025
HEALTHY START INFANT (231)	0.73	192	1,481	9,236	7,916	9,236	7,916	16,860	17,444	34,304
SCHOOL HEALTH (234)	10.97	0	57,427	127,157	108,992	127,157	108,991	338,465	133,832	472,297
COMPREHENSIVE ADULT HEALTH (237)	25.73	4,788	13,706	571,476	489,836	571,476	489,836	682,541	1,440,083	2,122,624
COMMUNITY HEALTH DEVELOPMENT (238)	0.00	0	0	0	0	0	0	0	0	0
DENTAL HEALTH (240)	13.43	2,928	7,286	270,602	231,945	270,602	231,946	194,498	810,597	1,005,095
PRIMARY CARE SUBTOTAL	68.58	11,203	87,892	1,281,790	1,098,677	1,281,790	1,098,676	1,774,270	2,986,663	4,760,933
C. ENVIRONMENTAL HEALTH:										
Water and Onsite Sewage Programs										
COASTAL BEACH MONITORING (347)	0.11	6	162	3,382	2,899	3,382	2,898	12,561	0	12,561
LIMITED USE PUBLIC WATER SYSTEMS (357)	0.03	22	54	964	826	964	826	3,580	0	3,580
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)	0.95	90	180	14,894	12,767	14,894	12,767	38,399	16,923	55,322
Group Total	1.09	118	396	19,240	16,492	19,240	16,491	54,540	16,923	71,463
Facility Programs										
FOOD HYGIENE (348)	0.05	22	50	834	715	834	716	3,099	0	3,099
BODY ART (349)	0.00	0	0	0	0	0	0	0	0	0
GROUP CARE FACILITY (351)	0.02	7	14	359	307	359	307	470	862	1,332
MIGRANT LABOR CAMP (352)	0.00	0	0	0	0	0	0	0	0	0
HOUSING,PUBLIC BLDG SAFETY,SANITATION (353)	0.00	0	0	0	0	0	0	0	0	0

**ATTACHMENT II.
GULF COUNTY HEALTH DEPARTMENT**

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

October 1, 2011 to September 30, 2012

	FTE's (0.00)	Clients Units	Services/ Visits	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd (Whole dollars only)	3rd	4th			
C. ENVIRONMENTAL HEALTH:										
Facility Programs										
MOBILE HOME AND PARKS SERVICES (354)	0.02	17	44	236	202	236	201	875	0	875
SWIMMING POOLS/BATHING (360)	0.07	37	94	1,060	909	1,060	909	3,938	0	3,938
BIOMEDICAL WASTE SERVICES (364)	0.05	23	23	843	723	843	723	3,132	0	3,132
TANNING FACILITY SERVICES (369)	0.00	3	6	17	14	17	14	62	0	62
Group Total	0.21	109	231	3,349	2,870	3,349	2,870	11,576	862	12,438
Groundwater Contamination										
STORAGE TANK COMPLIANCE (355)	1.10	115	125	17,985	15,415	17,985	15,415	66,800	0	66,800
SUPER ACT SERVICE (356)	0.00	0	0	0	0	0	0	0	0	0
Group Total	1.10	115	125	17,985	15,415	17,985	15,415	66,800	0	66,800
Community Hygiene										
OCCUPATIONAL HEALTH (344)	0.00	0	0	0	0	0	0	0	0	0
COMMUNITY ENVIR. HEALTH (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	33	28	33	29	43	80	123
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)	0.01	15	25	254	218	254	218	788	156	944
RABIES SURVEILLANCE/CONTROL SERVICES (366)	0.00	10	20	98	84	98	86	129	237	366
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
INDOOR AIR (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
Group Total	0.01	25	45	385	330	385	333	960	473	1,433
ENVIRONMENTAL HEALTH SUBTOTAL	2.41	367	797	40,959	35,107	40,959	35,109	133,876	18,258	152,134
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	893	765	893	765	1,316	2,000	3,316
NON-OPERATIONAL COSTS SUBTOTAL	0.00	0	0	893	765	893	765	1,316	2,000	3,316
TOTAL CONTRACT	72.97	13,617	92,759	1,356,530	1,162,739	1,356,530	1,162,739	1,999,189	3,039,349	5,038,538

DIAGNOSTIC SCREENINGS	CPT CODE	FEE
Administration fee for Adult Vaccines		\$ 15.00
Blood pressure check, routine.....	2000F	\$ 5.00 If Medical Mgmt. also bill office visit
Colposcopy Lab.....		\$ 90.00 ** Current Laboratory Cost to CHD
Drawing fee only.....	36415	\$ 10.00 Plus Nursing protocol or office visit
EKG.....	93000	\$ 40.00 Plus Office Visit-EKG order by our Physician
Flu Test, Quik Vue.....	87804	\$ 25.00 Plus Office Visit
Gyn Probe (up to age 26).....	87491	Current Price ** Current Laboratory Cost to CHD on SFS Program
Gyn Probe (age 27 and above).....	87591	Current Price ** Current Laboratory Cost to CHD on SFS Program
Glucose Capillary (finger stick).....	82962	\$ 5.00 Plus Nursing protocol or office visit
Hemocult Slides (per slide).....		\$ 5.00 Plus Nursing protocol or office visit
Hemoglobin (in house).....	83026	\$ 5.00 Plus Nursing protocol or office visit
Hep B Titer-State Lab.....		\$ 17.00 ** Current Laboratory Cost to CHD Plus Draw Fee
Lead Screen (except for EPSDT).....		\$ 20.00 Plus draw fee
Micro Albumin (In House).....	82044	\$ 10.00 Plus office visit
Mononucleosis (Heterophile Antibodies Screening) (006189).....	86308	\$ 10.00 Plus office visit
Prescription Assistance Program (Per Prescription).....		\$ 5.00
Pap Smear (pricing may vary according to lab cost and charge only if underinsured).....		\$ 30.00 Plus office visit
Repeat Pap Smear (same as above pap).....		\$ 30.00 Plus office visit
Pap Smear with HPV (pricing may vary according to lab cost and charge only if underinsured).....		\$ 45.00 Plus office visit
Pregnancy Test (urine).....	81025	\$ 12.00 Plus office visit
Prothrombin Time (005199).....	85610	\$ 27.00 Plus draw fee
Strep Screen (billed in addition to office visit).....	86318	\$ 10.00 Plus office visit
Urinalysis, multistick (in house).....	81003	\$ 10.00 Plus office visit
Urine Drug Screen, 5 panel.....	80100	\$ 25.00
Urine Drug Screen, 8 panel.....	80100	\$ 40.00
Urine Drug Screen, 10 panel.....	80100	\$ 60.00

** Test Procedures are completed at current lab cost, plus draw fee.

OFFICE VISITS	CPT CODE	FEE
Child Health Check-up (EPSDT).....		Medicaid Reimbursement Rate
Adult Health Exam (females will be charged for pap in addition unless it is billed to Ins.).....		\$ 75.00
Family Planning Initial.....		
program 23 (12 - 17 yrs old).....	99384	\$ 120.00
program 23 (18 - 39 yrs old).....	99385	\$ 140.00
program 23 (40 - 64 yrs old).....	99386	\$ 160.00
Family Planning Annual.....		
program 23 (12 - 17 yrs old).....	99394	\$ 100.00
program 23 (18 - 39 yrs old).....	99395	\$ 120.00
program 23 (40 - 64 yrs old).....	99396	\$ 130.00
Family Planning Limited Exam,Counseling with or without Supply.....		\$ 30.00 3 month supply only

OFFICE VISITS	CPT CODE	FEE
Diet Initial.....		\$ 40.00
Brief (approx. 10 minutes).....	99201	\$ 50.00
Limited (approx. 20 minutes).....	99202	\$ 75.00
Intermediate (approx. 30 minutes).....	99203	\$ 90.00
Extended (approx. 45 minutes).....	99204	\$ 110.00
Comprehensive (approx. 60 minutes).....	99205	\$ 150.00

Child Well Check, New Patient	CPT CODE	FEE
Under 1 year old	99381	\$ 90.00
1 - 4 years old	99382	\$ 90.00
5 -11 years old	99383	\$ 110.00
12 - 18 years old	99384	\$ 120.00

Office Visit, Established Patient	CPT CODE	FEE
Diet Follow-up.....		\$ 21.00
Brief - R.N (approx. 5 minutes).....	99211	\$ 60.00
Limited (ARNP or physician) (approx. 10 minutes).....	99212	\$ 65.00
Intermediate (approx. 15 minutes).....	99213	\$ 75.00
Extended (approx. 25 minutes).....	99214	\$ 100.00
Comprehensive (approx. 40 minutes).....	99215	\$ 150.00

Child Well Check, Established Patient

	CPT CODE	FEE
Under 1 year old	99391	\$ 50.00
1 - 4 years old	99392	\$ 50.00
5 -11 years old	99393	\$ 65.00
12 - 18 years old	99394	\$ 100.00

Adult Exams

	CPT CODE	FEE
Established patient adult exam ages 18-39.....	99395	\$ 120.00
Established patient adult exam ages 40-64.....	99396	\$ 130.00
Established patient adult exam ages 65 and older.....	99397	\$ 140.00
New patient adult exam ages 18-39.....	99385	\$ 140.00
New patient adult exam ages 40-64.....	99386	\$ 160.00
New patient adult exam ages 65 and older.....	99387	\$ 130.00
Nursing Protocol Visit.....		\$ 22.00
Athletic Physicals/School Physicals by ARNP and/or Physician	all ages (cash only)	\$ 40.00
Adult Physicals (for employment, college, BRIEF) No lab included		\$ 75.00
Nutrition Counseling, Initial Visit.....	all ages (cash only)	\$ 25.00
Nutrition Counseling, Follow-up visits.....	all ages (cash only)	\$ 15.00

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

IMMUNIZATIONS

	CPT CODE	FEE
All childhood immunizations ages 0-19		No Charge Plus administration fee
Immunization Administration	90471	\$ 5.00
Immunization Administration - add imm. during same visit	90472	\$ 10.00
Hepatitis A Vaccine (per injection).....		Current Price Plus administration fee
Hepatitis B Vaccine (per injection).....		Current Price Plus administration fee
Influenza (Flu shot).....		Current Price Plus administration fee
MMR vaccine - Adult.....		Current Price Plus administration fee
Other Vaccines.....	Current Pharmacy Cost	Current Price Plus administration fee
Pneumonia vaccine (if available).....		Current Price Plus administration fee
Rabies Vaccine	Current Pharmacy Cost	Current Price Plus administration fee
Tetanus/TD -Private- Adult.....		Current Price Plus administration fee
Tetanus/TDap -Private- Adult.....		Current Price Plus administration fee

INJECTIONS

	CPT CODE	FEE
Allergen Injection (one injection).....	95115	\$ 15.00 Patient supplies medication
Allergen Injection (two injection).....	95117	\$ 18.00 Patient supplies medication
Ancef (500mg).....	J0690	Current Price plus injection fee
Atropine	J0460	Current Price plus injection fee
B12 (using CHD medication).....	J3420	Current Price plus injection fee
B12, Rocephin, Decadron, Tordol, etc-Injection Fee.....	90772	\$ 17.00 plus injection fee
Benadryl	J1200	Current Price plus injection fee
Decadron (per mg).....	J1100	Current Price plus injection fee
Epinephrine 1/1000	J0170	Current Price plus injection fee
Epinephrine 1/10000	J0170	Current Price plus injection fee
Nubain (per 10 mg).....	J2300	Current Price plus injection fee
Penicillin up to 600,000 units.....	J0560	Current Price plus injection fee
Penicillin up to 1,200,000 units.....	J0570	Current Price plus injection fee
Penicillin up to 2,400,000 units.....	J0580	Current Price plus injection fee
Phenergan (up to 50mg).....	J2550	Current Price plus injection fee
PPD	86580	\$ 30.00
No charge for infants, or clients with symptoms or contact with positive diagnosis		
PPD Read.....		\$ 10.00
Rocephin (per 250 mg).....	J0696	Current Price plus injection fee
Solu-Medrol	J2920	Current Price plus injection fee
Tordal (per 15 mg unit)	J1885	Current Price plus injection fee

** Injectable and Adult Vaccines are charged at current cost plus administration fee.

MEDICATIONS

	CPT CODE	FEE
Insulin, per vial.....	Current Pharmacy Cost	Current Price Plus Nursing protocol visit or office visit
Glucose Monitors for 0% patients only STRIPS only.....	No charge monitors	Current Price
Seizure Medication (requires eligibility determination).....	Only 100% below poverty eligible	No Charge
Parasite treatment (Mintezol, Vermox) per treatment		Current Price Plus office visit (99212)
Pediculosis treatment.....		Current Price Plus Nursing protocol or office visit (99211)

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

PROCEDURES

CPT CODE FEE

** The procedures listed below are those we expect to do most routinely. The charges are taken from the Medicare Physician Fee Schedule Allowances, rounded up. Any procedures not listed below, that are performed by this office, will be charge by the same method.

Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different provider); other than the prone position	01991	\$	25.00
Incision & Drainage of abscess/cyst – simple/single	10060	\$	93.00
Incision & Drainage of abscess/cyst – multiple/complicated	10061	\$	171.00
Removal of foreign body subcutaneous (fish hook)	10120	\$	119.00
.....	10121	\$	235.00
.....	10121	\$	235.00
Incision & Drainage of hematoma	10140	\$	139.00
Puncture aspiration of abscess, hematoma, bulla, or cyst	10160	\$	113.00
Debridement; skin, partial thickness	11040	\$	43.00
Debridement; skin, full thickness	11041	\$	52.00
Biopsy of skin or tissue, single lesion	11100	\$	39.00
Biopsy of skin or tissue each additional lesion	11101	\$	30.00
Skin tag removal	11200	\$	71.00
Skin Tag Removal, Each Additional	11201	\$	18.00
Shaving of Lesions, no suturing, includes local anesthesia, chemical or electrocauterization	11300	\$	59.00
Shaving of Epidermal or dermal lesion, single lesion, trunk, arms or legs, Lesion Diameter 0.6 to 1.0 cm	11301	\$	31.00
Shaving of Epidermal or dermal lesion, single lesion, trunk, arms or legs, Lesion Diameter 1.1 to 2.0 cm	11302		
Shaving of Epidermal or dermal lesion, single lesion, trunk, arms or legs, Lesion Diameter over 2.0 cm	11303	\$	114.00
Shaving of Epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia, Lesion Diameter 0.5 cm or less	11305	\$	53.00
Shaving of Epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia, Lesion Diameter 0.6 to 1.0 cm	11306	\$	35.00
Shaving of Epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia, Lesion Diameter 1.1 to 2.0 cm	11307	\$	100.00
Shaving of Epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia, Lesion Diameter over 2.0 cm	11308	\$	113.00
Shaving of Epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane, Lesion Diameter 0.5 cm or less	11310	\$	74.00
Shaving of Epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane, Lesion Diameter 0.6 to 1.0 cm	11311	\$	54.00
Shaving of Epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane, Lesion Diameter 1.1 to 2.0 cm	11312	\$	708.00
Shaving of Epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane, Lesion Diameter over 2.0 cm	11313	\$	135.00
Excision of benign lesion, 0.5 cm or less, includes anesthesia and simple closure to trunk, arms, or legs (Add biopsy charge if applicable.)	11400	\$	140.00
Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0cm	11401	\$	125.00
Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0cm	11402	\$	140.00
Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0cm	11403	\$	152.00
Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0cm	11404	\$	163.00
Excision of benign lesion, 0.5 cm or less, includes anesthesia and simple closure to scalp, neck, hands, feet, genitalia (Add biopsy charge if applicable.)	11420	\$	101.00
Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	11421	\$	119.00

Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	11422	\$	150.00
Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	11423	\$	175.00
Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm	11424	\$	201.00
Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	11426	\$	235.00
Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less	11440	\$	112.00
Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm	11441	\$	143.00
Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm	11442	\$	162.00
Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm	11443	\$	195.00
Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm	11444	\$	243.00
Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm	11446	\$	308.00
Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.5 cm or less	11600	\$	155.00
Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm	11601	\$	191.00
Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm	11602	\$	210.00
Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm	11603	\$	239.00
Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm	11604	\$	265.00
Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm	11606	\$	377.00
Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	11620	\$	155.00
Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	11621	\$	190.00
Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	11622	\$	219.00
Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	11623	\$	257.00
Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm	11624	\$	291.00
Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less	11640	\$	155.00
Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm	11641	\$	190.00
Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm	11642	\$	228.00
Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm	11643	\$	275.00
Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 3.1 to 4.0 cm	11644	\$	347.00
Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter over 4.0 cm	11646	\$	460.00
Nail removal	11730	\$	31.00
Excision of nail and nail matrix, partial or complete, for permanent removal	11750	\$	109.00
Wedge excision of skin of nail fold (eg, for ingrown toenail)	11765	\$	141.00
Laceration repair of body other than face, simple 2.5 cm or less	12001	\$	131.00
Laceration repair of body other than face, simple 2.6cm to 7.5cm	12002	\$	147.00
Laceration repair of body other than face, simple 7.6cm to 12.5cm	12004	\$	167.00
Laceration repair of body other than face, simple 12.6cm to 20 cm	12005	\$	209.00

