

Board of County Commissioners Workshop Item

Date of Meeting: March 13, 2007

Date Submitted: March 7, 2007

To: Honorable Chairman and Members of the Board

From: Parvez Alam, County Administrator 
 Vincent S. Long, Deputy County Administrator
 Don Lanham, Health and Human Services Director

Subject: Workshop on Leon County Primary Healthcare Program

Statement of Issue:

This workshop item presents an update on the Leon County Primary Healthcare Program as well as presentations of the services provided by participants in the program.

Background:

Healthcare for the uninsured in Leon County has been an issue of concern for the Board since 1995. After much community deliberation and study by the Board, the Leon County's Primary Healthcare Program (Program) was created on January 1, 2002. The purpose of this Program is to efficiently provide primary healthcare to the County's uninsured residents.

The County contracts with Bond Community Health Care Center (Bond CHC), Neighborhood Health Services (NHS), Inc., the WeCare Network of the Capital Medical Society Foundation (WeCare) and Florida A&M University, College of Pharmacy and Pharmaceutical Sciences (FAMU Pharmacy) for the provision of primary care, limited specialty care and pharmacy services, respectively, for the Primary Healthcare Program (Attachments #1 - #4). Additionally, in FY 05/06, the Board initiated a separate three-year contract with Bond CHC for the provision of women's and children's healthcare services (Attachment # 1, pages #5 - #12).

This following table demonstrates the Primary Healthcare Program payments per entity during its six years of existence:

	FY 01/02	FY 02/03	FY 03/04	FY 04/05	FY 05/06	FY 06/07
Bond	\$320,485	\$468,980	\$468,980	\$468,980	\$679,791	\$679,791
NHS	\$259,455	\$494,780	\$494,780	\$494,780	\$355,000	\$355,000
WeCare	\$60,027	\$90,043	\$90,043	\$90,043	\$90,043	\$90,043
FAMU	*	*	*	*	\$355,000	\$355,000
Total Payments	\$639,967	\$1,053,803	\$1,053,803	\$1,053,803	\$1,479,834	\$1,479,834

* During the first four years of the program, FAMU Pharmacy was reimbursed for pharmaceutical services by Bond CHC and NHS. In FY 05/06, the PHIAB approved the unification of pharmacy services. This unification enhances program efficiency by allowing use of a community-wide formulary, participation in drug manufacturers' bulk drug replacement programs, and electronic efficiencies. The Board began contracting directly with FAMU Pharmacy in FY 05/06 and thus reduced the annual allocations of Bond CHC and NHS accordingly.

When the Program was created in 2002, a Primary Healthcare Implementation Advisory Board (PHIAB) was also created to review the effectiveness of the primary healthcare program and to report their findings and recommendations for programmatic improvements to the Board on an annual basis (Attachments #5). The current membership of the PHLAB is included as Attachment #6.

During the January 9, 2007 board meeting, the BOCC requested the providers in the Primary Healthcare Program present an overview of the services they render to the community. The following information was requested from the Program participants (Attachment #7).

- Mission of Organization
- List of Programs and Services Provided
- List of Population Served
- Number of Leon County Residents Served
- Analysis of Funding Sources for Each Program and a Breakdown of expenses by services/programs
- List of staff positions associated with services/ programs
- Financial and audit reports for FY2005 and FY2006 and include audit process procedures.
- List of accomplishments through Leon County Primary Healthcare Funding and include statistics.

The information each provider submitted in response to this request is included for Board consideration (Attachments #8 - #11).

Analysis:

Leon County contracts with Bond CHC and NHS to provide primary healthcare. Both clinics provide a wide range of primary healthcare services for children and adults. The clinics accept patients by appointment or walk-in and upon referral from hospital emergency departments. Bond CHC and NHS provide social workers and case managers for patient follow-up.

The WeCare Network of the Capital Medical Society Foundation provides limited specialty care to participants of the County Primary Healthcare Program. WeCare relies upon the availability of physician volunteers and as such, the availability of specialty care is limited by the capacity of various volunteer specialists who donate their services. Currently, WeCare reports it is at capacity in the following medical specialties: Gynecology, Neurology, Endocrinology, and Gastroenterology.

The Florida A&M University, College of Pharmacy and Pharmaceutical Sciences provides prescription drug services for the Primary Healthcare Program. Pharmacy services are supported by FAMU. Prescription drug cost is substantially reduced by the participation of the FAMU Pharmacy in the federal prescription drug purchasing program. The FAMU Pharmacy assists uninsured residents with application to drug manufacturers special low-income and uninsured programs drug assistance programs. The FAMU Pharmacy also provides educational services on appropriate drug usage and disease management counseling.

Leon County Health Department (LCHD) is the final piece to the County Primary Healthcare Program. In addition to collaborating with LCHD on various issues regarding uninsurance in the community, LCHD performs the auditing functions for the Leon County Primary Healthcare Program. LCHD provides quarterly quality assurance surveys at Bond CHC and NHS. LCHD verifies patients medical records for Leon County residency status, insures that patients seen under the County's program are not eligible for other, more appropriate programs, performs a clinical analysis on random samples of patient files and notifies staff of irregularities and of any failure of the eligibility verification processes at Bond and NHS clinics.

The Program participants have been asked to present an overview of their programs and services during today's Board workshop. The following is the schedule for presentations:

- Introduction of Workshop – 5 minutes
- Presentation by Bond CHC – 15 minutes
- Presentation by NHS – 15 minutes
- Presentation by WeCare – 15 minutes
- Presentation by FAMU Pharmacy – 15 minutes
- Presentation of Audit Findings by LCHD – 15 minutes
- Board deliberation

As reported in the PHIAB's 2004/2005 Annual Report, the County's primary healthcare program continues to be a sound investment, returning \$5.33 in community benefits for each \$1 of County tax revenue expended. There were 7,988 Leon County citizens receiving primary or specialty care for FY 04-05, which is 177% of the original targeted number of 4,500. The average cost per patient/per year was \$131.75, a reduction of \$15.00 from the FY 03-04 cost of \$146.55 per patient/per year. In cooperation with the FAMU School of Pharmacy, 58,540 prescriptions were filled with a value of \$2,500,829. Finally, a total of 176 hospital inpatient admissions were avoided for FY 04-05, resulting in a cost-avoidance of \$1,061,205 (Attachment # 12).

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Options:

1. Accept report and provider presentations on the Primary Healthcare Program.
2. Do not accept report and provider presentations on the Primary Healthcare Program.
3. Board direction

Recommendation:

Option #1

Attachments:

1. Bond Community Health Center Contract FY 06/07
2. Neighborhood Health Services Contract FY 06/07
3. WeCare Contract FY 06/07
4. Florida A&M University College of Pharmacy Contract FY 06/07
5. Resolution No. R01-50
6. Primary Healthcare Advisory Board Membership
7. Letters from the County Administrator
8. Bond Community Health Center Presentation
9. Neighborhood Health Services Presentation
10. WeCare Presentation
11. Florida A&M University College of Pharmacy Presentation
12. PHIAB Annual Report for FY 2004/2005

PA/VSL/DL/FP

LEON COUNTY
DIVISION OF HEALTH AND HUMAN SERVICESPRIMARY HEALTHCARE PROGRAM
STANDARD CONTRACT - AMENDMENT #1

THIS CONTRACT is entered into between Leon County hereinafter referred to as the County and Bond Community Health Center., hereinafter referred to as the provider.

THE PARTIES AGREE:

I. THE PROVIDER AGREES:

A. To provide services in accordance with the conditions specified in Attachment I.

B. Requirements of §287.058, Florida Statutes (FS)

To provide units of deliverables, including reports, findings, and drafts as specified in Attachment I, to be received and accepted by the contract manager prior to payment. To comply with the criteria and final date by which such criteria must be met for completion of this contract as specified in Section I, Paragraph A. of this contract. To submit bills for fees or other compensation for services or expenses in sufficient detail for a proper pre-audit post-audit thereof. To allow public access to all documents, papers, letters, or other materials subject to the provisions of Chapter 119, FS, may be received by the provider in conjunction with this contract. It is expressly understood that the provider's refusal to comply with this provision constitute an immediate breach of contract.

C. To the Following Governing Law

1. State of Florida Law

This contract is executed and entered into in the State of Florida, and shall be construed, performed, and enforced in all respects in accordance with the laws, rules, and regulations of the State of Florida. Each party shall perform its obligations herein in accordance with the terms and conditions of the contract.

2. Federal Law

a. If this contract contains federal funds, the provider shall comply with the provisions of 45 CFR, Part 74, and/or 45 CFR, Part 92, and applicable regulations as specified in Attachment I.

b. If this contract contains federal funds and is over \$100,000, the provider shall comply with all applicable standards, orders, or regulations under §306 of the Clean Air Act, as amended (42 U.S.C. 1857(h) et seq.), §508 of the Clean Water Act, as amended (33 U.S.C. 1368 et seq.), Executive Order 11738, and Environmental Protection Agency regulations (40 CFR Part 15). The provider shall report any violations of the above to the department.

c. If this contract contains federal funding in excess of \$100,000, the provider must, prior to contract execution, complete the Certification Regarding Lobbying form, Attachment NA. If a Disclosure of Lobbying Activities form, Standard Form LLL, is required, it may be obtained from the contract manager. All disclosure forms as required by the Certification Regarding Lobbying form must be completed and returned to the contract manager.

d. Not to employ unauthorized aliens. The department shall consider employment of unauthorized aliens a violation of §§274A(e) of the Immigration and Naturalization Act. Such violation shall be cause for unilateral cancellation of this contract by the department.

e. The provider and any subcontractors agree to comply with Pro-Children Act of 1994, Public Law 103-277, which requires that smoking is not permitted in any portion of any indoor facility used for the provision of federally funded services including health, day care, early child development, education or library services on a routine or regular basis, to children up to age 18. Failure to comply with the provisions of the Act may result in the imposition of civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

f. HIPAA: Where applicable, the provider will comply with the Health Insurance Portability and Accountability Act as well as all regulations promulgated thereunder (45CFR Parts 160, 162, and 164).

D. Audits, Records, and Records Retention

1. To establish and maintain books, records, and documents (including electronic storage media) in accordance with generally accepted accounting procedures and practices, which sufficiently and properly reflect all revenues and expenditures of funds provided by the department under this contract.

2. To retain all client records, financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to this contract for a period of six (6) years after termination of the contract, or if an audit has been initiated and audit findings not been resolved at the end of six (6) years, the records shall be retained until resolution of the audit findings or any litigation which may be brought on the terms of this contract.

3. Upon completion or termination of the contract and at the request of the department, the provider will cooperate with the department to facilitate duplication and transfer of any said records or documents during the required retention period as specified in Section I, paragraph D.2. above.

4. To assure that these records shall be subject at all reasonable times to inspection, review, or audit by Federal, state, or other personnel authorized by the department.

5. Persons duly authorized by the department and Federal auditors, pursuant to 45 CFR, Part 92.36(i)(10), shall have full access to and the right to examine any of provider's contract and related records and documents, regardless of the form in which kept, at all reasonable times for as long as the records are retained.

6. To provide a financial and compliance audit to the department as specified in Attachment II and to ensure that all related party transactions are disclosed to the auditor.

7. To include these aforementioned audit and record keeping requirements in all approved subcontracts and assignments.

E. Monitoring by the Department

To permit persons duly authorized by the department to inspect any records, papers, documents, facilities, goods, and services of the provider that are relevant to this contract, and interview any clients and employees of the provider to assure the department of satisfactory performance of the terms and conditions of this contract. Following such evaluation the department will deliver to the provider a written report of its findings and will include recommendations with regard to the provider's performance of the terms and conditions of this contract. The provider will correct all noted deficiencies identified by the department within the specified period of time set forth in the recommendations. The provider's failure to correct noted deficiencies at the sole and exclusive discretion of the department, result in any one or any combination of the following: (1) the provider being deemed in breach of default of this contract; (2) the withholding of payments to the provider by the department; and (3) the termination of this contract for cause.

F. Indemnification

1. The provider shall be liable for and shall indemnify, defend, and hold harmless the department and all of its officers, agents, and employees from claims, suits, judgments, or damages, consequential or otherwise and including attorneys' fees and costs, arising out of any act, actions, neglect, omissions by the provider, its agents, or employees during the performance or operation of this contract or any subsequent modifications thereto whether direct or indirect, and whether to any person or tangible or intangible property.
2. The provider's inability to evaluate liability or its evaluation of liability shall not excuse the provider's duty to defend and indemnify within seven days after such notice by the department is given by certified mail. Only adjudication or judgment after highest appeal is exhausted specifying finding the provider not liable shall excuse performance of this provision. The provider shall pay all costs and fees related to this obligation and enforcement by the department. The department's failure to notify the provider of a claim shall not release the provider of the above duty to defend.

G. Insurance

To provide adequate liability insurance coverage on a comprehensive basis and to hold such liability insurance at all times during the existence of this contract and any renewal(s) and extension(s) of it. Upon execution of this contract, the provider accepts full responsibility for identifying and determining the type(s), extent of liability insurance necessary to provide reasonable financial protections for the provider and the clients to be served under this contract. Upon execution of this contract, the provider shall furnish the department written verification supporting both the determination and existence of such insurance coverage. Such coverage may be provided by a self-insurance program established and operating under the laws of the State of Florida. The department reserves the right to require additional insurance as specified in Attachment I where appropriate.

H. Safeguarding Information

Not to use or disclose any information concerning a recipient of services under this contract for any purpose not in conformity with state and federal regulations except upon written consent of the recipient, or his responsible parent or guardian when authorized by law.

I. Assignments and Subcontracts

1. To neither assign the responsibility of this contract to another party nor subcontract for any of the work contemplated under this contract without prior written approval of the department, which shall not be unreasonably withheld. Any sub-license, assignment, or transfer otherwise occurs shall be null and void.
2. The provider shall be responsible for all work performed and all expenses incurred with the project. If the department permits the provider to subcontract all or part of the work contemplated under this contract, including entering into subcontracts with vendors for services and commodities, it is understood by the provider that the department shall not be liable to the subcontractor for any expenses or liabilities incurred under the subcontract and the provider shall be solely liable to the subcontractor for all expenses and liabilities incurred under the subcontract. The provider at its expense, will defend the department against such claims.
3. Leon County shall at all times be entitled to assign or transfer its rights, duties, or obligations under this contract to another governmental agency in Leon County Government, upon giving prior written notice to the provider. In the event Leon County approves transfer of the provider's obligations, the provider remains responsible for all work performed and all expenses incurred in connection with the contract. In addition, this contract shall bind the successors, assigns, and legal representatives of the provider and of any legal entity that succeeds to the obligations of Leon County, Florida.
4. Unless otherwise stated in the contract between the provider and subcontractor, payments made by the provider to the subcontractor must be within seven (7) working days after receipt of full or partial payments from the department in accordance with §287.0585, FS. Failure to pay within seven (7) working days will result in a penalty charged against the provider and paid to the subcontractor in the amount of one-half of one (1) percent of the amount due per day from expiration of the period allowed herein for payment. Such penalty shall be in addition to actual payments owed and shall not exceed fifteen (15) percent of the outstanding balance due.

J. Return of Funds

To return to the department any overpayments due to unearned funds or funds disallowed pursuant to the terms of this contract that were disbursed to the provider by the department. In the event that the provider or its independent auditor discovers that overpayment has been made, the provider shall repay the overpayment within 40 calendar days without prior notification from the department. In the event that the department first discovers an overpayment has been made, the department will notify the provider by letter of such a finding. Should repayment not be made in a timely manner, the department will charge interest at one (1) percent per month compounded on the outstanding balance after 40 calendar days after the date of notification or discovery.

K. Incident Reporting

Abuse, Neglect, and Exploitation Reporting

In compliance with Chapter 415, FS, an employee of the provider who knows or has reasonable cause to suspect that a child, aged person, or disabled adult is being abused, neglected, or exploited shall immediately report such knowledge or suspicion to the Florida Abuse Hotline on the single statewide toll-free telephone number (1-800-96ABUSE).

L. Civil Rights Requirements

Civil Rights Certification: The provider will comply with applicable provisions of the State of Florida Department of Health publication, "Methodology for Administration, Equal Opportunity in Service Delivery."

M. Independent Capacity of the Contractor

1. In the performance of this contract, it is agreed between the parties that the provider is an independent contractor and that the provider is solely liable for the performance of all tasks contemplated by this contract, which are not the exclusive responsibility of the department.
2. The provider, its officers, agents, employees, subcontractors, or assignees, in performance of this contract, shall act in the capacity of an independent contractor and not as an officer, employee, or agent of the Leon County, Florida nor shall the provider represent to others that it has the authority to bind the department unless specifically authorized to do so.
3. Neither the provider, its officers, agents, employees, subcontractors, nor assignees are entitled to county retirement or county leave benefits, or to any compensation of county employment as a result of performing the duties and obligations of this contract.
4. The provider agrees to take such actions as may be necessary to ensure that each subcontractor of the provider will be deemed to be an independent contractor and will not be considered or permitted to be an agent, servant, joint venturer, or partner of Leon County, Florida.
5. Unless justified by the provider and agreed to by the department in Attachment I, the department is not responsible for services of support (e.g. space, office supplies, telephone service, secretarial, or clerical support) to the provider, or its subcontractor or assignee.
6. All deductions for social security, withholding taxes, income taxes, contributions to unemployment compensation funds, and all necessary insurance for the provider, the provider's officers, employees, agents, subcontractors, or assignees shall be the responsibility of the provider.

N. Sponsorship

If the provider is a non-governmental organization which sponsors a program financed wholly or in part by county funds, including any funds obtained through contract, it shall, in publicizing, advertising, or describing the sponsorship of the program, state: *Sponsored by (provider's name) and Board of Commissioners with County Logo*. If the sponsorship reference is in written material, the words, *Board of County Commissioners, Leon County and county* shall appear in the same size letters or type as the name of the organization.

O. Final Invoice

To submit the final invoice for payment to the department no more than 45 days after the contract ends or is terminated. If the provider fails to do so, all right payment is forfeited and the department will not honor any requests submitted after the aforesaid time period. Any payment due under the terms of this contract may be withheld until all reports due from the provider and necessary adjustments thereto have been approved by the department.

P. Use of Funds for Lobbying Prohibited

To comply with the provisions of §216.347, FS, which prohibit the expenditure of contract funds for the purpose of lobbying the Legislature, judicial branch, or a agency.

Q. Patents, Copyrights, and Royalties

1. If any discovery or invention arises or is developed in the course or as a result of work or services performed under this contract, or in anyway connected herewith, the provider shall refer the discovery or invention to the department to be referred to the Department of State to determine whether patent protection was sought in the name of Leon County, Florida. Any and all patent rights accruing under or in connection with the performance of this contract are hereby reserved to Leon County, Florida.
2. In the event that any books, manuals, films, or other copyrightable materials are produced, the provider shall notify the Department. Any and all copyrights accruing under or in connection with the performance under this contract are hereby reserved to Leon County, Florida.
3. The provider, without exception, shall indemnify and save harmless Leon County and its employees from liability of any nature or kind, including cost expenses for or on account of any copyrighted, patented, or unpatented invention, process, or article manufactured by the provider. Leon County provide prompt written notification of claim of copyright or patent infringement. Further, if such claim is made or is pending, the provider may, at its own expense, procure for Leon County, the right to continue use of, replace, or modify the article to render it non-infringing. If the provider uses any device, or materials covered by letters, patent, or copyright, it is mutually agreed and understood without exception that the bid prices shall include royalties or cost arising from the use of such design, device, or materials in any way involved in the work.

R. Construction or Renovation of Facilities Using County Funds

Any county funds provided for the purchase of or improvements to real property are contingent upon the provider granting to the county a security interest in the property at least to the amount of the county funds provided for at least (5) years from the date of purchase or the completion of improvements or as further required by law. As a condition of a receipt of county funding for this purpose, the provider agrees that, if it disposes the property before the department's interest is vacated, the provider will refund the proportionate share of the county's initial investment adjusted by depreciation.

S. Information Security

The provider shall maintain confidentiality of all data, files, and records including client records related to the services provided pursuant to this agreement and shall comply with state and federal laws, including, but not limited to, sections 384.29, 381.004, 392.65, and 456.057, Florida Statutes. Procedures must be implemented by the provider to ensure the protection and confidentiality of all confidential matters. The provider's procedures shall be consistent with Leon County Information Security Policies, as amended, which is incorporated herein by reference and a receipt of which is acknowledged by the provider, upon execution of this agreement. The provider will adhere to any amendments to the department's security requirements provided to it during the period of this agreement. The provider must also comply with any applicable professional standards of practice with respect to client confidentiality.

II. The County Agrees:

A. Contract Amount

The total contract amount is \$329,380.00. \$43,755 of the contract amount shall be remitted to the Agency for Health Care Administration as a match in order to draw down Medicaid Lower Income Pool funding on the provider's behalf. The remainder of the contract shall fund contracted services according to the conditions of Attachment I to this Agreement in an amount of \$80.00 per patient visit not to exceed a total of \$285,625.00 subject to the availability of funds. Leon County's performance and obligation to pay under this contract is contingent upon an annual appropriation by the Board of County Commissioners. The costs of services paid under any other contract or from any other source are not eligible for reimbursement under this contract.

B. Contract Payment

Invoice payment requirements do not start until a properly completed invoice is provided.

III. The Provider and the County Mutually Agree

A. Effective and Ending Dates

This contract shall begin on October 1, 2006, and shall end on September 30, 2007.

B. Termination

1. Termination at Will

This contract may be terminated by either party upon no less than thirty (30) calendar days notice in writing to the other party, without cause, unless a less period is mutually agreed upon in writing by both parties. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery.

2. Termination Because of Lack of Funds

In the event funds to finance this contract become unavailable, the department may terminate the contract upon no less than twenty-four (24) hours notice in writing to the provider. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery. The department shall have final authority as to the availability and adequacy of funds. In the event of termination of this contract, the provider will be compensated for any work satisfactorily completed prior to notification of termination.

3. Termination for Breach

This contract may be terminated for the provider's non-performance upon no less than twenty-four (24) hours notice in writing to the provider. If applicable, the department may employ the default provisions in Chapter 60A-1.006 (3), FAC. Waiver of breach of any provisions of this contract shall not be deemed a waiver of any other breach and shall not be construed to be a modification of the terms of this contract. The provisions herein do not limit the department's remedies at law or in equity.

4. Termination for Failure to Satisfactorily Perform Prior Agreement

Failure to have performed any contractual obligations with the department in a manner satisfactory to the department will be a sufficient cause for termination. If the contract is to be terminated as a provider under this provision, the provider must have: (1) previously failed to satisfactorily perform in a contract with the county, been notified by the county of the unsatisfactory performance, and failed to correct the unsatisfactory performance to the satisfaction of the county; or (2) had a contract terminated by the county for cause.

C. Renegotiation or Modification

Modifications of provisions of this contract shall only be valid when they have been reduced to writing and duly signed by both parties. The rate of payment dollar amount may be adjusted retroactively to reflect price level increases and changes in the rate of payment when these have been established through county budgeting process and subsequently identified in the department's operating budget.

D. Official Payee and Representatives (Names, Addresses and Telephone Numbers)

- | | |
|--|--|
| <p>1. The name (provider name as shown on page 1 of this contract) and mailing address of the official payee to whom the payment shall be made is:
<u>Bond Community Health Center</u>
<u>710 W. Orange Ave.</u>
<u>Tallahassee, Florida 32310</u></p> <p>2. The name of the contact person and street address where financial and administrative records are maintained is:
<u>Bond Community Health Center</u>
<u>710 W. Orange Ave.</u>
<u>Tallahassee, Florida 32310</u></p> | <p>3. The name, address, and telephone number of the contract manager for the County for this contract is:
<u>Frederick L. Pearson Jr., Human Services Analyst</u>
<u>Division of Health and Human Services</u>
<u>918 Railroad Avenue</u>
<u>Tallahassee, Florida 32310</u></p> <p>4. The name, address, and telephone number of the provider representative responsible for administration of the program under this contract is:
<u>Bond Community Health Center</u>
<u>710 W. Orange Ave.</u>
<u>Tallahassee, Florida 32310 (850) 576-4073</u></p> |
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5. Upon change of representatives (names, addresses, telephone numbers) by either party, notice shall be provided in writing to the other party and notification attached to originals of this contract.

E. All Terms and Conditions Included

This contract and its attachments as referenced, Attachments I & II and Exhibits 1, A, B, C, D, E, & F contain all the terms and conditions agreed upon by the parties. There are no provisions, terms, conditions, or obligations other than those contained herein this contract shall supersede all previous communications, representations, or agreements, either verbal or written between the parties. If any term or provision of the contract is found to be illegal or unenforceable, the remainder of the contract shall remain in full force and effect and such term or provision shall be stricken.

I have read the above contract and understand each section and paragraph.

Provider: BOND COMMUNITY HEALTH CENTER, INC
710 WEST ORANGE AVE
TALLAHASSEE FL 32310

Signed by: [Signature]

Name: J.R. RICHARDS

Title: CEO

Date: 12/6/06

Federal EID# 592426414

LEON COUNTY, FLORIDA

BY: [Signature]
C.E. DePuy, Jr., Chairman
Board of County Commissioners



ATTEST:
Bob Inzer, Clerk of the Court
Leon County, Florida

BY: [Signature]

Approved as to Form:
Leon County Attorney's Office

BY: [Signature]
Herbert W.A. Thiele, Esq.
County Attorney

County Primary Healthcare Contract with Bond Community Health Center, Inc. for Women's and Children's Healthcare Services

This Agreement dated this 20th day of September, 2005, by and between LEON COUNTY, FLORIDA, a charter county and political subdivision of the State of Florida, hereinafter referred to as the "County" and Bond Community Health Center, Inc., hereinafter referred to as the "Contractor."

WHEREAS, the Board has identified the need to further the provision of primary and specialized healthcare services to the citizens of our community; Services to include basic diagnostic procedures and drug or other therapeutic modalities ordered or provided by the care practitioner in the course of treating the patient, along with ambulatory care, preventive health services and continuing management of the healthcare needs of registered clients; and

WHEREAS, the CareNet group of providers, including Neighborhood Health Services, Bond Community Health Center, Inc., the Capital Medical Society, the FAMU College of Pharmacy, Tallahassee Memorial Healthcare, Tallahassee Community Hospital and Leon County Health Department have provided primary and specialty healthcare services to the citizens of Leon County in a coordinated fashion for a number of years; and

WHEREAS, the Board has determined that a great need for women's and children's healthcare in our community exists above the current level of services offered by the CareNet partners at their current levels of funding and participation; and

WHEREAS, the Board has found it in the best interest of Leon County to dedicate funding for the expansion of the existing CareNet program to service the community's additional need for women's and children's healthcare services, and

WHEREAS, the CareNet group of providers have agreed to work cooperatively with the Board to meet that additional community need for women's and children's healthcare services.

NOW, THEREFORE, the parties hereto agree as follows:

Section 1: Clients To Be Served

The Contractor hereby agrees to serve the following residents of the County in accordance with the following:

1. Eligibility for services under this contract shall be limited to those residents of Leon County with net incomes less than 200% of the most current federal poverty levels established by the U.S. Office of Management and Budget, who seek women's and

children's medical care and who, initially, have no health insurance. Residents with net incomes between 100 and 200% federal poverty level shall be charged a sliding scale rate.

2. No fees of any kind shall be collected for registered comprehensive healthcare clients who are below 100% of the most current federal poverty levels.
3. Clients who are not currently receiving Medicaid or Healthy Kids, or any other state or federal program, and who appear to meet the income and categorical eligibility requirements of Medicaid or Healthy Kids, should be strongly encouraged to pursue obtaining eligibility for those programs.
4. The contractor will determine eligibility for enrollment into primary and specialty care. Eligibility will be determined at least annually. A client shall be allowed, however, to request determination of eligibility after submitting verified confirmation of changes to his/her income.
5. The contractor will abide by Health Insurance Portability and Accountability Act (HIPPA) policies and procedures established for the Primary Health Care Program as related to the processing of client's medical information of the women's and children's healthcare program.

Section 2: Services to be offered by the Contractor:

1. The Contractor shall provide women's and children's specialty healthcare services to qualifying recipients.

Section 3: Reports to be performed by Contractor:

1. The Contractor must submit a monthly invoice (Exhibit A) to the County on or before the 15th day of the month. The invoice shall be sent to the following address to the attention of the "Uninsured Healthcare Program Administrator"

Leon County Health and
Human Services Division
918 Railroad Ave.
Tallahassee, FL 32301

2. The Contractor must submit the required attachments as designated in the monthly invoice (please see Attachment A). These attachments shall at a minimum contain the following information:

- A) A comprehensive list of all clients registered during the month to include the unique client identification number and program start date.
 - B) Number of total patients (seen by contractor entirely) and total patient encounters per month.
 - C) Number of new and existing Women's Health program patients and number of new and existing Women's Health program patient encounters per month.
 - D) Total amount of sliding scale fee revenues collected specifying the number of patients from which it was collected.
3. The Contractor shall provide a Client Satisfaction Survey to randomly sample a minimum of 20 women's and children's care clients seen during each quarter of the contract period. This survey shall be similar to the one delineated in the contract between the Leon County Health Department and the contractor (Please See Attachment B). Completed forms shall be forwarded to the county contract manager, as part of the Quarterly Progress Report.
4. Annually, the Contractor shall submit a final report that provides a detailed summary of all expenditures utilizing the funds from this contract. The annual report shall include a comprehensive detail of the amount of new women and children patients as compared to overall patients served by the Contractor and the types of service performed in the reporting year. The report will also compare the current period against measures from previous years.

Section 4: Audits, Records, and Records Retention:

The Contractor agrees:

- 1. To establish and maintain books, records, and documents (including electronic storage media) in accordance with generally accepted accounting procedures and practices, which sufficiently and properly reflect all revenues and expenditures of funds provided by the County under this contract.
- 2. To retain all client records, financial records, time sheets, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to this contract for a period of five (5) years after termination of the contract, or 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 or any litigation which may be based on the terms of this contract.
- 3. Upon completion or termination of the contract and at the request of the County, the

Contractor will cooperate with the County to facilitate the duplication and transfer of any said records or documents during the required retention period as specified in paragraph 1 above.

4. To assure that these records shall be subject at all reasonable times to inspection, review, or audit by Federal, state, or other personnel duly authorized by the County subject to HIPPA.
5. Persons duly authorized by the County and Federal auditors, pursuant to 45 CFR, Part 92.36(I)(10), shall have full access to and the right to examine any of provider's contract and related records and documents, regardless of the form in which kept, at all reasonable times for as long as the records are retained.
6. To include these aforementioned audit and record keeping requirements in all approved subcontracts and assignments.

Section 5: Monitoring:

The Contractor agrees:

1. To permit persons duly authorized by the County to inspect any records, papers, documents, facilities, goods, and services of the provider which are relevant to this contract, and interview any clients and employees of the provider to assure the County of satisfactory performance of the terms and conditions of this contract.
2. Following such evaluation, the County will deliver to the provider a written report of its findings and will include written recommendations with regard to the provider's performance of the terms and conditions of this contract. The Contractor will correct all noted deficiencies identified by the County within the specified period of time set forth in the recommendations. The Contractor's failure to correct noted deficiencies may, at the sole and exclusive direction of the County, result in any one or any combination of the following: (a) the provider being deemed in breach or default of this contract; (b) the withholding of payments to the Contractor by the County; and (c) the termination of this contract for cause.

Section 6: Payment:

1. Payment shall be made by the County upon receipt of valid invoice by Contractor at a monthly rate equal to no more than one thirty-sixth (1/36) of the following total contractual amount: \$1,051,233.00 for a period of thirty six (36) months. The contractual amounts which follow are based upon the following line items for a twelve months period.

Women's and Children's Health Care Services:

OB/GYN Physician (12 Hrs / Wk) @ \$180 per Hour:	\$ 112,320
Pediatrician (2 days / wk) @ \$110 per Hour:	\$ 91,520
1.0 FTE LPN	\$ 30,000
1.0 FTE Prenatal Case Manager	\$ 30,000
1.0 FTE Community Liaison/Outreach Person	\$ 27,000
On Call Coverage	\$ 59,571

The specialty physicians contracted hereunder shall have admitting privileges at Tallahassee Memorial Hospital and/or Capital Regional Medical Center, or both, and shall have back-up coverage.

2. The payment shall be made by the County within 30 days of receipt and approval by the County of a monthly invoice (Exhibit A). The monthly invoice is to be completed and submitted by the Contractor to the County.
3. No line item (as identified in paragraph 1 above) payment shall be made until such time as the staff members identified in Section 6 of this contract are hired by the Contractor. Similarly, no payment shall be made if the required monthly reports, as delineated in Section 3 of this contract, are not attached to the monthly invoice appropriately.

Section 7: Sliding Scale Fees:

Sliding scale fees shall be charged to qualifying patients who are above 100% and at or below 200% of federal poverty levels.

Section 8: Term:

The length of this contract shall be for a term of thirty-six (36) months beginning on October 1, 2005 and ending on September 30, 2008.

Section 9: Hold Harmless:

The Contractor agrees to indemnify and hold harmless the County from all claims, damages, liabilities, or suits of any nature whatsoever arising out of, because of, or due to the breach of this agreement by Contractor, its delegates, agents or employees, or due to any act or occurrence of omission or commission of the Contractor, including but not limited to costs and a reasonable attorney's fee. The County may, at its sole option, defend itself or allow the Contractor to provide the defense. The Contractor acknowledges that ten dollars (\$10.00) of the amount paid to the Contractor is sufficient consideration for the Contractor's indemnification of the County.

Section 10: Termination

1. The County may terminate this contract without cause, by giving the Contractor thirty (30) days written notice of termination. Either party may terminate this contract for cause by giving the other party hereto thirty (30) days written notice of termination. The County shall not be required to give the Contractor such thirty (30) day written notice if, in the opinion of the County, the Contractor is unable to perform its obligations hereunder, or if in the County's opinion, the services being provided are not satisfactory. In such case, the County may immediately terminate the Contract by mailing a notice of termination to the Contractor.
2. Termination with cause shall include but not be limited to the discovery of improper or inappropriate accounting, expenditures, reporting or service delivery by the contractor or due to the discovery of noncompliance with any item detailed within the sections of this contract.

Section 11: Revisions

In any case where, in fulfilling the requirements of this contract or of any guarantee, embraced in or required thereby it is necessary for the Contractor to deviate from the requirements of the contract, Contractor shall obtain the prior written consent of the County. The parties agree to renegotiate this contract if revision of any applicable laws or regulations make changes in this contract necessary.

Section 12: Construction

The validity, construction, and effect of this Contract shall be governed by the laws of the State of Florida.

Section 13: Budget

The performance of Leon County of any of its obligations under the purchase order or agreement shall be subject to and contingent upon the availability of funds lawfully expendable for the purposes of the purchase order or agreement for the current and any future periods provided for within the bid specifications.

Section 14: Status

The Contractor at all times relevant to this Agreement shall be an independent contractor and in no event shall the Contractor nor any employees or sub-contractors under it be considered to be employees of Leon County.

Section 15: Assignments

Section 15: Assignments

This Contract shall not be assigned or sublet as a whole or in part without the written consent of the County nor shall the contractor assign any monies due or to become due to it hereunder without the previous written consent of the County.

Section 16: Public Entity Crimes Statement

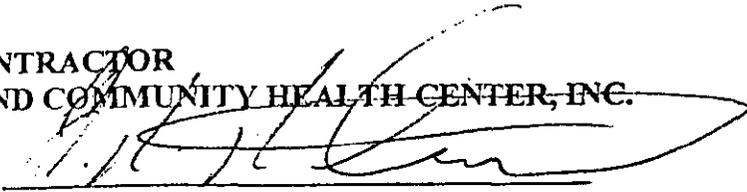
In accordance with Section 287.133, Florida Statutes, Contractor hereby certifies that to the best of his knowledge and belief neither Contractor nor his affiliates has been convicted of a public entity crime. Contractor and his affiliates shall provide the County with a completed public entity crime statement form no later than January 15 of each year this agreement is in effect. Violation of this section by the Contractor shall be grounds for cancellation of this agreement by Leon County.

Section 17: Contractor's Responsibility

It shall be the sole responsibility of the Contractor to comply with all applicable Federal, State, County and City, statutes, ordinances, rules and regulations in the performance of the Contractor's obligations under this agreement.

WHERETO, the parties have set their hands.

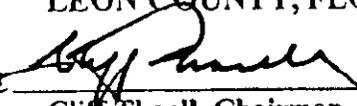
CONTRACTOR
BOND COMMUNITY HEALTH CENTER, INC.

BY: 

Title: CEO

DATE: 9/14/05

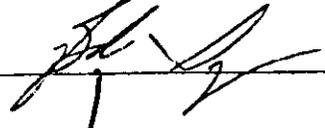
LEON COUNTY, FLORIDA

BY: 
Cliff Thael, Chairman
Board of County Commissioners

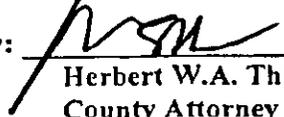
DATE: 9/22/05



ATTEST:
BOB INZER, CLERK OF COURT
LEON COUNTY, FLORIDA

By: 

APPROVED AS TO FORM:
LEON COUNTY ATTORNEY'S OFFICE

By: 
Herbert W.A. Thiele, Esq.
County Attorney

- Attachments:
Attachment A
Attachment B

LEON COUNTY
DIVISION OF HEALTH AND HUMAN SERVICESPRIMARY HEALTHCARE PROGRAM
STANDARD CONTRACT

THIS CONTRACT is entered into between Leon County hereinafter referred to as the *County* and Neighborhood Health Services, Inc., hereinafter referred to as the *provider*.

THE PARTIES AGREE:

I. THE PROVIDER AGREES:

A. To provide services in accordance with the conditions specified in Attachment I.

B. Requirements of §287.058, Florida Statutes (FS)

To provide units of deliverables, including reports, findings, and drafts as specified in Attachment I, to be received and accepted by the contract manager prior to payment. To comply with the criteria and final date by which such criteria must be met for completion of this contract as specified in Section III, Paragraph A. of this contract. To submit bills for fees or other compensation for services or expenses in sufficient detail for a proper pre-audit and post-audit thereof. To allow public access to all documents, papers, letters, or other materials subject to the provisions of Chapter 119, FS, made or received by the provider in conjunction with this contract. It is expressly understood that the provider's refusal to comply with this provision shall constitute an immediate breach of contract.

C. To the Following Governing Law

1. State of Florida Law

This contract is executed and entered into in the State of Florida, and shall be construed, performed, and enforced in all respects in accordance with the laws, rules, and regulations of the State of Florida. Each party shall perform its obligations herein in accordance with the terms and conditions of the contract.

2. Federal Law

- a. If this contract contains federal funds, the provider shall comply with the provisions of 45 CFR, Part 74, and/or 45 CFR, Part 92, and other applicable regulations as specified in Attachment I.
- b. If this contract contains federal funds and is over \$100,000, the provider shall comply with all applicable standards, orders, or regulations issued under §306 of the Clean Air Act, as amended (42 U.S.C. 1857(h) et seq.), §508 of the Clean Water Act, as amended (33 U.S.C. 1368 et seq.), Executive Order 11738, and Environmental Protection Agency regulations (40 CFR Part 15). The provider shall report any violations of the above to the department.
- c. If this contract contains federal funding in excess of \$100,000, the provider must, prior to contract execution, complete the Certification Regarding Lobbying form, Attachment NA. If a Disclosure of Lobbying Activities form, Standard Form LLL, is required, it may be obtained from the contract manager. All disclosure forms as required by the Certification Regarding Lobbying form must be completed and returned to the contract manager.
- d. Not to employ unauthorized aliens. The department shall consider employment of unauthorized aliens a violation of §274A(e) of the Immigration and Naturalization Act. Such violation shall be cause for unilateral cancellation of this contract by the department.
- e. The provider and any subcontractors agree to comply with Pro-Children Act of 1994, Public Law 103-277, which requires that smoking not be permitted in any portion of any indoor facility used for the provision of federally funded services including health, day care, early childhood development, education or library services on a routine or regular basis, to children up to age 18. Failure to comply with the provisions of the law may result in the imposition of civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.
- f. HIPAA: Where applicable, the provider will comply with the Health Insurance Portability Accountability Act as well as all regulations promulgated thereunder (45CFR Parts 160, 162, and 164).

D. Audits, Records, and Records Retention

1. To establish and maintain books, records, and documents (including electronic storage media) in accordance with generally accepted accounting procedures and practices, which sufficiently and properly reflect all revenues and expenditures of funds provided by the department under this contract.
2. To retain all client records, financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to this contract for a period of six (6) years after termination of the contract, or if an audit has been initiated and audit findings have not been resolved at the end of six (6) years, the records shall be retained until resolution of the audit findings or any litigation which may be based on the terms of this contract.
3. Upon completion or termination of the contract and at the request of the department, the provider will cooperate with the department to facilitate the duplication and transfer of any said records or documents during the required retention period as specified in Section I, paragraph D.2. above.
4. To assure that these records shall be subject at all reasonable times to inspection, review, or audit by Federal, state, or other personnel duly authorized by the department.
5. Persons duly authorized by the department and Federal auditors, pursuant to 45 CFR, Part 92.36(i)(10), shall have full access to and the right to examine any of provider's contract and related records and documents, regardless of the form in which kept, at all reasonable times for as long as records are retained.
6. To provide a financial and compliance audit to the department as specified in Attachment II and to ensure that all related party transactions are disclosed to the auditor.
7. To include these aforementioned audit and record keeping requirements in all approved subcontracts and assignments.

E. Monitoring by the Department

To permit persons duly authorized by the department to inspect any records, papers, documents, facilities, goods, and services of the provider, which are relevant to this contract, and interview any clients and employees of the provider to assure the department of satisfactory performance of the terms and conditions of this contract. Following such evaluation the department will deliver to the provider a written report of its findings and will include written recommendations with regard to the provider's performance of the terms and conditions of this contract. The provider will correct all noted deficiencies identified by the department within the specified period of time set forth in the recommendations. The provider's failure to correct noted deficiencies may, at the sole and exclusive discretion of the department, result in any one or any combination of the following: (1) the provider being deemed in breach of this contract; (2) the withholding of payments to the provider by the department; and (3) the termination of this contract for cause.

F. Indemnification

1. The provider shall be liable for and shall indemnify, defend, and hold harmless the department and all of its officers, agents, and employees from all claims, suits, judgments, or damages, consequential or otherwise and including attorneys' fees and costs, arising out of any act, actions, neglect, or omissions by the provider, its agents, or employees during the performance or operation of this contract or any subsequent modifications thereof, whether direct or indirect, and whether to any person or tangible or intangible property.
2. The provider's inability to evaluate liability or its evaluation of liability shall not excuse the provider's duty to defend and indemnify within seven (7) days after such notice by the department is given by certified mail. Only adjudication or judgment after highest appeal is exhausted specifically finding the provider not liable shall excuse performance of this provision. The provider shall pay all costs and fees related to this obligation and its enforcement by the department. The department's failure to notify the provider of a claim shall not release the provider of the above duty to defend.

G. Insurance

To provide adequate liability insurance coverage on a comprehensive basis and to hold such liability insurance at all times during the existence of this contract and any renewal(s) and extension(s) of it. Upon execution of this contract, the provider accepts full responsibility for identifying and determining the type(s) and extent of liability insurance necessary to provide reasonable financial protections for the provider and the clients to be served under this contract. Upon the execution of this contract, the provider shall furnish the department written verification supporting both the determination and existence of such insurance coverage. Such coverage may be provided by a self-insurance program established and operating under the laws of the State of Florida. The department reserves the right to require additional insurance as specified in Attachment I where appropriate.

H. Safeguarding Information

Not to use or disclose any information concerning a recipient of services under this contract for any purpose not in conformity with state and federal law or regulations except upon written consent of the recipient, or his responsible parent or guardian when authorized by law.

I. Assignments and Subcontracts

1. To neither assign the responsibility of this contract to another party nor subcontract for any of the work contemplated under this contract without prior written approval of the department, which shall not be unreasonably withheld. Any sub-license, assignment, or transfer otherwise occurring shall be null and void.
2. The provider shall be responsible for all work performed and all expenses incurred with the project. If the department permits the provider to subcontract all or part of the work contemplated under this contract, including entering into subcontracts with vendors for services and commodities, it is understood by the provider that the department shall not be liable to the subcontractor for any expenses or liabilities incurred under the subcontract and the provider shall be solely liable to the subcontractor for all expenses and liabilities incurred under the subcontract. The provider, at its expense, will defend the department against such claims.
3. Leon County shall at all times be entitled to assign or transfer its rights, duties, or obligations under this contract to another governmental agency in Leon County Government, upon giving prior written notice to the provider. In the event Leon County approves transfer of the provider's obligations, the provider remains responsible for all work performed and all expenses incurred in connection with the contract. In addition, this contract shall bind the successors assigns, and legal representatives of the provider and of any legal entity that succeeds to the obligations of Leon County, Florida.
4. Unless otherwise stated in the contract between the provider and subcontractor, payments made by the provider to the subcontractor must be within seven (7) working days after receipt of full or partial payments from the department in accordance with §§287.0585, FS. Failure to pay within seven (7) working days will result in a penalty charged against the provider and paid to the subcontractor in the amount of one-half of one (1) percent of the amount due per day from the expiration of the period allowed herein for payment. Such penalty shall be in addition to actual payments owed and shall not exceed fifteen (15) percent of the outstanding balance due.

J. Return of Funds

To return to the department any overpayments due to unearned funds or funds disallowed pursuant to the terms of this contract that were disbursed to the provider by the department. In the event that the provider or its independent auditor discovers that overpayment has been made, the provider shall repay said overpayment within 40 calendar days without prior notification from the department. In the event that the department first discovers an overpayment has been made, the department will notify the provider by letter of such a finding. Should repayment not be made in a timely manner, the department will charge interest of one (1) percent per month compounded on the outstanding balance after 40 calendar days after the date of notification or discovery.

K. Incident Reporting

Abuse, Neglect, and Exploitation Reporting

In compliance with Chapter 415, FS, an employee of the provider who knows or has reasonable cause to suspect that a child, aged person, or disabled adult is or has been abused, neglected, or exploited shall immediately report such knowledge or suspicion to the Florida Abuse Hotline on the single statewide toll-free telephone number (1-800-96ABUSE).

L. Civil Rights Requirements

Civil Rights Certification: The provider will comply with applicable provisions of the State of Florida Department of Health publication, "Methods of Administration, Equal Opportunity in Service Delivery."

M. Independent Capacity of the Contractor

1. In the performance of this contract, it is agreed between the parties that the provider is an independent contractor and that the provider is solely liable for the performance of all tasks contemplated by this contract, which are not the exclusive responsibility of the department.
2. The provider, its officers, agents, employees, subcontractors, or assignees, in performance of this contract, shall act in the capacity of an independent contractor and not as an officer, employee, or agent of the Leon County, Florida nor shall the provider represent to others that it has the authority to bind the department unless specifically authorized to do so.
3. Neither the provider, its officers, agents, employees, subcontractors, nor assignees are entitled to county retirement or county leave benefits, or to any other compensation of county employment as a result of performing the duties and obligations of this contract.
4. The provider agrees to take such actions as may be necessary to ensure that each subcontractor of the provider will be deemed to be an independent contractor and will not be considered or permitted to be an agent, servant, joint venturer, or partner of Leon County, Florida.
5. Unless justified by the provider and agreed to by the department in Attachment I, the department is not responsible for services of support (e.g., office space, office supplies, telephone service, secretarial, or clerical support) to the provider, or its subcontractor or assignee.
6. All deductions for social security, withholding taxes, income taxes, contributions to unemployment compensation funds, and all necessary insurance for the provider, the provider's officers, employees, agents, subcontractors, or assignees shall be the responsibility of the provider.

N. Sponsorship

If the provider is a non-governmental organization which sponsors a program financed wholly or in part by county funds, including any funds obtained through the contract, it shall, in publicizing, advertising, or describing the sponsorship of the program, state: *Sponsored by (provider's name) and Board of County Commissioners with County Logo.* If the sponsorship reference is in written material, the words, Board of County Commissioners, Leon County and county logo shall appear in the same size letters or type as the name of the organization.

O. Final Invoice

To submit the final invoice for payment to the department no more than 45 days after the contract ends or is terminated. If the provider fails to do so, all right to payment is forfeited and the department will not honor any requests submitted after the aforesaid time period. Any payment due under the terms of this contract may be withheld until all reports due from the provider and necessary adjustments thereto have been approved by the department.

P. Use of Funds for Lobbying Prohibited

To comply with the provisions of §216.347, FS, which prohibit the expenditure of contract funds for the purpose of lobbying the Legislature, judicial branch, or a state agency.

Q. Patents, Copyrights, and Royalties

1. If any discovery or invention arises or is developed in the course or as a result of work or services performed under this contract, or in anyway connected herewith, the provider shall refer the discovery or invention to the department to be referred to the Department of State to determine whether patent protection will be sought in the name of Leon County, Florida. Any and all patent rights accruing under or in connection with the performance of this contract are hereby reserved to Leon County, Florida.
2. In the event that any books, manuals, films, or other copyrightable materials are produced, the provider shall notify the Department. Any and all copyrights accruing under or in connection with the performance under this contract are hereby reserved to Leon County, Florida.
3. The provider, without exception, shall indemnify and save harmless Leon County and its employees from liability of any nature or kind, including cost and expenses for or on account of any copyrighted, patented, or unpatented invention, process, or article manufactured by the provider. Leon County will provide prompt written notification of claim of copyright or patent infringement. Further, if such claim is made or is pending, the provider may, at its option and expense, procure for Leon County, the right to continue use of, replace, or modify the article to render it non-infringing. If the provider uses any design, device, or materials covered by letters, patent, or copyright, it is mutually agreed and understood without exception that the bid prices shall include all royalties or cost arising from the use of such design, device, or materials in any way involved in the work.

R. Construction or Renovation of Facilities Using County Funds

Any county funds provided for the purchase of or improvements to real property are contingent upon the provider granting to the county a security interest in the property at least to the amount of the county funds provided for at least (5) years from the date of purchase or the completion of the improvements or as further required by law. As a condition of a receipt of county funding for this purpose, the provider agrees that, if it disposes of the property before the department's interest is vacated, the provider will refund the proportionate share of the county's initial investment, as adjusted by depreciation.

S. Information Security

The provider shall maintain confidentiality of all data, files, and records including client records related to the services provided pursuant to this agreement and shall comply with state and federal laws, including, but not limited to, sections 384.29, 381.004, 392.65, and 456.057, Florida Statutes. Procedures must be implemented by the provider to ensure the protection and confidentiality of all confidential matters. These procedures shall be consistent with Leon County Information Security Policies, as amended, which is incorporated herein by reference and the receipt of which is acknowledged by the provider, upon execution of this agreement. The provider will adhere to any amendments to the department's security requirements provided to it during the period of this agreement. The provider must also comply with any applicable professional standards of practice with respect to client confidentiality.

II. The County Agrees:

A. Contract Amount

To pay for contracted services according to the conditions of Attachment I in an amount not to exceed \$80.00 Per patient visit not to exceed a total of \$355,000.00 subject to the availability of funds. Leon County's performance and obligation to pay under this contract is contingent upon an annual appropriation by the Board of County Commissioners. The costs of services paid under any other contract or from any other source are not eligible for reimbursement under this contract.

B. Contract Payment

Invoice payment requirements do not start until a properly completed invoice is provided.

III. The Provider and the County Mutually Agree

A. Effective and Ending Dates

This contract shall begin on October 1, 2006, and shall end on September 30, 2007.

B. Termination

1. Termination at Will

This contract may be terminated by either party upon no less than thirty (30) calendar days notice in writing to the other party, without cause, 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 with proof of delivery.

2. Termination Because of Lack of Funds

In the event funds to finance this contract become unavailable, the department may terminate the contract upon no less than *twenty-four (24) hours* notice in writing to the provider. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery. The department shall be the final authority as to the availability and adequacy of funds. In the event of termination of this contract, the provider will be compensated for any work satisfactorily completed prior to notification of termination.

3. Termination for Breach

This contract may be terminated for the provider's non-performance upon no less than *twenty-four (24) hours* notice in writing to the provider. If applicable, the department may employ the default provisions in Chapter 60A-1.006 (3), FAC. Waiver of breach of any provisions of this contract shall not be deemed to be a waiver of any other breach and shall not be construed to be a modification of the terms of this contract. The provisions herein do not limit the department's right to remedies at law or in equity.

4. Termination for Failure to Satisfactorily Perform Prior Agreement

Failure to have performed any contractual obligations with the department in a manner satisfactory to the department will be a sufficient cause for termination. A provider terminated as a provider under this provision, the provider must have: (1) previously failed to satisfactorily perform in a contract with the county, been notified by the county of the unsatisfactory performance, and failed to correct the unsatisfactory performance to the satisfaction of the county; or (2) had a contract terminated by the county for cause.

C. Renegotiation or Modification

Modifications of provisions of this contract shall only be valid when they have been reduced to writing and duly signed by both parties. The rate of payment in dollar amount may be adjusted retroactively to reflect price level increases and changes in the rate of payment when these have been established through the county budgeting process and subsequently identified in the department's operating budget.

Page 4.