Laceration repair of body other than face, simple 20.1cm to 30.0 cm	12006	\$	259.00
Laceration repair of body other than face, simple, over 30.0 cm	12007	\$	295.00
Laceration repair of face or ears, simple 2.5 cm or less	12011	\$	140.00
Laceration repair of face or ears, simple 2.6 cm to 5.0 cm	12013	\$	165.00
Laceration repair of face or ears, simple 5.1 cm to 7.5 cm	12014	\$	180.00
Laceration repair of face or ears, simple 7.6 cm to 12.5 cm	12015	\$	230.00
Laceration repair of face or ears, simple 12.6 cm to 20.0 cm	12016	\$	276.00
Laceration repair of face or ears, simple 20.1cm to 30.0 cm	12017	\$	253.00
Laceration repair of face or ears, simple over 30.0 cm	12018	\$	313.00
Layer closure of wounds of scalp, axillae, trunk, and/or extremities (excluding hands and feet) of body other than face, intermediate, 2.5 cm or less	12031	\$	208.00
Layer closure of wounds of scalp, axillae, trunk, and/or extremities (excluding hands and feet) of body other than face, intermediate, 2.6 cm to 7.5 cm	12032	\$	265.00
Layer closure of wounds of scalp, axillae, trunk, and/or extremities (excluding hands and feet) of body other than face, intermediate, 7.6 cm to 12.5 cm	12034	\$	255.00
Layer closure of wounds of scalp, axillae, trunk, and/or extremities (excluding hands and feet) of body other than face, intermediate, 12.6 cm to 20.0 cm	12035	\$	326.00
Layer closure of wounds of scalp, axillae, trunk, and/or extremities (excluding hands and feet) of body other than face, intermediate, 20.1cm to 30.0 cm	12036	\$	360.00
Layer closure of wounds of scalp, axillae, trunk, and/or extremities (excluding hands and feet) of body other than face, intermediate, over 30.0 cm	12037	\$	311.00
Layer closure of wounds of neck, hands, feet, and/or external genitalia, intermediate, 2.5 cm or less	12041	\$	218.00
Layer closure of wounds of neck, hands, feet, and/or external genitalia, intermediate, 2.6 cm to 7.5 cm	12042	\$	262.00
Layer closure of wounds of neck, hands, feet, and/or external genitalia, intermediate, 7.6 cm to 12.5 cm	12044	\$	294.00
Layer closure of wounds of neck, hands, feet, and/or external genitalia, intermediate, 12.6 cm to 20.0 cm	12045	\$	329.00
Layer closure of wounds of neck, hands, feet, and/or external genitalia, intermediate, 20.1 cm to 30.0 cm	12046	\$	383.00
Layer closure of wounds of neck, hands, feet, and/or external genitalia, intermediate, over 30.0 cm	12047	\$	422.00
Layer closure of face or ears, intermediate, 2.5 cm or less	12051	\$	234.00
Layer closure of face or ears, intermediate, 2.6 cm to 5.0 cm	12052	\$	260.00
Layer closure of face or ears, intermediate, 5.1 cm to 7.5 cm	12053	\$	291.00
Layer closure of face or ears, intermediate, 7.6 cm to 12.5 cm	12054	\$	310.00
Layer closure of face or ears, intermediate, 12.6 cm to 20.0 cm	12055	\$	373.00
Layer closure of face or ears, intermediate, 20.1cm to 30.0 cm	12056	\$	443.00
Layer closure of face or ears, intermediate over 30.0 cm	12057	\$	497.00
Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area)	16020	\$	70.00
Destruction of benign/premalignant lesion, not including skin tag	17000	\$	68.00
Wart removal by any method	17110	\$	95.00
Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")	20550	\$	56.00
Trigger Point Injections	20552	\$	43.00
Arthrocentesis, aspiration and/or injection; small joint or bursa (eg, fingers, toes)	20600	\$	50.00
Arthrocentesis, aspiration and or injection; intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)	20605	\$	65.00
Removal of fluid- knee, shoulder or hip	20610	\$	71.00
Aspiration and/or injection of ganglion cyst(s) any location	20612	\$	68.00
Nurse Maid Elbow	24600	\$	322.00
Excision subcutaneous tumor; forearm and wrist	25075	\$	306.00
Arthrotomy, with exploration, drainage, or removal of loose or foreign body; metacarpophalangeal joint, each	26075	\$	261.00
Excision subcutaneous tumor; thigh or knee	27327	\$	307.00
Excision of lesion of tendon sheath or capsule (eg, cyst or ganglion), leg and/or ankle	27630	\$	186.00
Removal of foreign body, foot; subcutaneous	28190	\$	210.00
Closed treatment of metatarsal fracture; without manipulation, ea	28470	\$	151.00
Long Arm Splint	29105	\$	77.00

Short Arm Splint	29125	\$	59.00
Finger Splint	29130	\$	37.00
Long Leg Splint	29505	\$	67.00
Application of short leg splint	29515	\$	64.00
Removal foreign body, nose	30300	\$	190.00
Nasal Packing	30901	\$	95.00
Enucleation or excision of external thrombotic hemorrhoid	46320	\$	149.00
Bladder irrigation, simple, lavage and or instillation	51700	\$	37.00
Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)	51701	\$	61.00
Insertion of temporary indwelling bladder, catheter; simple	51702	\$	77.00
Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery	54056	\$	123.00
Biopsy of vulva or perineum (separate procedure); one lesion ..	56605	\$	81.00
Colposcopy without biopsy	57452	\$	107.00
Colposcopy with biopsy	57454	\$	152.00
Cervical Biopsy	57500	\$	124.00
Cervical Curretage.....	57505	\$	97.00
Cautery of cervix; electro or thermal	57510	\$	130.00
Cryocautery, initial or repeat	57511	\$	141.00
Postpartum care only (separate procedure)	59430	\$	147.00
Removal foreign body, eye superficial	65205	\$	52.00
Removal foreign body, cornea without slit lamp	65220	\$	50.00
Incision of conjunctiva/cyst drainage	68020	\$	99.00
Removal foreign body from external auditory canal; without general anesthesia	69200	\$	106.00
Removal impact cerumen (separate procedure),one/or both ears	69210	\$	46.00
Pulmonary Functions Test	94010	\$	32.00
Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (eg, with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing [IPPB] device)	94640	\$	14.00
Aerosol inhalation of pentamidine for pneumocystis carinii pneumonia treatment or prophylaxis	94642	\$	20.00
Nebulizer treatment & medication (in house) Requires Dx code	94664	\$	16.00
Pulse Oximetry	94760	\$	4.00
Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), with or without topical application(s), wound assessment	97597	\$	68.00
Intravenous infusion, hydration; initial, 31 minutes to 1 hour	96360	\$	56.00
Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)	96361	\$	17.00
Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	96365	\$	62.00
Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure).....	96366	\$	20.00
Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug	96374	\$	59.00
Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)	96375	\$	14.00
Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session	97602	\$	38.00
Negative pressure wound therapy (eg, vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square cm	97605	\$	18.00
Negative pressure wound therapy (eg, vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	97606	\$	26.00

Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making	99347	\$	30.00
Prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service (eg, prolonged care and treatment of an acute asthmatic patient in an outpatient setting); first hour (List separate)	99354	\$	95.00
Prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service (eg, prolonged care and treatment of an acute asthmatic patient in an outpatient setting); ea additional 30 min	99355	\$	92.00

CLINICAL SOCIAL SERVICES

CPT CODE

FEE

Psychiatric Diag Interview Exam - New Patient	90801/H0031	\$	152.00
Interactive Psych Diag Interview W/Play	90802	\$	152.00
Indiv Psych Behv Mod 20-30 Min.....	90804	\$	87.00
Indiv Psych Behv Mod W/Medical 20-30 Min.....	90805	\$	75.00
Indiv Psych Behv Mod 45-50 Min, Established Pt	90806/H0031/H2000	\$	94.00
Indiv Psych Behv Mod 45-50 Min, Established Pt W/Med Evaluation.....	90807/T1015	\$	105.00
Indiv Psych Behv Mod 75-80 Min	90808	\$	28.00
Indiv Psych Behv Mod 75-80 Min W/Med Evaluation.....	90809	\$	149.00
Indiv Psych Interactive W/Play 20-30 Min	90810	\$	72.00
Indiv Psych Interactive W/Play Med E & M	90811	\$	33.00
Indiv Psych Interactive W/Play 45-50 Min	90812	\$	102.00
Indiv/Family Therapy (per 15 minutes)	H2019	\$	25.50
Group Therapy (per 15 minutes)	H2019	\$	8.75
Family Psycho W/O Patient Present	90846	\$	38.00
Family Psycho W/ Patient Present	90847	\$	109.00
Mixed Family Group Psychotherapy	90849	\$	33.00
Group Psych(Other A Multiple Family)	90853	\$	31.00
Interactive Group Psychotherapy	90857	\$	35.00
Interpretation or explanation to other responsible person to assist	90887	\$	60.00
Therapeutic Behavioral-Therapy/Behavior Manage per 15min	H2019	\$	8.75
Case Management-Child (per 15 minutes)	T1017	\$	5.00
Case Management-Adult (per 15 minutes)	T1017	\$	5.00
Case Management-Intensive-Team (per 15 minutes)	T1017	\$	10.00

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

ORTHOPEDICS

CPT CODE

FEE

Closed treatment of metatarsal fracture without manipulation	28470	\$	169.00
Application, cast; elbow to finger (short arm)	29075	\$	78.00
Application of short leg cast (below knee to toes)	29405	\$	81.00
Radiologic examination, foot; complete, minimum of three views	73630	\$	39.00
Injection, methylprednisolone acetate, 40 mg	J1030	\$	4.50
Injection, methylprednisolone acetate, 80 mg	J1040	\$	8.50
Cast supplies; short leg cast for adult (age 11 yrs and older)	Q4038	\$	39.00

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

VITAL STATISTICS

FEE

Certified copy of death certificates, each.....	\$	10.00
Certified copy of birth certificates, Gulf County births, first copy.....	\$	10.00
Gulf County births, each additional copy.....	\$	5.00

CAR SEATS

FEE

Car Seats.....	\$	20.00
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MISCELLANEOUS

FEE

Copies of medical records/non-public documents (F.S. 456.057)	Per page	\$	1.00
Copies / Faxes - miscellaneous records (F.S. 119.07(4)).....	Per page	\$	1.00

ENVIRONMENTAL HEALTH FEES - COUNTY

FEE

These fees are in addition to State Environmental Health Fees

Water Samples (Micro).....	\$	50.00
Water Samples (Lead-Nitrates).....	\$	35.00
Subdivision Analysis:		
1-10 Lots.....	\$	300.00
11-20 Lots.....	\$	500.00
21-30 Lots.....	\$	650.00
31-40 Lots.....	\$	800.00
41-50 Lots.....	\$	950.00
51-60 Lots.....	\$	1,100.00
61-70 Lots.....	\$	1,250.00
71-80 Lots.....	\$	1,400.00
81-90 Lots.....	\$	1,550.00
91-100 Lots.....	\$	1,700.00
101-110 Lots.....	\$	1,850.00
Swimming Pool Permit-Annual.....	\$	75.00
Mobile Home & RV Park Permit-Annual.....	\$	50.00
Tanning Facilities Permit-Annual.....	\$	50.00
Food Establishment Permit-Annual.....	\$	50.00
OSDS Permits, Other than new systems.....	\$	50.00
OSDS Permit, New systems and Prior only.....	\$	75.00
Drinking Water Permit-Annual.....	\$	50.00
Pump Trucks.....	\$	25.00

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

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

Effective : 10/01/18

FEE SCHEDULE FOR THE GULF COUNTY HEALTH DEPARTMENT DENTAL SERVICES

2011-12

CDT CODES	DESCRIPTION	10/01/11
D0120	PERIODIC ORAL EVALUATION	\$ 25.00
D0140	LIMITED ORAL EVALUATION	\$ 35.00
D0145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH PRIMARY CA	\$ 30.00
D0150	COMPREHENSIVE ORAL EVALUATION	\$ 45.00
D0170	RE-EVALUATION ,LIMITED,FOCUSED EST	\$ 25.00
D0180	COMPREHENSIVE PERIODONTAL EVALUATION	\$ 30.00
D0210	INTRAORAL X-RAY (FULL)	\$ 65.00
D0220	INTRAORAL PERIAPICAL X-RAY (1ST)	\$ 14.00
D0230	INTRAORAL PERIAPICAL X-RAY (ADDITIONAL)	\$ 10.00
D0240	INTRAORAL OCCLUSAL X-RAY	\$ 14.00
D0270	BITEWING X-RAY (SINGLE)	\$ 14.00
D0272	BITEWING X-RAY (2)	\$ 22.00
D0273	BITEWING X-RAY (3)	\$ 25.00
D0274	BITEWING X-RAY (4)	\$ 29.00
D0277	BITEWING X-RAY (7)	\$ 31.00
D0330	PANORAMIC X-RAY	\$ 60.00
D0460	PULP VITALITY TESTING-INCLUDES MULTIPLE TEETH	\$ 10.00
D0470	DIAGNOSTIC CASTS	\$ 25.00
D1110	ADULT ORAL PROPHYLAXIS	\$ 50.00
D1120	CHILD PROPHYLAXIS - UP TO 14 YEARS OLD	\$ 30.00
D1203	PEDIATRIC TOPICAL FLUORIDE APP	\$ 18.00
D1204	ADULT TOPICAL FLUORIDE APP	\$ 18.00
D1206	TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION FOR MODERATE TO HIGH CARIES RISK PATIE	\$ 25.00
D1310	NUTRI COUNSEL ORAL DISEASE	\$ 15.00
D1320	TOBACCO COUNSEL/ORAL DISEASE	\$ 15.00
D1330	DET ORAL HYGIENE INSTRUCTIONS	\$ 15.00
D1351	OCCLUSAL SEALANT (PER TOOTH)	\$ 25.00
D1510	SPACE MAINTAINER (FIX UNI)	\$ 165.00
D1515	SPACE MAINTAINER (FIX BI)	\$ 234.00
D1530	RECEMENTATION/SPACE MAINTAINER	\$ 40.00
D1555	REMOVAL OF FIXED SPACE MAINTAINER-NOT ORIGINALLY PLACED	\$ 50.00
D2140	AMALGAM RESTORATION 1 SURF PER/PRI	\$ 65.00
D2150	AMALGAM RESTORATION 2 SURF PER/PRI	\$ 82.00
D2160	AMALGAM RESTORATION 3 SURF PER/PRI	\$ 97.00
D2161	AMALGAM RESTORATION 4+SURF PERM/PRI	\$ 115.00
D2330	RESIN 1 SURF PRI/PERM ANT	\$ 75.00
D2331	RESIN 2 SURF PRI/PERM ANT	\$ 92.00
D2332	PESIIN 3 SURF PRI/PERM ANT	\$ 112.00
D2335	RESIN 4+ SURF/INCISAL PRI /PERM ANT	\$ 130.00
D2390	RESIN-BASED COMPOSITE CROWN-ANT	\$ 200.00
D2391	RESIN 1 SURF POS PERM/PRI	\$ 85.00
D2392	RESIN 2 SURF POS PERM/PRI	\$ 115.00
D2393	RESIN 3+ SURF POS PERMPRI	\$ 140.00
D2394	RESIN-BASED COMP 4+ SURF POS	\$ 155.00
D2510	INLAY-METALLIC ONE SURFACE	\$ 500.00
D2520	INLAY-METALLIC TWO SURFACE	\$ 525.00
D2530	INLAY-METALLIC THREE+ SURFACE	\$ 550.00
D2542	ONLAY METALLIC TWO SURFACE	\$ 550.00
D2543	ONLAY METALLIC THREE SURFACE	\$ 575.00
D2544	ONLAY METALLIC FOUR+ SURFACE	\$ 600.00
D2710	CROWN-FULL RESIN -LAB	\$ 260.00
D2721	CROWN-RESIN WITH PRE BASE METAL	\$ 500.00
D2740	CROWN-FULL PROC	\$ 775.00
D2750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	\$ 725.00
D2751	CROWN-PORCELAIN FUSED TO BASE METAL	\$ 725.00
D2752	CROWN-PORC FUSED/NOBEL METAL	\$ 725.00

Gulf County Health Department
Dental Clinic Fee Schedule

Effective : 10/01/149

FEE SCHEDULE FOR THE GULF COUNTY HEALTH DEPARTMENT DENTAL SERVICES

2011-12

CDT CODES	DESCRIPTION	10/01/11
D2790	CROWN-FULL CAST HIGH NOBLE METAL	\$ 650.00
D2792	CROWN-FULL CAST NOBLE METAL	\$ 650.00
D2791	CROWN-FULL CAST BASE METAL	\$ 650.00
D2799	PROVISIONAL CROWN TO BE WORN ATLEAST 6 MONTHS	\$ 225.00
D2910	RECEMENT INLAY	\$ 50.00
D2915	RECEMENT CAST OR PREFABRICATED POST AND CORE	\$ 50.00
D2920	RECEMENT CROWN	\$ 50.00
D2930	STAINLESS STEEL CROWN-PRIMARY TOOTH	\$ 140.00
D2931	STAINLESS STEEL CROWN-PERMANENT TOOTH	\$ 300.00
D2932	PREFABRICATED RESIN CROWN	\$ 225.00
D2933	STAINLESS STEEL CROWN/RESIN WITH RESIN WINDOW	\$ 200.00
D2940	TEMP SEDATIVE RESTORATION	\$ 50.00
D2950	CORE BUILDUP WITH PINS	\$ 135.00
D2951	PIN RETENTION PER TOOTH IN ADDITION TO RESTORATION	\$ 27.00
D2952	CAST POST & CORE IN ADD TO CROWN	\$ 200.00
D2954	PREFAB POST & CORE IN ADD TO CROWN	\$ 160.00
D2960	LABIAL VENEER (RESIN LAMINATE)-CHAIRSIDE	\$ 250.00
D2961	LABIAL VENEER (RESIN LAMINATE)-LABORATORY	\$ 550.00
D2962	VENEERS (LABIAL VENEER PROCELAIN LAMINATE LAB)	\$ 725.00
D2970	TEMPORARY CROWN-AS IMMEDIATE PROTECTION NOT TO BE USED AS TEMPORIZATION DURING CROW	\$ 225.00
D3110	PULP CAP-DIRECT	\$ 15.00
D3120	PULP CAP-INDIRECT	\$ 15.00
D3220	THERAPEUTIC PULPOTOMY-PRIMARY OR PERMANENT (EXCLUDING FINAL RESTORATION)	\$ 90.00
D3221	PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TOOTH	\$ 75.00
D3230	PULPAL THERAPY (RESORBABLE FILLING) ANT, PRI	\$ 100.00
D3240	PULPAL THERAPY (RESORBABLE FILLING)-POST, PRIM	\$ 125.00
D3310	ANTERIOR ENDODONTICS	\$ 400.00
D3320	PREMOLAR ENDODONTICS	\$ 460.00
D3330	MOLAR ENDODONTICS	\$ 600.00
D3331	TREATMENT OF ROOT CANAL OBST, NON SURG	\$ 146.00
D3333	INTERNAL ROOT REPAIR OF PERFORMANCE DEFECTS	\$ 126.00
D3346	ENDODONTIC RETREATMENT-ANT	\$ 485.00
D3347	ENDODONTIC RETREATMENT-PREMOLA	\$ 560.00
D3348	ENDODONTIC RETREATMENT-MOLAR	\$ 690.00
D3351	APEXIFICATION-INITAL TREATMENT	\$ 181.00
D3352	APEXIFICATION-INTERIM TREATMENT	\$ 92.00
D3353	APEXIFICATION-FINAL VISIT	\$ 253.00
D3410	APICOECTOMY-ANTERIOR	\$ 350.00
D3430	RETROGRADE FILLING-PER ROOT	\$ 125.00
D3450	AMPUTATION	\$ 215.00
D3470	INTENTIONAL REMOVAL AND REPLANTATION WITH SPLINTING	\$ 300.00
D4210	GINGIVOPLASTY/PER QUADRANT FOUR OR MORE TEETH	\$ 300.00
D4211	GINGICOPLASTY/1-3 TEETH IN QUAD OR SPACE	\$ 80.00
D4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANNING, 4 OR MORE TEETH	\$ 300.00
D4241	GINGIVAL FLAP PROCEDURE INCLUDING ROOT PLANING, 1-3 TEETH PER QUADRANT	\$ 250.00
D4249	CLINICAL CROWN LENGTHENING	\$ 400.00
D4260	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) FOUR OR MORE CONTIGUOUS TEETH OR	\$ 600.00
D4261	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) ONE TO THREE CONTIGUOUS TEETH OR	\$ 550.00
D4263	BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT	\$ 200.00
D4264	BONE REPLACEMENT GRAFT - EACH ADDITIONAL SITE IN QUADRANT	\$ 225.00
D4271	FREE SOFT TISSUE GRAFT	\$ 500.00
D4321	PROVISIONAL SPLINTING-EXTRACORONAL	\$ 275.00
D4341	PER SCALING/ROOT PLANING-QUAD+4	\$ 125.00
D4342	PER SCALING PLAN QUAD 1-3	\$ 100.00
D4355	FULL MOUTH DEBRIDMENT	\$ 35.00
D4910	PERIDONTAL MAINTENANCE	\$ 70.00

Gulf County Health Department
Dental Clinic Fee Schedule

Effective : 10/01/15 **50**

FEE SCHEDULE FOR THE GULF COUNTY HEALTH DEPARTMENT DENTAL SERVICES

2011-12

CDT CODES	DESCRIPTION	10/01/11
D5110	COMPLETE DENTURE (MAXILLARY)	\$ 750.00
D5120	COMPLETE DENTURE (MANDIBULAR)	\$ 750.00
D5130	IMMEDIATE UPPER DENTURE	\$ 750.00
D5140	IMMEDIATE LOWER DENTURE	\$ 750.00
D5211	MAXILLARY PARTIAL DENTURE-RESI	\$ 500.00
D5212	MANDIBULAR PARTIAL DENTURE-RES	\$ 500.00
D5213	MAX PARTIAL DENTURE-CAST	\$ 800.00
D5214	MAN PARTIAL DENTURE-CAST	\$ 800.00
D5225	MAXILLARY PARTIAL DENTURE-FLEXIABLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH)	\$ 700.00
D5226	MANDIBULAR PARTIAL DENTURE-FLEXIABLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH)	\$ 700.00
D5410	ADJUST COMPLETE DENTURE,UPPER	\$ 45.00
D5411	COMPLETE DENTURE ADJUSTMENT, LOWER	\$ 45.00
D5421	PARTIAL DENTURE ADJUSTMENT, UPPER	\$ 45.00
D5422	PARTIAL DENTURE ADJUSTMENT, LOWER	\$ 45.00
D5510	REPAIR BROKEN COMPLETE DENTURE BASE	\$ 95.00
D5620	REPLACE MISSING OR BROKEN TEETH-COMPLETE	\$ 110.00
D5610	REPAIR RESIN/PARTIAL BASE	\$ 100.00
D5620	REPAIR CASE FRAMEWORK	\$ 100.00
D5630	REPAIR OR REPLACE BROKEN CLASP	\$ 100.00
D5640	REPLACE BROKEN TOOTH (PER TOOTH)	\$ 95.00
D5650	ADD TOOTH TO EXIST PARTIAL DENTURE CLASP EXIST PARTIAL	\$ 100.00
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	\$ 100.00
D5670	REPLACE ALL TEETH AND ACRYLIC MAXILLARY PARTIAL DENTURE	\$ 350.00
D5671	REPLACE ALL TEETH AND ACRYLIC MANDIBULAR PARTIAL DENTURE	\$ 350.00
D5730	RELINE MAX DENTURE (CHAIRSIDE)	\$ 150.00
D5731	RELINE MAN COMPLETE (CHAIRSIDE)	\$ 150.00
D5740	RELINE MAX PART DENT (CHAIRSIDE)	\$ 135.00
D5741	RELINE MAN PART DENT (CHAIRSIDE)	\$ 135.00
D5750	RELINE MAX COMPLETE DENT (LAB)	\$ 225.00
D5751	RELINE MAN COMPLETE DENT (LAB)	\$ 225.00
D5760	RELINE MAX PART DENT (LAB)	\$ 200.00
D5761	RELINE MAN PART DENT (LAB)	\$ 200.00
D5820	INTERIM PARTIAL DENTURE MAX	\$ 325.00
D5821	INTERIM PARTIAL DENTURE MAN	\$ 325.00
D5850	MAXILLARY TISSUE CONDITIONING	\$ 75.00
D5851	MANDIBULAR TISSUE CONDITIONING	\$ 75.00
D5862	PRECISION ATTACHMENT BY REPORT	\$ 75.00
D5899	OPEN FACE CROWN FOR DENTURE	\$ 130.00
D5982	SURGICAL STENT	\$ 103.00
D5986	FLUORIDE GEL CARRIER	\$ 65.00
D6053	IMPLANT ABUTMENT SUPPORTED REMOVABLE DENTURE FOR COMPLETELY EDENTULOUS ARCH	\$ 800.00
D6054	IMPLANT ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH	\$ 800.00
D6055	DENTAL IMPLANT SUPPORT CONNECTING BAR	\$ 1,200.00
D6056	PREFABRICATED ABUTMENT-INCLUDES PLACEMENT	\$ 300.00
D6057	CUSTOM ABUTMENT-INCLUDES PLACEMENT	\$ 400.00
D6058	ABUTMENT SUPPORTED PORCELAIN CERAMIC CROWN	\$ 775.00
D6059	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (HIGH NOBLE METAL)	\$ 725.00
D6062	ABUTMENT SUPPORTED CAST METAL CROWN (HIGH NOBLE METAL)	\$ 650.00
D6068	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN CERAMIC FPD	\$ 725.00
D6069	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METEL FPD (HIGH NOBLE METAL)	\$ 725.00
D6072	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (HIGH NOBLE METAL)	\$ 650.00
D6078	IMPLANT ABUTMENT SUPPORTED FIXED DENTURE FOR COMPLETELY EDENTULOUS ARCH	\$ 750.00
D6079	IMPLANT ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS ARCH	\$ 750.00
D6090	REPAIR IMPLANT SUPPORTED PROSTHESIS, BY REPORT	\$ 125.00
D6092	RECEMENT IMPLANTABUTMENT SUPPORTED CROWN	\$ 50.00
D6093	RECEMENT IMPLANT ABUTMENT SUPPORTED FIXED PARTIAL DENTURE	\$ 60.00

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

Effective : 10/01/51

FEE SCHEDULE FOR THE GULF COUNTY HEALTH DEPARTMENT DENTAL SERVICES

2011-12

CDT CODES	DESCRIPTION	10/01/11
D6095	REPAIR IMPLANT ABUTMENT, BY REPORT	\$ 125.00
D6210	FIXED PARTIAL DENTURE - PONTIC GOLD HIGH (NOBLE)	\$ 650.00
D6211	FIXED PARTIAL DENTURE - PONTIC PREDOMINANTLY BASE METAL	\$ 650.00
D6212	FIXED PARTIAL DENTURE - PONTIC GOLD (NOBLE)	\$ 650.00
D6240	FIXED PARTIAL DENTURE - PONTIC PORCELAIN FUSED TO HIGH NOBLE METAL	\$ 725.00
D6241	FIXED PARTIAL DENTURE - PONTIC PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$ 725.00
D6242	FIXED PARTIAL DENTURE - PONTIC PORCELAIN FUSED TO NOBLE METAL	\$ 725.00
D6245	FIXED PARTIAL DENTURE - PONTIC PORCELAIN/CERAMIC	\$ 725.00
D6545	FIXED PARTIAL DENTURE - PONTIC RETAINER, CAST METAL FOR RESIN BONDED FIXED PROSTHESIS	\$ 300.00
D6710	FIXED PARTIAL DENTURE - CROWN INDIRECT RESIN BASED COMPOSITE (NOT TO BE USED AS TEMPORARY)	\$ 225.00
D6740	FIXED PARTIAL DENTURE - CROWN PORCELAIN/CERAMIC	\$ 725.00
D6750	FIXED PARTIAL DENTURE - CROWN ABUTMENT PORCELAIN FUSED TO NOBLE HIGH METAL	\$ 725.00
D6751	FIXED PARTIAL DENTURE - CROWN PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$ 725.00
D6752	FIXED PARTIAL DENTURE - CROWN ABUTMENT PORCELAIN FUSED TO NOBLE METAL	\$ 725.00
D6790	FIXED PARTIAL DENTURE - CROWN ABUTMENT GOLD HIGH (NOBLE)	\$ 650.00
D6791	FIXED PARTIAL DENTURE - CROWN FULL CAST PREDOMINANTLY BASE METAL	\$ 650.00
D6792	FIXED PARTIAL DENTURE - CROWN ABUTMENT GOLD (NOBLE)	\$ 650.00
D6793	FIXED PARTIAL DENTURE - CROWN PROVISIONAL RETAINER	\$ 225.00
D6930	RECEMENT FIXED PARTIAL DENTURE	\$ 60.00
D6940	STRESS BREAKER	\$ 175.00
D7111	EXTRACTION DECIDUOUS TEETH	\$ 65.00
D7140	EXTRACTION,ERUPTED TOOTH OR EXPOSED ROOT	\$ 85.00
D7210	SURGICAL REMOVAL ERUPTED TOOTH	\$ 145.00
D7220	REMOVAL OF IMPACTION-SOFT TISSUE	\$ 130.00
D7230	REMOVAL OF IMPACTION-PART BONY	\$ 240.00
D7240	REMOVAL OF IMPACTION-COMP BONY	\$ 270.00
D7241	REMOVAL OF IMPACTION-DIFFICULT	\$ 300.00
D7250	SURGICAL REMOVAL RESIDUAL ROOT	\$ 150.00
D7260	ORANTAL FISTULA CLOSURE	\$ 400.00
D7270	TOOTH REPLANTATION AND STABILITY	\$ 300.00
D7280	SURGICAL EXPOSURE OF IMPACTED OR UNERUPTED-NOT TO BE EXTRACTED	\$ 300.00
D7285	BIOPSY OF ORAL TISSUE-HARD	\$ 150.00
D7286	BIOPSY OF ORAL TISSUE-SOFT	\$ 120.00
D7310	ALVELOPLASTY/EXTRACTION-FOUR OR MORE TEETH OR TOOTH SPACES, PER QUAD	\$ 150.00
D7311	ALVELOPLASTY/EXTRACTION-ONE TO THREE TEETH OR TOOTH SPACES, PER QUAD	\$ 125.00
D7320	ALVELOPLASTY/NO EXTRACT-FOUR OR MORE TEETH OR TOOTH SPACES,PER QUAD	\$ 200.00
D7321	ALVELOPLASTY/NO EXTRACT-ONE TO THREE TEETH OR TOOTH SPACES,PER QUAD	\$ 175.00
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM	\$ 150.00
D7450	REMOVAL ODONTOGENIC CYST<1.25 CM	\$ 250.00
D7471	REMOVAL OF EXOSTOSIS	\$ 400.00
D7510	INCISION & DRAINAGE OF ABSCESS-INTRORAL SOFT	\$ 100.00
D7520	I & D OF ABCESS-EXTRORAL SOFT TISS	\$ 150.00
D7530	REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN, OR SUBCUTANEOUS	\$ 85.00
D7540	REMOVAL OF REACTION PRODUCING FOREIGN BODIES, MUSCULOSKELETAL SYSTEM	\$ 250.00
D7820	CLOSE REDUCTION TMJ DISLOCATION	\$ 62.00
D7860	OCCLUSAL ORTHOTIC DEVICE, BY REPORT	\$ 432.00
D7910	SUTURE SMAL WOUND >5 CM	\$ 90.00
D7911	COMPLICATED SUTURE > 5 CM	\$ 260.00
D7960	FRENULECTOMY	\$ 200.00
D7970	EXCISION-HYPERPLASTIC TISSUE PER ARCH	\$ 225.00
D7971	EXCISION-PERICORONAL GINGIVAE ON IMPACTED OR PARTIALLY ERUPTED	\$ 100.00
D8010	LIMITED ORTHO TREATMENT OF THE PRI DENTITION	\$ 250.00
D8020	LIMITED ORTHO TREATMENT OF THE TRANSITIONAL DENTITION	\$ 250.00
D8030	LIMITED ORTH TREATMENT OF THE ADOLESCENT DENTITION	\$ 250.00
D8040	LIMITED ORTHO TREATMENT OF THE ADULT DENTITION	\$ 250.00
D8070	COMPREHENSIVE ORTHO TREATMENT-TRANS	\$ 3,000.00

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

Effective : 10/01/15 **52**

FEE SCHEDULE FOR THE GULF COUNTY HEALTH DEPARTMENT DENTAL SERVICES

2011-12

CDT CODES	DESCRIPTION	10/01/11
D8080	COMPREHENSIVE ORTHO TREATMENT-ADOLESCENT	\$ 3,200.00
D8090	COMPREHENSIVE ORTHO TREATMENT-ADULT DENT	\$ 3,500.00
D8210	REMOVAL BE HABIT APPLIANCE	\$ 300.00
D8220	FIXED HABIT APPLIANCE	\$ 300.00
D9110	EMERGENCY / PALLIATIVE TREATMENT	\$ 50.00
D9120	FIXED PARTIAL DENTURE SECTIONING	\$ 75.00
D9210	LOCAL ANESTHESIA	\$ 15.00
D9212	TRIGEMINAL DIVISION BLOCK ANESTHESIA	\$ 15.00
D9220	GENERAL ANESTHESIA/DEEP SEDATION FIRST 30 MIN	\$ 153.00
D9221	GENERAL ANTHESIA-EACH ADD 15 MINUTES	\$ 73.00
D9230	ANALGESIA - NITROUS OXIDE PER 15 minutes	\$ 35.00
D9310	PROFESSIONAL CONSULTATION	\$ 45.00
D9430	OFFICE VISIT	no charge
D9440	OFFICE VISIT, AFTER REGULAR SCHEDULED HOURS	\$ 75.00
D9630	OTHER DRUGS AND/OR MEDICAMENTS, BY REPORT	\$ 11.00
D9910	DESENSITIZING MEDICATION PER VISIT	\$ 26.00
D9911	APPLICATION OF DESENSITIZING RESIN FOR CERVICAL AND/OR ROOT SURFACE, PER TOOTH	\$ 26.00
D9920	BEHAVIOR MGT (15 MIN INCREMENTS)	\$ 50.00
D9930	POST SURGICAL COMPLICATIONS	\$ 50.00
D9940	OCCLUSAL GUARD IN HOUSE	\$ 65.00
D9940	OCCLUSAL GUARD OFF SITE LAB	\$ 325.00
D9941	FABRICATION-ATHLETIC MOUTHGUARD	\$ 75.00
D9942	REPAIR AND/OR RELINE OF OCCLUSAL GUARD	\$ 75.00
D9950	OCCLUSION ANALYSIS-MOUNTED CASE	\$ 100.00
D9951	OCCLUSAL ADJUSTMENT-LIMITED	\$ 25.00
D9952	COMPLETE OCCLUSAL ADJUSTMENT	\$ 250.00
D9971	ODONTOPLASTY 1-2 TEETH	\$ 15.00
D9972	BLEACHING, EXTERNAL PER ARCH	\$ 125.00
D9974	INTERNAL BLEACHING PER TOOTH	\$ 25.00
D9999	UNSPECIFIED BY REPORT	\$ 50.00
BLEACH	BLEACHING TUBE ONLY, 2 TUBES	\$ 25.00

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

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

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

These fees are in effect from October 1, 2011 through September 30, 2012 as approved by the Gulf County Board of County Commissioners.



**ENVIRONMENTAL HEALTH FEE SCHEDULE
FISCAL YEAR 2011-2012
Effective 07/01/11-06/30/12**

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

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	EO	OBJECT CODE	REVENUE CATEGORY	SI	OCA	FUND GF-SF-FID	BUDGET ENTITY	IBI	PROGRAM COMPONENT
MOBILE HOME & RECREATIONAL VEHICLE PARKS												
(FEES ARE PRORATED ON A QUARTERLY BASIS)												
1. Annual permit for 5 to 25 spaces	100.00	90.00	XX-354	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
1a. Transfer to headquarters	4.00 per space	10.00	XX-399	MP	001206	000121	CD	UQ000	20-2-141001	64200700	**	1306000000
2. Annual permit for 26 to 149 spaces			XX-354	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
2a. Transfer to headquarters		10%	XX-399	MP	001206	000121	CD	UQ000	20-2-141001	64200700	**	1306000000
3. Annual permit for 150 and above spaces	600.00	540.00	XX-354	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
3a. Transfer to headquarters		60.00	XX-399	MP	001206	000121	CD	UQ000	20-2-141001	64200700	**	1306000000
MIGRANT LABOR CAMPS												
1. Annual permit for facilities with 5-50 occupants	125.00	125.00	XX-352	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
2. Annual permit for facilities with 51-100 occupants	225.00	225.00	XX-352	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
3. Annual permit for facilities with over 100 occupants	500.00	500.00	XX-352	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
BIOMEDICAL WASTE FACILITIES												
1. Initial permit (generator, storage and treatment)	85.00	85.00	XX-364	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
2. Renewal of annual permit (except exempt generator producing less than 25lbs/30 days) postmarked by October 1	85.00	85.00	XX-364	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
3. Renewal of annual permit (except exempt generator producing less than 25lbs/30 days) postmarked after October 1	105.00	105.00	XX-364	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
4. Initial Transporter Registration (includes 1 truck)	85.00	85.00	XX-364	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
5. Initial Registration of Each Additional Truck	10.00	10.00	XX-364	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
6. Annual Registration Renewal (postmarked by 10/01, includes 1 truck)	85.00	85.00	XX-364	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
7. Annual Registration Renewal (postmarked after 10/01, includes 1 truck)	105.00	105.00	XX-364	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
8. Annual Registration of Each Additional Truck	10.00	10.00	XX-364	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
TANNING FACILITIES												
(FEES ARE PRORATED ON A QUARTERLY BASIS)												
1. Annual license fee	150.00	135.00	XX-369	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
1a. Transfer to headquarters		15.00	XX-399	TN	001206	000121	CD	R9000	20-2-141001	64200700	**	1306000000
2. Fee for each additional device	55.00	49.50	XX-369	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
2a. Transfer to headquarters		5.50	XX-399	TN	001206	000121	CD	R9000	20-2-141001	64200700	**	1306000000
3. Late fee	25.00	25.00	XX-369	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
Maximum license fee that can be charged for tanning facilities is \$315.00												
BODY PIERCING												
(FEES ARE PRORATED ON A QUARTERLY BASIS)												
1. Initial License (prorated quarterly)	150.00	135.00	XX-349	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
1a. Transfer to headquarters		15.00	XX-399	IE	001206	000121	CD	PIERS	20-2-141001	64200700	**	1306000000
2. Temporary Establishment	75.00	67.50	XX-349	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
2a. Transfer to headquarters		7.50	XX-399	IE	001206	000121	CD	PIERS	20-2-141001	64200700	**	1306000000
3. Annual Renewal License Fee	150.00	135.00	XX-349	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG LALS	EO	OBJECT CODE	REVENUE CATEGORY	SI	OCA	FUND GF-SF-FID	BUDGET ENTITY	IBI	PROGRAM COMPONENT
3a. Transfer to headquarters	15.00	15.00	XX-399	IE	001206	000121	CD	PIERS	20-2-141001	64200700	**	13060000000
4. Late fee	100.00	100.00	XX-349	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	13060000000