D. Official Payee and Representatives (Names, Addresses and Telephone Numbers)

1. The name (provider name as shown on page 1 of this contract) and mailing address of the official payee to whom the payment shall be made is:
Neighborhood Health Services, Inc.
438 West Brevard Avenue, RM 11
Tallahassee, Florida 32301

2. The name of the contact person and street address where financial and administrative records are maintained is:
Mrs. Inzlea Smith-McGlockton, Executive Director
Neighborhood Health Services, Inc.
438 W. Brevard Avenue,
Tallahassee, Florida 32301

3. The name, address, and telephone number of the contract manager for the County for this contract is:
Frederick L. Pearson Jr., Human Services Analyst
Division of Health and Human Services
918 Railroad Avenue
Tallahassee, Florida 32310

4. The name, address, and telephone number of the provider's representative responsible for administration of the program under this contract is:
Mrs. Inzlea Smith-McGlockton, Executive Director
438 W. Brevard Avenue
Tallahassee, Florida 32301 Telephone 224-2469.

5. Upon change of representatives (names, addresses, telephone numbers) by either party, notice shall be provided in writing to the other party and said notification attached to originals of this contract.

E. All Terms and Conditions Included

This contract and its attachments as referenced, Attachments I & II and Exhibits 1, A, B, C, D, E, & F contain all the terms and conditions agreed upon by the parties. There are no provisions, terms, conditions, or obligations other than those contained herein, and this contract shall supersede all previous communications, representations, or agreements, either verbal or written between the parties. If any term or provision of the contract is found to be illegal or unenforceable, the remainder of the contract shall remain in full force and effect and such term or provision shall be stricken.

I have read the above contract and understand each section and paragraph.

Provider: Neighborhood Health Services Inc.

Signed by: Inzlea Smith-McGlockton

Name: Inzlea Smith-McGlockton

Title: Executive Director

Date: 9/7/06

Federal EID# 85-80126287080-7

LEON COUNTY, FLORIDA

BY: Bill Proctor - Vice Chairman

Bill Proctor, Chairman
Board of County Commissioners



ATTEST:
Bob Inzer, Clerk of the Court
Leon County, Florida

BY: [Signature]

Approved as to Form:
Leon County Attorney's Office

BY: [Signature]
Herbert W.A. Thiele, Esq.
County Attorney

County Case Management Contract with Capital Medical Society Foundation

This Agreement dated this 1st day of September, 2006, by and between LEON COUNTY, a charter county and political subdivision of the State of Florida, hereinafter referred to as the "County" and Capital Medical Society Foundation, hereinafter referred to as the "Contractor."

WHEREAS, the Board has identified the need to further the provision of primary healthcare services to the uninsured citizens of our community; Services to include basic diagnostic procedures and drug or other therapeutic modalities ordered or provided by the primary care practitioner in the course of treating the patient, along with ambulatory care, preventive health services and continuing case management of the healthcare needs of registered clients; and

WHEREAS, the CareNet group of providers, including Neighborhood Health Services, Bond Community Health Center, the Capital Medical Society Foundation, the FAMU College of Pharmacy, Tallahassee Memorial Healthcare, Tallahassee Community Hospital and Leon County Health Department have provided primary and specialty healthcare services to the uninsured citizens of Leon County in a coordinated fashion for a number of years; and

WHEREAS, the Board has determined that a greater need for healthcare for the uninsured in our community exists above the current level of services offered by the CareNet partners at their current levels of funding and participation; and

WHEREAS, the Board has found it in the best interest of Leon County to dedicate funding for the expansion of the existing CareNet program to service the community's additional need for healthcare services for the uninsured; and

WHEREAS, the CareNet group of providers have agreed to work cooperatively with the Board to meet that additional community need for healthcare services for the uninsured;

NOW, THEREFORE, the parties hereto agree as follows:

Section 1: Clients To Be Served

The contractor hereby agrees to serve the following residents of the county with the following restrictions:

1. Eligibility for services under this contract shall be limited to those residents of Leon County under the age of 65 with net incomes less than 100% of the most current federal poverty levels established by the U.S. Office of Management and Budget, who seek primary medical care, have no health insurance, and are not currently covered under any other state or federal assistance program. Residents with net incomes between 100 and

200% federal poverty level shall arrange to pay for all or a portion of the specialty care services they receive while simultaneously receiving short term case management by Contractor.

2. No fees of any kind shall be charged for registered comprehensive primary care clients who are below 100% of the most current federal poverty levels.
3. Clients who are not currently receiving Medicaid or Healthy Kids, or any other state or federal program, and who appear to meet the income and categorical eligibility requirements of Medicaid or Healthy Kids, should be strongly encouraged to pursue obtaining eligibility for those programs.
4. Clients who are enrolled in Medicaid, Medicare, Healthy Kids, or any other insurance program will not be eligible for services under this contract.
5. The contractor will determine eligibility for enrollment into primary care. Eligibility will be determined at least annually. A client shall be allowed, however, to request determination of eligibility after submitting verified confirmation of changes to his/her income.
6. The contractor will abide by HIPPA policies and procedures established for the Primary Health Care Program as related to the processing of client's medical information

Section 2: Services to be offered per this contract by Contractor:

1. The Contractor shall provide primary healthcare services to qualifying recipients including, but not limited to, those services delineated in the attached contract between the Leon County Health Department and the Contractor unless otherwise specified herein (Attachment #2). These services shall be provided in the manner detailed in the attached contract

Section 3: Reports to be performed by Contractor:

1. The Contractor must submit a monthly invoice (Exhibit A) to the County on or before the 15th day of the month. The invoice should be sent to the following address to the attention of the "Uninsured Healthcare Program Administrator:"

**Leon County Health and Human Services Division
918 Railroad Ave.
Tallahassee, FL 32310**

2. The Contractor must submit the required attachments as the designated in the monthly invoice. For the purposes of this contract "New" Patients means those receiving services and charged to the Leon County Primary Health Care Program. "Existing" patients means those receiving services and charged to the Leon County Health Department. These attachments shall at a minimum contain the following information:
 - A) A comprehensive list of all clients registered during the month to include the unique client identification number and program start date.
 - B) Number of total patients (seen by contractor entirely) and total patient encounters per month.
 - C) Number of new and existing CareNet patients and number of new and existing CareNet patient encounters per month.
3. The Contractor will provide a Client Satisfaction Survey to randomly sample a minimum of 20 primary care clients seen during each quarter of the contract period. This survey shall be similar to the one delineated in the contract between the Leon County Health Department and the contractor (Please See Attachment #3). Completed forms will be forwarded to the county contract manager.
4. Annually, the County will submit a final report that provides a detailed summary of all expenditures utilizing the funds from this contract. The annual report will also comprehensively detail the amount of new patients as compared to overall patients served by the contractor and the types of service performed in the reporting year. The report will also compare the current period against measures from previous years.

Section 4: Audits, Records, and Records Retention:

The Contractor agrees:

1. To establish and maintain books, records, and documents (including electronic storage media) in accordance with generally accepted accounting procedures and practices, which sufficiently and properly reflect all revenues and expenditures of funds provided by the County under this contract.
2. To retain all client records, financial records, time sheets, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to this contract for a period of five (5) years after termination of the contract, or 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 or any litigation which may be based on the terms of this contract.
3. Upon completion or termination of the contract and at the request of the County, the

Contractor will cooperate with the County to facilitate the duplication and transfer of any said records or documents during the required retention period as specified in paragraph 1 above.

4. To assure that these records shall be subject at all reasonable times to inspection, review, or audit by Federal, state, or other personnel duly authorized by the County subject to HIPPA.
5. Persons duly authorized by the County and Federal auditors, pursuant to 45 CFR, Part 92.36(I)(10), shall have full access to and the right to examine any of provider's contract and related records and documents, regardless of the form in which kept, at all reasonable times for as long as the records are retained.
6. To include these aforementioned audit and record keeping requirements in all approved subcontracts and assignments.

Section 5: Monitoring:

The Contractor agrees:

1. To permit persons duly authorized by the County to inspect any records, papers, documents, facilities, goods, and services of the provider which are relevant to this contract, and interview any clients and employees of the provider to assure the County of satisfactory performance of the terms and conditions of this contract.
2. Following such evaluation, the County will deliver to the provider a written report of its findings and will include written recommendations with regard to the provider's performance of the terms and conditions of this contract. The Contractor will correct all noted deficiencies identified by the County within the specified period of time set forth in the recommendations. The Contractor's failure to correct noted deficiencies may, at the sole and exclusive direction of the County, result in any one or any combination of the following: (a) the provider being deemed in breach or default of this contract; (b) the withholding of payments to the Contractor by the County; and (c) the termination of this contract for cause.

Section 6: Payment:

1. Payment shall be made by the County upon receipt of valid invoice by Contractor at a monthly rate equal to no more than one twelfth (1/12) of the following total contractual amount: \$90,043.00. The contractual amount is based upon the following line items (for twelve months):

Primary Care Services:	
0.5 FTE Project Coordinator	\$23,840
1.0 FTE Case Manager	\$29,484
1.0 FTE Support Staff person	\$21,060
Operating Expenses (recurring costs)	\$9,232
Capital Outlay	\$6,427
Total:	\$90,043

2. The payment shall be made by the County within 30 days of receipt and approval by the County of a monthly invoice (Exhibit A). The monthly invoice is to be completed and submitted by the Contractor to the County.
3. No line item (as identified in paragraph 1 above) payment shall be made until such time as the staff members identified in Section 6 of this contract is hired by the Contractor or County authorized Subcontractor. Similarly, no payment shall be made if the required monthly reports, as delineated in Section 3 of this contract, are not attached to the monthly invoice appropriately.

Section 7: Term:

The length of this contract shall be for a term of twelve months beginning on October 1, 2006 and ending on September 30, 2007.

Section 8: Hold Harmless:

The Contractor agrees to indemnify and hold harmless the County from all claims, damages, liabilities, or suits of any nature whatsoever arising out of, because of, or due to the breach of this agreement by Contractor, its delegates, agents or employees, or due to any act or occurrence of omission or commission of the Contractor, including but not limited to costs and a reasonable attorney's fee. The County may, at its sole option, defend itself or allow the Contractor to provide the defense. The Contractor acknowledges that ten dollars (\$10.00) of the amount paid to the Contractor is sufficient consideration for the Contractor's indemnification of the County.

Section 9: Termination

1. The County may terminate this contract without cause, by giving the Contractor thirty (30) days written notice of termination. Either party may terminate this contract for cause by giving the other party hereto thirty (30) days written notice of termination. The County shall not be required to give the Contractor such thirty (30) day written notice if, in the opinion of the County, the Contractor is unable to perform its obligations hereunder, or if in the County's opinion, the services being provided are not satisfactory. In such case, the County may immediately terminate the Contract by mailing a notice of

termination to the Contractor.

2. Termination with cause shall include but not be limited to the discovery of improper or inappropriate accounting, expenditures, reporting or service delivery by the contractor or due to the discovery of noncompliance with any item detailed within the sections of this contract.

Section 10: Revisions

In any case where, in fulfilling the requirements of this contract or of any guarantee, embraced in or required thereby it is necessary for the Contractor to deviate from the requirements of the contract, Contractor shall obtain the prior written consent of the County. The parties agree to renegotiate this contract if revision of any applicable laws or regulations makes changes in this contract necessary.

Section 11: Construction

The validity, construction, and effect of this Contract shall be governed by the laws of the State of Florida.

Section 12: Budget

The performance of Leon County of any of its obligations under the purchase order or agreement shall be subject to and contingent upon the availability of funds lawfully expendable for the purposes of the purchase order or agreement for the current and any future periods provided for within the bid specifications.

Section 13: Status

The Contractor at all times relevant to this Agreement shall be an independent contractor and in no event shall the Contractor nor any employees or sub-contractors under it be considered to be employees of Leon County.

Section 14: Assignments

This Contract shall not be assigned or sublet as a whole or in part without the written consent of the County nor shall the contractor assign any monies due or to become due to it hereunder without the previous written consent of the County.

Section 15: Public Entity Crimes Statement

In accordance with Section 287.133, Florida Statutes, Contractor hereby certifies that to the best of his knowledge and belief neither Contractor nor his affiliates has been convicted of a public entity

crime. Contractor and his affiliates shall provide the County with a completed public entity crime statement form no later than January 15 of each year this agreement is in effect. Violation of this section by the Contractor shall be grounds for cancellation of this agreement by Leon County.

Section 16: Contractor's Responsibility

It shall be the sole responsibility of the Contractor to comply with all applicable Federal, State, County and City, statutes, ordinances, rules and regulations in the performance of the Contractor's obligations under this agreement.

WHERETO, the parties have set their hands and seals effective the date whereon the last party executives this Agreement.

Signed:

Karen Wendland
CAPITAL MEDICAL SOCIETY FOUNDATION
Karen Wendland
Executive Director

DATE: 11-14-02

WITNESS: Rosalie Carter

WITNESS: [Signature]

LEON COUNTY, FLORIDA

BY: Bill Proctor Vice Chairman
Bill Proctor, Chairman
Board of County Commissioners

DATE: 11-17-06



ATTEST:
BOB INZER, CLERK OF COURT
LEON COUNTY, FLORIDA

By: [Signature]

APPROVED AS TO FORM:
LEON COUNTY ATTORNEY'S OFFICE

By: [Signature]
Herbert W.A. Thiele, Esq.
County Attorney

Leon County Pharmaceutical Care Contract with Florida A&M University College of Pharmacy

This Agreement dated this ___ day of September, 2006, by and between LEON COUNTY, a political subdivision of the State of Florida, hereinafter referred to as the "County" and Florida Agricultural and Mechanical University acting for and on behalf of the FAMU Board of Trustees a public corporation of the State of Florida, hereinafter referred to as the "College" or "Contractor."

WHEREAS, the COLLEGE and County share a common mission to provide the highest quality of pharmaceutical services and care to the uninsured residents of Leon County, Florida, and;

WHEREAS, the COLLEGE and County agree that it would be in their mutual interest to expand the current level of pharmaceutical services and concentrate all pharmaceutical operations for all uninsured Leon County residents at the 872 W. Orange Ave. Tallahassee, Florida and the 438 W. Brevard Street, Tallahassee, Florida; and

WHEREAS, the COLLEGE and the County have determined that a greater need for concentrated pharmaceutical care for the uninsured in our community exists above the current level of services offered at the several scattered sites at the current levels of funding and participation; and

WHEREAS, the County has found it in the best interest of Leon County to dedicate funding for the expansion of concentrated pharmaceutical care and operations for pharmaceutical services for the uninsured; and

WHEREAS, the College has agreed to work cooperatively with the County to meet that additional community need for concentrated pharmaceutical services for the uninsured;

NOW, THEREFORE, the parties hereto agree as follows:

Section 1: Plan of Operations

The objective of the Unified Pharmaceutical Plan is to operate several community pharmacies to provide pharmaceutical services for Leon County's uninsured. Under the administration of the FAMU College of Pharmacy, the Unified Pharmaceutical Plan will include:

1. The FAMU Health Department Pharmacy located at the Bond Community Health Center at 872 W. Orange Avenue.

The patients of the Bond Community Health Center will continue to receive the same level of pharmaceutical services that they are currently receiving but services will be expanded to serve all patients. Hours of operation will be Monday through Thursday 8:30am – 1:30pm and 2pm - 5pm; Friday 8:30am – 1:30pm and

2pm – 5pm. Any hours of operation requested outside of these hours will be provided at the health center's expense.

2. The FAMU Health Department Pharmacy located at the Neighborhood Health Services Clinic at W. Brevard Street.

Patients of Neighborhood Health Services will continue to receive the same level of pharmaceutical services that they are currently receiving. The College of Pharmacy will assume the administrative and operational duties of the pharmacy. Administrative services will include staffing, formulary management, etc. Hours of operation will be Monday through Friday 9am – 1:30pm and 2pm – 5pm. Any hours of operation requested outside of these hours will be provided at the health center's expense.

3. The FAMU Health Department Pharmacy located at an additional site.

The third pharmacy should be in a location convenient to uninsured patients who have received services at either the Tallahassee Memorial Healthcare or Capital Regional Medical Center emergency rooms. Uninsured patients, upon discharge from either of the local hospital emergency rooms will be able to access low-cost medications. The supply of medications dispensed to these patients will be sufficient to sustain patients until they have made an appointment to be seen by a physician via a CareNet referral to either Bond Community Health Center or Neighborhood Health Services. The third pharmacy should also have sufficient space to house administrative staff and rooms for disease state management classes. Inclusion of the third pharmacy site will be added as an addendum to the contract.

All pharmacy locations will be electronically linked with secure technology to access the RX30 program, a pharmacy database located on a central server, currently housed at 872 West Orange Avenue. This existing equipment is used by the FAMU Health Department Pharmacy located at the 872 West Orange Avenue location to operate their services at that location. The network will be compliant with all HIPAA regulations.

These services will be monitored and managed by Leon County Health Department IT staff, which will also provide help desk and troubleshooting services to the FAMU Health Department Pharmacy sites for desktop and connectivity support.

The College of Pharmacy will manage the day-to-day operations of each pharmacy location and relieve each clinic site of pharmacy management responsibilities and provide professional consultation in the development of overall pharmacy management, clinical services, and program evaluation. The College of Pharmacy will provide the expertise to ensure proper Florida licensing for pharmacy practice, adherence to all Florida Statutes governing the profession of pharmacy and development of clinical pharmacy programs.

Section 2: Scope of Services:

The purpose of the expansion of services will be to provide unified pharmaceutical services to all uninsured patients of Leon County. Services provided by the College of Pharmacy will include:

- A. Coordinate and unify pharmacy services for indigent patients at the Bond Community Health Center, Neighborhood Health Services, and the two local hospitals.
- B. Development of policies and procedures for pharmaceutical services from each primary care site.
- C. Development of a community wide formulary for distribution to health care providers of the uninsured.
- D. Coordinated Patient Assistance Programs (PAP) for uninsured residents of Leon County.
- E. Enroll the County's Unified Program into drug manufacturer bulk replacement programs
- F. Filling/dispensing prescription and OTC medications.
- G. Counseling services including Drug Utilization Review interventions and patient drug monitoring.
- H. Provide patient education seminars for specific disease state management to better control patient medical conditions.
- I. Track medications dispensed for Leon County patients .
- J. Generating reports requested by Leon County for facilitation and accountability of pharmaceutical services in the county.
- K. Conduct outcomes research and utilization studies to assess therapeutic outcomes.

All revenues generated by the unified pharmaceutical program through the provision of services listed above will be placed back into the unified program for the purchase of medications, equipment, supplies, or any other expenditures deemed necessary by the College of Pharmacy and approved in writing by Leon County.

Section 3: Reports to be performed by Contractor:

- 1. The Contractor must submit a monthly invoice (Exhibit A) to the County on or before the 15th day of the month. The invoice should be sent to the following address to the attention of the "Uninsured Healthcare Program Administrator:"

**Division of Health and Human Services
918 Railroad Avenue
Tallahassee, Florida 32310**

- 2. The Contractor must submit required documentation to the monthly invoice. These attachments shall at a minimum contain the following information:
 - A) Number of prescriptions filled per month.
 - B) Number of Patient Assistance medications received and the retail

value.

3. The Contractor must submit a Quarterly Progress Report that is to include the total number of prescriptions filled, the number of patient assistance medications received and the retail value of the medications, and a summary of expenditures for medications and salary expenses, respectively, as documented during the respective quarter.
4. The Quarterly Progress Report is to be submitted with the monthly invoice for the months of March, June and September. The quarterly report must be attached to the respective monthly invoice in order for the county to proceed with invoice processing and payment, unless otherwise specified by the Board.
5. Annually, the Contractor will submit a final report that provides a detailed summary of all expenditures made utilizing the funds from this contract. This annual report will also comprehensively detail the amount of new patients as compared to overall patients served by the provider and the types of service performed during the reporting year. The report will also compare the current period against measures from previous years.

Section 4: Audits, Records, and Records Retention:

The Contractor agrees:

1. To establish and maintain books, records, and documents (including electronic storage media) in accordance with generally accepted accounting procedures and practices, which sufficiently and properly reflect all revenues and expenditures of funds provided by the County under this contract.
2. To retain all client records, financial records, time sheets, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to this contract for a period of five (5) years after termination of the contract, or 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 or any litigation which may be based on the terms of this contract.
3. Upon completion or termination of the contract and at the request of the County, the Contractor will cooperate with the County to facilitate the duplication and transfer of any said records or documents during the required retention period as specified in paragraph 1 above.
4. To assure that these records shall be subject at all reasonable times to inspection, review, or audit by Federal, state, or other personnel duly authorized by the County.
5. Persons duly authorized by the County and Federal auditors, pursuant to 45 CFR, Part 92.36(I)(10), shall have full access to and the right to examine any of provider's

contract and related records and documents, regardless of the form in which kept, at all reasonable times for as long as records are retained.

6. To include these aforementioned audit and record keeping requirements in all approved subcontracts and assignments.

Section 5: Monitoring:

The Contractor agrees:

1. To permit persons duly authorized by the County to inspect any records, papers, documents, facilities, goods, and services of the provider which are relevant to this contract, and interview any clients and employees of the provider to assure the County of satisfactory performance of the terms and conditions of this contract.
2. Following such evaluation, the County will deliver to the provider a written report of its findings and will include written recommendations with regard to the provider's performance of the terms and conditions of this contract. The Contractor will correct all noted deficiencies identified by the County within the specified period of time set forth in the recommendations. The Contractor's failure to correct noted deficiencies may, at the sole and exclusive direction of the County, result in any one or any combination of the following: (a) the provider being deemed in breach or default of this contract; (b) the withholding of payments to the Contractor by the County; and (c) the termination of this contract for cause.

Section 6: Payment:

1. Payment shall be made by the County upon receipt of valid invoice by Contractor at a monthly rate equal to no more than one twelfth (1/12) of the following total contractual amount: \$355,000.00. The contractual amount is based upon the following line items (for twelve months):

Pharmaceutical Care Services:

872 W. Orange Avenue Site

1.0 FTE RX Manager
\$91,440 (salary + fringe)

1.0 FTE Pharmacy Technician
\$43,018 (salary + fringe)

MedData Services \$ 3,000

RX-30 Software \$ 2,280

438 W. Brevard Street Site

1.0 FTE RX Manager
\$91,440 (salary + fringe)

1.0 FTE Pharmacy Technician
\$43,018 (salary + fringe)

MedData Services\$ 3,000

RX-30 Software\$ 2,280

Both Sites	1.5 FTE PAP Coordinator	\$51,375 (salary + fringe)
	Equipment and Supplies	\$24,149

Total: **\$355,000**

- The payment shall be made by the County within 30 days of receipt and approval by the County of a monthly invoice. The monthly invoice is to be completed and submitted by the Contractor to the County.
- No line item (as identified in paragraph 1 above) payment shall be made until such time as the staff members identified in Section 6 of this contract are hired by the Contractor or County authorized Subcontractor. Similarly, no payment shall be made if the required monthly reports, as delineated in Section 3 of this contract, are not attached to the monthly invoice appropriately.

Section 7: Time:

The length of this contract shall be for a term of twelve months beginning on October 1, 2006 and ending on September 30, 2007 with renewability.

Section 8: Hold Harmless:

The Contractor agrees to indemnify and hold harmless the County from all claims, damages, liabilities, or suits of any nature whatsoever arising out of, because of, or due to the breach of this agreement by Contractor, its delegates, agents or employees, or due to any act or occurrence of omission or commission of the Contractor, including but not limited to costs and a reasonable attorney's fee, in a manner consistent with section 768.28, Florida Statutes.. The County may, at its sole option, defend itself or allow the Contractor to provide the defense.

Section 10: Termination

1. The County may terminate this contract without cause, by giving the Contractor sixty (60) days written notice of termination. Either party may terminate this contract for cause by giving the other party hereto sixty (60) days written notice of termination. The County shall not be required to give the Contractor such sixty (60) day written notice if, in the opinion of the County, the Contractor is unable to perform its obligations hereunder, or if in the County's opinion, the services being provided are not satisfactory. In such case, the County may immediately terminate the Contract by mailing a notice of termination to the Contractor.
2. Termination with cause shall include but not be limited to the discovery of improper or inappropriate accounting, expenditures, reporting or service delivery by the provider or due to the discovery of noncompliance with any item detailed within the sections of this contract.

Section 11: Revisions

In any case where, in fulfilling the requirements of this contract or of any guarantee, embraced in or required thereby it is necessary for the Contractor to deviate from the requirements of the contract, Contractor shall obtain the prior written consent of the County. The parties agree to renegotiate this contract if revision of any applicable laws or regulations makes changes in this contract necessary.

Section 12: Construction

The validity, construction, and effect of this Contract shall be governed by the laws of the State of Florida.

Section 13: Budget

The performance of Leon County of any of its obligations under the purchase order or agreement shall be subject to and contingent upon the availability of funds lawfully expendable for the purposes of the purchase order or agreement for the current and any future periods provided for within the renewal of the contract.

Section 14: Status

The Contractor at all times relevant to this Agreement shall be an independent contractor and in no event shall the Contractor nor any employees or sub-contractors under it be considered to be employees of Leon County.

Section 15: Assignments

This Contract shall not be assigned or sublet as a whole or in part without the written consent of the County nor shall the contractor assign any monies due or to become due to him hereunder without the previous written consent of the County.

Section 16: Public Entity Crimes Statement

In accordance with Section 287.133, Florida Statutes, Contractor hereby certifies that to the best of his knowledge and belief neither Contractor nor its affiliates has been convicted of a public entity crime. Contractor and its affiliates shall provide the County with a completed public entity crime statement form no later than January 15 of each year this agreement is in effect. Violation of this section by the Contractor shall be grounds for cancellation of this agreement by Leon County.

Section 17: Contractor's Responsibility

It shall be the sole responsibility of the Contractor to comply with all applicable Federal, State, County and City, statutes, ordinances, rules and regulations in the performance of the Contractor's obligations under this agreement.

WHERETO, the parties have set their hands and seals effective the date whereon the last party executives this Agreement.

FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY

Deborah Austin
Deborah Austin, Ed.D.
Provost and Vice-President Academic Affairs

11/18/07
Date

Robert L. Thomas
Robert L. Thomas, Pharm.D.
Interim Dean, College of Pharmacy
And Pharmaceutical Sciences

11/17/07
Date

CASTELL V. BRYANT
CASTELL V. BRYANT
Interim President

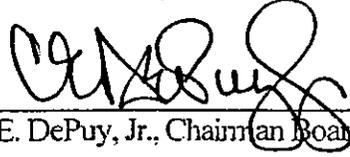
Approved as to form, but Legality
subject to execution by all parties.

Office of General Counsel

BY: David C. Self, II
David C. Self, II
Associate General Counsel

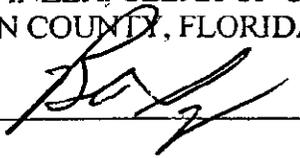
01/11/07
Date

LEON COUNTY, FLORIDA

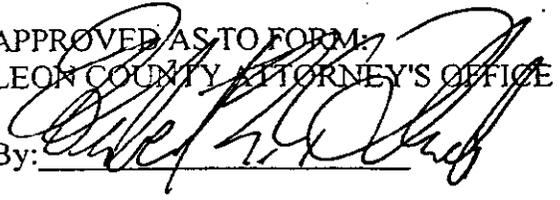
BY: 
C.E. DePuy, Jr., Chairman Board of County Commissioners



ATTEST:
BOB INZER, CLERK OF COURT
LEON COUNTY, FLORIDA

By: 

APPROVED AS TO FORM:
LEON COUNTY ATTORNEY'S OFFICE

By: 

Herbert W.A. Thiele, Esq. County Attorney

RESOLUTION NO. R01-50

**A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF LEON COUNTY
CREATING A PRIMARY HEALTH CARE IMPLEMENTATION ADVISORY BOARD**

WHEREAS, the Board voted unanimously to provide primary health care services to the uninsured residents of Leon County; and

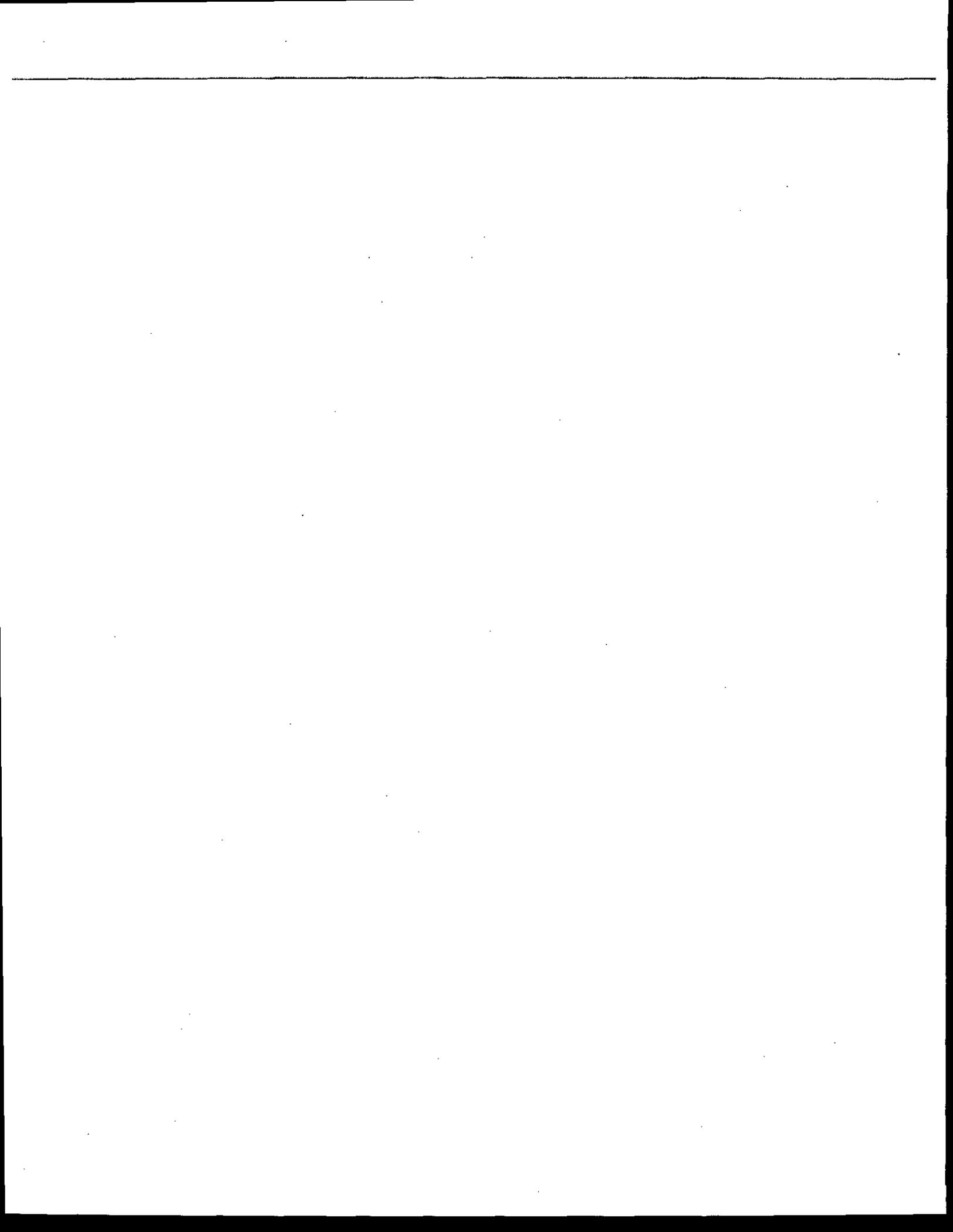
WHEREAS, the Board approved Ordinance No. 01-13 on June 12, 2001 creating a Primary Health Care Municipal Service Taxing Unit to help fund a primary health care program for the uninsured; and

WHEREAS, the Ordinance authorizes the Board to levy and collect additional ad valorem taxes to provide primary health care services to the uninsured, low income persons under the age of 65 living within Leon County; and

WHEREAS, the Board shall prepare and adopt a budget for the Primary Health Care Municipal Service Taxing Unit for the fiscal year beginning October 1, 2001 and each year thereafter; and

NOW THEREFORE BE IT RESOLVED that the Leon County Board of County Commissioners shall create a Primary Health Care Implementation Advisory Board, which will consist of fourteen members who shall be appointed by the Board to serve 3-year terms, and who will serve at the pleasure of the Board, and one Board of County Commissioner, for a total of fifteen.

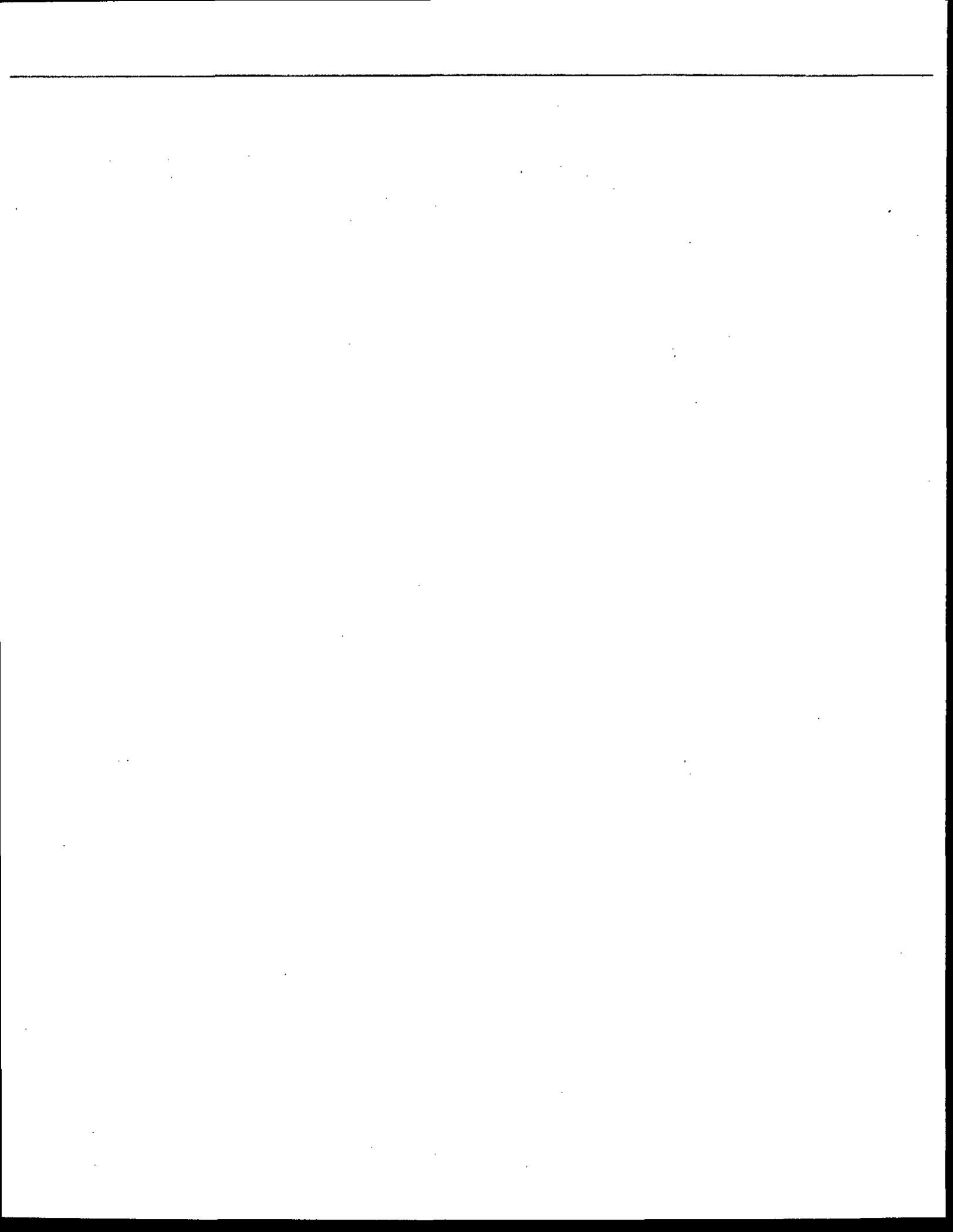
PASSED AND ADOPTED, by the Board of County Commissioners of Leon County, Florida this 11th Day of December 2001.



Primary Healthcare Implementation Advisory Board

6-Feb-07

MBR No.	L Name	F Name	Appointer		Telephone Number	Address	City	Zip Code	E-Mail Addresses
			by	Number					
1	Alam	Parvez	Commsn	606-5300	301 So. Monroe St	Tall	32301	parvez@leoncountyfl.gov	
2	Rice	Homer	Commsn	487-3162	P. O. Box 2745	Tall	32316	homer_rice@doh.state.fl.us	
3	McArthur	Steve	Commsn	385-7366	373 Rob Roy Trail	Tall	32312	stevemc@nettally.com	
4	O'Bryant	Mark	Commsn	431-5380	1300 Miccosukee Road	Tall	32308	mark.obryant@mail.tmh.org	
5	Roush	Sharon	Commsn	325-5017	2626 Medical Blvd	Tall	32308	sharon.roush@hcahealthcare.com	
6	Stockwell	James	Commsn	877-2105	1204 Miccosukee Road	Tall	32308	Dawn@ddctally.com	
7	Littles	Alma	Commsn	644-5905	1115 W. Call St.	Tall	32306	alma.littles@med.fsu.edu	
8	Holfield	Edward	Proctor	556-1098	P. O. Box 6491	Tall	32314	wholfield@yahoo.com	
9	Hill	Kandy	DePuy	556-4656	1420 Stourdivant	Tall	32312	kandyhill@comcast.net	
10	Lewis	Henry	Rackleff	599-3301	FAMU - Lee Hall	Tall	32310	henry.lewis@famuj.edu	
11	Desloge	Bryan	Commsn	656-8900	2510 Miccosukee Road	Tall	32308	bryan@deslogemedical.com	
12	Williams	Edwardo	Sauls	663-4643	333 Capital Oaks Drive	Tall	32308	eccew@aol.com	
13	Cooper	Art	Thaell	893-1797	3814 Leane Drive	Tall	32309	oldsbooky@comcast.net	
14	Evans	Steve	Desloge	445-3515	3290 Bobbin Brook Cr.	Tall	32312	steEva8@aol.com	
Staff	Simpson	Andrea		606-1921	918 Railroad Avenue	Tall	32310	simpsona@leoncountyfl.gov	
Staff	Pearson	Frederick		606-1912	918 Railroad Avenue	Tall	32310	pearsonf@leoncountyfl.gov	





Leon County
Board of County Commissioners
301 South Monroe Street, Tallahassee, Florida 32301
(850) 606-5302 www.leoncountyfl.gov

Commissioners

January 12, 2007

BILL PROCTOR
District 1

Florida A&M University, College of Pharmacy

JANE G. SAULS
District 2

Andrea Brown-Slater, Director

JOHN DAILEY
District 3

872 W. Orange Ave

Tallahassee, FL 32310

BRYAN DESLOGE
District 4

Dear Mrs. Brown-Slater:

BOB RACKLEFF
District 5

During the January 9, 2007 board meeting, the Leon County Board of County Commissioners requested that your organization, among others, give a presentation of the services you provide to the community. A Healthcare Workshop has been scheduled for March 13, 2007 from 12:00 p.m. until 3:00 p.m. in the County Courthouse Chambers. It is requested that information be provided in preparation for the workshop. Please submit the following to Andrea Simpson, Director of Health and Human Services by February 23, 2007:

CLIFF THAELL
At-Large

ED DePUY
At-Large

PARWEZ ALAM
County Administrator

HERBERT W.A. THIELE
County Attorney

1. Mission of Organization
2. List of Programs and Services Provided
3. List of Population Served
4. Number of Leon County Residents Served
5. Analysis of Funding Sources for Each Program and a Breakdown of expenses by services/programs
6. List of staff positions associated with services/ programs
7. Financial and audit reports for FY2005 and FY2006 and include audit process procedures.
8. List of accomplishments through Leon County Primary Healthcare Funding and include statistics.

Should you require additional information or if you need any assistance, please contact Andrea Simpson, Director of Health and Human Services at 850-606-1900.

Sincerely,

Parwez Alam
County Administrator



Leon County

Board of County Commissioners

301 South Monroe Street, Tallahassee, Florida 32301
(850) 606-5302 www.leoncountyfl.gov

Attachment # 7

Page 2 of 4

Commissioners

January 12, 2007

BILL PROCTOR
District 1

Bond Community Health Center

JANE G. SAULS
District 2

J.R. Richards, Executive Director

JOHN DAILEY
District 3

872 W. Orange Avenue

BRYAN DESLOGE
District 4

Tallahassee, FL 32310

BOB RACKLEFF
District 5

Dear Mr. Richards:

CLIFF THAELL
At-Large

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PARWEZ ALAM
County Administrator

HERBERT W.A. THIELE
County Attorney

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Sincerely,

Parwez Alam
County Administrator



Leon County
Board of County Commissioners
301 South Monroe Street, Tallahassee, Florida 32301
(850) 606-5302 www.leoncountyfl.gov

Commissioners

January 12, 2007

BILL PROCTOR
District 1

Neighborhood Health Services
Inzlea Smith-McGlockin, Executive Director
438 W. Brevard St.
Tallahassee, FL 32301

JANE G. SAULS
District 2

JOHN DAILEY
District 3

BRYAN DESLOGE
District 4

BOB RACKLEFF
District 5

CLIFF THAELL
At-Large

ED DePUY
At-Large

PARWEZ ALAM
County Administrator

HERBERT W.A. THIELE
County Attorney

Dear Mrs. Smith-McGlockin:

During the January 9, 2007 board meeting, the Leon County Board of County Commissioners requested that your organization, among others, give a presentation of the services you provide to the community. A Healthcare Workshop has been scheduled for March 13, 2007 from 12:00 p.m. until 3:00 p.m. in the County Courthouse Chambers. It is requested that information be provided in preparation for the workshop. Please submit the following to Andrea Simpson, Director of Health and Human Services by February 23, 2007:

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Sincerely,

Parwez Alam
County Administrator



Leon County
Board of County Commissioners
301 South Monroe Street, Tallahassee, Florida 32301
(850) 606-5302 www.leoncountyfl.gov

Commissioners

January 12, 2007

BILL PROCTOR
District 1

Capital Medical Society
Karen Wendland, Executive Director
1204 Miccosukee Rd
Tallahassee, FL 32308

JANE G. SAULS
District 2

JOHN DAILEY
District 3

BRYAN DESLOGE
District 4

Dear Mrs. Wendland:

BOB RACKLEFF
District 5

During the January 9, 2007 board meeting, the Leon County Board of County Commissioners requested that your organization, among others, give a presentation of the services you provide to the community. A Healthcare Workshop has been scheduled for March 13, 2007 from 12:00 p.m. until 3:00 p.m. in the County Courthouse Chambers. It is requested that information be provided in preparation for the workshop. Please submit the following to Andrea Simpson, Director of Health and Human Services by February 23, 2007:

CLIFF THAELL
At-Large

ED DeFUJ
At-Large

PARWEZ ALAM
County Administrator

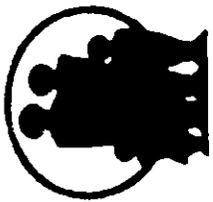
HERBERT W.A. THIELE
County Attorney

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Should you require additional information or if you need any assistance, please contact Andrea Simpson, Director of Health and Human Services at 850-606-1900.

Sincerely,

Parwez Alam
County Administrator



Welcome to Bond Community Health Center, Inc.



**"In the community, For the community."
"Helping People Live Stronger, Longer"**

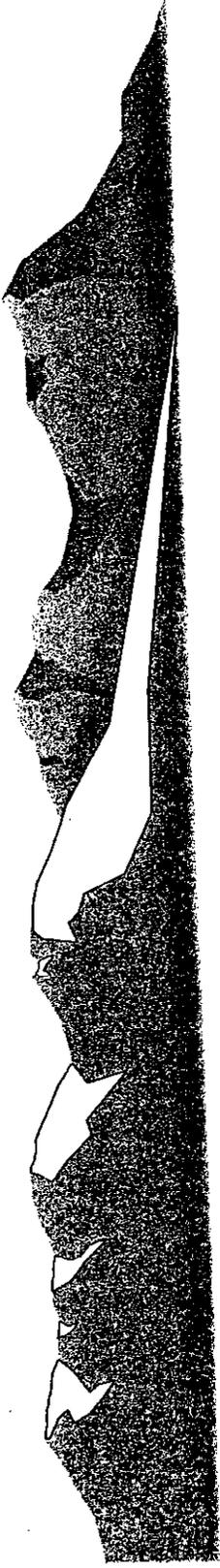
Governance

- BCHC is governed by a 14 member voluntary Board of Directors that has fiduciary responsibility and establishes the policies and procedures of the organization. Membership is comprised of community residents where 51% of members must be users of the facility. They must also be representative of the clients served and have a broad range of skills and expertise.



History

- Bond Community Health Center, Inc is the product of a grassroots effort of concerned citizens in the Bond community in the 1970's to improve the quality of life for the citizens of this area.
- In the early years, all medical and pharmacy services were donated. The City of Tallahassee provided seed money in the 80's to expand some of the services.

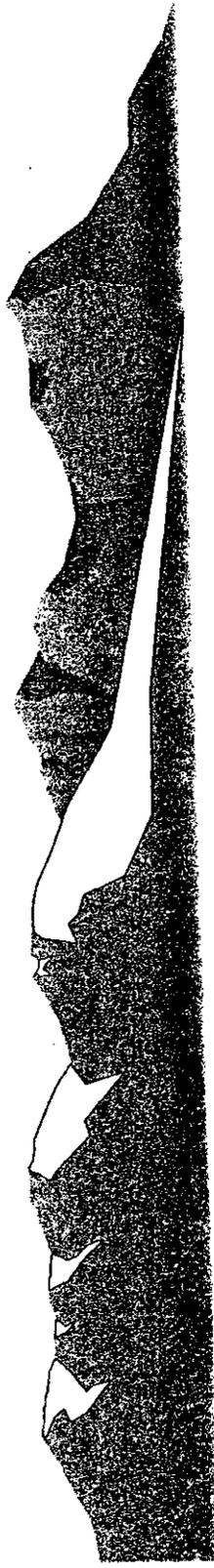


- In 1994, Bond received funding from the US Bureau of Primary Health Care, Health Resources and Services Administration (HRSA) to operate as a Federally Qualified Health Center (FQHC) under section 330e of the Public Health Services Act.
- All services and standard operating procedures of the Center are dictated and governed by the performance expectations of the Bureau of Primary Health Care.



Mission Statement

To improve the physical, spiritual, psychosocial and psychological well being of the residents of Leon and surrounding counties by providing access to the highest quality, comprehensive, family health services with particular concern for the lower socioeconomic groups, regardless of their ability to pay.



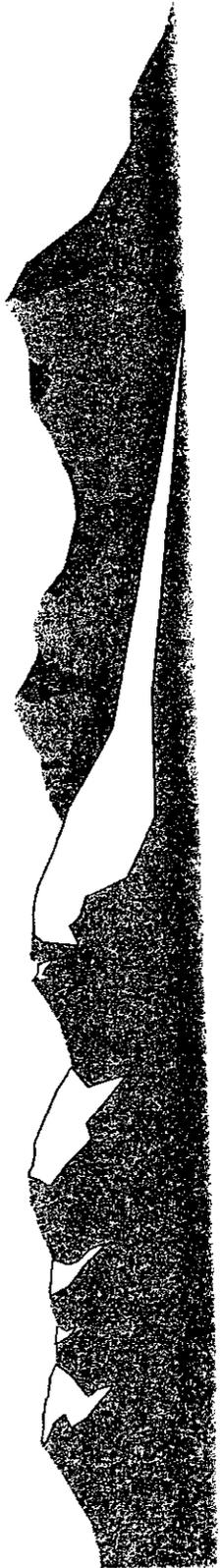
Funding Sources

- Health Resources and Services Administration (HRSA)
- National Institute of Health (NIH)
- State Department of Health (DOH)
- Local Health Department
- City of Tallahassee
- Leon County
- United Way



Paid Member Organizations

- National Association of Community Health Centers (NACHC)
- Florida Association of Community Health Centers (FACHC)
- Community Health Centers Alliance (CHCA)
- Medical Group Management Association (MGMA)
- United Partners for Human Services (UPHS)
- Chamber of Commerce



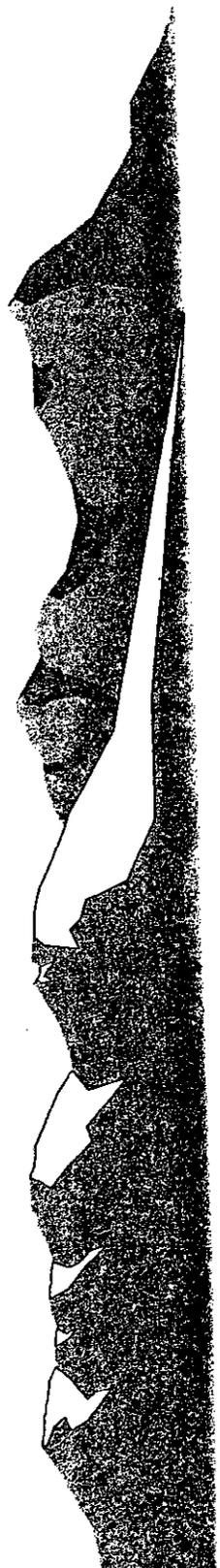
Target Population

Bond Community Health Center serves Leon and surrounding counties. Our primary service area includes the City of Tallahassee, with emphasis on the South side. According to the Federal Government, BCHC Primary Service Areas are Census Tracts 1, 4, 5, 6, 10.01, 10.02, 11.01, 11.02, 12, 13, 14



Services Provided

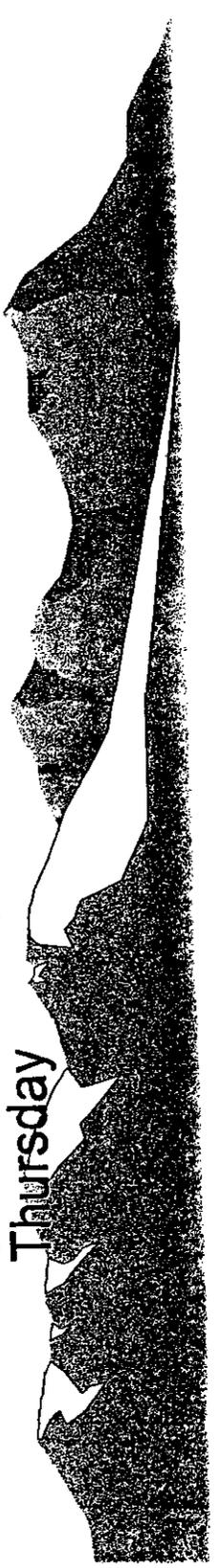
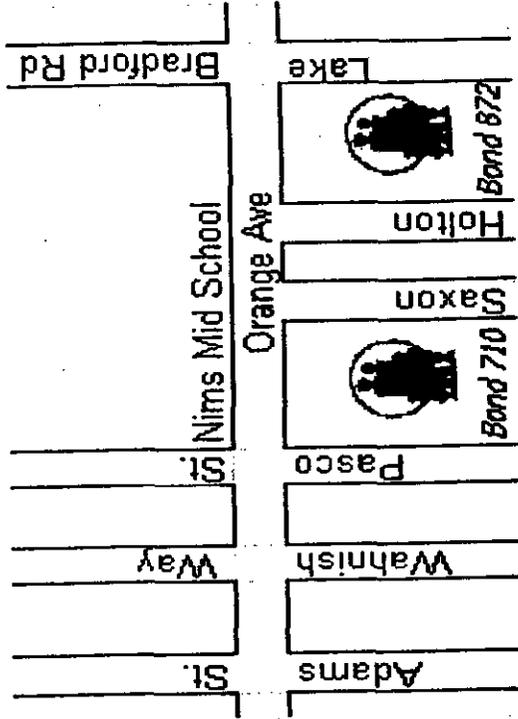
- Family Practice Medicine
- Internal Medicine
- Pediatric Medicine
- Geriatric Medicine
- Adolescent Medicine
- Midwifery Services
- HIV Counseling/Testing
- HIV/AIDS Primary Care
- Diabetes Clinic
- Obstetrics/Gynecology
- Cancer Research
- Physical Exams
- Immunizations
- Social Services
- Health Education
- Case Management
- Community Outreach
- HIV Support Group
- Transportation
- Entitlement/Eligibility Screening



Sites & Hours of Operation

- **710 W. ORANGE AVE.**
 Administration and Health Services
 - 8:00am to 8:00pm, Mon., Tues., Wed.
 - 8:00am to 5:00pm Thurs. & Friday
 - Saturday 9:00am to 2pm

- **872 W. ORANGE AVE.**
 Health Services
 - 8:00am to 5:00pm, Mon., Tues., Wed., Fri.
 - 8:00am to 8:00pm, Thursday