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	EO	OBJECT CODE	REVENUE CATEGORY	SI	OCA	FUND GF-SF-FID	BUDGET ENTITY	IBI	PROGRAM COMPONENT
FOOD ESTABLISHMENTS												
(FEES ARE PRORATED ON A QUARTERLY BASIS)												
1. Annual Permit for Fraternal/Civic	190.00	171.00	XX-348	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
1a. Transfer to headquarters		19.00	XX-399	FP	001206	000121	CD	IO000	20-2-141001	64200700	**	1306000000
2. Annual Permit School Cafeteria Operating for 9 months or less	170.00	153.00	XX-348	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
2a. Transfer to headquarters		17.00	XX-399	FP	001206	000121	CD	IO000	20-2-141001	64200700	**	1306000000
3. Annual Permit School Cafeteria Operating for more than 9 months	200.00	180.00	XX-348	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
3a. Transfer to headquarters		20.00	XX-399	FP	001206	000121	CD	IO000	20-2-141001	64200700	**	1306000000
4. Annual Permit for Hospital/Nursing Food Service	250.00	225.00	XX-348	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
4a. Transfer to headquarters		25.00	XX-399	FP	001206	000121	CD	IO000	20-2-141001	64200700	**	1306000000
5. Annual Permit for Movie Theaters	190.00	171.00	XX-348	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
5a. Transfer to headquarters		19.00	XX-399	FP	001206	000121	CD	IO000	20-2-141001	64200700	**	1306000000
6. Annual Permit for Jails/Prisons	250.00	225.00	XX-348	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
6a. Transfer to headquarters		25.00	XX-399	FP	001206	000121	CD	IO000	20-2-141001	64200700	**	1306000000
7. Annual Permit for Bars/Lounges (Drink Service Only)	190.00	171.00	XX-348	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
7a. Transfer to headquarters		19.00	XX-399	FP	001206	000121	CD	IO000	20-2-141001	64200700	**	1306000000
8. Annual Permit for Residential Facilities	135.00	121.50	XX-348	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
8a. Transfer to headquarters		13.50	XX-399	FP	001206	000121	CD	IO000	20-2-141001	64200700	**	1306000000
9. Annual Permit for Child Care Centers	110.00	99.00	XX-348	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
9a. Transfer to headquarters		11.00	XX-399	FP	001206	000121	CD	IO000	20-2-141001	64200700	**	1306000000
10. Annual Permit for Limited Food Service	110.00	99.00	XX-348	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
10a. Transfer to headquarters		11.00	XX-399	FP	001206	000121	CD	IO000	20-2-141001	64200700	**	1306000000
11. Annual Permit Other Food Service	190.00	171.00	XX-348	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
11a. Transfer to headquarters		19.00	XX-399	FP	001206	000121	CD	IO000	20-2-141001	64200700	**	1306000000
12. Annual Permit for Catering Service	180.00	162.00	XX-348	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
12a. Transfer to headquarters		18.00	XX-399	FP	001206	000121	CD	IO000	20-2-141001	64200700	**	1306000000
13. Annual Permit for Mobile Food Unit	180.00	162.00	XX-348	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
13a. Transfer to headquarters		18.00	XX-399	FP	001206	000121	CD	IO000	20-2-141001	64200700	**	1306000000
14. Annual Permit for Vending Machine Dispense-Potentially Hazard Food	85.00	76.50	XX-348	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
14a. Transfer to headquarters		8.50	XX-399	FP	001206	000121	CD	IO000	20-2-141001	64200700	**	1306000000
15. Annual permit for multiple food operations operating in the same building and under the same ownership	300.00	270.00	XX-348	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
15a. Transfer to headquarters		30.00	XX-399	FP	001206	000121	CD	IO000	20-2-141001	64200700	**	1306000000
16. Plan Review	\$40/hour	\$40/hour	XX-348	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
17. Food Worker Training (per person)	10.00	10.00	XX-348	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
18. Request for Inspection	40.00	40.00	XX-348	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
18a. Re-inspection (after the first reinspection)	75.00	75.00	XX-348	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L#L5	EO	OBJECT CODE	REVENUE CATEGORY	SI	OCA	FUND GF-SF-FID	BUDGET ENTITY	IBI	PROGRAM COMPONENT
20. Late Renewal	25.00	25.00	XX-348	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
21. Alcoholic Beverage Inspection Approval	30.00	30.00	XX-348	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
22. Temporary Event for Food Service Establishment for Sponsor without an Existing Sanitation Certificate	100.00	100.00	XX-348	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
23. Temporary Event for Food Service Establishment for Vendor or Booth without an Existing Sanitation Certificate	50.00	50.00	XX-348	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG LALS	EO	OBJECT CODE	REVENUE CATEGORY	SI	OCA	FUND GF-SF-FID	BUDGET ENTITY	IBI	PROGRAM COMPONENT
ONSITE SEWAGE DISPOSAL PROGRAM (OSTDS)												
1. Application and plan review for construction permit for new systems	100.00	92.00	XX-361	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
1a. Transfer to headquarters		8.00	XX-399	ST	001206	000121	CD	1E000	20-2-141001	64200700	**	1306000000
2. Application and approval for existing system, if system inspection not required.	35.00	32.20	XX-361	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
2a. Transfer to headquarters		2.80	XX-399	ST	001206	000121	CD	1E000	20-2-141001	64200700	**	1306000000
3. Application and Existing System Evaluation	50.00	46.00	XX-361	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
3a. Transfer to headquarters		4.00	XX-399	ST	001206	000121	CD	1E000	20-2-141001	64200700	**	1306000000
4. Application for permitting of a new Performance-based treatment system	125.00	115.00	XX-361	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
4a. Transfer to headquarters		10.00	XX-399	ST	001206	000121	CD	1E000	20-2-141001	64200700	**	1306000000
5. Site evaluation	115.00	105.80	XX-361	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
5a. Transfer to headquarters		9.20	XX-399	ST	001206	000121	CD	1E000	20-2-141001	64200700	**	1306000000
6. Site re-evaluation	50.00	46.00	XX-361	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
6a. Transfer to headquarters		4.00	XX-399	ST	001206	000121	CD	1E000	20-2-141001	64200700	**	1306000000
7. Permit or permit amendment for new systems.	55.00	50.60	XX-361	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
7a. Transfer to headquarters		4.40	XX-399	ST	001206	000121	CD	1E000	20-2-141001	64200700	**	1306000000
8. Research and Training Surcharges-Collected at the CHDs	5.00	0.00										
8a. Transferred to headquarters		5.00	XX-399	RF	001206	000121	CD	B9000	20-2-141001	64200700	**	1306000000
8b. Collected at CHD-transferred to headquarters		5.00	XX-399	TC	001206	000121	CD	SEWTN	20-2-141001	64200700	**	1306000000
9. Initial system inspection	75.00	69.00	XX-361	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
9a. Transfer to headquarters		6.00	XX-399	ST	001206	000121	CD	1E000	20-2-141001	64200700	**	1306000000
10. System reinspection (stabilization, non-compliance or other inspection after initial inspection.)	50.00	46.00	XX-361	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
10a. Transfer to headquarters		4.00	XX-399	ST	001206	000121	CD	1E000	20-2-141001	64200700	**	1306000000
11. Application for system abandonment permit, includes permit issuance and inspection	50.00	46.00	XX-361	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
11a. Transfer to headquarters		4.00	XX-399	ST	001206	000121	CD	1E000	20-2-141001	64200700	**	1306000000
12. Annual operating permit fee for industrial/manufacturing zoning or commercial sewage waste	150.00	138.00	XX-361	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
12a. Transfer to headquarters		12.00	XX-399	ST	001206	000121	CD	1E000	20-2-141001	64200700	**	1306000000
13. Biennial operating permit for aerobic treatment unit or performance based treatment system	100.00	92.00	XX-361	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
13a. Transfer to headquarters		8.00	XX-399	ST	001206	000121	CD	1E000	20-2-141001	64200700	**	1306000000
14. Amendments to operating permit	50.00	46.00	XX-361	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
14a. Transfer to headquarters		4.00	XX-399	ST	001206	000121	CD	1E000	20-2-141001	64200700	**	1306000000
15. Tank manufacturer's inspection per annum	100.00	50.00	XX-361	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
15a. Transfer to headquarters		50.00	XX-399	ST	001206	000121	CD	1E000	20-2-141001	64200700	**	1306000000
16. Septage disposal service permit per annum	75.00	69.00	XX-361	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
16a. Transfer to headquarters		6.00	XX-399	ST	001206	000121	CD	1E000	20-2-141001	64200700	**	1306000000

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	EO	OBJECT CODE	REVENUE CATEGORY	SI	OCA	FUND GF-SF-FID	BUDGET ENTITY	IBI	PROGRAM COMPONENT
17. Portable or temporary toilet service permit per annum	75.00	89.00	XX-361	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
17a. Transfer to headquarters		6.00	XX-399	ST	001206	000121	CD	1E000	20-2-141001	64200700	**	1306000000
18. Additional charge per pump out vehicle	35.00	32.20	XX-361	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
18a. Transfer to headquarters		2.80	XX-399	ST	001206	000121	CD	1E000	20-2-141001	64200700	**	1306000000
19. Septage stabilization facility inspection fee per annum	150.00	138.00	XX-361	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
19a. Transfer to headquarters		12.00	XX-399	ST	001206	000121	CD	1E000	20-2-141001	64200700	**	1306000000
20. Septage disposal site evaluation fee per annum	200.00	184.00	XX-361	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
20a. Transfer to headquarters		16.00	XX-399	ST	001206	000121	CD	1E000	20-2-141001	64200700	**	1306000000
21. Aerobic treatment unit maintenance entity permit per annum	25.00	23.00	XX-361	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
21a. Transfer to headquarters		2.00	XX-399	ST	001206	000121	CD	1E000	20-2-141001	64200700	**	1306000000
22. Variance application for a single family residence per each lot or building site	200.00	100.00	XX-361	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
22a. Transfer to headquarters		100.00	XX-399	CR	001206	000121	CD	BY000	20-2-141001	64200700	**	1306000000
23. Variance application for a multi-family or commercial building per each building site	300.00	150.00	XX-361	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
23a. Transfer to headquarters		150.00	XX-399	CR	001206	000121	CD	BY000	20-2-141001	64200700	**	1306000000
24. Inspection for construction of an injection well (FL Keys)	125.00	125.00	XX-361	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
<p>1. Application for temporary use only</p> <p>2. Application for permanent use only</p> <p>3. Other applications</p> <p>4. Residual stabilization</p> <p>5. Application of residual stabilization fee</p>												

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

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG LATEL	EO	OBJECT CODE	REVENUE CATEGORY	SI	OCA	FUND GF-SF-FD	BUDGET ENTITY	IBI	PROGRAM COMPONENT
a. Treatment plant - 5 MGD and above	12500.00	12500.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
b. Treatment plant - 1 MGD up to 5 MGD	10000.00	10000.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
c. Treatment plant - .25 MGD up to 1 MGD	7000.00	7000.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
d. Treatment plant - 0.1 MGD up to .25 MGD	4000.00	4000.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
e. Treatment plant - 0.01 up to 0.1 MGD	2000.00	2000.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
f. Treatment plant - up to 0.01 MGD	800.00	800.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
3. Construction permit for each Category V treatment plant, as defined in Rule 62-699.310, F.A.C.												
a. treatment plant - 5 MGD and above	10000.00	10000.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
b. Treatment plant - 1 MGD up to 5 MGD	6000.00	6000.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
c. Treatment plant - .25 MGD up to 1 MGD	2000.00	2000.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
d. Treatment plant - 0.1 MGD up to .25 MGD	1000.00	1000.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
e. Treatment plant - up to 0.1 MGD	600.00	600.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
4. Distribution and transmission systems, including raw water lines into the plant, except those under general permit.												
a. Serving a community public water system	900.00	900.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
b. Serving a non-transient non-community public water systems	700.00	700.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
c. Serving a transient non-community public water system	500.00	500.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
5. Construction permit for each public water supply well.												
a. Well located in a delineated area pursuant to Chapter 62-524, F.A.C.	1000.00	1000.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
b. Any other public water supply well.	500.00	500.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
6. Major modifications to systems that alter the existing treatment without expanding the capacity of the system and are not considered substantial changes pursuant to Rule 62-4.050(7) below.												
a. 1MGD and above	4000.00	4000.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
b. 1 MGD up to 1 MGD	2000.00	2000.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
c. 0.01 up to .1 MGD	1000.00	1000.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
d. Up to 0.01 MGD	500.00	500.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
e. Lead and Copper Corrosion Fee	500.00	500.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
7. Minor modifications to systems that result in no change in the treatment or capacity.												
a. 1 MGD and above	1000.00	1000.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
b. Up to 0.1 MGD	500.00	500.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
8. Fines and Forfeitures	Variable	Variable	XX-358	WC	012020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
a. General Permits requiring Professional Engineer or Professional Geologist certification	650.00	650.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
General Permits <u>not</u> requiring Professional Engineer or												
	500.00	500.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	EO	OBJECT CODE	REVENUE CATEGORY	SI	OCA	FUND GF-SF-FID	BUDGET ENTITY	IBI	PROGRAM COMPONENT
Professional Geologist certification												
10. Annual Operating Licenses for Community Public												
Water Systems-FAC 62-4.053												
Design Capacity												
a. 10 MGD and above	6000.00	6000.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
b. 5 MGD up to 10 MGD	4000.00	4000.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
c. 1 MGD up to 5 MGD	2000.00	2000.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
d. .33 MGD up to 1 MGD	1000.00	1000.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
e. .05 MGD up to 0.33 MGD	500.00	500.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
f. Less than 0.05 MGD	100.00	100.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
11. Annual Operating Licenses for Consecutive Community Public												
Water Systems-FAC 62-4.053												
Population Served												
a. 25-500	50.00	50.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
b. 501-3,300	100.00	100.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
c. 3,301-10,000	500.00	500.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
d. 10,001-50,000	1000.00	1000.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
e. 50,001-100,000	2000.00	2000.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
f. over 100,000	4000.00	4000.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
12. Annual operating license for non-transient, non-community public water systems												
	100.00	100.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
13. Annual operating license fee for transient, non-community public water systems												
	50.00	50.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
Radioactive Materials Licenses - General												
1. Annual fee: static elimination devices	\$ 30											
2. Annual fee: measuring, gauging and control devices	\$ 30											
3. Annual fee: in vivo testing license	\$ 150											
4. Annual fee: in vitro testing license	\$ 150											
5. Annual fee: depleted uranium license	\$ 150											
Radioactive Materials Licenses - Specific												
Application Fees												
1. Source Material.												
a. Concentration of uranium from phosphate ores for the production of uranium as "yellow cake" or powdered solid:	\$ 8,288											
b. Concentration of uranium from phosphate ores for the production of "green cake" or equivalent, moist or solid:	\$ 4,522											
c. All other specific source material licenses excluding depleted uranium used as shielding and counterweights.	\$ 653											
Special Nuclear Material (SNM).												

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	EO	OBJECT CODE	REVENUE CATEGORY	SI	OCA	FUND GF-SF-FID	BUDGET ENTITY	IBI	PROGRAM COMPONENT
a. SNM in sealed sources contained in devices used in measuring systems;	\$ 784					For headquarters use only						
b. SNM not sufficient to form a critical mass, except as in 2.a., above and 2.c. and 5.e. below	\$ 1,608					For headquarters use only						
c. SNM to be used as calibration and reference sources.	\$ 246					For headquarters use only						
3. Byproduct, naturally occurring or accelerator produced material.												
a. Processing or manufacturing for commercial distribution or industrial uses.	\$ 3,508					For headquarters use only						
b. Processing or manufacturing and distribution of radiopharmaceuticals. This category includes radiopharmacies.	\$ 3,072					For headquarters use only						
c. Industrial radiography performed only in an approved shielded radiography installation.	\$ 1,870					For headquarters use only						
d. Industrial radiography performed only at the address indicated in the license, or at temporary job sites of the licensee;	\$ 1,972					For headquarters use only						
e. Radioactive materials in sealed sources for irradiation of materials where the source is not removed from the shield and is less than 10,000 curies.	\$ 726					For headquarters use only						
f. (I) Radioactive materials in sealed sources for irradiation of materials when the source is not removed from the shield and is greater than 10,000 curies and less than 100,000 curies, or where the source is less than 100,000 curies and is removed from the shield.	\$ 1,697					For headquarters use only						
(II) Radioactive materials in sealed sources for irradiation of materials when the source is equal to or greater than 100,000 curies and less than 1,000,000 curies.	\$ 4,391					For headquarters use only						
(III) Radioactive materials in sealed sources for irradiation of materials when the source is greater than 1,000,000 curies;	\$ 11,736					For headquarters use only						
g. Distribution of items containing radioactive materials to persons under a general license;	\$ 1,972					For headquarters use only						
h. Fixed gauging devices	\$ 1,643					For headquarters use only						
i. Well logging												
(I) Sealed sources or sub-surface tracer studies	\$ 1,362					For headquarters use only						
(II) Sub-surface tracer studies and sealed sources	\$ 1,723					For headquarters use only						
j. Nuclear Laundry.	\$ 3,840					For headquarters use only						
k. Industrial or medical research and development;	\$ 1,421					For headquarters use only						
l. (I) Portable gauging devices	\$ 726					For headquarters use only						
(II) In Vitro and clinical laboratory	\$ 870					For headquarters use only						
(III) Academic	\$ 1,174					For headquarters use only						
(M) Possession of uranium or thorium, or their decay products, as												

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	EO	OBJECT CODE	REVENUE CATEGORY	SI	OCA	FUND GF-SF-FID	BUDGET ENTITY	IBI	PROGRAM COMPONENT
a. result of mining or processing	\$ 1,174					For headquarters use only						
(V) All other specific licenses except as otherwise noted	\$ 870					For headquarters use only						
m. Licenses of broad scope												
(I) Academic	\$ 3,840					For headquarters use only						
(II) Medical	\$ 3,840					For headquarters use only						
(III) Industrial or Research and Development	\$ 3,840					For headquarters use only						
n. Gas chromatography devices:	\$ 521					For headquarters use only						
o. Reference or calibration sources equal to or less than one millicurie total:	\$ 377					For headquarters use only						
p. Nuclear service licenses, such as leak testing, instrument calibration, etc.:	\$ 622					For headquarters use only						
4. Waste disposal or processing												
a. Commercial waste disposal or treatment facilities, including burial or incineration:	\$ 331,010					For headquarters use only						
b. All other commercial facilities involving compaction, repackaging, storage or transfer:	\$ 32,501					For headquarters use only						
c. Commercial treatment of radioactive materials for release to unrestricted areas:	\$ 6,913					For headquarters use only						
5. Medical use:												
a.(I) Teletherapy or high dose rate remote after loading devices:	\$ 1,838					For headquarters use only						
a.(II) High dose rate remote afterloading devices	\$ 1,697					For headquarters use only						
a.(III) High dose rate remote afterloading devices and gamma stereotactic radiosurgery including gamma knife device or teletherapy devices	\$ 1,838					For headquarters use only						
b. Medical institutions including hospitals, except 5.a.(I), 5.a.(II), and 5.f.:	\$ 1,972					For headquarters use only						
c. Private practice physicians except category 5.a.(1), 5a.(II), 5a.(III), 5.d. and 5f.	\$ 1,421					For headquarters use only						
d. Private practice physicians using only strontium 90 eye applicators, or materials authorized by 64E-5.630 or materials authorized by 64E-5.631	\$ 726					For headquarters use only						
e. Nuclear powered pacemakers:	\$ 521					For headquarters use only						
f.(I) Mobile nuclear medicine services:	\$ 1,697					For headquarters use only						
f.(II) Mobile high dose rate remote afterloading therapy device when the treatment is only performed on the mobile device	\$ 2,970					For headquarters use only						
6. Civil defense:	\$ 653					For headquarters use only						
7. Device, product, or sealed source safety evaluation:												
a. Safety evaluation of devices or products containing radioactive material, except reactor fuel devices, for commercial distribution or in accordance with the unique specifications of and for use by a single applicant; per device remaining in active status. Devices or products in inactive status more than 5 years must submit another application fee and												

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	EO	OBJECT CODE	REVENUE CATEGORY	SI	OCA	FUND GF-SF-FID	BUDGET ENTITY	IBI	PROGRAM COMPONENT
be re-evaluated.	\$ 4,500					For headquarters use only						
b. Safety evaluation of sealed sources containing radioactive material, for commercial distribution or in accordance with the unique specifications of, and for use by, a single applicant; per source remaining in active status. Sources in an inactive status more than 5 years must submit another application fee and be re-evaluated.	\$ 2,400					For headquarters use only						
Radioactive Materials Licenses - Specific												
Annual Fees												
1. Source Material.												
a. Concentration of uranium from phosphate ores for the production of uranium as "yellow cake" or powdered solid;	\$ 14,330					For headquarters use only						
b. Concentration of uranium from phosphate ores for the production of "green cake" or equivalent, moist or solid;	\$ 8,927					For headquarters use only						
c. All other specific source material licenses excluding depleted uranium used as shielding and counterweights.	\$ 275					For headquarters use only						
2. Special Nuclear Material (SNM).												
a. SNM in sealed sources contained in devices used in measuring systems;	\$ 622					For headquarters use only						
b. SNM not sufficient to form a critical mass, except as in 2.a., above, and 2.c. and 5.e., below;	\$ 2,333					For headquarters use only						
c. SNM to be used as calibration and reference sources.	\$ 131					For headquarters use only						
3. Byproduct, naturally occurring or accelerator produced material.												
a. Processing or manufacturing for commercial distribution or industrial uses.	\$ 3,362					For headquarters use only						
b. Processing or manufacturing and distribution of radiopharmaceuticals. This category includes radiopharmacies.	\$ 4,608					For headquarters use only						
c. Industrial radiography performed only in an approved shielded radiography installation.	\$ 2,593					For headquarters use only						
d. Industrial radiography performed only at the address indicated in the license, or at temporary job sites of the licensee.	\$ 3,188					For headquarters use only						
e. Radioactive materials in sealed sources for irradiation of materials where the source is not removed from the shield and is less than 10,000 curies;	\$ 726					For headquarters use only						
f.(i) Radioactive materials in sealed sources for irradiation of materials when the source is not removed from the shield and is greater than 10,000 curies and less than 100,000 curies, or where the source is less than 100,000 curies and is removed from the shield;	\$ 1,956					For headquarters use only						
f.(ii) Radioactive materials in sealed sources for irradiation of												

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L/ALS	EO	OBJECT CODE	REVENUE CATEGORY	SI	OCA	FUND GF-SF-FID	BUDGET ENTITY	IBI	PROGRAM COMPONENT
materials when the source is equal to or greater than 100,000 curies and less than 1,000,000 curies;	\$ 4,753					For headquarters use only						
(III) Radioactive materials in sealed sources for irradiation of materials when the source is greater than 1,000,000 curies;	\$ 5,278					For headquarters use only						
g. Distribution of items containing radioactive materials to persons under a general license;	\$ 2,580					For headquarters use only						
h. Fixed gauging devices	\$ 1,159					For headquarters use only						
i. Well logging												
(I) Sealed sources or sub-surface tracer studies	\$ 1,798					For headquarters use only						
(II) Sub-surface tracer studies and sealed sources	\$ 1,913					For headquarters use only						
j. Nuclear Laundry;	\$ 6,781					For headquarters use only						
k. Industrial or medical research and development;	\$ 1,769					For headquarters use only						
l.(I) Portable gauging devices	\$ 1,159					For headquarters use only						
(II) In Vitro and clinical laboratory	\$ 1,102					For headquarters use only						
(III) Academic	\$ 1,405					For headquarters use only						
IV) Possession of uranium or thorium, or their decay products, as a result of mining or processing	\$ 1,044					For headquarters use only						
(V) All other specific licenses except as otherwise noted	\$ 1,202					For headquarters use only						
m. Licenses of broad scope												
(I) Academic	\$ 8,815					For headquarters use only						
(II) Medical	\$ 6,569					For headquarters use only						
(III) Industrial or Research and Development	\$ 5,482					For headquarters use only						
n. Gas chromatography devices;	\$ 377					For headquarters use only						
o. Reference or calibration sources equal to or less than one millicurie total;	\$ 158					For headquarters use only						
p. Nuclear service licenses, such as, leak testing, instrument calibration, etc.;	\$ 492					For headquarters use only						
4. Waste disposal or processing												
a. Commercial waste disposal or treatment facilities, including burial or incineration;	\$ 300,666					For headquarters use only						
b. All other commercial facilities involving compaction, repackaging, storage or transfer;	\$ 29,965					For headquarters use only						
c. Commercial treatment of radioactive materials for release to unrestricted areas.	\$ 6,882					For headquarters use only						
5. Medical use.												
a.(I) Teletherapy or gamma stereotactic radiosurgery including gamma knife devices;	\$ 1,791					For headquarters use only						
a.(II) High dose rate remote afterloading devices	\$ 1,654					For headquarters use only						
a.(III) High dose rate remote afterloading devices and gamma stereotactic radiosurgery including gamma knife device or teletherapy devices	\$ 1,791					For headquarters use only						

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	E0	OBJECT CODE	REVENUE CATEGORY	SI	OCA	FUND GF-SF-FID	BUDGET ENTITY	IBI	PROGRAM COMPONENT
b. Medical institutions including hospitals, except category 5.a.(I), 5a.(II), 5e. And 5f.;	\$ 2,290					For headquarters use only						
c. Private practice physicians except category 5.a.(I), 5.a.(II), 5.a.(III), 5.d. and 5.f.;	\$ 1,608					For headquarters use only						
d. Private practice physicians using only strontium 90 eye applicators, or materials authorized by 64E-5.630 or materials authorized by 64E-5.631	\$ 898					For headquarters use only						
e. Nuclear powered pacemakers.	\$ 319					For headquarters use only						
f. Mobile nuclear medicine services.	\$ 1,950					For headquarters use only						
6. Civil defense.	\$ 985					For headquarters use only						
7. Device, product, or sealed source safety evaluation.												
a. Safety evaluation of devices or products containing radioactive material, except reactor fuel devices, for commercial distribution or in accordance with the unique specifications of and for use by a single applicant, per device remaining in active status. Devices or products in inactive status more than 5 years must submit another application fee and be re-evaluated.	\$ 2,570					For headquarters use only						
b. Safety evaluation of sealed sources containing radioactive material, for commercial distribution or in accordance with the unique specifications of and for use by a single applicant, per source remaining in active status. Sources in an inactive status more than 5 years must submit another application fee and be re-evaluated.	\$ 2,900					For headquarters use only						
Reclamation Fee	5% of annual licensing fee					For headquarters use only						
X-Ray Machine Annual Registration Fees												
1. Medical, chiropractic, osteopathic, or naturopathic machines - First tube	\$145					For headquarters use only						
Each additional tube	\$85					For headquarters use only						
2. Veterinary machines - First tube	\$50					For headquarters use only						
Each additional tube	\$34					For headquarters use only						
3. Educational or industrial machines - First tube	\$47					For headquarters use only						
Each additional tube	\$23					For headquarters use only						
4. Dental or podiatry machines - First tube	\$31					For headquarters use only						
Each additional tube	\$11					For headquarters use only						
5. Medical accelerators	\$258					For headquarters use only						
Each additional tube	\$148					For headquarters use only						
6. Non-medical accelerators	\$81					For headquarters use only						
Each additional tube	\$48					For headquarters use only						
Radiologic Technologist Certifications												

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	EO	OBJECT CODE	REVENUE CATEGORY	SI	OCA	FUND GF-SF-FID	BUDGET ENTITY	IBI	PROGRAM COMPONENT
1. Application and study guide (applicant also pays whatever fee the testing service charges)	\$75					For headquarters use only						
2. Application without study guide (applicant also pays whatever fee the testing service charges)	\$50					For headquarters use only						
3. Application through endorsement (no test needed)	\$45					For headquarters use only						
4. Repeat examinations (applicant also pays whatever fee the testing service charges)	\$35					For headquarters use only						
5. Renewal - first category	\$55					For headquarters use only						
Each additional category	\$40					For headquarters use only						
6. Change in status from active to inactive	\$40					For headquarters use only						
7. Late renewal fee	\$100					For headquarters use only						
8. Duplicate certificate	\$10					For headquarters use only						
9. Listings and mailing labels, per name	0-06					For headquarters use only						
Setup charge	55.00					For headquarters use only						
10. Study guide	25.00					For headquarters use only						
Pre and Post Mining Fees												
1. Gamma radiation exposure measurement (1 per acre)	\$12					For headquarters use only						
2. Soil characterization measurement (1 per 20 acres)	\$496					For headquarters use only						
3. Air monitoring measurements	\$256					For headquarters use only						
4. Surface and ground water measurements	\$300					For headquarters use only						
Low-Level Radioactive Waste Inspection Fee												
Cubic foot of waste shipped (minimum fee = \$50 per shipment)	\$2					For headquarters use only						
Low-Level Radioactive Waste Transport Fee												
Annual transport permit	\$100					For headquarters use only						
Water Analysis Fees												
1. Gross alpha	\$28					For headquarters use only						
2. Gross beta	\$28					For headquarters use only						
3. Radium 226	\$110					For headquarters use only						
4. Radium 228	\$110					For headquarters use only						
5. Uranium	\$110					For headquarters use only						
6. Tritium	\$40					For headquarters use only						
7. Strontium 89, strontium 90	\$95					For headquarters use only						
8. Iodine 131	\$110					For headquarters use only						
9. Photon emitters	\$128					For headquarters use only						

**BOARD OF COUNTY COMMISSIONERS
GULF COUNTY, FLORIDA**

Towan Kopinsky, Grant Writer/Coordinator
1000 CECIL G. COSTIN SR. BLVD., ROOM 309, PORT ST. JOE, FLORIDA 32456
PHONE: (850) 229-6144 / FAX (850) 229-9252 / EMAIL: tkopinsky@gulfcounty-fl.gov

M E M O R A N D U M

2011 SEP 21 PM 10:05

TO: BOARD OF COUNTY COMMISSIONERS
FROM: TOWAN, GRANT COORDINATOR
DATE: SEPTEMBER 20, 2011
TOPIC: GRANTS – HOWARD CREEK FIRE DEPARTMENT

I am requesting permission from the Board to apply for 2 Division of Forestry AFG grants for Howard Creek Fire Department. Copies of the applications are attached, and the fire department will pay the 50% match from their funds.

BCC APPROVED
DATE _____ D.C. _____

Carmen L. McEmore
CARMEN L. McEMORE
District 1

WARD McDANIEL
District 2

BILL WILLIAMS
District 3

TAN SMILEY
District 4

WARREN J. YEAGER, JR.
District 5

9/27/11 LL



ADAM H. PUTNAM
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Forestry
VOLUNTEER FIRE ASSISTANCE GRANT APPLICATION



LEGAL NAME Gulf Co. Board of Co. Comm.		FORM OF ORGANIZATION: (Municipal, Fire District, Non-Profit, County) County	
ADDRESS 1000 Cecil Costin Blvd., #309		IF COUNTY, LIST VFD'S BENEFITING FROM GRANT: Howard Creek Volunteer Fire Dept.	
CITY Port St. Joe	STATE Florida	ZIP 32456	
COUNTY Gulf	COUNTY# 23		
EMPLOYER IDENTIFICATION NUMBER (EIN) 5 9 - 6 0 0 0 6 2 7			

IS FIRE DEPARTMENT LOCATED IN AN INCORPORATED TOWN? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF YES, NAME OF TOWN: _____ POPULATION OF TOWN: _____ PROTECTED AREA: EST. POPULATION: 750 SIZE: (SQ. MILES) 144	WHAT IS THE FIRE DEPARTMENT ISO RATING? 9 IS FIRE DEPARTMENT NIMS COMPLIANT? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> CURRENT COOPERATIVE AGREEMENT WITH DOF? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> DISTANCE OF CLOSEST MUTUAL AID FIRE DEPARTMENT: 15mi NAME OF FIRE DEPARTMENT: White City V.F.D.
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NUMBER OF FIREFIGHTERS: PAID: 0 VOLUNTEERS: 7 NO. OF INCIDENTS PAST YEAR: WILDLAND FIRE: 8 OTHER: 2 NO. OF FIREFIGHTERS CERTIFIED AS: WILDLAND FIREFIGHTER I _____ WILDLAND FIREFIGHTER II _____	HAS APPLICANT RECEIVED GRANT FUNDS FROM ANY SOURCE IN THE PAST 12 MONTHS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF YES, WHERE? _____ AMOUNT: \$ _____ LIST TOTAL FUNDS RECEIVED FROM OTHER TAXING AUTHORITIES SUCH AS CITY, COUNTY, TAXING DISTRICTS (Past 12 Months) AMOUNT: \$ 16,804.00 Ad Valorem
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

LIST OF FIREFIGHTING VEHICLES:			
TYPE	MAKE/YR.MODEL	PUMP CAPACITY (GPM)	WATER CAPACITY (GAL.)
Pumper	2007 Kenworth	1250	2500
Tanker	1986 International	300	2650
Brush	2004 F450	300	350

ESTIMATED GRANT FUNDING REQUEST: \$3,085.00		LIST OF EQUIPMENT OR SUPPLIES TO PURCHASE WITH GRANT FUNDS:		
FEDERAL	\$ 1,542.50	NUMBER	DESCRIPTION	AMOUNT
APPLICANT	\$	2	Elkhart Brass Solid	1,500
COUNTY - HCFD	\$ 1,542.50		Stike Nozzles	
TOTAL	\$ 3,085.00	3	Light Kits	600
(Federal not more than 50% of total. Applicant at least 50% of total in matching funds.)		2	Radios	985

We understand that this is a 50 percent maximum cost-share program (Cooperative Forestry Assistance Act of 1978, PL 95-313), and that funds on deposit up to 50 percent of the actual purchase price of the items approved will be committed to our project. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT. THE GOVERNING BODY OF THE APPLICANT HAS DULY AUTHORIZED THIS DOCUMENT.

Type Name of Authorized Representative Towan Kopinsky	Title Grant Coordinator	Telephone Number: (850) 229-6144 FAX: (850) 9252
Signature of Authorized Representative	Date Signed and Submitted September 28, 2011	Email: tkopinsky@gulfcountry-fl.gov



ADAM H. PUTNAM
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Forestry
VOLUNTEER FIRE ASSISTANCE GRANT APPLICATION



LEGAL NAME Gulf Co. Board of Co. Comm.	FORM OF ORGANIZATION: (Municipal, Fire District, Non-Profit, County) County
ADDRESS 1000 Cecil Costin Blvd., #309	IF COUNTY, LIST VFD'S BENEFITING FROM GRANT: Howard Creek Volunteer Fire Dept.
CITY Port St. Joe	
STATE Florida ZIP 32456	
COUNTY Gulf COUNTY# 23	
EMPLOYER IDENTIFICATION NUMBER (EIN) 5 9 - 6 0 0 0 6 2 7	

IS FIRE DEPARTMENT LOCATED IN AN INCORPORATED TOWN? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF YES, NAME OF TOWN: _____ POPULATION OF TOWN: _____ PROTECTED AREA: EST. POPULATION: 750 SIZE: (SQ. MILES) 144	WHAT IS THE FIRE DEPARTMENT ISO RATING? 9 IS FIRE DEPARTMENT NIMS COMPLIANT? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> CURRENT COOPERATIVE AGREEMENT WITH DOF? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> DISTANCE OF CLOSEST MUTUAL AID FIRE DEPARTMENT: 15mi NAME OF FIRE DEPARTMENT: White City V.F.D.
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

NUMBER OF FIREFIGHTERS: PAID: 0 VOLUNTEERS: 7 NO. OF INCIDENTS PAST YEAR: WILDLAND FIRE: 8 OTHER: 2 NO. OF FIREFIGHTERS CERTIFIED AS: WILDLAND FIREFIGHTER I _____ WILDLAND FIREFIGHTER II _____	HAS APPLICANT RECEIVED GRANT FUNDS FROM ANY SOURCE IN THE PAST 12 MONTHS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF YES, WHERE? _____ AMOUNT: \$ _____ LIST TOTAL FUNDS RECEIVED FROM OTHER TAXING AUTHORITIES SUCH AS CITY, COUNTY, TAXING DISTRICTS (Past 12 Months) AMOUNT: \$ 16,804.00 Ad Valorem
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

LIST OF FIREFIGHTING VEHICLES:			
TYPE	MAKE/YR.MODEL	PUMP CAPACITY (GPM)	WATER CAPACITY (GAL.)
Pumper	2007 Kenworth	1250	2500
Tanker	1986 International	300	2650
Brush	2004 F450	300	350

ESTIMATED GRANT FUNDING REQUEST: \$2,700.00	LIST OF EQUIPMENT OR SUPPLIES TO PURCHASE WITH GRANT FUNDS:		
FEDERAL \$ 1,350.00	NUMBER	DESCRIPTION	AMOUNT
APPLICANT \$	3	Elkhart Brass Nozzles	1,850
COUNTY -HCFD \$ 1,350.00	Assorted	Pak mounting for tools, axes, hooligan bars, nozzles	850
TOTAL \$ 2,700.00			
(Federal not more than 50% of total. Applicant at least 50% of total in matching funds.)			

We understand that this is a 50 percent maximum cost-share program (Cooperative Forestry Assistance Act of 1978, PL 95-313), and that funds on deposit up to 50 percent of the actual purchase price of the items approved will be committed to our project. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT. THE GOVERNING BODY OF THE APPLICANT HAS DULY AUTHORIZED THIS DOCUMENT.

Type Name of Authorized Representative Towan Kopinsky	Title Grant Coordinator	Telephone Number: (850) 229-6144 FAX: (850) 9252
Signature of Authorized Representative	Date Signed and Submitted September 28, 2011	Email: tkopinsky@gulfcountry-fl.gov



**GULF COUNTY
E9-1-1 DEPARTMENT**

1000 Cecil G Costin Sr Blvd
Port St Joe, Florida 32456

2011 09 21 11:03:05

INTEROFFICE MEMORANDUM

TO: GULF COUNTY BOARD OF COUNTY COMMISSIONERS

FROM: BEN GUTHRIE

DATE: SEPTEMBER 21, 2011

SUBJECT: E9-1-1 SYSTEM REMOVAL AND INVENTORY CLEAN-UP

Gulf County E-911 in conjunction with Calhoun and Franklin Counties are requesting permission to pass our old 911 system (95-18) to another county that can use the system for either upgrade or spare parts. With permission we will advertise to the other 64 counties in Florida to see who could use it. I am also requesting that it be removed from our inventory along with some other equipment that has failed or been traded for upgrades.

95-24	Dell Precision M90	Remove
95-28	HP Tower/Monitor	Remove
95-38	HP 755 C Plotter	Remove
	(Traded for New GIS/EM Plotter in 2010)	
95-4	Dell Latitude	Remove
95-5	Dictaphone Logging Recorder	Remove
	(Traded for new recorder in 2009)	

Cc: Don Butler

BCC APPROVED

DATE _____ D.C. _____

9/27/11 72

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**BOARD OF COUNTY COMMISSIONERS
GULF COUNTY, FLORIDA
COUNTY ATTORNEY'S OFFICE**

Jeremy T.M. Novak, Esq.
1000 CECIL G. COSTIN SR. BLVD., ROOM 302, PORT ST. JOE, FLORIDA 32456
PHONE (850)229-4700 • FAX (850) 229-1148 • EMAIL: JTNovak@novaklaw.us
DATE AND TIME OF MEETINGS • SECOND AND FOURTH TUESDAY AT 6:00 P.M., E.T.

September 19, 2011

Gulf County Board of County Commissioners
Chief Administrator's Office
Donald Butler, Chief Administrator
1000 Cecil G. Costin, Sr. Blvd.
Port St. Joe, Florida 32456

**Re: Professional Services Rendered
NLG File No.: 2200-001, 2200-004 & 2200-005**

Dear Mr. Butler:

Enclosed for your review and file, please find our firm's invoices for professional services rendered.

Additionally, please note an invoice summary statement of both the general legal files and litigation matters for this period have been included for your reference, review and approval.