Populations Served

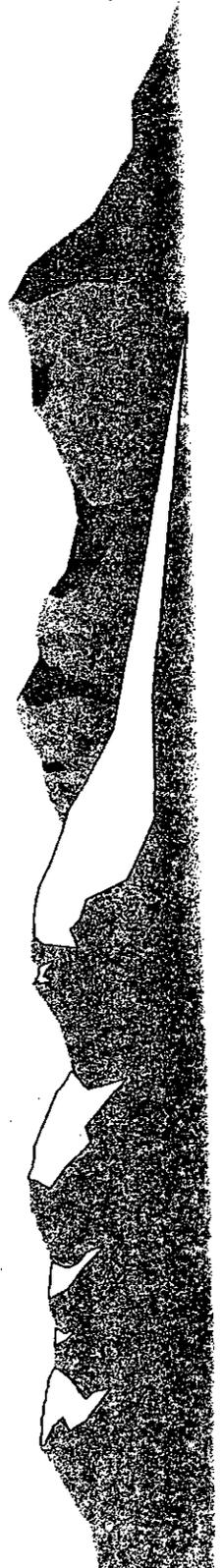
RACE/ETHNICITY	PERCENTAGE
Asian	1%
Black/African American	73%
American Indian/Alaskan Native	1%
White	21%
Hispanic/Latino	2%
Unreported	<1%

Third Party Insurances Status

	BOND	STATE FQHC'S	NATIONAL FQHC'S
Uninsured	74%	56%	40%
Medicaid	15%	25%	36%
Medicare	6%	6%	8%
Private	5%	10%	15%

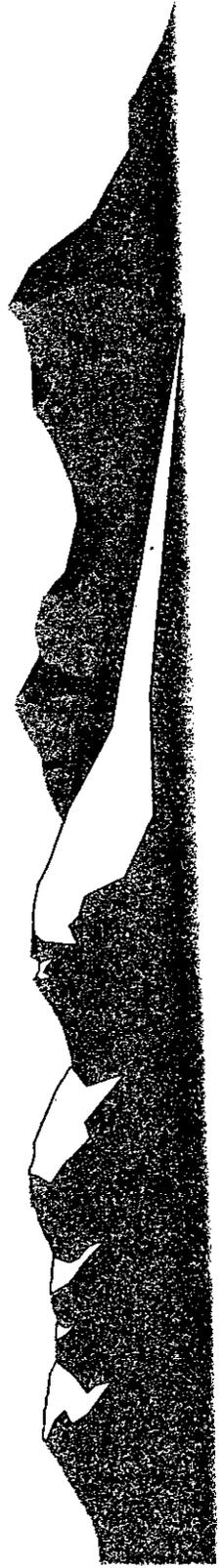
5 Year Growth Rates

	2002	2003	2004	2005	2006
Users	5,010	6,293	7,697	8,356	9,420
Encounters	12,914	16,127	18,423	22,729	23,895



Proportion of Encounters by Diagnosis

	BOND	STATE FQHC'S	NATIONAL FQHC'S
Asthma	2.07%	1.97%	2.09%
Hypertension	24.84%	9.45%	8.19%
Diabetes	9.99%	7.56%	6.95%

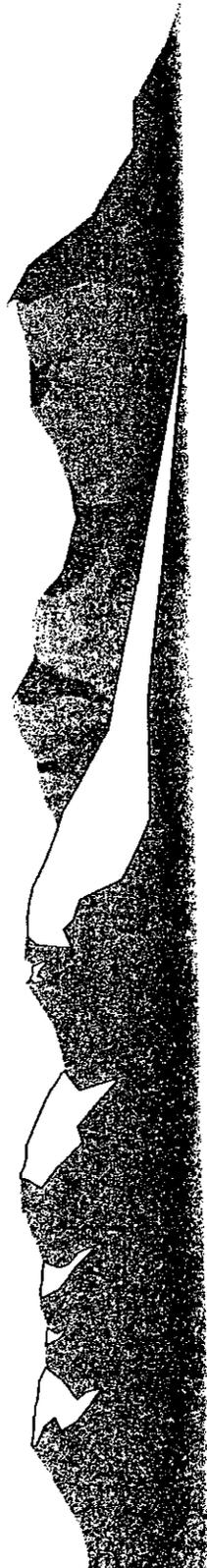


Productivity & Support Ratios

	BOND	STATE FQHC's	NATIONAL FQHC's
Medical Team Productivity	4,866	4,689	4,312
Physician Productivity	4,391	4,295	3,928
Mid-Level Productivity	2,983	3,239	2,850
Medical Support	1.6	1.92	1.67
Patient Support	1.23	1.51	1.22

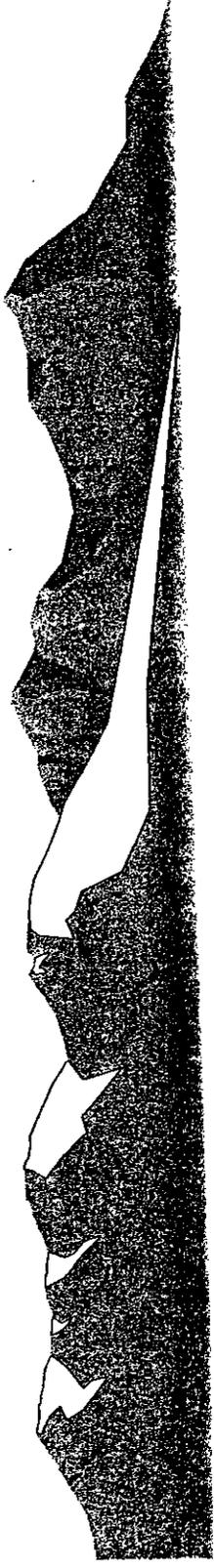
Productivity Averages

- 2000 patients are attended monthly
- Each FTE physician cares for 20 patients daily
- 30 walk-in patients are seen daily
- 200 new patients enter care/month
 - 100 referred from TMH inpatient or ER
 - 93% are uninsured



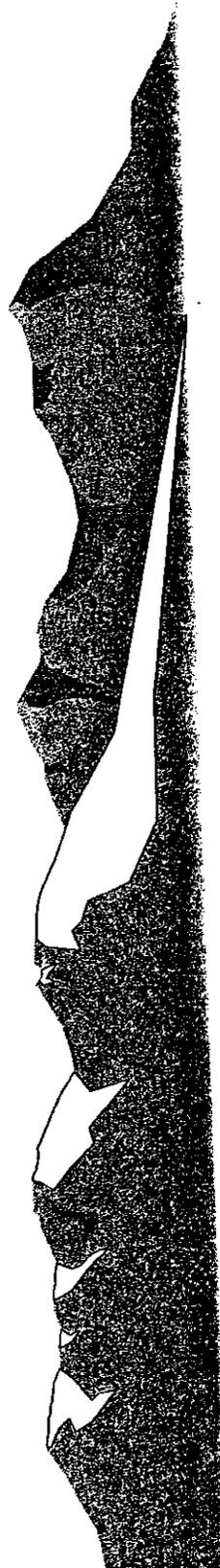
Annual Compliance Audits

- Office of Management and Budget A-133 Audit
- HRSA -Primary Care Effectiveness Reviews (PCER); Primary Care Assessment Tools (PCAT); Compliance Diagnostic Site Visits; Operational Performance Reviews (OPR).
- State Department of Health
- Local Health Department
- City of Tallahassee
- Managed Care Organizations (HealthEase, Vista, United Health Care, Wellcare)



Annual Compliance Audit

- DOH—Bureau of Immunization—Vaccine for Children-- consistently exceeds the State Goal of 80%; last reviewed—May '06
- United Health Care—chronic disease medical record review—98% in compliance; last reviewed—April '06
- (HealthEase) Wellcare Performance and Utilization Audit—90% compliance; last reviewed May '06
- Vista Health Care—chronic disease medical record review—90% in compliance; last reviewed Sept. '06
- Title III/Ryan White HIV/AIDS Federal Site Review—No Legislative or Programmatic Clinical Findings—internal CQI/QA program was lauded- last reviewed January 23 and 24, 2007.



The Big One—PCER/OPR

Bond center performs well in audit

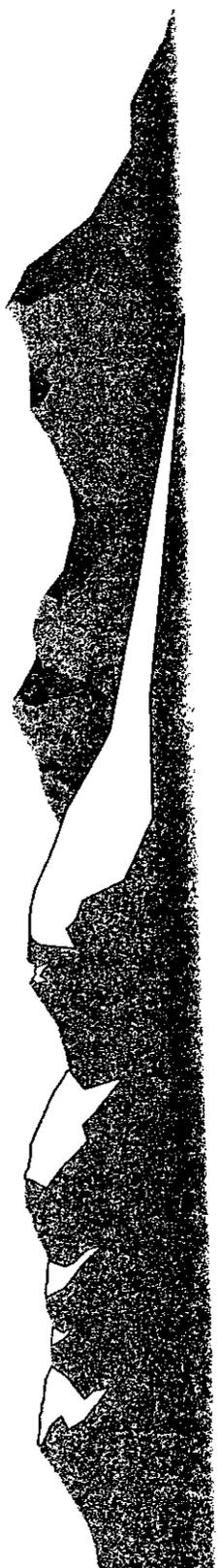
*Diane Hirth DEMOCRAT CAPITOL BUREAU
Tallahassee Democrat—December 27, 2003*

- **Bond Community Health Center** found out last week that it passed with flying colors a three-day federal audit last September by **community health-facility** experts.
- In 2002, **Bond center** emerged from that review with a 20-page list of issues of concern from the Bureau of Primary Care of the U.S. Department of **Health and Human Services**. This year, the list was down to two pages and only five issues of concerns, said **J.R. Richards**, **Bond's** chief executive officer.
- "With excellent teamwork, we've been able to bring **Bond** back in line," said **Richards**, who took over the **center's** operations in early 2003. "We're not only out of scrutiny's eyes, we're on our way to building **Bond** into being the model **health center** not only for the **community**, but the entire state. We're looking to do great things." He said the **center** also separately received a positive financial audit.



Leon County Residents Served

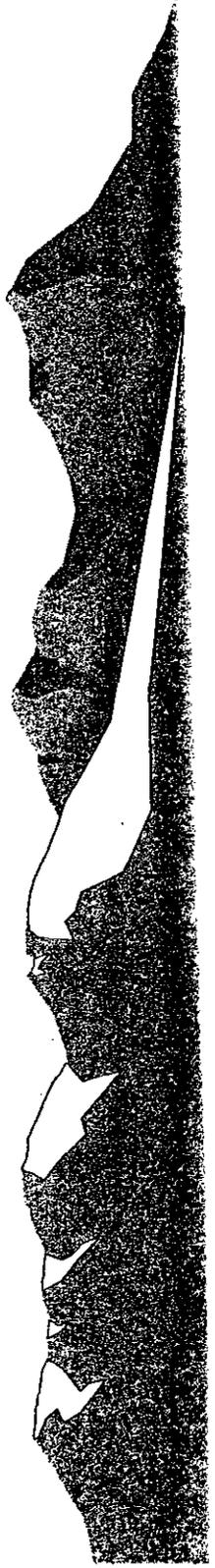
Users	7,210
Encounters	18,025
Uninsured Users	4,809
Uninsured Encounters	12,022



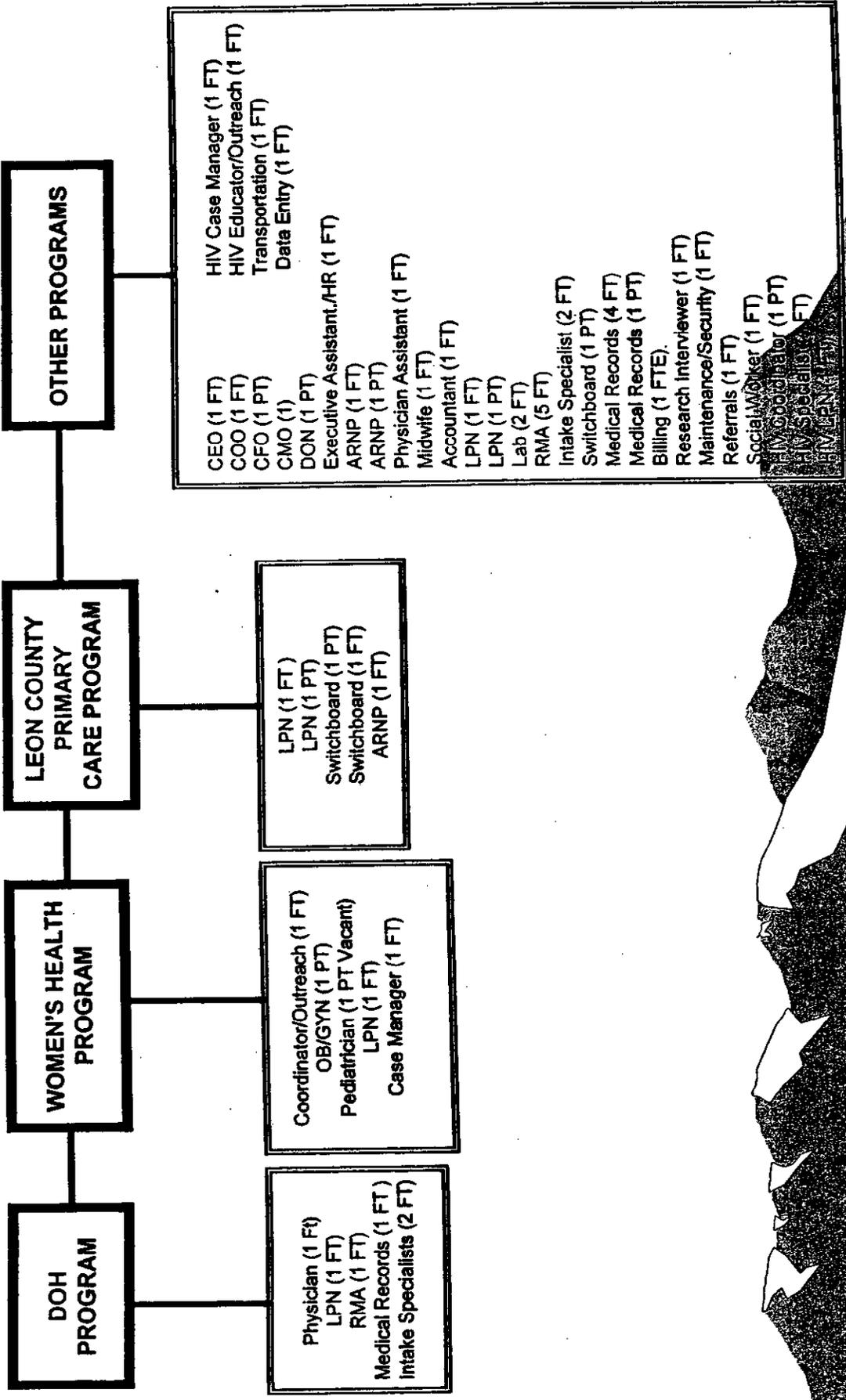
County Contract 06/2007

Fee For Service

- BCHC's cost per encounter is \$122.
- The FQHC Medicaid Base Rate is \$104.95 per encounter.
- County pays \$80 per encounter for the uninsured.
- County funding of $\$285,625 / \$80 = 3,570$ encounters
- Bond had 12,022 uninsured encounters from Leon County Patients in 2005/2006.
- At FQHC Medicaid Base Rate funding would detail: 12,022 encounters x $\$104.95 = \$1,261,709$.
- At Bond's cost per encounter it cost the center \$1,466,684 annually to provide service to the county's uninsured population: 12,022 encounters x $\$122 = \$1,466,684$.
- If the county funded all uninsured at \$80 funding would total 12,022 encounters x $\$80 = \$961,760$.
- Shortfall is $\$1,466,684 - \$285,625 = \$1,181,059$



POSITIONS ASSOCIATED WITH PROGRAMS



Bond Community Health Center, Inc.
 Activities by program
 Year ended June 30, 2006

	<u>2006</u>	<u>Florida DOH</u> <u>Extended</u>	<u>Leon Co.</u> <u>Women's</u>	<u>Leon Co.</u> <u>Primary</u>	<u>Other</u>
Revenue:					
Grant Income:					
Leon County Primary Care	283,287			283,287	-
Leon County Women's Health	262,809		262,809		-
Florida Department of Health (includes 108,305 matching from LC)	525,370	525,370			-
Other Grant Income	1,075,944				1,075,944
Other Revenue:					
Medicaid	388,855	22,412	53,274		313,169
Other income	381,190				381,190
Total support and revenue	2,917,455	547,782	316,083	283,287	1,770,303

Bond Community Health Center, Inc.
Activities by program
Year ended June 30, 2006

	<u>2006</u>	Florida DOH			<u>Other</u>
		<u>Extended</u>	<u>Women's</u>	<u>Primary</u>	
Expenses:					
Personnel	1,832,745	226,885	238,800	138,136	1,228,924
Fringe benefits	267,889	54,451	24,009	24,864	164,565
Medical supplies and drugs	220,842	85,909	27,715		107,218
Lab fees	201,893	64,442		120,287	17,164
Other medical costs	28,543				28,543
Contract labor	60,347	24,220			36,127
Travel	49,736	7,500			42,236
Office expenses	87,405	16,158			71,247
Space costs	64,784	17,700			47,084
Insurance	26,352	6,362			19,990
Professional fees	15,448				15,448
Communications	25,998	6,352			19,646
Marketing costs	21,693	3,993			17,700
Repairs and maintenance	46,085	5,600			40,485
Computer support	83,926	28,210			55,716
Specialized equipment			25,559		(25,559)
Other expenses	6,607				6,607
Depreciation	25,625				25,625
Total expenses	3,065,918	547,782	316,083	283,287	1,918,766
Net income	(148,463)	-	-	-	(148,463)

Bond Community Health Center, Inc.
 Audited Income Statement
 Years Ended June 30, 2005 and 2006

	<u>2005</u>	<u>2006</u>
Revenue:		
Grant Income:		
Leon County Primary Care	740,480	283,287
Leon County Women's Health		262,809
Florida Department of Health	298,900	525,370
Other	1,289,751	1,075,944
Total support	<u>2,329,131</u>	<u>2,147,410</u>
Other Revenue:		
Medicaid	390,985	388,855
Other	740,539	381,190
Total revenue	<u>1,131,524</u>	<u>770,045</u>
Total support and revenue	<u>3,460,655</u>	<u>2,917,455</u>

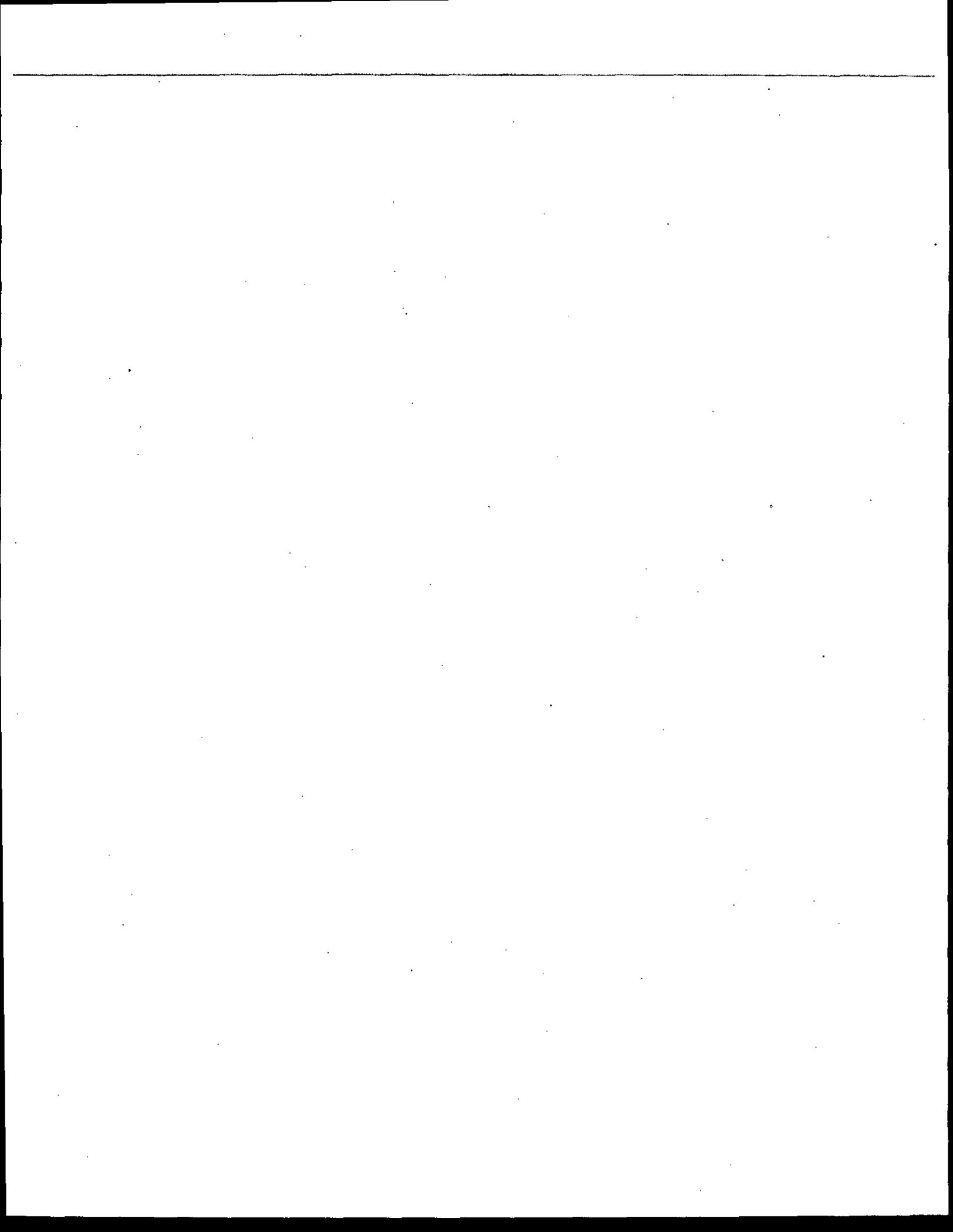
Bond Community Health Center, Inc.
Audited Income Statement
Years Ended June 30, 2005 and 2006

	<u>2005</u>	<u>2006</u>
Expenses:		
Personnel	1,529,118	1,832,745
Fringe benefits	282,987	267,889
Medical supplies and drugs	325,493	220,842
Lab fees	271,358	201,893
Other medical costs	3,787	28,543
Contract labor	158,264	60,347
Travel and education	70,475	49,736
Office expenses	101,935	87,405
Space costs	72,048	64,784
Insurance	32,583	26,352
Professional fees	73,951	15,448
Communications	24,570	25,998
Marketing costs	9,018	21,693
Repairs and maintenance	18,487	46,085
Interest expense	1,701	-
Computer support	86,943	83,926
Bad debt expense	85,545	-
Other expenses (Medical waste)	4,677	6,607
Depreciation	25,625	25,625
Total expenses	<u>3,178,565</u>	<u>3,065,918</u>
Net income	<u>282,090</u>	<u>(148,463)</u>

Accomplishments through County Funding

- Provided Primary Healthcare services to 4,809 uninsured Leon County residents.
- Provided for the hiring of Medical and support staff.
- Provided matching funds that allowed for an additional \$417,065 in State and federal funding.
- Generated \$75,686 in additional revenue from Medicaid.
- Provided for \$96,459 in laboratory fees.
- Provided for over \$50,000 in medical supplies and drugs.
- Provided for the purchase of specialized equipment in excess of \$25,000.







438 West Brevard Street, Tallahassee, FL 32301

NHS' Response to Information requested by Leon County Commissioners:

Neighborhood Health Services (NHS) is committed to improving the well being of the community by providing the highest quality medical services to anyone who meets the federal poverty guidelines. We fully realize that our program literally has made a life or death difference in the lives of some of our community's citizens. There are many who view us as their only means of medical service provision and look to us for primary care as well as referrals for other services not provided by NHS. In order to meet these growing demands, we are aggressively seeking to expand our services to the community. By expanding those services, those uninsured or underinsured members of our community can receive as wide a variety of services through NHS as someone with insurance can from their primary care provider. As a result, public support provided by county funding is crucial in subsidizing the cost of providing affordable medical and mental-health services to the Leon County community.

In order to bridge the gap that currently exists between income and expenses, NHS is seeking county funding.

This support will enable us to provide services to a predictable 2,000 unduplicated medical encounters for Leon patients in 2007/08. This level of service will have a huge impact on the health of families being served and their ability to become wage earners in the community.

Request One: Mission Statement –

NHS Mission:

The mission of Neighborhood Health Services is to serve those in need by providing and facilitating access to care and by enhancing the health of individuals through education, prevention, and outreach. NHS is committed to serving clients with respect and compassion.

Request Two: List of Programs and services provided –

Neighborhood Health Service provides an array of health care services provided by Medical Professionals to uninsured low-income and no-income members of the community who would not or could not otherwise access them. The medical clinic services, which are provided by appointment and on a walk-in basis, include:

- Primary Care
- Urgent care
- Checkup & Physicals
- Diabetes & Hypertension Management
- Breast & Cervical Cancer Screening
- Lab services

- Social services

NHS in House Specialty Clinics

- Orthopedic
- Optometry
- Dermatology
- Endocrinology
- Nutrition
- GYN
- Mental Health
- Dental Screening
- Health and fitness classes
- Outreach to and transportation from un-served and underserved areas

Most services are provided at the NHS clinic facility, but a few are more effectively delivered in providers' offices (e.g. dentists, optometrists) after initial screening is done at NHS.

Request Three: List of Population Serviced –

Population Serviced by counties:

Leon County	1853
Gadsden County	152
Jefferson County	24
Wakulla County	47
Franklin County	3
Homeless /Others	20
Total	2,109

Population Serviced By Gender:

Female	1312
Male	797
Total	2,109

Request Four: Number of Leon County Residents Serviced

In FY 2005/2006, NHS provided healthcare services to 1,853 unduplicated healthcare visits to Leon County residents. The average Leon County patient visited NHS 2.42 times a year for healthcare services. As a result 4,492 resident visits were paid for by Leon County funding.

Request Five: Analysis of Funding Sources for Each Program and a Breakdown of expense by services/programs –

Medical Clinic Funding-Sources 05/06:

Leon County - Board of County Commissioners	\$424,234
DOH	\$142,500
Community Human Service Partnership (CHSP)	\$118,400
Sliding fees/Prescriptions/Other fees	\$ 57,438
Contribution/fundraising	\$ 7,847
Fund balance changes	\$ 30,531
Total	\$780,950

Medical Clinic Funding-Expenses 05/06

Compensation and Benefits	\$622,629
Occupancy/Util./Phones	\$ 33,537
Office Supplies/Postage/Med. Supplies	\$ 42,687
Professional Fees	\$ 15,893
Insurances	\$ 56,773
Equip. rental/ Maintenance	\$ 7,832
Staff development/meeting, etc.	\$ 1,599
Total	\$ 780,950

Request Six: List of staff positions associated with services/programs –

NHS has a total of seventeen employee positions. Fourteen positions are filled and three positions are vacant and being advertised. There are total of ten full time positions and seven part time positions.