Should you have any questions, please contact our office immediately.

Very truly yours,

Novak Law Group, PLLC

Encl.

cc: Kari Summers, Gulf County Clerk's Office

BCC APPROVED

DATE _____ D.C. _____

ACCT. # 21314 - 31100

CONSENT
DATE 9/27/11 OK

CARMEN L. McLEMORE
District 1

WARD McDANIEL
District 2

BILL WILLIAMS
District 3

TAN SMILEY
District 4

WARREN YEAGER
District 5

**BOARD OF COUNTY COMMISSIONERS
GULF COUNTY, FLORIDA
COUNTY ATTORNEY'S OFFICE**

74

1000 CECIL G. COSTIN SR. BLVD., ROOM 302, PORT ST. JOE, FLORIDA 32456
PHONE (850)229-4700 • FAX (850) 229-1148 • EMAIL: JTNovak@novaklaw.us
DATE AND TIME OF MEETINGS • SECOND AND FOURTH TUESDAY AT 6:00 P.M., E.T.

September 19, 2011

Gulf County Board of County Commissioners
Chief Administrator's Office
Attn: Donald Butler
1000 Cecil G. Costin, Sr. Blvd.
Port St. Joe, Florida 32456

**Re: Summary of August Professional Services Rendered and Enclosed Invoices
Litigation – Professional Legal Services NLG File No.: 2200-004 & 005
(9/1/11-9/15/11)**

Summary of Invoices for Professional Services

2200-005		
-	Gulf County Litigation / Pending Litigation Matters (7.75 hrs. x \$125)	= \$968.75
	professional services total (litigation)	<u>\$968.75</u>
2200-004		
-	Gulf County Deepwater Horizon Matters (8.1 hrs. x \$125)	= \$1,012.50
	professional services total	<u>\$1,012.50</u>
	Total Professional services and costs	<u>\$1,981.25</u>

CARMEN L. McEMORE
District 1

WARD McDANIEL
District 2

BILL WILLIAMS
District 3

TAN SMILEY
District 4

WARREN YEAGER
District 5

74

BOARD OF COUNTY COMMISSIONERS
GULF COUNTY, FLORIDA
COUNTY ATTORNEY'S OFFICE

75

1000 CECIL G. COSTIN SR. BLVD., ROOM 302, PORT ST. JOE, FLORIDA 32456
PHONE (850)229-4700 • FAX (850) 229-1148 • EMAIL: JTNovak@novaklaw.us
DATE AND TIME OF MEETINGS • SECOND AND FOURTH TUESDAY AT 6:00 P.M., E.T.

September 19, 2011

Gulf County Board of County Commissioners
Chief Administrator's Office
Attn: Donald Butler
1000 Cecil G. Costin, Sr. Blvd.
Port St. Joe, Florida 32456

**Re: Summary of August Professional Services Rendered and Enclosed Invoice
NLG File No.: 2200-001 General Legal Services (9/1/11 -9/15/11)**

Summary of Invoices for Professional Services

- Gulf County General Legal Representation (39.15 hrs. x \$100) = \$3,915.00

Total Professional services and costs \$3,915.00

CARMEN L. McLEMORE
District 1

WARD McDANIEL
District 2

BILL WILLIAMS
District 3

TAN SMILEY
District 4

WARREN YEAGER
District 5

75

123 NORTH MONROE STREET • TALLAHASSEE, FL • 32301
PHONE: 850.205.1996 • FAX: 850.205.3004
WWW.SNIFFENLAW.COM

CONFIDENTIAL
ATTORNEY-CLIENT PRIVILEGED INFORMATION
PRIVILEGED UNDER SECTION 119.071(1)(D)

2011 SEP 20 14 54

September 13, 2011

Jeremy T.M. Novak
County Attorney
Gulf County
209 7th Street
Port St. Joe, FL 32456

Dear Mr. Novak:

Enclosed please find statement no. 7648 dated September 12, 2011. In summary, the total amount owed is \$4,284.17, which consists of a previous balance due of \$3,600.09, professional fees rendered of \$684.08.

If this billing meets with your approval, we would appreciate receiving payment within 30 days. Should you have any questions, please do not hesitate to call me.

Very truly yours,

Michael P. Spellman

MPS/tsw
Enclosure

BCC APPROVED
DATE _____ D.C. _____
ACCT. # 21111-31200

9/20/11 JK

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BOARD OF COUNTY COMMISSIONERS
GULF COUNTY, FLORIDA

CHIEF ADMINISTRATOR'S OFFICE

Donald Butler, Chief Administrator

1000 CECIL G. COSTIN, SR. BLVD., ROOM 302, PORT ST. JOE, FLORIDA 32456

PHONE: (850) 229-6111/639-6700 • FAX: (850) 229-9252 • EMAIL: dbutler@gulfcounty-fl.gov

DATE AND TIME OF MEETINGS: SECOND AND FOURTH TUESDAYS AT 6:00 P.M., E.T.

MEMORANDUM

TO: GULF COUNTY BOARD OF COUNTY COMMISSIONERS

FROM: LYNN LANIER, DEPUTY ADMINISTRATOR

DATE: SEPTEMBER 19, 2011

RE: ELEVATOR REPAIRS

The annual inspection of the courthouse elevator in Port St. Joe has shown that extensive maintenance needs to be done in order to have a satisfactory inspection on this elevator.

The attached quote was received for the needed maintenance/repairs. Due to this unexpected expense, it is my recommendation that the attached quote be approved. It is also necessary to pay 50% of the expenditure from each of the FY 2011 and FY 2012 budgets in order to complete the repairs.

My recommendation is to approve the attached quote and to pay the expenses as noted above.

Thank you.

SEP 20 11 09 11 AM '11

BCC APPROVED

DATE _____ D.C. _____

9/27/11 LL

KONE Inc. Proposal



Elevators Escalators

9/14/2011

Gulf County Board of County Commissioners
1000 Cecil G. Coston Sr. Blvd.
Port St. Joe, FL 32456

ATTN: Mr. Raymond Hart email: rhart@gulfcounty.fl.gov

KONE Inc.
5252 #2A Halls Mill Road
Mobile, AL 36619
Tel 251-661-7522
Fax 251-661-7516
www.kone.com
kerry.dupree@kone.com

Re: Gulf County Courthouse Elevator

We propose: to furnish and install all the necessary labor, materials, tools and supervision to perform the following work on the elevator at Gulf County Courthouse, Port St. Joe, FL to correct inspection violations

- Install car door restrictor.
- Replace oil line in machine room with schedule 80 pipe.
- Install shutoff valve in machine room oil line.
- Shorten traveling cables.
- Repair car top duct and cover.
- Repair top of car inspection station.
- Repair car directional arrows.

50% First Payment

The below quoted price is based on a Fifty Percent First Payment in the amount of \$6,028.00 First payment is due before commencement of proposed labor and material. Work shall not commence until applicable first payment is received.

Our price to perform the above mentioned work amounts to \$12,056.00

Our price includes applicable labor, material and permit fees. Pricing is subject to KONE's Terms and Conditions for tendered repairs and is valid until 30 days after the above stated proposal date.

During the course of our work, should deficiencies, code violations, or other issues be discovered, we will promptly notify Purchaser and provide a separate quotation to correct these issues.

KONE will provide a 90-day labor / material warranty on the work provided within this proposal.

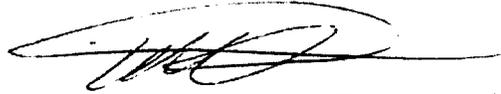
First Payment Receipt

The below will serve as a receipt for the First Payment provided.

Total Price:	\$12,056.00
50% First Payment Amount Due:	\$6,028.00
50% First Payment Amount Received	\$
50% First Payment Check #	
Received By (KONE Representative):	
Date Received:	

ACCEPTANCE: The foregoing Agreement is hereby signed and accepted in duplicate on behalf of Gulf County Board of County Commissioners

Respectfully submitted by, KONE Inc.



(Signature)

Kerry Dupree, Service Sales

(Print Name)

(Approved By) Authorized Representative

(Print Title)

Title

Date: ____ / ____ / ____

Date: ____ / ____ / ____

TERMS AND CONDITIONS

This proposal is subject to the following terms and conditions, all of which are hereby agreed to:

Purchaser agrees to pay the amount of any tax imposed by any existing law, or by any law enacted after the date of this Agreement, based upon the transfer, use, ownership or possession of the equipment involved in the services rendered herein. KONE reserves the right to discontinue our work at anytime until we have assurance, satisfactory to us, that payments will be made as agreed. Final payment shall become due and payable upon completion of the work described in this Agreement. Failure to pay any sum due to KONE within thirty (30) days of the invoice will be a material breach. A delinquent payment charge calculated at the rate of 1½ % per month, or if such rate is usurious then at the maximum rate under applicable law, shall be applied to the delinquent payments. In the event of default on the payment provisions herein, Purchaser agrees to pay, in addition to any defaulted amount, all attorney fees, collection cost or court costs in connection therewith. The machinery, implements and apparatus furnished hereunder remain KONE's personal property and KONE retains title thereto until final payment is made, with right to retake possession of the same at the cost of the Purchaser if default is made in any of the payments, irrespective of the manner of attachment to the realty, the acceptance of notes, or the sale, mortgage or lease of the premises.

The states requiring notice prior to filing a lien, this notice requirement is hereby complied with.

KONE shall not be liable for damage or delay caused directly or indirectly by accidents, embargoes, strikes, lockouts, work interruption or other labor dispute, fire, theft, floods, or any cause beyond KONE's control. Regardless of the type of delay, KONE shall not be liable for any indirect, consequential, or special damages including but not limited to fines, penalties, loss of profits, goodwill, business or loss of use of equipment or property.

Purchaser agrees to provide safe access to the equipment and machine room areas. Should conditions develop beyond KONE's control, making the building or premises in which KONE's personnel are working unsafe, KONE reserves the right to discontinue work until such unsafe conditions are corrected. Should damage occur to KONE's material or work on the premises, by fire, theft or otherwise, Purchaser shall compensate us therefore.

KONE undertakes to perform this work in conformity with the usual applied codes and standards, however, no guarantee can be made that all code violations or defects have been found. This work is not intended as a guarantee against failure or malfunction of equipment at any future time.

It is agreed and understood that KONE is not responsible for damages, either to the vertical transportation equipment or to the building, or for any personal injury or death, arising from or resulting from any code required safety tests performed on this equipment.

Nothing in this agreement shall be construed to mean that KONE assumes any liability of any nature whatsoever arising out of, relating to or in any way connected with the use or operation of the equipment described above. Purchaser shall be solely responsible for the use, repair and maintenance of the equipment and for taking such steps including but not limited to providing attendant personnel, warning signs and other controls necessary to ensure the safety of the user or safe operation of the equipment.

Neither KONE nor its affiliates, subsidiaries or divisions shall be responsible or liable for any damages, claims, suits, expenses and payments on account of or resulting from any injury, death or damage to property arising or resulting from the misuse, abuse or neglect of the equipment herein named or any other device covered by this contract.

Purchaser shall at all times and at Purchaser's own cost, maintain a commercial general liability policy covering bodily injury and property damage with the limits of liability Purchasers customarily carry (naming KONE as additional insured) arising out of the services provided under this Authorization and/or the ownership, maintenance, use or operation of the equipment described herein.

It is agreed and understood that Purchaser is solely responsible for ongoing maintenance and care of the equipment described above. IT IS EXPRESSLY UNDERSTOOD, IN CONSIDERATION OF OUR PERFORMANCE OF THIS WORK THAT PURCHASER ASSUMES ALL LIABILITY FOR THE USE, MAINTENANCE OR OPERATION OF THE EQUIPMENT DESCRIBED ABOVE AND FOR ANY INJURY, INCLUDING DEATH, TO ANY PERSON OR PERSONS AND FOR DAMAGE TO PROPERTY OR LOSS OF USE THEREOF, ON ACCOUNT OF OR RESULTING FROM THE PERFORMANCE OF THE WORK TO BE DONE HEREIN, AND AGREES TO THE EXTENT PERMITTED BY LAW TO DEFEND, INDEMNIFY AND HOLD HARMLESS KONE, ITS OFFICERS, DIRECTORS AND EMPLOYEES FROM ALL DAMAGES, CLAIMS, SUITS, EXPENSES AND PAYMENTS ON ACCOUNT OF OR RESULTING FROM ANY SUCH INJURY, DEATH OR DAMAGE TO PROPERTY, EXCEPT THAT RESULTING FROM THE SOLE NEGLIGENCE OF KONE INC. Purchaser hereby waives any and all rights of recovery, arising as a matter of law or otherwise, which Purchaser might now or hereafter have against KONE Inc.

KONE warrants the materials and workmanship of the equipment for 90 days after completion. Purchaser's remedy is limited to repair or replacement of a defective part, in KONE's sole discretion. The warranty is limited to the replacement or repair of the part itself, and excludes labor. In no event shall KONE be responsible for damage due to normal wear and tear, vandalism, abuse, misuse, neglect, work or repairs or modifications by others, or any other cause beyond the control of KONE. KONE disclaims any other warranty of any kind, either expressed or implied, including without limitation the implied warranties of merchantability or fitness for a particular purpose, or noninfringement.

Unless otherwise agreed, it is understood that the work shall be performed during regular working hours of regular working days of the elevator trade. If overtime work is mutually agreed upon and performed, the additional price, at KONE's usual rates for such work, shall be added to the contract price herein named.

It is expressly understood and agreed all prior agreements written or verbal regarding the subject matter herein are void and the acceptance of this Agreement shall constitute the contract for the material and work specified in this Agreement. Any changes to this Agreement must be made in writing and signed by both parties.

The terms and conditions set forth herein shall constitute the complete agreement for any work performed, AND shall prevail over and supersede any terms and conditions contained in any documents provided by the Purchaser.

The Purchaser does hereby agree the exclusive venue for any dispute between the parties shall be in the county of Rock Island, IL.

BOARD OF COUNTY COMMISSIONERS
GULF COUNTY, FLORIDA

CHIEF ADMINISTRATOR'S OFFICE

Donald Butler, Chief Administrator

1000 CECIL G. COSTIN, SR. BLVD., ROOM 302, PORT ST. JOE, FLORIDA 32456

PHONE: (850) 229-6111/639-6700 • FAX: (850) 229-9252 • EMAIL: dbutler@gulfcounty-fl.gov

DATE AND TIME OF MEETINGS: SECOND AND FOURTH TUESDAYS AT 6:00 P.M., E.T.

MEMORANDUM

TO: GULF COUNTY BOARD OF COUNTY COMMISSIONERS
FROM: LYNN LANIER, DEPUTY ADMINISTRATOR
DATE: SEPTEMBER 19, 2011
RE: WEWA ELEVATOR REPAIRS

There was a lightning strike at the Wewa Courthouse on June 16, 2011. This strike caused the elevator at this courthouse to go out. I have just received a quote to repair this elevator. A claim on the insurance has been filed on the incident.

The attached quote was received for the needed maintenance/repairs. Due to this unexpected expense, it is my recommendation that the attached quote be approved. It is anticipated that the insurance will cover this expenditure, however there is no guarantee until submitted.

My recommendation is to approve the attached quote and to pay the expenses as noted above.

Thank you.

BCC APPROVED

DATE _____ D.C. _____

9/27/11 LL

September 19th 2011

KONE Inc.

5252 2A Halls Mill Road
 Mobile, AL 36619
 Tel: 251 661-7522
 Fax: 251 661-7516
www.kone.com
kerry.dupree@kone.com

Gulf County Court House

Wewahitchka, FL

Re: Elevator Repair/Mod

Dear Customer Contact Person,
 KONE, Inc. is pleased to quote the amount of THIRTY-FOUR THOUSAND SIX HUNDRED FIFTY FOUR DOLLARS AND SEVENTEEN CENTS (\$34,654.00) plus any applicable taxes, to furnish and install the following for the subject existing hydraulic elevators:

- New microprocessor controller, with new elevator positioning system
- New door operator
- New machine room & hoistway wiring, traveling cable & duct as necessary
- New car and hall pushbutton stations, car lantern, car position indicator, required fire service features and ADA phone
- All required testing is included
- All new elevator equipment provided to meet current ANSI A.17 Code

In order to provide you with the most comprehensive proposal, we make the following clarifications:

1. Contract terms and project schedule are to be mutually agreeable between KONE Inc. and your firm (See Attachment A).
2. The following items are to be furnished and installed by your firm or by other trades (See Attachment B).
3. It is assumed that we may work between the hours of 7:00 AM and 4:30 PM, Monday-Friday. No overtime or premium time work has been included within our base bid. The standard wage rate is assumed.
4. Our proposal includes testing with a Q.E.I inspector. However, any re-testing which may result due to other trades' failures to be complete or fail their own testing (including tests with Fire Marshall,) will be billed at our standard service rates.
5. Should KONE be required to pull off of the job site for any reason outside of KONE's control, a re-mobilization fee of \$1,500.00 will be charged for each occurrence.
6. Any asbestoses abatement is by others.
7. Please note we have included our standard one-year warranty. However, we have not included any preventative maintenance services within our base bid.
8. Access to the building for delivery and a dry, protected storage area adjacent to the hoistway and permanent or temporary three phase and single phase power must be available.
9. Piping and conduit, with pull boxes, from each elevator bank to the fire control room and security desk is to be provided and installed by other trades.
10. This proposal includes provisions to support emergency power. All necessary wiring and conduit from the emergency power source shall be by others.
11. All cutting and patching of beams, walls, and masonry work required, including the repairs to plaster will be by others. All chases and openings, as required by the Elevator Contractor will be by others.

12. The empty car weight plus capacity of each elevator must not change by more than 5% of the originally installed weight (per ANSI Code). We have not included any engineering, labor or material cost should the empty car weight plus capacity change by more than 5% or the original installation.

13. We can assume no responsibility for unusual conditions such as hole cave in and complete hydraulic cylinder assembly embedded in concrete. The excavation of the hole to accommodate the new hydraulic cylinder assembly is based on encountering soil free of rocks, boulders, building construction members, san, water, quicksand, underground caves and/or any other obstructions or unusual conditions. Should such obstructions or unusual conditions be encountered, additional time above or beyond the working days estimated to complete this project may be required. We will proceed with this portion of the project on a time and material basis, based on our normal billing rates.

Thank you for the opportunity to submit our proposal for this project. We look forward to future discussions concerning our proposal. If you should have any questions, comments or concerns, please do not hesitate to call me.

Sincerely,
KONE Inc.

Kerry Dupree
Account Representative

Accepted by:

Printed Name: _____

Title: _____

Firm Name: _____

Date:

This offer, when accepted by you and countersigned by an officer of KONE Inc., will be the entire agreement of the parties. This offer, if accepted on any other form or document or if the terms are amended, shall not be binding on KONE Inc. unless countersigned in writing by an officer of KONE Inc.

Approved by – KONE Corporate Officer

Bid Attachment "A"

Application of the Terms and Conditions

The parties agree to be bound by the terms and conditions contained in the Proposal, together with the terms and conditions contained herein. No amendment or other change to this Proposal is binding on KONE. KONE shall not order nor release equipment for manufacturing prior to execution of a contract by both parties

SPECIAL PURCHASING REQUIREMENTS

This proposal is made without regard to compliance with any special purchasing and/or manufacturing requirements including, but not limited to, Buy America, Buy American, U.S. Steel, FAR clauses, minority/disadvantaged supplier requirements or similar state procurement laws. Should such requirements be applicable to this project, KONE reserves the right to modify and/or withdraw our proposal.