Neighborhood Health Services offers an array of health care services that is provided by 2 paid Medical Professionals a MD and an ARNP. Volunteer health professionals recruited from the community also donate time.

- **Medical Staff of:**
 - 1 M.D. (Internist)
 - 1 ARNP
 - 2 LPNs
 - 1 CNA

Phlebotomist (Part-time)

- **Service related staff**
 - 3 Intake Specialists
 - Intake Specialist (Part time)
 - 1 Medical Record Specialist
 - Social Worker (Part time)
 - Data entry (Part time)

- **Admin. staff**
 - 1 Executive Director
 - 1 Office Manager
 - Executive assistant (Part time)
 - Financial officer (Part time)

Request Seven: Financial and audit reports for FY2005 and FY2006 and include audit process procedures. See attached

Request Eight:

List of accomplishments through Leon County Primary Healthcare Funding and include statistics

NHS accomplishments through Leon County Primary Healthcare Funding are as follows:

NHS provided service to 1,853 unduplicated patients. In the process of providing our services we were able to make an impact on the suffering of chronic diseases in Leon County as listed below.

The numbers listed below represent duplicated services:

Provided service for 895 Diabetes visits

Provided service for 412 Obesity visits

Provided service for 1679 HTN

Other accomplishment not tracked automatically by funding sources

1450 Lab visits

229 Specialty care visits

215 Dental visits

158 optometry visits

432 Social services visits

349 Case Mgt visits

In FY 2005/2006, NHS' clinic provided healthcare to a total of 2,109 patient visits to 7190 duplicated patients.

NEIGHBORHOOD HEALTH SERVICES, INC.

FINANCIAL STATEMENTS

SEPTEMBER 30, 2005

NEIGHBORHOOD HEALTH SERVICES, INC.
TABLE OF CONTENTS
SEPTEMBER 30, 2005

	Page(s)
Independent Auditors' Report	1
Financial Statements	
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JAMES MOORE & CO., P.L.
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

To the Board of Directors,
Neighborhood Health Services, Inc.:

We have audited the accompanying statement of financial position of Neighborhood Health Services, Inc. as of September 30, 2005, and the related statements of activities, functional expenses and cash flows for the year then ended. These financial statements are the responsibility of Neighborhood Health Services, Inc.'s management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Neighborhood Health Services, Inc. as of September 30, 2005, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

In accordance with *Government Auditing Standards*, we have also issued our report dated November 9, 2005, on our consideration of Neighborhood Health Services, Inc.'s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be considered in assessing the results of our audit.

James Moore & Co.

Tallahassee, Florida
November 9, 2005

NEIGHBORHOOD HEALTH SERVICES, INC.
STATEMENT OF FINANCIAL POSITION
SEPTEMBER 30, 2005

ASSETS

Current assets

Cash and cash equivalents	\$ 102,713
Grants and contracts receivable	141,888
Unconditional promise to give	118,400
Inventory	573,272
Prepaid expenses	20,931
Total current assets	<u>957,204</u>

Furniture and equipment, net of accumulated depreciation of \$34,686	20,518
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Total Assets	<u>\$ 977,722</u>
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LIABILITIES AND NET ASSETS

Current liabilities

Accounts payable and accrued expenses	<u>\$ 16,450</u>
---------------------------------------	------------------

Net assets

Temporarily restricted	118,400
Unrestricted	842,872
Total net assets	<u>961,272</u>

Total Liabilities and Net Assets	<u>\$ 977,722</u>
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The accompanying notes to financial statements
are an integral part of this statement.

NEIGHBORHOOD HEALTH SERVICES, INC.
STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED SEPTEMBER 30, 2005

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Total</u>
Support and revenues			
Charges for services	\$ 80,757	\$ -	\$ 80,757
Grants and contracts	712,560	-	712,560
Contributions	6,400	118,400	124,800
In-kind	2,855,217	-	2,855,217
Net assets released from restrictions	126,782	(126,782)	-
Total support and revenues	<u>3,781,716</u>	<u>(8,382)</u>	<u>3,773,334</u>
Expenses			
Program services	3,507,550	-	3,507,550
Administrative services	110,172	-	110,172
Total expenses	<u>3,617,722</u>	<u>-</u>	<u>3,617,722</u>
Increase (decrease) in net assets	<u>163,994</u>	<u>(8,382)</u>	<u>155,612</u>
Net assets, beginning of year	678,878	126,782	805,660
Net assets, end of year	<u>\$ 842,872</u>	<u>\$ 118,400</u>	<u>\$ 961,272</u>

The accompanying notes to financial statements
are an integral part of this statement.

NEIGHBORHOOD HEALTH SERVICES, INC.
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED SEPTEMBER 30, 2005

	<u>Program Services</u>	<u>Administrative Services</u>	<u>Total</u>
Personnel	\$ 607,324	\$ 90,750	\$ 698,074
Travel	1,951	292	2,243
Communication and utilities	9,647	1,442	11,089
Printing and supplies	15,597	2,331	17,928
Materials	63,536	-	63,536
Repairs and maintenance	8,467	1,265	9,732
Professional fees	10,035	1,499	11,534
Advertising	2,629	393	3,022
Rent	26,326	2,289	28,615
In-kind	2,695,711	-	2,695,711
Insurance	51,963	7,765	59,728
Depreciation	6,901	1,031	7,932
Other	7,463	1,115	8,578
Total expenses	<u>\$ 3,507,550</u>	<u>\$ 110,172</u>	<u>\$ 3,617,722</u>

The accompanying notes to financial statements
are an integral part of this statement.

NEIGHBORHOOD HEALTH SERVICES, INC.
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED SEPTEMBER 30, 2005
Increase (Decrease) in Cash and Cash Equivalents

Cash flows from operating activities	
Cash received from grantors and others	\$ 875,553
Cash paid to employees and vendors	(928,146)
Net cash used in operating activities	<u>(52,593)</u>
Cash flows from investing activities	
Purchases of equipment	(7,931)
Net decrease in cash and cash equivalents	<u>(60,524)</u>
Cash and cash equivalents, beginning of year	163,237
Cash and cash equivalents, end of year	<u><u>\$ 102,713</u></u>
Reconciliation of increase in net assets to net cash used in operating activities	
Increase in net assets	\$ 155,612
Adjustments to reconcile increase in net assets to net cash used in operating activities:	
Non cash donations of inventory	(159,505)
Depreciation	7,932
Increase in prepaid expenses	(9,802)
Increase in grants and contracts receivable	(42,565)
Decrease in accounts payable and accrued expenses	(4,265)
Total adjustments	<u>(208,205)</u>
Net cash used in operating activities	<u><u>\$ (52,593)</u></u>

Supplemental schedule of non-cash investing activities:

During the year ending September 30, 2005, the Organization received a donation of inventory with a value of \$159,505.

The accompanying notes to financial statements
 are an integral part of this statement.

NEIGHBORHOOD HEALTH SERVICES, INC.
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2005

(1) Summary of Significant Accounting Policies:

The following is a summary of the more significant accounting policies and practices of Neighborhood Health Services, Inc. (the "Organization") which affect significant elements of the accompanying financial statements:

- (a) **Nature of Organization**—Neighborhood Health Services, Inc. (the "Organization"), a nonprofit organization, provides health care services to uninsured low-income and no-income individuals through a reduced fee medical clinic offering primary care, dental, eye care, mental health, and hypertension programs. The Organization also offers health education, medical social services, and an in-house pharmacy.
- (b) **Furniture and Equipment**—Furniture and equipment with a value greater than \$500 and an estimated useful life of at least one year are recorded at cost when purchased or at fair market value when contributed. Depreciation is computed using the straight-line method over the estimated useful lives of the assets, ranging from five to seven years.
- (c) **Income Taxes**—The Organization is generally exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code. Therefore, no provision for income taxes has been made in the accompanying financial statements.
- (d) **Cash and Cash Equivalents**—For the purpose of reporting cash flows, cash and cash equivalents include cash on hand and amounts in demand deposits held with banks.
- (e) **Use of Estimates**—The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.
- (f) **Basis of Accounting**—The financial statements have been prepared on the accrual basis of accounting, and accordingly, reflect significant receivables, payables and other liabilities.
- (g) **Basis of Presentation**—Financial statement presentation follows the recommendations of the Financial Accounting Standards Board in its Statement of Financial Accounting Standards (SFAS) No. 117, *Financial Statements of Not-for-Profit Organizations*. Under SFAS No. 117, the Organization is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets.
- (h) **Contributions**—All contributions are considered to be available for unrestricted use unless specifically restricted by the donor. Amounts received that are designated for future periods or restricted by the donor for specific purposes are reported as temporarily restricted or permanently restricted support that increases these net asset classes. However, if a restriction is fulfilled in the same time period in which the contribution is received, the entity reports the support as unrestricted.

NEIGHBORHOOD HEALTH SERVICES, INC.
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2005

(1) **Summary of Significant Accounting Policies:** (Continued)

(i) **Contributed Facilities, Services and Other Support**—Contributed services requiring specialized skills are reported as support and expenses at their estimated fair value in the period in which they are donated. Such non-cash contributions are recorded as in-kind revenue and in-kind expense in the Statement of Activities and the Statement of Functional Expenses. In addition, donated services with a value of approximately \$29,458 were not recognized in the financial statements because they did not meet the criteria for revenue recognition under Statement of Financial Accounting Standards (SFAS) No. 116.

The Organization also receives donated pharmaceutical products and medical supplies. The donated pharmaceutical products are reported as in-kind revenue and inventory at their estimated fair market value in the period in which they are donated. The medical supplies are reported as in-kind revenue and in-kind expense at their estimated fair market value in the period in which they are donated.

Contributed property and equipment is recorded at fair value at the date of donation. In the absence of donor-imposed stipulations regarding how long the contributed assets must be used, the entity has adopted a policy of implying a time restriction on contributions of such assets that expires over the assets' useful lives; consequently, all contributions of property and equipment, and of the assets contributed to acquire property and equipment, are recorded as restricted support or contributions with donor-imposed stipulations regarding how long the contributed assets must be used are recorded as restricted support; otherwise, the contributions are recorded as unrestricted support.

(j) **Functional Allocation of Expenses**—The costs of providing the various programs and other activities have been summarized on a functional basis in the Statement of Activities. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

(k) **Advertising Costs**—Advertising costs are charged to operations in the period incurred.

(l) **Inventory**—Inventory consist primarily of pharmaceutical products held for resale and is stated at lower of cost or market using the first-in, first-out method.

(m) **Accounts Receivable**—Accounts receivable are stated at the amount management expects to collect from balances outstanding at year-end. Based on management's assessment of the credit history with customers having outstanding balances and current relationships with them, it has concluded that realization losses on balances outstanding at year-end will be immaterial.

(2) **Concentrations of Credit Risk:**

The more significant concentrations of credit risk are as follows:

(a) **Demand and Time Deposits**—The Organization maintains cash deposits with one financial institution. The Organization has no policy requiring collateral to support its cash deposits, although accounts at the bank are insured by the Federal Deposit Insurance Corporation up to \$100,000. As of September 30, 2005, the Organization's total uninsured cash balance was \$42,389.

NEIGHBORHOOD HEALTH SERVICES, INC.
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2005

(2) Concentrations of Credit Risk:

(b) Grants and Contracts Receivable—The Organization's receivables are for amounts due under grants and contracts with the State of Florida and local government agencies. The Organization has no policy requiring collateral or other security to support its receivables.

(3) Pension Plan:

The Organization sponsors a defined contribution pension plan. Contributions to the plan for 2005 totaled \$11,403.

(4) Significant Funding Sources:

The Organization receives a substantial amount of its funding from the State of Florida Department of Health and Leon County, Florida. A significant reduction in the level of this funding could have an adverse effect on the Organization's programs and activities.

(5) Contingency:

The Organization is a defendant in a lawsuit filed by a past employee for alleged employment discrimination. The Organization denies the material allegations of the complaint. No estimate of the possible loss if any can be made at this time.

JAMES MOORE & CO., P.L.
CERTIFIED PUBLIC ACCOUNTANTS

**INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER
FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS
BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED
IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS**

To the Board of Directors,
Neighborhood Health Services, Inc.:

We have audited the financial statements of Neighborhood Health Services, Inc. as of and for the year ended September 30, 2005, and have issued our report thereon dated November 9, 2005. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States.

Internal Control Over Financial Reporting

In planning and performing our audit, we considered Neighborhood Health Services, Inc.'s internal control over financial reporting in order to determine our auditing procedures for the purpose of expressing our opinion on the financial statements and not to provide an opinion on the internal control over financial reporting. Our consideration of the internal control over financial reporting would not necessarily disclose all matters in the internal control that might be material weaknesses. A material weakness is a reportable condition in which the design or operation of one or more of the internal control components does not reduce to a relatively low level the risk that misstatements caused by error or fraud in amounts that would be material in relation to the financial statements being audited may occur and not be detected within a timely period by employees in the normal course of performing their assigned functions. We noted no matters involving the internal control over financial reporting and its operation that we consider to be material weaknesses.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Neighborhood Health Services, Inc.'s financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance that are required to be reported under *Government Auditing Standards*.

This report is intended solely for the information and use of management, the Board of Directors, and others within the organization and is not intended to be and should not be used by anyone other than these specified parties.

James Moore & Co.

Tallahassee, Florida
November 9, 2005

Leon County Commission Healthcare Workshop We Care Network

Mission

The mission of the Capital Medical Society Foundation is to support the charitable efforts of physicians and others, increase access to healthcare, promote education and serve the community's health needs through innovative projects that are exemplary, affordable and dignified.

It is the mission of the Capital Medical Society Foundation's *We Care Network* to provide timely access to appropriate specialty medical care for the low income, medically underserved persons in our community. The intent of this effort is to improve outcomes and the quality of life for persons who otherwise may not get the medical care they require.

Program ***We Care Network***

Services

1. Specialty Medical Care

In 1992, the physicians of the Capital Medical Society (CMS) initiated the *We Care Network* in an effort to provide a planned, organized approach to managing the specialty medical care needs of low income, uninsured patients. To date, these physicians, hospitals and other providers have donated more than \$32,551,280 million in free care to patients at 100% of the Federal Poverty Guideline or below who cannot qualify for alternative programs that might pay for the care they need.

In partnership with Tallahassee Memorial Hospital, Capital Regional Medical Center and numerous ancillary medical providers, 315 local physicians currently volunteer their time and expertise to patients who qualify for the *We Care Network*. During the past year, this *Network* of volunteer physicians and their partners provided \$3,700,955 in free care to qualified patients.

In order to provide specialty medical care, staff at the *We Care Network*:

- Recruit volunteer physicians and medical providers to donate specialty medical care to low-income, uninsured patients from Leon, Gadsden, Jefferson and Wakulla Counties.
- Provide case management to coordinate the delivery of donated specialty medical care to qualified patients.
- Provide short-term case management to assist patients to qualify for alternative programs and obtain medical service

2. Project Dental Care

In December 2003, the physicians of the *We Care Network* partnered with the Tallahassee Dental Association to create Project Dental Care. This program was established to organize and deliver donated dental services to patients whose health is adversely affected by dental conditions.

In order to provide donated dental care to qualified patients, staff at the *We Care Network*:

- Recruit volunteer dentists to donate dental care to qualified patients.
- Provide case management to coordinate the delivery of donated dental care to qualified patients in the offices of volunteer dentists
- Coordinate Dental Clinic Day six times each year to deliver donated extractions and fillings to an additional 120 dental patients at the Leon County Dental Facility.

3. Patient Assistance Fund

In 2003, the *We Care Network* created the Patient Assistance Fund. This fund was established to help purchase medications, bus passes and transportation for *We Care* patients who have no alternatives.

In order to purchase medications and provide transportation, staff at the *We Care Network*:

- Provide case management to assist more than 350 patients to apply for Pharmaceutical Patient Assistance Programs each year.
- Case managers utilize grant funding to purchase prescriptions for approximately 200 patients each year.
- Case managers provide up to 100 bus passes that assist qualified patients with transportation to and from medical appointments.
- Case managers utilize grant funding to pay for transportation to and from medical appointments for patients who live outside bus routes.

Population Served

This program serves the medically underserved, low income, uninsured residents of Leon, Gadsden, Jefferson and Wakulla Counties. The Florida Health Insurance Study, released in 2005 by the Agency for Health Care Administration provides the most specific and up to date information on our target population. This study indicates the number of uninsured in Leon County is among the lowest in our state (7.7%) However, this still means that 18,023 Leon County residents are uninsured. The study also indicates that Gadsden County has the highest uninsured rate in the state 36.2% (14,791 residents). Jefferson County has 2,401(20.7%) uninsured, and Wakulla County has 4,556 (19.9%) uninsured

residents. These four counties, served by the *We Care Network*, are home to 39,771 uninsured residents.

Leon County Residents Served

During fiscal year 2005/06, the *We Care Network* provided case management to 854 Leon County residents.

2006-07 Program Funding and Expenses

INCOME	TOTAL
1. Community Human Services Partnership	\$12,500.00
2. Leon County Health Department	\$15,964.00
4. United Way of the Big Bend	\$6,937.51
3. Leon County CareNet	\$90,000.00
6. Federal	\$0.00
7. Grants (total of all other grants)	\$53,500.00
8. Contributions/Special Events	\$24,826.27
9. Dues/Membership Fees	\$0.00
10. Program Service Fees	\$0.00
11. *Miscellaneous/Other Income	\$8,868.80
12. Fund Balance Changes	\$53.00
13. TOTAL REVENUE	\$212,543.58

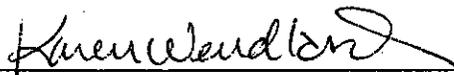
EXPENSES	TOTAL
14. Compensation and Benefits	\$158,904.00
15. Professional Fees	\$1,015.00
16. Occupancy/Util./Phones/Networks	\$12,524.95
17. Supplies/Postage	\$8,023.00
18. Equip. Rental, Maint., Purch.	\$1,800.00
19. Meeting Costs/Travel/Transportation	\$850.00
20. Staff/Board Development/Recruit.	\$300.00
21. Patient Assistance Fund	\$14,996.00
22. Bad Debts/Uncollectibles	\$0.00
23. Bonding/Liability/Directors Ins.	\$1,958.00
24. Payments to Local/State/National	\$0.00
25. *Miscellaneous/Other Expenses	\$12,172.63
26. TOTAL EXPENSES	\$212,543.58

Staff Positions		
Robin McDougall, LCSW		Program Coordinator
Sandi Lodge		Case Manager
Laquita Williams		Case Manager
LeTasha Screen		Dental Case Manager

Accomplishments

- 1,129 Total new patients referred to the We Care Network
- 540 Referrals made by CareNet Partners
- 250 CareNet patients determined to be eligible for the We Care Network and provided with \$1,651,705.00 in donated specialty medical care.
- 120 CareNet patients provided with short-term case management
- Purchased \$5,608 in medications for 181 CareNet patients
- Assisted CareNet patients in applying for 349 Pharmaceutical Patient Assistance Programs to obtain drugs at an estimated value of \$123,265.00

Capital Medical Society Foundation
Policies and Procedures

Name of Policy: Audit Process Procedures
Approved (signature):
Date: March 5, 2002
Date for review: January 2007 

Purpose of the Policy: To be in compliance with accepted accounting procedures within the office of the Capital Medical Society Foundation. To provide for an audit review process between our accounting firm and the CMS Foundation governing body, the CMS Foundation Board of Directors. And to be in compliance with State and Federal requirements.

Procedure:

1. The accountant in the CMS Foundation office electronically downloads all the CMS Foundation financials (on QuickBooks) to our CPA firm, Carroll and Co., via the "RAS Transfer Tool" program. This is done periodically through the year and is done at the end of our Fiscal Year (7/1 through 6/30).
2. All June bank statements (reconciled), copies of the State Unemployment forms and Quarterly payroll 941 Returns are sent to the CPA firm for annual review.
3. Working together with our CPA firm, the accounting office at the CMS Foundation goes over our inventory and deletes or adds any items, which were bought or retired.
4. The CPA firm compiles the Form 990 as we are a 501(c) (3) company.
5. The CPA supplies us with a Working Trial Balance Report as of June 30th each year. They also provide us with a Five-Year Combined Statement Trend Report that compares our Balance Sheet and Expense Reports.
6. Each year, the CMS Foundation applies for our State of Florida Corporation License and our Solicitation of Contribution License through the Florida Department of Agriculture. Every five years, we apply for the Sales Tax Exempt (DR-14) license.
7. The CMS Foundation compiles an operating budget each year and the CMS Foundation Board of Directors votes to approve this budget. The Board meets quarterly. The CMS Foundation also has a Finance Committee that meets twice a year to review all investments and makes investment decisions based on our Investment Policy. Our CPA firm meets annually with the Board to review the 990 Form and the Five-Year Trend Report.

OMB No. 1545-0047

2005

Open to Public Inspection

Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury Internal Revenue Service

A For the 2005 calendar year, or tax year beginning 7/01/05 and ending 6/30/06

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

C Name of organization: CAPITAL MEDICAL SOCIETY FOUNDATION. Address: 1204 MICCOSUKEE ROAD, TALLAHASSEE FL 32308

D Employer identification no. 59-2104510. E Telephone number 850-877-9018. F Accounting method: Accrual

3 Website: N/A. I Organization type: 501(c)(3)

C Check here if the organization's gross receipts are normally not more than \$25,000.

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? No. H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? No. H(d) Is this a separate return filed by an organization covered by a group ruling? No. I Group Exemption Number. M Check if the organization is not required to attach Sch. B.

Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 329,159

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with 20 rows for Revenue and Expenses. Revenue section includes lines 1-12, and Expenses section includes lines 13-20. Total revenue is 306,667 and total expenses is 242,599.

050 12/06/2006 1:36 PM

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2005, or fiscal year beginning 7/01, 2005, and ending 6/30, 20 06

2005

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.
▶ See instructions.

Return ID (20-digit number) ▶

Name of exempt organization CAPITAL MEDICAL SOCIETY FOUNDATION	Employer identification number 59-2104510
Name and title of officer KAREN WENDLAND EXECUTIVE DIRECTOR	

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	<u>306,667</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax Based on Investment Income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2005 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's Federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize Carroll and Company, CPAs to enter my PIN: 77777 as my signature

ERO firm name

do not enter all zeros

on the organization's tax year 2005 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(s) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2005 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(s) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ *KW Wendland* Date ▶ 10/26/06

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

59202577777
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2005 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4206, Information for Authorized IRS e-file Providers of Exempt Organization Filings.

ERO's signature ▶ *John Carroll R* Date ▶ 11-7-06

ERO Must Retain This Form - See instructions

Do Not Submit This Form To the IRS Unless Requested To Do So

CAPITAL MEDICAL SOCIETY FOUNDATION 59-2104510

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22	Grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22				
23	Specific assistance to individuals (attach schedule) Stmt 2 <input type="checkbox"/>	23	23,000	23,000		
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc.	25				
26	Other salaries and wages	26	121,392	109,253	12,139	
27	Pension plan contributions	27				
28	Other employee benefits	28	8,423	7,581	842	
29	Payroll taxes	29	9,222	8,300	922	
30	Professional fundraising fees	30				
31	Accounting fees	31	1,988		1,988	
32	Legal fees	32				
33	Supplies	33	2,487	2,487		
34	Telephone	34	3,233	3,233		
35	Postage and shipping	35	4,707	4,707		
36	Occupancy	36	6,529	6,529		
37	Equipment rental and maintenance	37	770	770		
38	Printing and publications	38	908	908		
39	Travel	39	456	456		
40	Conferences, conventions, and meetings	40	340	340		
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42	776	776		
43a	Other expenses not covered above (itemize): See Statement 3	43a	58,368	57,839	529	
43b		43b				
43c		43c				
43d		43d				
43e		43e				
43f		43f				
43g		43g				
44	4 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	242,599	226,179	16,420	0

Joint Costs. Check if you are following SOP 98-2.
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____ ; (ii) the amount allocated to Program services \$ _____ ;
 (iii) the amount allocated to Management and general \$ _____ ; and (iv) the amount allocated to Fundraising \$ _____

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Form 990 (2005) **CAPITAL MEDICAL SOCIETY FOUNDATION 59-2104510**

Page 3

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ Provide health education and assistance	Program Service Expenses (Required for 501(c)(3) & (4) orgs., & 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.) a Provides specialty care to low income patients within Leon County through a network of physicians, nurses, hospitals, and other allied health care professionals (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	190,319
b Provides scholarships funds to qualified medical candidates. For the year ended June 30, 2006 eleven scholarships were awarded. (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	23,000
c Provides funds to hospice program and other tax exempt organizations involved with health care assistance. (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	12,860
d (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	226,179

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash-non-interest-bearing	5,106	45	183
	46 Savings and temporary cash investments	330,077	46	371,055
	47a Accounts receivable	24,454		
	b Less: allowance for doubtful accounts		47c	24,454
	48a Pledges receivable			
	b Less: allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule)			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	680	53	397
	54 Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55a Investments-land, buildings, and equipment: basis			
	b Less: accumulated depreciation (attach schedule)		55c	
56 Investments-other (attach schedule)		56		
57a Land, buildings, and equipment: basis	299,308			
b Less: accumulated depreciation (attach schedule) See Statement 4	197,066	57c	102,242	
58 Other assets (describe See Statement 5)		58	680	
59 Total assets (must equal line 74). Add lines 45 through 58.	448,500	59	499,011	
Liabilities	60 Accounts payable and accrued expenses	382	60	4,125
	61 Grants payable		61	
	62 Deferred revenue See Statement 6	17,300	62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe)		65	
66 Total liabilities. Add lines 60 through 65.	17,682	66	4,125	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds	430,818	72	494,88
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	430,818	73	494,88	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73.	448,500	74	499,011	

Form 990 (2005) **CAPITAL MEDICAL SOCIETY FOUNDATION** 59-2104510

Part VI Other information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
84b			
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	N/A	
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
85g			
85h			
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year sections 4912, 4955, and 4958		0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0
90a	List the states with which a copy of this return is filed ▶ None		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90b	6
91a	The books are in care of ▶ Karen Wendland 1204 Miccosukee Ro Located at ▶ Tallahassee, FL	Telephone no. ▶ 850-877-9018 ZIP + 4 ▶ 32308	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the United States?		
91b		Yes	No
91c			X
c	If "Yes," enter the name of the foreign country ▶		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92		

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by sec. 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	9,379	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	16,191	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			1	24,033	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b Sales Tax Collection Allowance			16	33	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))			0	49,636	0
105 Total (add line 104, columns (B), (D), and (E))					49,636

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
N/A	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Karen Wendland
Signature of officer

KAREN WENDLAND
Type or print name and title

EXECUTIVE DIRECTOR
Date

Paid Preparer's Use Only

Preparer's signature: *John Cull*
Date: 12/06/06
Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: **Carroll and Company, CPAs**
2640-A Mitcham Drive
Tallahassee, FL 32308

Preparer's SSN or PTIN (See Gen. Instr. W): **P00076144**
EIN: **59-3038528**
Phone no.: **850-877-1099**

**SCHEDULE A
(Form 990 or 990-EZ)**

Organization Exempt Under Section 501(c)(3)
(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

2005

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)
▶ **MUST** be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization

CAPITAL MEDICAL SOCIETY FOUNDATION

Employer identification number

59-2104510

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Comp.	(d) Contrib. to empl. ben. plans & deferred comp.	(e) Expense account & other allowances
NONE				

Total number of other employees paid over \$50,000 ▶

0

Part II A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶

0

Part II B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶

0

Part III Statements About Activities (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e	Transfer of any part of its income or assets?		X
3a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) See Statement 7	X	
b	Do you have a section 403(b) annuity plan for your employees?		X
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

- The organization is not a private foundation because it is: (Please check only ONE applicable box.)
- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
 - 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
 - 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
 - 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
 - 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ _____
 - 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
 - 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
 - 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
 - 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
 - 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

Schedule A (Form 990 or 990-EZ) 2005 CAPITAL MEDICAL SOCIETY FOUNDATION 59-2104510

Part IVA Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	247,981	249,411	238,401	140,621	876,414
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	30,203	42,635	42,005	36,173	151,016
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(e)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	25,318	22,486	21,792	25,115	94,711
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	303,502	314,532	302,198	201,909	1,122,141
24 Line 23 minus line 17	273,299	271,897	260,193	165,736	971,125
25 Enter 1% of line 23	3,035	3,145	3,022	2,019	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 19,423
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 163,801
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 971,125
d Add: Amounts from column (e) for lines:	18 94,711	19	26b 163,801		26d 258,512
e Public support (line 26c minus line 26d total)					26e 712,613
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 73.3802%
27 Organizations described on line 12:					
a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:	(2004)	(2003)	(2002)	(2001)	N/A
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:	(2004)	(2003)	(2002)	(2001)	N/A
c Add: Amounts from column (e) for lines:	15	16			27c
	17	20	21		27d
d Add: Line 27a total and line 27b total					27e
e Public support (line 27c total minus line 27d total)					27f
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27g %
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	N/A	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?			
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32 Does the organization maintain the following:			
a Records indicating the racial composition of the student body, faculty, and administrative staff?			
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?			
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?			
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33 Does the organization discriminate by race in any way with respect to:			
a Students' rights or privileges?			
b Admissions policies?			
c Employment of faculty or administrative staff?			
d Scholarships or other financial assistance?			
e Educational policies?			
f Use of facilities?			
g Athletic programs?			
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a Does the organization receive any financial aid or assistance from a governmental agency?			
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation			

Schedule A (Form 990 or 990-EZ) 2005 CAPITAL MEDICAL SOCIETY FOUNDATION 59-2104510

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
 (To be completed ONLY by an eligible organization that filed Form 5768) **N/A**

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table-		
	If the amount on line 40 is-		
	The lobbying nontaxable amount is-		
	Not over \$500,000	20% of the amount on line 40	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines through c h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines through c h.)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors
Supplementary information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2005

Name of organization CAPITAL MEDICAL SOCIETY FOUNDATION	Employer identification number 59-2104510
---	---

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.)