VALIDITY OF QUOTATION

The Proposal shall be open for acceptance within the period stated in the Proposal, or when no period is stated, for a period of thirty (30) days from the date of the Proposal.

WORK AND SERVICES NOT INCLUDED

The Proposal is exclusive of all preparatory work, civil works, and all materials and services other than those clearly specified. This proposal specifically excludes any additional costs associated with concealed or subsurface conditions. Wiring and conduit outside of the hoistway and machine room are not included. The installation, maintenance, and the operating costs of the phone line for monitoring services shall be borne by the Customer.

TEMPORARY USE

Temporary use of the equipment may be granted, if required by contract, provided the use period allows adequate time for equipment restoration for final delivery. Temporary use will be invoiced separately per the KONE Temporary Use Agreement and is subject to payment terms indicated in Part 6 of this document. The Customer shall assume all risk of temporary use and operation, supply its own operator and, at the end of the temporary use period, return the equipment to KONE in "like new" condition. Specific noise ratings cannot be guaranteed, due to the different building characteristics and ambient noise levels.

PRICE

Unless otherwise stated pricing for labor and material shall remain firm, but under no circumstances shall KONE be responsible for labor and material cost adjustments resulting from project delays which extend beyond the end of the current calendar year. This amount and/or extensions of time shall only be adjusted by properly approved change orders indicating related modifications to the scope of work and/or to the terms and conditions.

INSTALLATION

The work shall be performed during regular I.U.E.C. working hours of regular working days, Monday to Friday, statutory holidays excluded. Any changes in the progress schedule with respect to the sequence, acceleration or duration of work shall be mutually agreed upon. If overtime work is mutually agreed upon and performed, the additional price for such work shall be added to the Proposal price at KONE's standard overtime rates. KONE will not commence overtime work without an executed change order.

If the installation work and final acceptance cannot be performed in an uninterrupted manner for any reason beyond KONE's control, the Customer shall provide storage and protect the supplied equipment at the Customer's risk and cost and separately compensate KONE for any costs caused by such delay including, but not limited to, double handling of equipment.

KONE will provide union labor and will make reasonable efforts to ensure that they will work in harmony with others and behave in an appropriate manner while on site.

PAYMENT TERMS

Payments are due 30 days from invoice date, based on work progress as follows:

- A. Customer agrees to pay thirty percent (30%) of the Agreement amount including any accepted options and/or alternates upon acceptance of this Agreement.
 - B. Monthly progress billings may be issued by KONE to cover labor expended and materials stored on or off site during the month.
 - C. Customer agrees to pay the amount of any tax imposed by any existing law, or by any enacted after the date of this Agreement, based upon the transfer, use, ownership or possession of the equipment involved in the services rendered herein.
 - D. Final payment shall become due and payable upon completion of the work described in this Agreement. Failure to pay any sum due to KONE within thirty (30) days of the invoice will be a material breach. Simple interest at 1.5% per month will be charged on amounts not paid when due. In the event of default on the payment provisions herein, Customer agrees to pay, in addition to any defaulted amount, all attorney fees, collection costs in connection therewith, and all prejudgment interest.
- KONE reserves the right to delay and/or suspend the work and services, including manufacturing, delivery, installation and/or final turnover of the equipment, for non-payment. KONE

In the event that Purchaser does not accept delivery of material at the Project Site when KONE is ready to make such delivery, Purchaser agrees to immediately make payments due upon shipment as provided above and designate some local point where Purchaser will accept delivery. Upon Purchaser's failure to designate such a point of delivery within 14 calendar days, KONE is authorized to warehouse material within or without our factory at Purchaser's risk and expense. Purchaser assumes responsibility for any increase in KONE's costs (at its standard billing rates) because of any such exceptional handling. Purchaser will be responsible for any damage, including, but not limited to, weather damage, vandalism, etc., to material awaiting acceptance in the event Purchaser fails to accept delivery when KONE is ready to deliver.

Should KONE be delayed by reason of any default on Purchaser's part, the entire Contract Price, less payments theretofore made and less the cost of completing work, as estimated by KONE, shall become due on the date when the proposed equipment was to be in running order had KONE been permitted to commence regular time installation labor on the date shown in this Proposal. This amount due shall bear interest at the full legal rate commencing on such anticipated completion date. Purchaser shall compensate KONE for delays, regardless of whether caused by Purchaser or any other entity, including other subcontractors.

PROPERTY RIGHTS

The delivered material shall remain the property of KONE and KONE shall retain title thereto until final payment is made, with the right to take repossession of the same at the cost of Customer if default is made in any of the payments, irrespective of the manner of attachment to the realty, the acceptance of notes, or the sale, mortgage, or lease of the premises.

The proprietary rights to any drawings, technical documentation or other intellectual property, shall remain solely with KONE. Any software delivered shall remain the property of KONE or the respective supplier. The software supplied with your elevator is licensed to you or your successors but only for use with, and for the operation of this elevator. Use of such software for any other purpose is prohibited. KONE will not supply any additional information such as internal KONE manuals, manufacturing drawings or source code.

Any counters, meters, tools, remote monitoring devices, communication devices, resident software or other service equipment ("Additions") which we may use or install to deliver maintenance service under this Agreement remains KONE's property, solely for the use of our employees. Additions are not considered as part of the elevator. If this contract or subsequent maintenance service is terminated for any reason, we will be given access to the premises to remove the KONE Additions at our expense.

WARRANTY

KONE warrants the materials and workmanship of the equipment for one (1) year after acceptance. Customer's remedy is limited to repair or replacement of a defective part, in KONE's sole discretion. The warranty is limited to the replacement or repair of the part itself, and excludes labor. In no event shall KONE be responsible for damage due to normal wear and tear, vandalism, abuse, misuse, neglect, work or repairs or modifications by others, or any other cause beyond the control of KONE. KONE disclaims any other warranty of any kind, either expressed or implied, including without limitation the implied warranties of merchantability or fitness for a particular purpose, or noninfringement. KONE undertakes to perform this work in conformity with the usual applied codes and standards; however, no guarantee can be made that all code violations or defects have been found.

LIABILITY LIMITATION

THE CUSTOMER AGREES TO INDEMNIFY, DEFEND AND HOLD HARMLESS KONE FROM ANY LOSS, DAMAGE OR CLAIM FOR DAMAGES OR INJURIES, INCLUDING DEATH, CONNECTED WITH THE USE OR OPERATION OF THE EQUIPMENT. SHOULD DAMAGE OCCUR TO KONE MATERIAL OR WORK ON THE PREMISES, WHERE WORK IS TO BE OR IS BEING PERFORMED, BY FIRE, THEFT OR OTHERWISE, THE CUSTOMER IS TO COMPENSATE KONE FOR SAID DAMAGES. KONE'S OBLIGATION TO DEFEND, INDEMNIFY AND HOLD CUSTOMER HARMLESS SHALL BE LIMITED TO THE EXTENT A CLAIM FOR DAMAGES OR INJURIES RESULTS FROM KONE'S NEGLIGENT ACTS OR OMISSION OR WILLFUL MISCONDUCT, BUT NOT THE NEGLIGENT ACTS OR OMISSIONS OR WILLFUL MISCONDUCT OF OTHERS. KONE WILL NOT NAME ANY PARTY AS ADDITIONAL INSURED TO THEIR POLICY.

DAMAGES

KONE shall not be responsible for liquidated damages or any indirect, incidental, or consequential damages. KONE's liability under any circumstances shall be no more than 5% of the Proposal value of the equipment concerned.

FORCE MAJEURE

KONE shall not be liable for any loss, damage, claim or delay due to any cause beyond KONE's control including, but not limited to, acts of government, strikes, lockouts, work interruption or other labor disturbance, fire, explosion, theft, floods, riot, civil commotion, war, malicious mischief, or acts of God.

OCCUPATIONAL HEALTH & SAFETY

We agree to abide by Contractor's Safety Policy as long as the policy is not in conflict with KONE's Safety Policy. KONE agrees to accept liability for the cost of penalties incurred by you pursuant to governing Occupational Health & Safety acts that result from our acts or omissions on the condition that the cost of any similar penalties imposed on KONE because of your acts or omissions or anyone employed by you shall be borne by you.

Customer agrees to provide safe access to the equipment and machine room areas. Should conditions develop beyond KONE's control, making the building or premises in which KONE's personnel are working unsafe, including but not limited to asbestos or polychlorinated biphenyl (PCB), encountered on the site by KONE, KONE reserves the right to discontinue work until such unsafe conditions are corrected.

It is agreed and understood that KONE is not responsible for damages, either to vertical transportation equipment or to the building, or for any personal injury or death, arising from or resulting from any code required safety tests performed on this equipment.

MISCELLANEOUS

Customer agrees that in the event this Agreement is terminated by Customer prior to the completion of the work, Customer will pay all costs incurred as of the date of cancellation plus 30% of the Agreement value as cancellation fees to compensate KONE for lost proffice, overhead, and other cancellation expenses.

This Agreement may be terminated for default provided that KONE is first allowed a reasonable time, upon receipt of written notice, to commence and continue to cure a deficiency.

It is expressly understood and agreed all prior agreements written or verbal regarding the subject matter herein are void. The acceptance of this Agreement shall constitute the contract for the material and work specified in this Agreement and shall prevail over and supercede any terms and conditions contained in any documents provided by the Customer. Any changes to this Agreement must be made in writing and signed by both parties.

Bid Attachment "B"

Following is a list of "Work By Other Trades" that may need to be completed in order to bring the elevator building spaces up to current code.

Work By Other Trades**Power**

- Provide a properly rated three phase fused disconnect switch, externally operable and lockable in the open position adjacent to the machine room door
- Where a battery lowering device is to be supplied, provide and install two normally open auxiliary contacts on the main line disconnect and elevator controller, an additional set of contacts must be installed in series with the contacts on the main line disconnect.
- Provide a dedicated 110 VAC fused disconnect switch, externally operable and lockable in the open position adjacent to the machine room door for cab lighting and ventilation
- If fire sprinklers are present in machine room or hoistway then shunt trip disconnects must be utilized.
- Provide GFI 120 VAC convenience outlets in machine room and pit
- Provide a separate convenience outlet in the pit area, if a sump pump is utilized

Machine Room

- Provide a legal machine room per code requirements. Must maintain a 1-½ hour fire rating.
- Provide a 1-½ hour fire rated door for access into the machine room. Door shall be self-closing and self-locking, able to open from inside the room without the use of a key.
- Provide independent ventilation or an air conditioning system for the elevator machine room, to assure temperature is maintained between 65 degrees and 95 degrees Fahrenheit.
- Provide a fire extinguisher inside of machine room.
- Minimum machine room height is 7'0" clear.
- Suitable lighting that provides a minimum of 19ftc at floor.
- Telephone line service brought to the elevator machine room for emergency communication device.
- Non-elevator related equipment is not allowed within the machine room.

Hoistway

- Provide a legal hoistway per code requirements. Must maintain 1 ½ hour fire rating.
- Fill in all open holes located in hoistway walls with 1 ½ hour fire rated material.
- Bevel all ledges within hoistway measuring over 4".
- Non-elevator related equipment is not allowed within the hoistway.
- Provide a guarded light fixture and light switch in pit. Switch must be located 42" above the lowest landing floor level.
- A means to displace water must be located in the pit.
- Provide the elevator hoistway with ventilation to the outside atmosphere. Hoistways housing elevators extending through more than two (2) floor levels shall be vented to the outside 3 ¼ percent of area of shaft. Minimum 3 square feet. Manual operation only. A building protected throughout with an approved automatic sprinkler system need not be vented.

Fire Service

- A fire alarm initiating device must be located in front of each elevator entrance as well as in the machine room and at the top of the hoistway.
- Where sprinklers exist in the machine room and/or hoistway, a fire alarm initiating device is required within 12" of each sprinkler head.
- All smoke detector wiring as well as three (3) relays with the following contacts will need to be provided and installed in the machine room for final connection to the elevator equipment



GULF COUNTY TAX COLLECTOR

87

SHIRLEY J. JENKINS
TAX COLLECTOR

Telephone: (850) 229-6116

Fax: (850) 229-9224

2011 SEP 21 10:00:05

September 20, 2011

TO: Taxing Authorities

RE: Second Notice/Parcel # 05059-000R

The Tax Collector's Office has approved a request for refund on the above referenced parcel number. The refund is due to the Property Appraiser's office issuing a correction due to Homestead exemption not being granted. The correction was made after a Tax Certificate was issued. Therefore I am authorized to request the following amounts from each taxing authority.

This is a reminder notice for the original request that was sent on August 4, 2011.

Taxing Entity	2010 Tax Year
Gulf County Board of County Com.**	\$732.80
** includes fire zones	

Sincerely,

Christina Strader
Gulf County Tax Collector's Office

2011 SEP 20 11:51

BCC APPROVED

DATE _____ D.C. _____

9/27/11 LL



FLORIDA STATE ASSOCIATION OF SUPERVISORS OF ELECTIONS

PO Box 350 | Tallahassee, FL 32302 | Telephone: (850) 599-9120

September 6, 2011

**Executive Committee
2011-2012**

President
David Stafford

President Elect
Vicki Davis

Vice President
Carl Edwards

Secretary
Jerry Holland

Treasurer
Brian Corley

Past President
Coven Chandler

**Board of Directors
2011-2012**

Ann Bodenstern

Shirley Knight

Lara Morgan

William McCool

Chris Chambless

Mary Jane Arrington

Deborah Clark

Kathy Dent

Christine Walker

Cliff Beemtsma

General Counsel

Ronald Entenry, Esq.

Executive Assistant

Terri Watkins

Dear Canvassing Board Member:

The 2012 Presidential election year is almost upon us, and the 2011 Legislative Session brought about many changes to Florida's election laws that will impact your job as a Canvassing Board Member.

In light of these recent changes, the Florida State Association of Supervisors of Elections is hosting a statewide **Canvassing Board Workshop** to be held at The Florida Hotel at the Florida Mall in Orlando on **Friday, December 9, 2011**. This workshop is intended for County Judges, County Commissioners, Canvassing Board Attorneys and Supervisors of Elections.

Our workshop will highlight the important role that each member of the Canvassing Board plays in the elections process.

The registration fee of **\$60.00** covers the workshop, luncheon, and the Canvassing Board Manual/CD that you will receive at the workshop that day.

The Florida Hotel at the Florida Mall has extended a special rate of **\$90.00 (government rate)** to FSASE for those attendees who plan to arrive the day before and /or stay for the night after the workshop adjourns.

To make Hotel Reservations:

Online: www.thefloridahotelorlando.com
(Group ID:13516 Password: 9396)

By Phone: 800-588-4656

Be sure to mention FSASE to receive the contracted rate

Continuing education credits for this workshop are being requested for all judges, attorneys, and election supervisors.

We are truly looking forward to your participation and the opportunity to provide you with an informative and educational program.

Sincerely,

David Stafford, FSASE President
Chris Chambless, Education Chair
Bill Cowles, Host Supervisor

BCC APPROVED

DATE _____ D.C. _____

FACT SHEET
FSASE CANVASSING BOARD WORKSHOP
FRIDAY, DECEMBER 9, 2011

- WHAT:** FSASE Canvassing Board Workshop
- WHEN:** Friday, December 9, 2011
 9:00 AM Registration/ 10:00 AM to 4:00 PM Program
- WHERE:** Florida Hotel at the Florida Mall
 1500 Sand Lake Road
 Orlando, Florida 32809
- WHO:** County Judges, County Commissioners, Canvassing Board Attorneys and Supervisors of Elections
- FEE:** \$60.00 per person made payable to FSASE and mailed to:
 FSASE, P.O. Box 350, Tallahassee, Florida 32302

You may also register online: www.myfloridaelections.org
 (click the conference registration link)

Deadline for registering is Monday, November 21, 2011
 Deadline for cancellation with refund is Friday, December 2, 2011

TOPICS TO BE DISCUSSED:

Canvassing Board Responsibilities
 Election Law Changes & Challenges
 Ballot Canvassing
 Determining Voter Intent
 Conducting Recounts
 Post Election Audits
 Preparing for Litigation

EDUCATIONAL CREDITS:

Have been requested for County Judges, County Attorneys and Supervisors of Elections

- HOTEL ACCOMMODATIONS:** The Florida Hotel and Conference Center
 1500 Sand Lake Road
 Orlando, Florida 32809
 407/859-1500
 Room Rates - \$90.00 (government rate) plus \$11 per day service charge (includes internet, newspaper, 2 bottles of water, Self-parking, 24 hour access to our business and fitness center)
Please bring your county tax exemption for hotel
Be sure to mention FSASE when making your reservations

FSASE CANVASSING BOARD WORKSHOP
FLORIDA HOTEL AT THE FLORIDA MALL
ORLANDO, FLORIDA
FRIDAY, DECEMBER 9, 2011
9AM REGISTRATION
10:00 AM TO 4:00 PM PROGRAM



REGISTRATION FORM

Name as it should appear on name tag:

First Name Last Name

County: _____

Please check one:

- County Commissioner
- County Judge-Bar No.: _____
- Attorney-Bar No.: _____
- Supervisor of Elections
- Other

Mailing Address:

_____ City: _____ Zip Code: _____

Phone No: _____ Fax No: _____ Email: _____

Workshop fee is \$60.00 per attendee. Please make all checks payable to **FSASE** and mail to:

FSASE
P.O. Box 350
Tallahassee, Florida 32302

You may also register online: www.myfloridaelections.org (click the conference registration link)

Registration Deadline – November 21, 2011

For more information regarding registration, contact Ron Labasky, General Counsel, Florida State Association of Supervisors of Elections at 850-599-9120

Office Use Only:

Amt. Paid: _____ Date Received: _____ Receipt No.: _____ By: _____

PUBLIC NOTICE

A Public Hearing will be held at the Planning and Development Review Board (PDRB) meeting on Monday, September 19 , 2011 at 8:45 a.m. EST, and at the Board of County Commissioners (BOCC) meeting on Tuesday, September 27, 2011 at 6:00 p.m. EST. Both public hearings will be held in the BOCC Meeting Room at the Robert M. Moore Administration Building, 1000 Cecil G. Costin Sr. Blvd., Port St. Joe, Florida. The public hearings will be to discuss and act on the following:

1. Variance Application - by Emile & Gail Iverstine - for Parcel ID # 06269-135R - Located in Section 19, Township 9 South, Range 11 West, Gulf County, Florida - Encroachment into side and road setback for ECL affected lot.
2. Open Discussion
3. Staff

The public is encouraged to attend and be heard on these matters. Information prior to the meeting can be viewed at the Planning and Building Department at 1000 Cecil G. Costin Sr. Blvd., Room 312.

Ad #2011-68

Date: September 8, 2011 and September 15, 2011

Invoice: Planning Department, Account #4522644

Size: **Headline no smaller than 18 point**

Must be at least 2 columns wide by 10 inches long

Must not appear in the newspaper portions where legal notices and classified advertisements appear

Proof of Publication required

PUBLIC NOTICE

NOTICE IS HEREBY GIVEN that the Gulf County Board of County Commissioners will hold a second public hearing to consider adoption by resolution the amended Redistricting Map of Gulf County pursuant to Federal and State mandate. The Redistricting Map provided below shall be considered for adoption by the Board of County Commissioners.