General Rule-

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules-

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test under Regulations sections 1.509(a)-3/1.170A-9(e) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.)

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **CAPITAL MEDICAL SOCIETY FOUNDATION** Employer identification number **59-2104510**

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Capital Health Plan 1545 Raymond Diehl Road Tallahassee FL 32303	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Frueauff Foundation 900 S Shackelford Rd Ste 300 Little Rock AR 72211	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Perkins Charitable Foundation 1422 Euclid Ave., 1030 Hanna Bldg. Cleveland OH 44115	\$ 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	United Way of the Bend 307 E 7th Ave Tallahassee FL 32301	\$ 8,813	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	Pathology Associates 1899 Eider Court Tallahassee FL 32308	\$ 5,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	SunTrust 215 S. Monroe Street Tallahassee FL 32301	\$ 10,962	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

050 CAPITAL MEDICAL SOCIETY FOUNDATION
59-2104510
FYE: 6/30/2006

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Federal Statements

Statement 1 - Form 990, Part I, Line 6b - Rental Expenses

<u>Description</u>	<u>Deduction</u>
Building Rental	
Cleaning & Maintenance	382
Repairs	824
Utilities	741
Depreciation	857
Pest Control	27
Dumpster Fees	11
Total	<u>2,842</u>

Federal Statements

Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other

Desc	How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/-Loss
Asset Disposal	Purchase		Various	12/31/05	\$ 0	\$ 6,397	\$ 6,397	\$ 0
Total					\$ 0	\$ 6,397	\$ 6,397	\$ 0

050 CAPITAL MEDICAL SOCIETY FOUNDATION
 59-2104510
 FYE: 6/30/2006

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Federal Statements

Statement 2 - Form 990, Part II, Line 23 - Specific Assistance to Individuals

Description	Amount
Scholarships Given	\$ 23,000
Total	<u>\$ 23,000</u>

Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
Expenses	\$	\$	\$	\$
Patient Care Expense	12,860	12,860		
Insurance	2,913	2,622	291	
Management Fee	36,000	36,000		
Taxes & Licenses	186		186	
Fees & Penalties	52		52	
Patient Assistance	6,215	6,215		
Dues & Subscriptions	142	142		
Total	<u>\$ 58,368</u>	<u>\$ 57,839</u>	<u>\$ 529</u>	<u>\$</u>

050 CAPITAL MEDICAL SOCIETY FOUNDATION
59-2104510
FYE: 6/30/2006

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Federal Statements

Statement 4 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
Land, buildings & equipment	\$ 220,890	\$ 201,830	\$ 215,590	\$ 197,066
	<u>83,718</u>		<u>83,718</u>	
Total	<u>\$ 304,608</u>	<u>\$ 201,830</u>	<u>\$ 299,308</u>	<u>\$ 197,066</u>

Statement 5 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
Utility Deposit	\$ 0	\$ 680
Total	<u>\$ 0</u>	<u>\$ 680</u>

Statement 6 - Form 990, Part IV, Line 62 - Deferred Revenue

Description	Beginning of Year	End of Year
Total	<u>\$ 17,300</u>	<u>\$ 0</u>

050 CAPITAL MEDICAL SOCIETY FOUNDATION
59-2104510
FYE: 6/30/2006

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Federal Statements

Statement 7 - Schedule A, Part III, Line 3a - Explanation of Grant / Loan Qualifications

Description

Scholarships applications are distributed to pre-med students attending Florida State University. Applications are submitted for review to a scholarship committee which awards available scholarships based on financial need, grade point average, and a personal interview.

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Form **4562**
Rev. January 2006
Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172
2005
Attachment Sequence No. **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return **CAPITAL MEDICAL SOCIETY FOUNDATION** Identifying number **59-2104510**

Business or activity to which this form relates
Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	105,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	420,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instr.	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2004 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2006. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	238

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A		17	483
17	MACRS deductions for assets placed in service in tax years beginning before 2005		
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B-Assets Placed in Service During 2005 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		1,097	5.0	MQ	200DB	55
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C-Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr.	22	776
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Form **4562**
Rev. January 2006
Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172
2005
Attachment Sequence No. **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return: **CAPITAL MEDICAL SOCIETY FOUNDATION** Identifying number: **59-2104510**

Business or activity to which this form relates
Building Rental

Part I Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	105,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	420,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instr.	5	
(a) Description of property		(b) Cost (business use only)	(c) Elected cost
6			
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2004 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2006. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

4	Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year (see instructions)	14	
5	Property subject to section 168(f)(1) election	15	
6	Other depreciation (including ACRS)	16	545

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

7	MACRS deductions for assets placed in service in tax years beginning before 2005	17	312
8	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B-Assets Placed in Service During 2005 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C-Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr.	22	85
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

050 CAPITAL MEDICAL SOCIETY FOUNDATION
59-2104510
FYE: 6/30/2006
Federal Asset Report
Form 990, Page 1

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
5-year GDS Property:									
30	Computer - LW & RM	6/09/06	1,097			1,097	5 MQ200DB	0	55
			<u>1,097</u>			<u>1,097</u>		<u>0</u>	<u>55</u>
Prior MACRS:									
26	Computer	10/21/99	882			882	5 HY 200DB	882	0
	Mass Sale: 12/31/05								
28	Desk & Chairs	4/11/02	913		X	639	5 HY 200DB	803	73
29	Dell Computers (2)	5/05/04	1,708		X	1,025	5 HY 200DB	683	410
			<u>3,503</u>			<u>2,546</u>		<u>2,368</u>	<u>483</u>
Other Depreciation:									
5	FAX Modem	10/18/95	216			216	5 MO S/L	216	0
	Mass Sale: 12/31/05								
6	Projector	11/03/95	384			384	5 MO S/L	384	0
	Mass Sale: 12/31/05								
9	Laptop Upgrade	3/26/96	275			275	5 MO S/L	275	0
	Mass Sale: 12/31/05								
10	File Server	8/08/96	2,627			2,627	5 MO S/L	2,627	0
	Mass Sale: 12/31/05								
11	Desk	12/13/94	455			455	5 MO S/L	455	0
12	Furniture	12/29/95	295			295	7 MO S/L	295	0
13	Carpet	5/12/97	1,353			1,353	7 MO S/L	1,353	0
	Mass Sale: 12/31/05								
16	Laptop	3/22/01	511			511	5 MO S/L	434	77
27	Computer Equipment	3/08/02	2,215			2,215	5 MO200DB	1,947	161
	Total Other Depreciation		<u>8,331</u>			<u>8,331</u>		<u>7,986</u>	<u>238</u>
	Total ACRS and Other Depreciation		<u>8,331</u>			<u>8,331</u>		<u>7,986</u>	<u>238</u>
Amortization:									
15	Software	4/03/97	660			660	3 MO Amort	660	0
	Mass Sale: 12/31/05								
			<u>660</u>			<u>660</u>		<u>660</u>	<u>0</u>
	Grand Totals		<u>13,591</u>			<u>12,634</u>		<u>11,014</u>	<u>776</u>
	Less: Dispositions		<u>6,397</u>			<u>6,397</u>		<u>6,397</u>	<u>0</u>
	Net Grand Totals		<u>7,194</u>			<u>6,237</u>		<u>4,617</u>	<u>776</u>

050 CAPITAL MEDICAL SOCIETY FOUNDATION
 59-2104510
 FYE: 6/30/2006
Federal Asset Report
Building Rental

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:									
24	Building Renovations	4/06/99	6,528			6,528	39 MMS/L	1,039	168
25	Carpet	3/17/99	3,214			3,214	7 HY 200DB	3,070	144
			<u>9,742</u>			<u>9,742</u>		<u>4,109</u>	<u>312</u>
Other Depreciation:									
1	Roofing	4/18/85	800			800	18 MO S/L	800	0
13	Building	12/01/83	164,749			164,749	15 MO S/L	164,749	0
14	Land	12/01/83	83,718			83,718	0 -- Land	0	0
15	Paving	12/01/84	5,000			5,000	15 MO S/L	5,000	0
16	Building renovations	8/26/97	3,758			3,758	39 MO S/L	751	95
17	Renovations	3/11/85	9,295			9,295	18 MO S/L	9,295	0
18	Landscaping	3/11/85	167			167	18 MO S/L	167	0
19	A/C & Furniture	1/01/90	6,275			6,275	31 MO S/L	3,105	202
20	Lights	1/01/91	1,185			1,185	31 MO S/L	549	38
21	A/C	6/01/91	2,975			2,975	31 MO S/L	1,364	96
22	Wallpaper	5/22/97	2,450			2,450	39 MO S/L	513	62
23	Wallpaper	6/11/97	2,000			2,000	39 MO S/L	414	52
	Total Other Depreciation		<u>282,372</u>			<u>282,372</u>		<u>186,707</u>	<u>545</u>
	Total ACRS and Other Depreciation		<u>282,372</u>			<u>282,372</u>		<u>186,707</u>	<u>545</u>
	Grand Totals		292,114			292,114		190,816	857
	Less: Dispositions		0			0		0	0
	Net Grand Totals		<u>292,114</u>			<u>292,114</u>		<u>190,816</u>	<u>857</u>

050 CAPITAL MEDICAL SOCIETY FOUNDATION
 59-2104510
 FYE: 6/30/2006
State Asset Report
Form 990, Page 1

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Asset	Description	Date In Service	Cost	Basis for Depr	State Prior	State Current	Federal Current	Difference Fed - State
5-year GDS Property:								
30	Computer - LW & RM	6/09/06	1,097	1,097	0	55	55	0
			<u>1,097</u>	<u>1,097</u>	<u>0</u>	<u>55</u>	<u>55</u>	<u>0</u>
Prior MACRS:								
26	Computer	10/21/99	882	882	882	0	0	0
	Mass Sale: 12/31/05							
28	Desk & Chairs	4/11/02	913	639	803	73	73	0
29	Dell Computers (2)	5/05/04	1,708	1,025	683	410	410	0
			<u>3,503</u>	<u>2,546</u>	<u>2,368</u>	<u>483</u>	<u>483</u>	<u>0</u>
Other Depreciation:								
5	FAX Modem	10/18/95	216	216	216	0	0	0
	Mass Sale: 12/31/05							
6	Projector	11/03/95	384	384	384	0	0	0
	Mass Sale: 12/31/05							
9	Laptop Upgrade	3/26/96	275	275	275	0	0	0
	Mass Sale: 12/31/05							
10	File Server	8/08/96	2,627	2,627	2,627	0	0	0
	Mass Sale: 12/31/05							
11	Desk	12/13/94	455	455	455	0	0	0
12	Furniture	12/29/95	295	295	295	0	0	0
13	Carpet	5/12/97	1,353	1,353	1,353	0	0	0
	Mass Sale: 12/31/05							
16	Laptop	3/22/01	511	511	434	77	77	0
27	Computer Equipment	3/08/02	2,215	2,215	1,947	161	161	0
	Total Other Depreciation		<u>8,331</u>	<u>8,331</u>	<u>7,986</u>	<u>238</u>	<u>238</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>8,331</u>	<u>8,331</u>	<u>7,986</u>	<u>238</u>	<u>238</u>	<u>0</u>
Amortization:								
15	Software	4/03/97	660	660	660	0	0	0
	Mass Sale: 12/31/05							
			<u>660</u>	<u>660</u>	<u>660</u>	<u>0</u>	<u>0</u>	<u>0</u>
	Grand Totals		<u>13,591</u>	<u>12,634</u>	<u>11,014</u>	<u>776</u>	<u>776</u>	<u>0</u>
	Less: Dispositions		<u>6,397</u>	<u>6,397</u>	<u>6,397</u>	<u>0</u>	<u>0</u>	<u>0</u>
	Net Grand Totals		<u>7,194</u>	<u>6,237</u>	<u>4,617</u>	<u>776</u>	<u>776</u>	<u>0</u>

050 CAPITAL MEDICAL SOCIETY FOUNDATION
59-2104510
FYE: 6/30/2006

State Asset Report
Building Rental

12/06/2006 1:36 PM

Asset	Description	Date In Service	Cost	Basis for Depr	State Prior	State Current	Federal Current	Difference Fed - State
Prior MACRS:								
24	Building Renovations	4/06/99	6,528	6,528	1,039	168	168	0
25	Carpet	3/17/99	3,214	3,214	3,070	144	144	0
			<u>9,742</u>	<u>9,742</u>	<u>4,109</u>	<u>312</u>	<u>312</u>	<u>0</u>
Other Depreciation:								
1	Roofing	4/18/85	800	800	800	0	0	0
13	Building	12/01/83	164,749	164,749	164,749	0	0	0
14	Land	12/01/83	83,718	83,718	0	0	0	0
15	Paving	12/01/84	5,000	5,000	5,000	0	0	0
16	Building renovations	8/26/97	3,758	3,758	751	95	95	0
17	Renovations	3/11/85	9,295	9,295	9,295	0	0	0
18	Landscaping	3/11/85	167	167	167	0	0	0
19	A/C & Furniture	1/01/90	6,275	6,275	3,105	202	202	0
20	Lights	1/01/91	1,185	1,185	549	38	38	0
21	A/C	6/01/91	2,975	2,975	1,364	96	96	0
22	Wallpaper	5/22/97	2,450	2,450	513	62	62	0
23	Wallpaper	6/11/97	2,000	2,000	414	52	52	0
	Total Other Depreciation		<u>282,372</u>	<u>282,372</u>	<u>186,707</u>	<u>545</u>	<u>545</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>282,372</u>	<u>282,372</u>	<u>186,707</u>	<u>545</u>	<u>545</u>	<u>0</u>
	Grand Totals		<u>292,114</u>	<u>292,114</u>	<u>190,816</u>	<u>857</u>	<u>857</u>	<u>0</u>
	Less: Dispositions		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	Net Grand Totals		<u>292,114</u>	<u>292,114</u>	<u>190,816</u>	<u>857</u>	<u>857</u>	<u>0</u>

050' CAPITAL MEDICAL SOCIETY FOUNDATION
59-2104510
FYE: 6/30/2006

12/06/2006 1:36 PM

AMT Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr.	Per Cony Meth	Prior	Current
5-year GDS Property:									
30	Computer - LW & RM	6/09/06	1,097			1,097	5 MQ150DB	0	41
			<u>1,097</u>			<u>1,097</u>		<u>0</u>	<u>41</u>
Prior MACRS:									
26	Computer	10/21/99	882			882	5 HY 150DB	882	0
	Mass Sale: 12/31/05								
27	Computer Equipment	3/08/02	2,215		X	1,550	5 HY 200DB	1,947	179
28	Desk & Chairs	4/11/02	913		X	639	5 HY 200DB	803	73
29	Dell Computers (2)	5/05/04	1,708		X	1,025	5 HY 200DB	683	410
			<u>5,718</u>			<u>4,096</u>		<u>4,315</u>	<u>662</u>
Other Depreciation:									
5	FAX Modem	10/18/95	0			0	0 HY	0	0
	Mass Sale: 12/31/05								
6	Projector	11/03/95	0			0	0 HY	0	0
	Mass Sale: 12/31/05								
9	Laptop Upgrade	3/26/96	0			0	0 HY	0	0
	Mass Sale: 12/31/05								
10	File Server	8/08/96	0			0	0 HY	0	0
	Mass Sale: 12/31/05								
11	Desk	12/13/94	0			0	0 HY	0	0
12	Furniture	12/29/95	0			0	0 HY	0	0
13	Carpet	5/12/97	0			0	0 HY	0	0
	Mass Sale: 12/31/05								
16	Laptop	3/22/01	511			511	5 MO S/L	434	77
	Total Other Depreciation		<u>511</u>			<u>511</u>		<u>434</u>	<u>77</u>
	Total ACRS and Other Depreciation		<u>511</u>			<u>511</u>		<u>434</u>	<u>77</u>
	Grand Totals		7,326			5,704		4,749	780
	Less: Dispositions		<u>882</u>			<u>882</u>		<u>882</u>	<u>0</u>
	Net Grand Totals		<u>6,444</u>			<u>4,822</u>		<u>3,867</u>	<u>780</u>

050 CAPITAL MEDICAL SOCIETY FOUNDATION
59-2104510
FYE: 6/30/2006

AMT Asset Report
Building Rental

12/06/2006 1:36 PM

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:									
24	Building Renovations	4/06/99	6,528			6,528	39 MMS/L	1,039	168
25	Carpet	3/17/99	3,214			3,214	7 HY 150DB	3,017	197
			<u>9,742</u>			<u>9,742</u>		<u>4,056</u>	<u>365</u>
Other Depreciation:									
1	Roofing	4/18/85	0			0	0 HY	0	0
13	Building	12/01/83	0			0	0 HY	0	0
14	Land	12/01/83	0			0	0 HY	0	0
15	Paving	12/01/84	0			0	0 HY	0	0
16	Building renovations	8/26/97	0			0	0 HY	0	0
17	Renovations	3/11/85	0			0	0 HY	0	0
18	Landscaping	3/11/85	0			0	0 HY	0	0
19	A/C & Furniture	1/01/90	0			0	0 HY	0	0
20	Lights	1/01/91	0			0	0 HY	0	0
21	A/C	6/01/91	0			0	0 HY	0	0
22	Wallpaper	5/22/97	0			0	0 HY	0	0
23	Wallpaper	6/11/97	0			0	0 HY	0	0
	Total Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Grand Totals		9,742			9,742		4,056	365
	Less: Dispositions		0			0		0	0
	Net Grand Totals		<u>9,742</u>			<u>9,742</u>		<u>4,056</u>	<u>365</u>

050 CAPITAL MEDICAL SOCIETY FOUNDATION
 59-2104510
 FYE: 6/30/2006

Depreciation Adjustment Report
All Business Activities

12/06/2006 1:36 PM

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
MACRS Adjustments:						
Page 1	1	26	Computer	0	0	0
Page 1	1	28	Desk & Chairs	73	73	0
Page 1	1	29	Dell Computers (2)	410	410	0
Page 1	1	30	Computer - LW & RM	55	41	14
Rental	1	24	Building Renovations	168	168	0
Rental	1	25	Carpet	144	197	-53
				850	889	-39

050 CAPITAL MEDICAL SOCIETY FOUNDATION
 59-2104510
 FYE: 6/30/2006

Bonus Depreciation Report

12/06/2006 1:36 PM

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1								
28	Desk & Chairs	4/11/02	913		0	0	274	639
29	Dell Computers (2)	5/05/04	1,708		0	0	683	1,025
		Form 990, Page 1	2,621		0	0	957	1,664
		Grand Total	2,621		0	0	957	1,664

050 CAPITAL MEDICAL SOCIETY FOUNDATION
 59-2104510 Future Depreciation Report FYE: 6/30/07
 FYE: 6/30/2006 Form 990, Page 1
 12/06/2006 1:36 PM

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
28	Desk & Chairs	4/11/02	913	37	37
29	Dell Computers (2)	5/05/04	1,708	246	246
30	Computer - LW & RM	6/09/06	1,097	417	317
			<u>3,718</u>	<u>700</u>	<u>600</u>
Other Depreciation:					
11	Desk	12/13/94	455	0	0
12	Furniture	12/29/95	295	0	0
16	Laptop	3/22/01	511	0	0
27	Computer Equipment	3/08/02	2,215	107	89
	Total Other Depreciation		<u>3,476</u>	<u>107</u>	<u>89</u>
	Total ACRS and Other Depreciation		<u>3,476</u>	<u>107</u>	<u>89</u>
Amortization:					
			<u>0</u>	<u>0</u>	<u>0</u>
	Grand Totals		<u>7,194</u>	<u>807</u>	<u>689</u>

050 CAPITAL MEDICAL SOCIETY FOUNDATION
 59-2104510 Future Depreciation Report FYE: 6/30/07
 FYE: 6/30/2006 Building Rental 12/06/2006 1:36 PM

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
24	Building Renovations	4/06/99	6,528	167	167
25	Carpet	3/17/99	3,214	0	0
			<u>9,742</u>	<u>167</u>	<u>167</u>
Other Depreciation:					
1	Roofing	4/18/85	800	0	0
13	Building	12/01/83	164,749	0	0
14	Land	12/01/83	83,718	0	0
15	Paving	12/01/84	5,000	0	0
16	Building renovations	8/26/97	3,758	95	0
17	Renovations	3/11/85	9,295	0	0
18	Landscaping	3/11/85	167	0	0
19	A/C & Furniture	1/01/90	6,275	203	0
20	Lights	1/01/91	1,185	38	0
21	A/C	6/01/91	2,975	96	0
22	Wallpaper	5/22/97	2,450	63	0
23	Wallpaper	6/11/97	2,000	51	0
	Total Other Depreciation		<u>282,372</u>	<u>546</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>282,372</u>	<u>546</u>	<u>0</u>
	Grand Totals		<u>292,114</u>	<u>713</u>	<u>167</u>

050 CAPITAL MEDICAL SOCIETY FOUNDATION
59-2104510
FYE: 6/30/2006

12/06/2006 1:36 PM

Future Depreciation Report **FYE: 6/30/07**
Form 990, Page 1

Asset	Description	Date In Service	Cost	State	AMT
Prior MACRS:					
28	Desk & Chairs	4/11/02	913	37	37
29	Dell Computers (2)	5/05/04	1,708	246	246
30	Computer - LW & RM	6/09/06	1,097	417	317
			<u>3,718</u>	<u>700</u>	<u>600</u>
Other Depreciation:					
11	Desk	12/13/94	455	0	0
12	Furniture	12/29/95	295	0	0
16	Laptop	3/22/01	511	0	0
27	Computer Equipment	3/08/02	2,215	107	89
	Total Other Depreciation		<u>3,476</u>	<u>107</u>	<u>89</u>
	Total ACRS and Other Depreciation		<u>3,476</u>	<u>107</u>	<u>89</u>
Amortization:					
			<u>0</u>	<u>0</u>	<u>0</u>
	Grand Totals		<u>7,194</u>	<u>807</u>	<u>689</u>

050 CAPITAL MEDICAL SOCIETY FOUNDATION
59-2104510
FYE: 6/30/2006

Future Depreciation Report
Building Rental

12/06/2006 1:36 PM

FYE: 6/30/07

Asset	Description	Date In Service	Cost	State	AMT
Prior MACRS:					
24	Building Renovations	4/06/99	6,528	167	167
25	Carpet	3/17/99	3,214	0	0
			<u>9,742</u>	<u>167</u>	<u>167</u>
Other Depreciation:					
1	Roofing	4/18/85	800	0	0
13	Building	12/01/83	164,749	0	0
14	Land	12/01/83	83,718	0	0
15	Paving	12/01/84	5,000	0	0
16	Building renovations	8/26/97	3,758	95	0
17	Renovations	3/11/85	9,295	0	0
18	Landscaping	3/11/85	167	0	0
19	A/C & Furniture	1/01/90	6,275	203	0
20	Lights	1/01/91	1,185	38	0
21	A/C	6/01/91	2,975	96	0
22	Wallpaper	5/22/97	2,450	63	0
23	Wallpaper	6/11/97	2,000	51	0
	Total Other Depreciation		<u>282,372</u>	<u>546</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>282,372</u>	<u>546</u>	<u>0</u>
	Grand Totals		<u>292,114</u>	<u>713</u>	<u>167</u>

050 CAPITAL MEDICAL SOCIETY FOUNDATION
 59-2104510
 FYE: 6/30/2006
Federal Statements

12/6/2006 1:36 PM

Form 990, Part I, Line 1a - Direct Public Support

Description	Cash	Noncash	Total
Contributions from Schedule B	\$ 36,645	\$	\$ 36,645
	92,525		92,525
Total	\$ 129,170	\$ 0	\$ 129,170

Form 990, Part I, Line 1c - Government Contributions

Description	Cash	Noncash	Total
Leon County Board of County Commissi	\$ 98,246	\$	\$ 98,246
Leon County Department of Health	15,565		15,565
Community Human Service Partnership	6,250		6,250
Wakulla Board of County Commissioner	3,500		3,500
Jefferson County Health Department	1,300		1,300
Gadsden County Board of County Commi	3,000		3,000
Total	\$ 127,861	\$ 0	\$ 127,861

050 CAPITAL MEDICAL SOCIETY FOUNDATION
59-2104510
FYE: 6/30/2006
Federal Statements

12/6/2006 1:36 PM

Schedule A, Part IV-A, Line 26b - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
Bellamy MD, Raymond E.	\$ 5,325	\$
Blue Cross Blue Shield	4,000	
Blue Foundation	8,000	
Bryant MD, Gerald	2,000	
Capital Health Plan	80,000	60,577
Frueauff Foundation	120,000	100,577
Manning, Charles	6,000	
Memorial Hospital of RI	3,500	
Miscellaneous	110,445	
Perkins, Leigh H.	22,070	2,647
Rotary Club	5,500	
Rural Health Network	3,500	
Stewart MD, David	8,000	
TWP Tennis Tournament	3,000	
United Way of the Big Bend	21,625	
Total	<u>\$ 402,965</u>	<u>\$ 163,801</u>

050 CAPITAL MEDICAL SOCIETY FOUNDATION
59-2104510
FYE: 6/30/2006

12/6/2006 1:36 PM

Special Events Direct Expenses

<u>Description</u>	<u>Amount</u>
Column A	\$
Auction Sales	
Auction Expenses	<u>19,650</u>
SubTotal	<u>19,650</u>
Total	<u><u>19,650</u></u>

Direct expenses other than fundraising expenses reported on Form 990, page 1, line 9b.