*Complete Proposed County Map and Specific Parcels subject to Redistricting are on file in the Gulf County Clerk's Office for inspection and review and can also be located on the Gulf County website, www.gulfcounty-fl.gov *

The second public hearing will be held during the Gulf County Board of County Commissioner's Regular Meeting on Tuesday, September 27, 2011 at 6:00 p.m. E.T. in the County Commissioner's meeting room in the Robert M. Moore Administration Building, Gulf County Courthouse Complex, Port St. Joe, Florida.

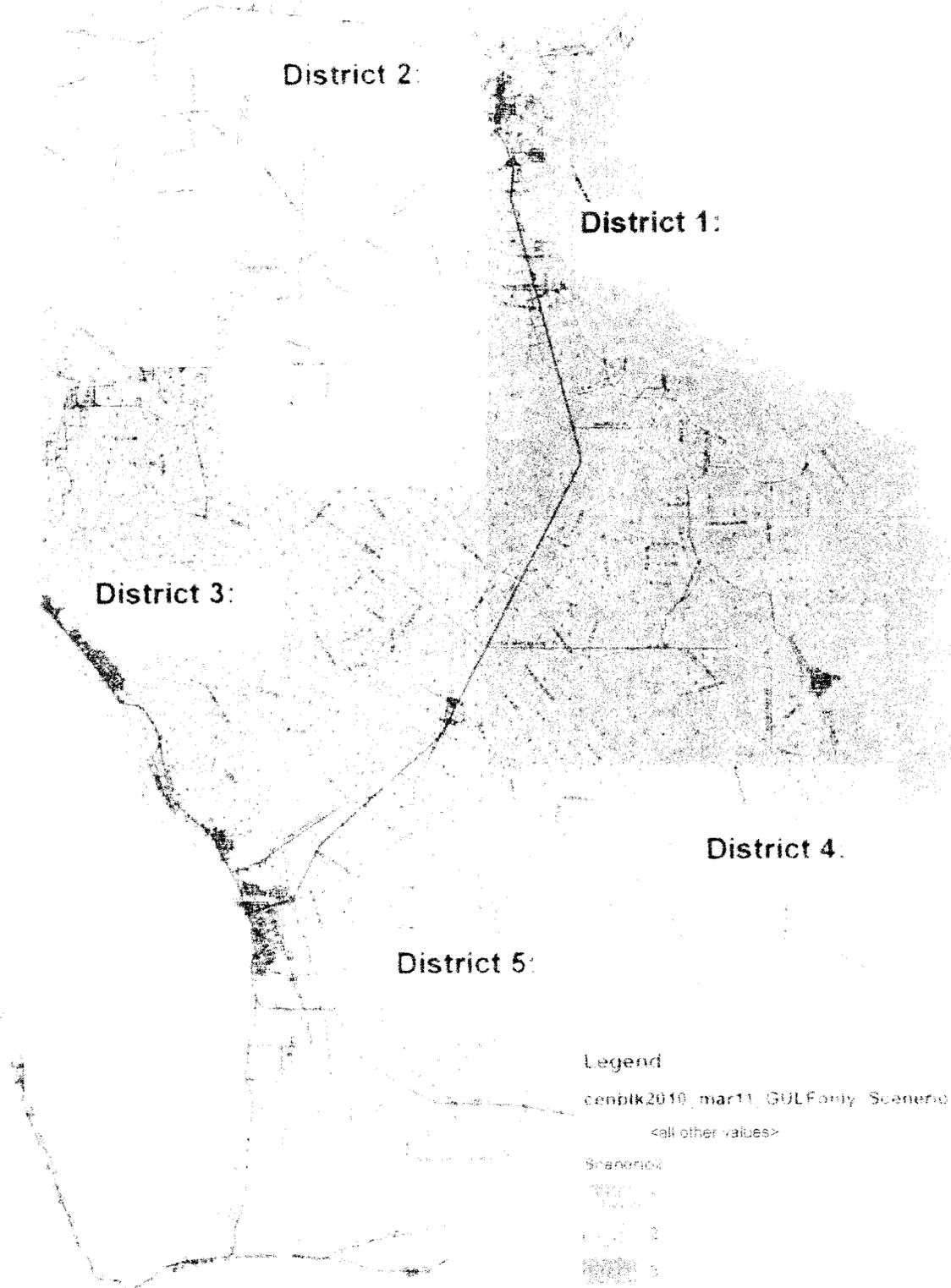
All interested persons may appear and be heard with respect to the proposed Redistricting Map and Amendments. If a person decides to appeal any decisions made by the Gulf County Commission with respect to any matter considered at this hearing, he/she will need a record of the proceedings and that for such purpose he/she may need to ensure a verbatim record of the proceedings made and which would include any evidence upon which the appeal is to be based.

**BOARD OF COUNTY COMMISSIONERS
GULF COUNTY, FLORIDA**

BY: WARREN YEAGER, CHAIRMAN

Ad Dates: News Herald 9/19 & 9/26 – Star 9/22, 2011
Ad #2011-73
Publish as Display
Invoice: Gulf County Board of County Commissioners

(Insert Map at bottom of ad)



Legend

cenptk2010_mar11_GULFonly_Scenerio5

<all other values>

Scenario2

Scenario1

Scenario3

Scenario4

Scenario5

0 1 2 3 4 5

0 1 2 3 4 5

Parcel Listing						
03426-000R	03499-080R	03339-150R	03392-016R	03502-000R	03391-005R	03416-000R
03426-660R	03499-100R	03339-155R	03392-017R	03503-000R	03450-060R	03417-000R
03395-006R	03499-105R	03339-160R	03392-020R	03503-050R	03450-065R	03418-000R
03426-535R	03499-110R	03339-170R	03392-021R	03504-000R	03450-070R	03419-000R
03406-130R	03499-115R	03339-175R	03392-022R	03504-050R	03450-075R	03419-001R
03406-135R	03499-125R	03339-180R	03392-023R	03505-000R	03450-080R	03420-000R
03406-140R	03499-135R	03339-185R	03392-025R	03506-010R	03450-085R	03420-001R
03406-145R	03500-000R	03339-190R	03392-030R	03377-000R	03450-090R	03420-002R
03406-148R	03500-010R	03339-195R	03392-100R	03378-000R	03450-095R	03420-003R
03406-150R	03500-015R	03339-200R	03393-000R	03379-000R	03450-100R	03420-006R
03406-155R	03500-020R	03339-205R	03394-000R	03382-000R	03450-105R	03420-100R
03406-160R	03501-002R	03339-210R	03394-005R	03383-000R	03450-110R	03420-150R
03406-165R	03501-105R	03339-215R	03394-006R	03384-001R	03450-115R	03420-250R
03406-175R	03501-125R	03339-220R	03394-010R	03384-010R	03450-120R	03420-300R
03450-580R	03501-130R	03339-225R	03394-020R	03386-000R	03450-125R	03420-350R
03450-585R	03501-140R	03339-230R	03394-021R	03387-000R	03450-130R	03421-000R
03450-590R	03501-145R	03339-235R	03394-030R	03388-000R	03450-135R	03422-000R
03450-595R	03501-160R	03339-240R	03394-041R	03388-005R	03450-140R	03423-000R
03450-600R	03501-162R	03339-245R	03394-042R	03388-010R	03450-145R	03424-000R
03450-605R	03501-165R	03339-250R	03394-045R	03389-040R	03450-150R	03425-000R
03450-610R	03501-175R	03339-255R	03394-049R	03389-050R	03450-155R	03426-001R
03450-615R	03501-180R	03339-260R	03394-050R	03389-150R	03450-160R	03426-002R
03450-620R	03501-181R	03339-265R	03394-051R	03389-251R	03450-165R	03426-003R
03450-625R	03501-185R	03339-270R	03394-052R	03389-254R	03450-170R	03426-005R
03450-630R	03501-187R	03339-275R	03394-056R	03389-255R	03450-175R	03426-006R
03450-635R	03501-190R	03499-025R	03394-054R	03389-256R	03450-180R	03426-010R
03450-640R	03501-195R	03499-030R	03394-055R	03389-257R	03450-185R	03426-020R
03450-645R	03501-200R	03499-035R	03395-000R	03389-259R	03450-190R	03426-050R
03450-650R	03501-201R	03460-135R	03396-001R	03389-261R	03450-195R	03478-000R
03450-655R	03501-202R	03406-010R	03396-002R	03389-300R	03450-200R	03478-001R
03450-660R	03501-203R	03406-011R	03396-003R	03389-352R	03450-205R	03445-000R
03450-665R	03406-580R	03406-012R	03501-245R	03389-353R	03450-210R	03446-000R
03450-670R	03406-585R	03406-013R	03501-250R	03389-354R	03450-215R	03447-000R
03450-675R	03406-590R	03406-100R	03501-255R	03389-355R	03450-220R	03448-000R
03450-680R	03406-595R	03406-105R	03501-260R	03389-356R	03409-000R	03449-000R
03450-685R	03406-600R	03406-110R	03501-265R	03390-000R	03410-000R	03426-910R
03518-000R	03339-020R	03406-115R	03501-267R	03390-001R	03410-010R	03426-915R
03519-000R	03339-105R	03406-120R	03501-268R	03390-100R	03411-000R	03426-920R
03521-000R	03339-110R	03406-125R	03501-270R	03385-000R	03411-001R	03426-925R
03522-000R	03339-115R	03450-290R	03501-305R	03390-105R	03412-000R	03426-930R
03522-001R	03339-120R	03392-008R	03501-310R	03390-110R	03413-000R	03426-935R
03523-001R	03339-125R	03392-010R	03501-315R	03390-115R	03414-000R	03426-940R
03499-060R	03339-130R	03392-012R	03501-320R	03391-001R	03414-005R	03426-945R
03499-065R	03339-135R	03392-013R	03501-325R	03391-002R	03414-010R	03426-950R
03499-070R	03339-140R	03392-014R	03501-330R	03391-003R	03414-050R	03426-955R
03499-075R	03339-145R	03392-015R	03501-340R	03391-004R	03415-000R	03426-960R

03426-965R	03406-525R	03426-825R	03499-010R	03460-345R	03436-000R	03426-860R	
03426-970R	03406-530R	03426-830R	03499-015R	03460-350R	03436-050R	03426-865R	
03426-975R	03406-535R	03426-835R	03426-530R	03460-355R	03437-000R	03426-870R	
03426-525R	03426-540R	03426-840R	03426-610R	03460-360R	03437-001R	03426-875R	
03392-000R	03426-550R	03426-845R	03511-020R	03460-370R	03438-000R	03426-880R	
03392-001R	03426-555R	03450-295R	03391-006R	03460-375R	03439-000R	03426-895R	
03392-002R	03426-560R	03450-300R	03391-007R	03460-380R	03440-000R	03426-900R	
03392-005R	03426-565R	03450-305R	03391-008R	03462-000R	03441-000R	03510-000R	
03392-006R	03426-570R	03450-310R	03391-009R	03462-050R	03450-225R	03511-000R	
03508-000R	03426-575R	03450-315R	03391-010R	03462-055R	03450-230R	03511-002R	
03509-000R	03426-580R	03450-320R	03396-010R	03462-060R	03450-235R	03511-003R	
03495-500R	03426-585R	03450-325R	03397-000R	03462-100R	03450-240R	03511-006R	
03501-205R	03426-590R	03499-040R	03399-000R	03462-140R	03450-245R	03511-010R	
03501-207R	03426-600R	03499-045R	03400-000R	03462-145R	03450-250R	03512-000R	
03501-212R	03426-601R	03499-050R	03400-050R	03462-150R	03450-255R	03513-000R	
03501-215R	03426-604R	03499-055R	03401-000R	03462-155R	03450-260R	03514-000R	
03501-220R	03426-665R	03450-765R	03402-000R	03462-165R	03450-265R	03515-000R	
03501-224R	03426-670R	03450-770R	03402-001R	03462-167R	03450-270R	03515-001R	
03501-225R	03426-675R	03450-775R	03402-050R	03462-170R	03450-275R	03515-002R	
03501-227R	03426-680R	03450-780R	03403-000R	03462-172R	03450-280R	03515-010R	
03501-230R	03426-685R	03450-785R	03404-000R	03462-180R	03450-285R	03515-020R	
03501-235R	03426-690R	03391-011R	03406-000R	03462-185R	03406-570R	03515-030R	
03501-240R	03426-695R	03391-012R	03495-600R	03462-190R	03406-575R	03515-050R	
03517-050R	03426-700R	03391-013R	03517-000R	03462-195R	03460-140R	03515-060R	
03517-055R	03426-705R	03391-014R	03460-145R	03462-200R	03339-010R	03516-000R	
03517-100R	03426-710R	03391-015R	03460-150R	03462-210R	03374-001R	03516-001R	
03517-150R	03426-715R	03391-016R	03460-160R	03462-300R	03376-000R	03516-050R	
03449-050R	03426-720R	03391-017R	03460-165R	03462-305R	03406-605R	03516-055R	
03450-001R	03426-725R	03391-019R	03460-170R	03463-005R	03406-610R	03516-056R	
03450-002R	03426-730R	03391-020R	03460-175R	03463-010R	03406-615R	03516-060R	
03450-003R	03426-735R	03391-021R	03460-180R	03463-020R	03406-625R	03516-065R	
03450-005R	03426-740R	03391-022R	03460-185R	03463-025R	03406-630R	03516-066R	
03450-010R	03426-745R	03391-023R	03460-190R	03463-035R	03406-635R	03516-070R	
03450-015R	03426-750R	03391-024R	03460-200R	03426-004R	03406-640R	03516-074R	
03450-020R	03426-760R	03391-025R	03460-205R	03426-980R	03407-000R	03516-079R	
03499-120R	03426-765R	03391-027R	03460-210R	03426-985R	03408-000R	03516-080R	
03408-002R	03426-770R	03391-028R	03460-301R	03426-990R	03408-001R	03516-085R	
03499-020R	03426-775R	03495-705R	03460-302R	03426-995R	03426-310R	03516-087R	
03406-180R	03426-780R	03495-710R	03460-304R	03426-999R	03450-025R	03516-088R	
03406-185R	03426-785R	03495-715R	03460-305R	03427-000R	03450-030R	03516-100R	
03406-190R	03426-790R	03495-720R	03460-310R	03428-000R	03450-035R	03516-110R	
03406-195R	03426-795R	03496-000R	03460-312R	03429-000R	03450-040R	03479-000R	
03406-205R	03426-800R	03497-000R	03460-315R	03430-000R	03450-045R	03479-050R	
03406-500R	03426-805R	03498-000R	03460-320R	03431-000R	03450-050R	03479-100R	
03406-510R	03426-810R	03499-000R	03460-325R	03432-000R	03450-055R	03479-150R	
03406-515R	03426-815R	03499-002R	03460-330R	03434-000R	03426-850R	03481-000R	
03406-520R	03426-820R	03499-005R	03460-335R	03434-050R	03426-855R	03482-000R	

03482-001R	03495-200R	03426-312R	03450-525R	03450-920R	03460-040R	03499-130R	
03482-004R	03495-250R	03426-314R	03450-530R	03450-925R	03460-045R	03517-065R	
03482-006R	03339-280R	03426-316R	03450-535R	03450-930R	03460-050R	03394-053R	
03483-010R	03339-285R	03426-320R	03450-540R	03450-935R	03460-058R	03450-004R	
03483-021R	03339-290R	03426-325R	03450-545R	03450-940R	03460-060R	03450-520R	
03483-105R	03339-295R	03426-330R	03450-550R	03451-005R	03460-065R	03450-515R	
03483-110R	03339-300R	03426-335R	03450-555R	03451-006R	03460-070R	03450-510R	
03483-115R	03441-001R	03426-505R	03450-560R	03451-008R	03460-080R	03458-000R	
03483-120R	03442-000R	03426-510R	03450-565R	03451-009R	03460-085R	03450-715R	
03483-125R	03442-001R	03426-515R	03450-570R	03451-013R	03460-110R	03339-015R	
03483-130R	03443-000R	03426-520R	03450-575R	03451-014R	03460-125R	03479-105R	
03483-135R	03444-000R	03450-330R	03450-690R	03451-015R	03463-040R	03426-905R	
03483-140R	03469-125R	03450-335R	03450-695R	03451-016R	03463-045R	03499-160R	
03483-145R	03469-130R	03450-340R	03450-700R	03451-018R	03464-000R	03499-150R	
03483-150R	03469-135R	03450-345R	03450-705R	03451-020R	03469-000R	03389-350R	
03483-155R	03469-140R	03450-350R	03450-710R	03451-021R	03469-050R	03462-175R	
03483-160R	03469-145R	03450-355R	03450-720R	03451-022R	03469-055R	03483-020R	
03483-165R	03469-150R	03450-360R	03450-725R	03451-023R	03469-060R	03339-025R	
03485-000R	03469-155R	03450-365R	03450-730R	03451-025R	03469-065R	03452-000R	
03486-000R	03469-160R	03450-370R	03450-735R	03451-026R	03469-105R	03516-086R	
03486-001R	03469-165R	03450-375R	03450-740R	03451-027R	03469-110R	03477-510R	
03486-005R	03469-170R	03450-380R	03450-745R	03451-028R	03469-115R	03477-505R	
03486-006R	03469-175R	03450-385R	03450-750R	03451-029R	03469-120R	03477-500R	
03486-010R	03470-000R	03450-390R	03450-755R	03451-031R	03389-100R		
03486-020R	03471-000R	03450-395R	03450-760R	03451-032R	03339-165R		
03487-000R	03472-000R	03450-400R	03450-790R	03451-033R	03426-755R	Partially Moving	
03488-001R	03473-000R	03450-405R	03450-795R	03451-034R	03426-605R	03523-000R	
03488-002R	03474-000R	03450-410R	03450-800R	03452-001R	03426-615R	03384-000R	
03488-004R	03475-000R	03450-415R	03450-805R	03453-000R	03426-620R	03339-005R	
03488-005R	03476-000R	03450-420R	03450-810R	03453-001R	03426-625R	03374-000R	
03488-006R	03477-000R	03450-425R	03450-815R	03454-000R	03426-630R	03375-000R	
03488-007R	03406-540R	03450-430R	03450-820R	03454-002R	03426-635R	03468-000R	
03488-008R	03406-545R	03450-435R	03450-825R	03454-015R	03426-640R	03339-004R	
03488-010R	03406-555R	03450-440R	03450-830R	03454-020R	03426-645R		
03488-050R	03406-560R	03450-445R	03450-835R	03454-025R	03426-650R		
03488-055R	03406-565R	03450-450R	03450-840R	03461-000R	03426-655R		
03488-056R	03426-055R	03450-455R	03450-845R	03517-060R	03450-000R		
03490-000R	03426-060R	03450-460R	03450-850R	03457-000R	03450-865R		
03491-000R	03426-065R	03450-465R	03450-855R	03457-050R	03450-895R		
03492-000R	03426-100R	03450-470R	03450-870R	03457-100R	03450-860R		
03493-000R	03426-160R	03450-475R	03450-875R	03458-100R	03450-890R		
03494-000R	03426-200R	03450-480R	03450-880R	03459-000R	03454-010R		
03495-000R	03426-210R	03450-485R	03450-885R	03460-005R	03455-000R		
03495-005R	03426-255R	03450-490R	03450-900R	03460-010R	03463-030R		
03495-100R	03426-260R	03450-495R	03450-905R	03460-020R	03469-180R		
03495-110R	03426-265R	03450-500R	03450-910R	03460-025R	03488-015R		
03495-150R	03426-305R	03450-505R	03450-915R	03460-030R	03498-050R		