11/15/07 9:13 AM

Form 8868
Rev. December 2004

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

File a separate application for each return.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
 If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form).
 Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time- Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension-check this box and complete Part I only

Other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041. **Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Employer identification number	59-2104510
Name of Exempt Organization	CAPITAL MEDICAL SOCIETY FOUNDATION
Number, street, and room or suite no. If a P.O. box, see instructions.	1204 MICCOSUKEE ROAD
City, town or post office, state, and ZIP code. For a foreign address, see instructions.	TALLAHASSEE FL 32308

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

The books are in the care of **Karen Wendland**

Telephone No. **850-877-9018** FAX No. _____

If the organization does not have an office or place of business in the United States, check this box

If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a Form 990-T corporation) extension of time until **2/15/07** to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year _____ or tax year beginning **7/01/05** , and ending **6/30/06** .

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

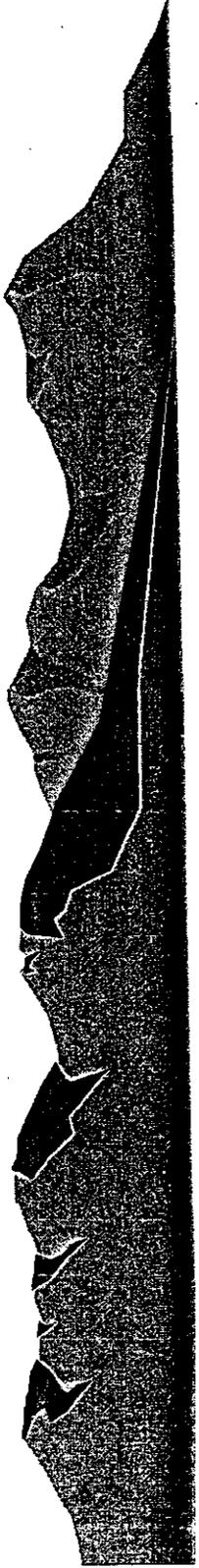
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO or payment instructions.

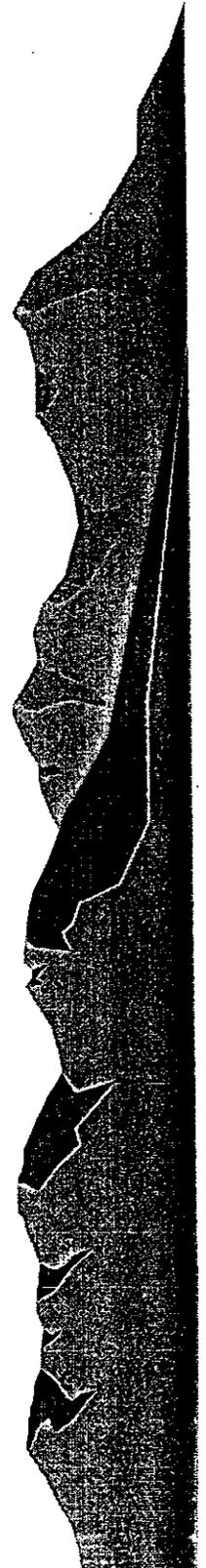


Florida A&M University
College of Pharmacy and Pharmaceutical Sciences
Pharmacy Services



MISSION STATEMENT

The mission of the FAMU Pharmacy is to provide comprehensive pharmaceutical care for uninsured residents of Leon County.



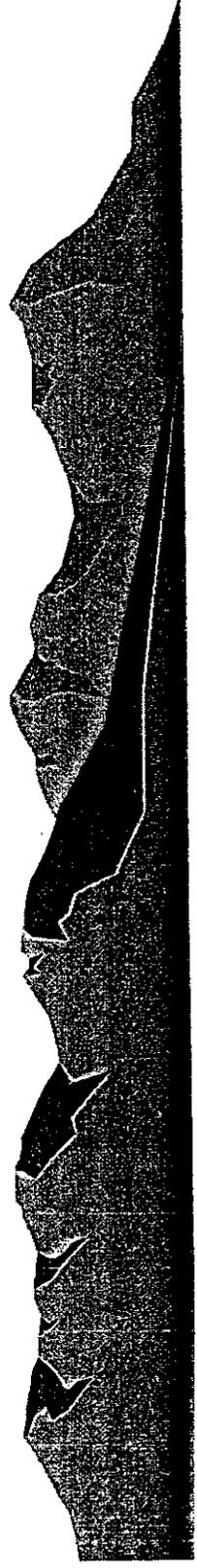
Programs and Services Provided

1. Prescription dispensing for patients of the Bond Community Health Center (BCHC) and Neighborhood Health Services (NHS)
2. Patient Assistance Program services for patients of the BCHC and NHS. Services include:
 - Complete drug manufacturer applications
 - Send applications to drug manufacturers
 - Maintain patient financial records
 - Label medications upon receipt from manufacturers and include medications on patient drug profile
 - Contact patient to pick up medications



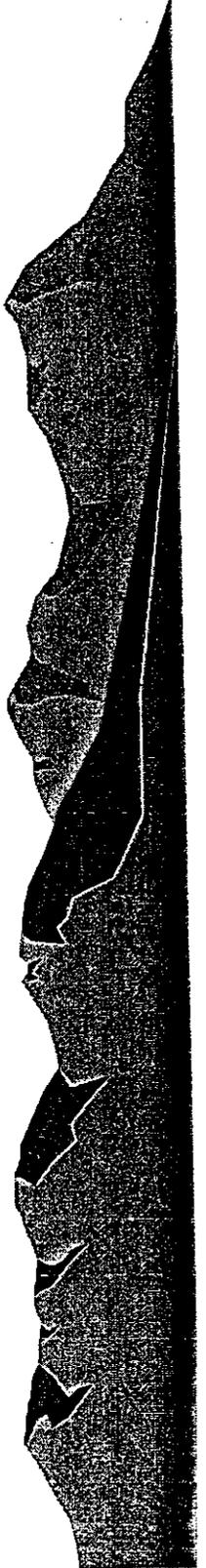
Programs and Services Provided

3. Organize Unified Pharmacy Formulary for Leon County by maintaining and supervising a Pharmacy and Therapeutics Committee for a pharmacy formulary for uninsured patients
4. Coordinate and Supervise the AIDS Drug Assistance Program (ADAP) for Leon County.
5. Maintain a voucher program and provide medication services for patients of the We Care Network, Tallahassee Homeless Shelter, the Homeless Coalition, and Vocational Rehab



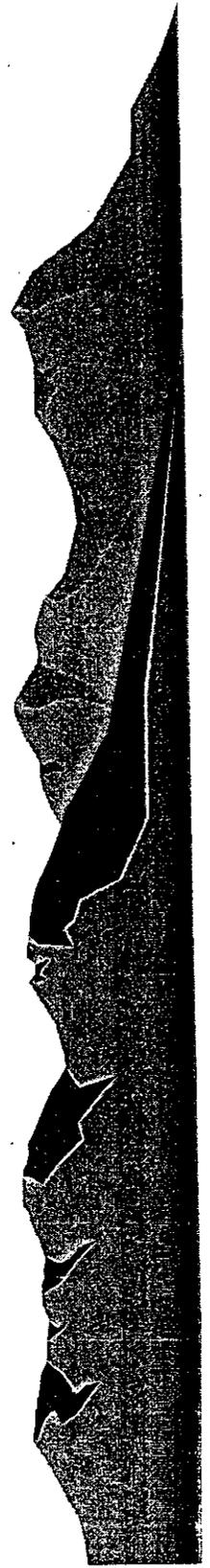
Administrative Team

Dr. Robert Thomas	Dean
Dr. Michael Thompson	Asst. Dean of Clinical Affairs
Dr. Otis W. Kirksey	Division Director of Pharmacy Practice
Vacant	Director of Pharmacy Services
Dr. Margaret Fortune	Pharmacy Manager - NHS
Dr. Andrea Brown-Slater	Pharmacy Manager - Bond



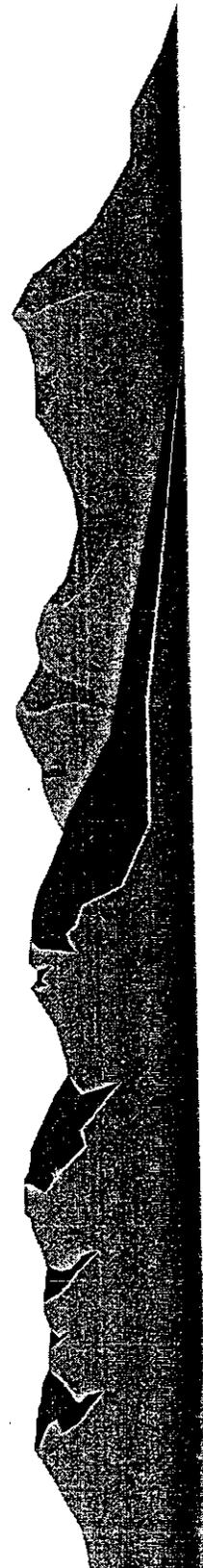
PHARMACY STAFF

Director of Pharmacy Services	1.0 FTE
Pharmacy Managers	2.0 FTE
Pharmacy Techs	2.0 FTE
Patient Assistance Coordinator	1.5 FTE
Administrative Assistant	1.0 FTE

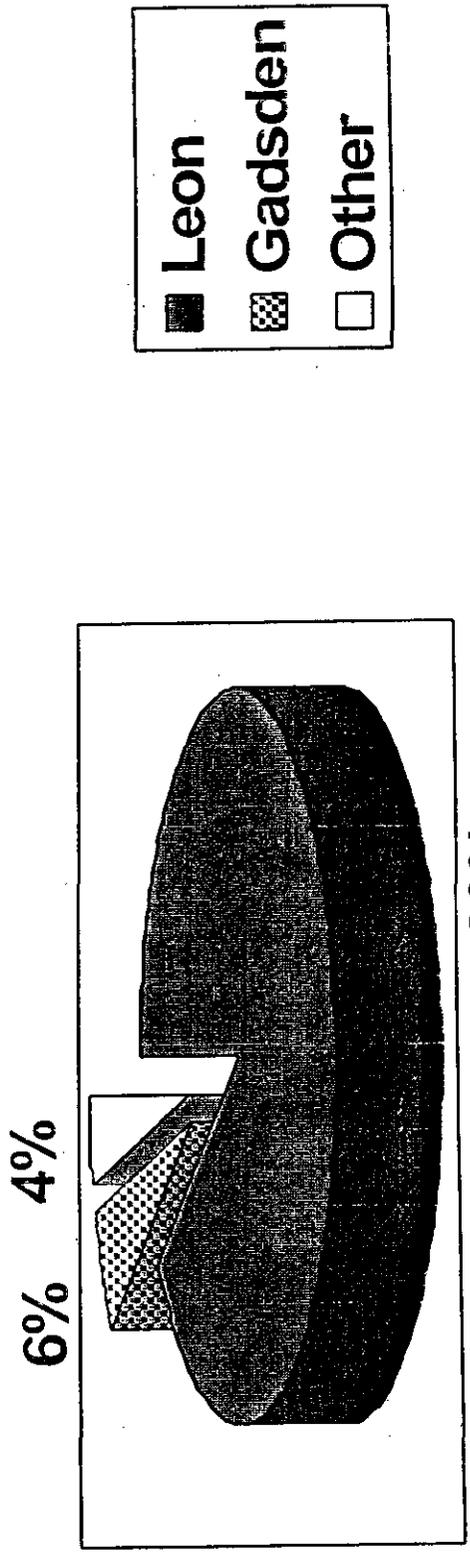


Population Served

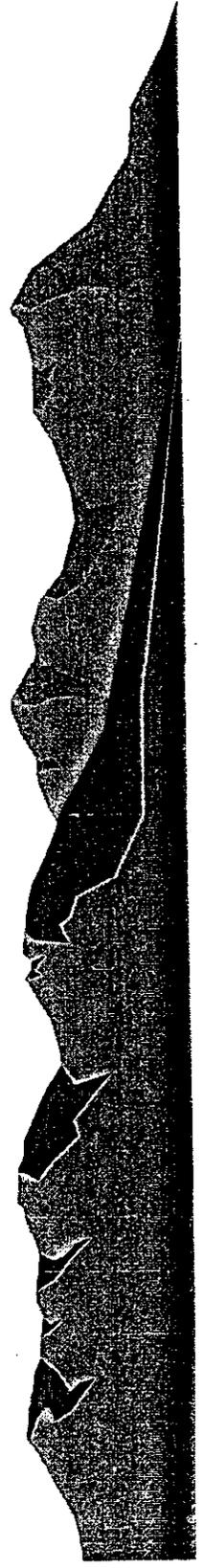
- Patients of Bond Community Health Center
- Patients of Neighborhood Health Services
- Patients from the We Care Network



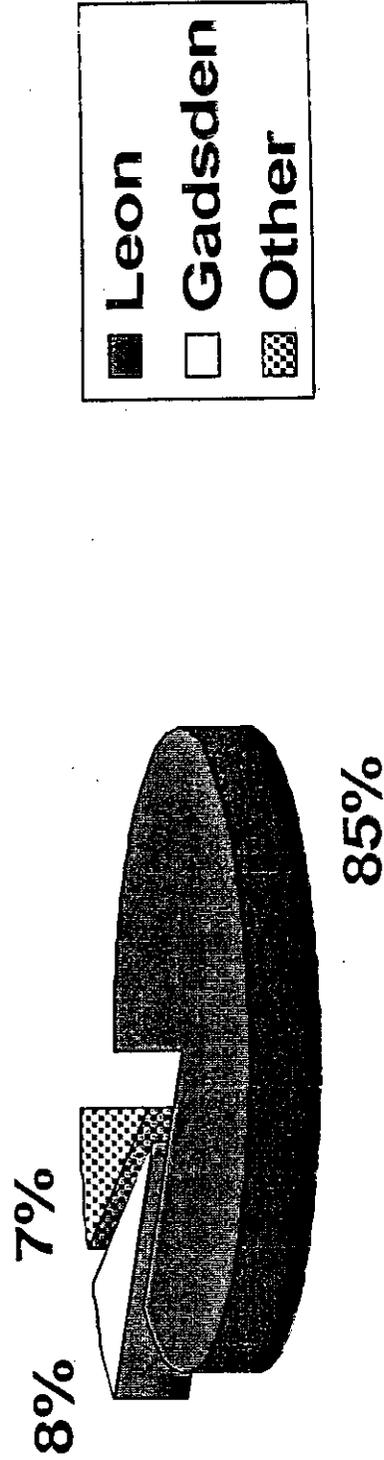
FAMU Pharmacy at Bond Patients Served Based on County of Residence October 2005 – December 2006



Total Patients Served: 3,560



**FAMU Pharmacy at NHS
Patients Served Based on County of Residence
October 2005 – December 2006**



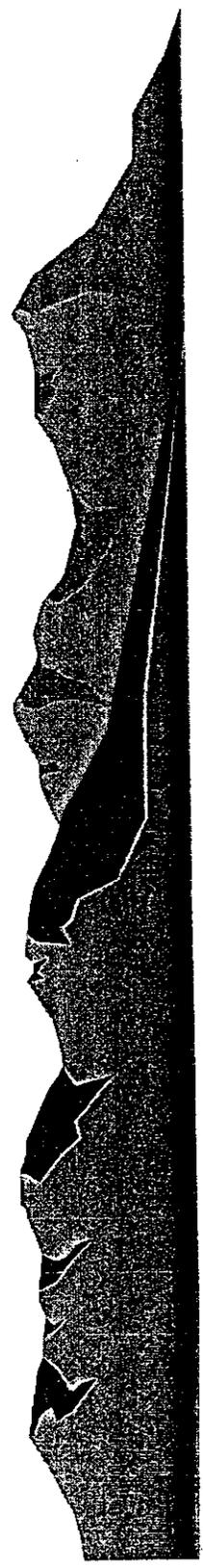
Total Patients Served 1,681

Funding Sources

Leon County Commission	\$355,000
Rx Medication Revenue	\$298,537
Total	\$653,537

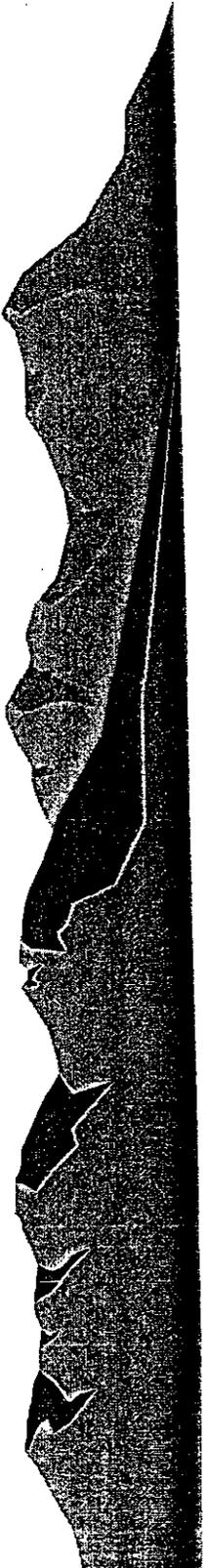
FAMU In-Kind Contributions

Directory of Pharmacy Services	\$106,250
Staffing and Technical Support	\$26,800
Total	\$133,050



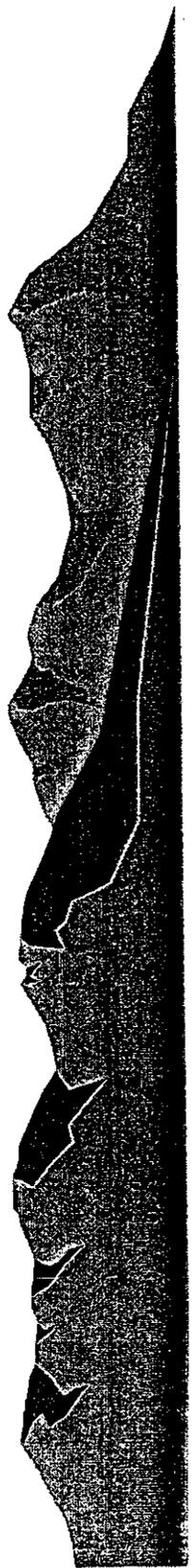
Expenditures

Salaries	\$316,920
Medication Cost Bond	\$164,044
Medication Cost NHS	\$40,388
Supplies	\$38,080
Total Expenditures	\$559,432
Total Revenue	\$94,105



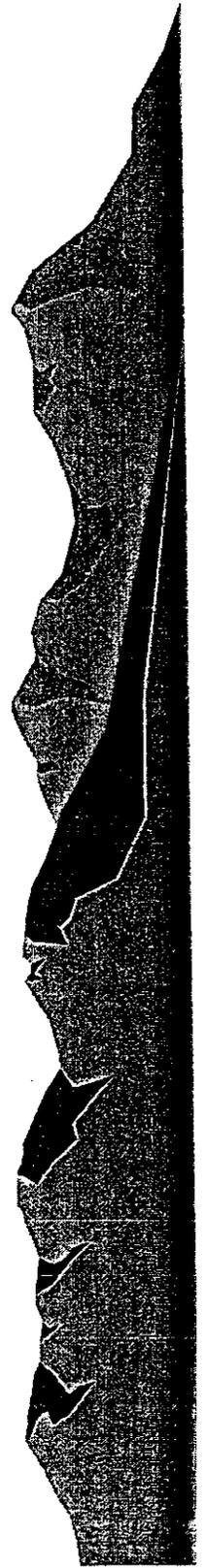
Planned Distribution of Revenue

Administrative Assistant	\$38,750
Janitorial Services (NHS)	\$2,400
Lease	\$6,954
RX Relief	\$10,800
Technology Support	\$9,201
Professional Development	\$6,000
Pharmacy Salary Enhancement	\$20,000
Total	\$94,105



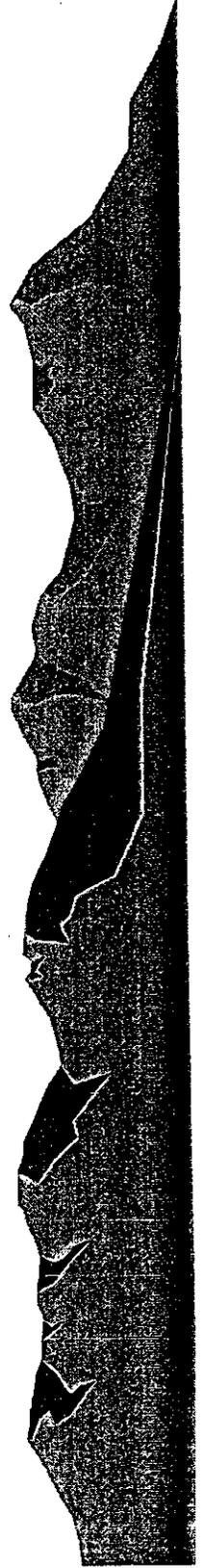
Program Accomplishments

Practice Site	Total Rxs Filled
Bond Site	26,798
NHS Site	21,857
Total Rxs	48,655



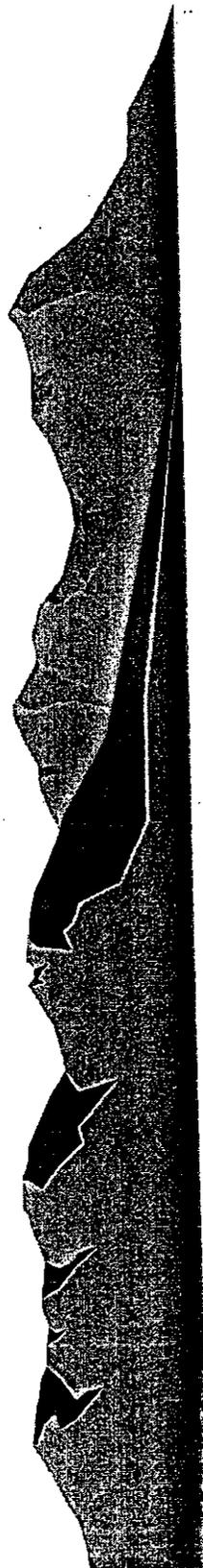
Program Accomplishments
Patient Assistance Program

Practice Site	Total PAP RX	\$ Value
Bond Site	1,629	\$557,963
NHS Site	2,717	\$1,016,427
Total PAP	4,367	\$1,574,390

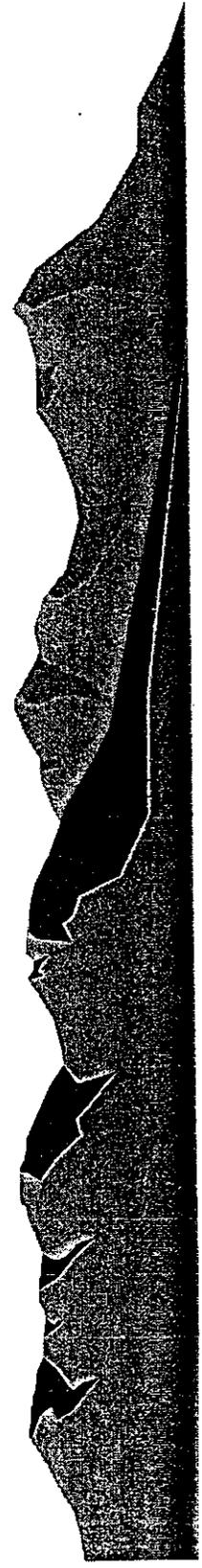


2007-2008 Wish List

- An additional 0.5 FTE for NHS PAP Coordinator



Questions?



Primary Healthcare Implementation Advisory Board

Annual Report
FY 2004/2005

April 25, 2006

**Primary Healthcare Implementation Advisory Board
Annual Report Fiscal Year 2004/2005**

Executive Summary

Resolution 02-05, adopted by the Board of County Commissioners on January 29, 2002 requires the Primary Healthcare Implementation Advisory Board to report annually on the effectiveness of the Primary Healthcare Program and to report its findings and recommendations for programmatic improvements. The Executive Summary presents: (1) the highlights of the program for FY 04-05; and (2) Areas for Concern; and (3) the Advisory Board's recommendations for programmatic improvements.

The Leon County Primary Healthcare Program, in its fourth year, continues to show outstanding results. Simultaneously, however, the Program is also beginning to show a number of opportunities for improvement.

Program Highlights for FY 2004/2005

1. The Primary Healthcare Program continues to be a sound investment, returning \$5.33 in Community Benefits for each \$1 of county tax dollars expended. The value of volunteered services and in-kind contributions continues in excess of \$2,000,000.
2. For FY 2004/2005, Bond Community Health Center, Neighborhood Health Services, and the WeCare Network of the Capital Medical Society provided services for 7,998 Leon County citizens, 177% of the designed capacity (4,500 citizens) of the program.
3. For FY 2004/2005, Per Member per Year cost decreased by 10.0% to \$131.75 Per Member per Year over the FY 03-04 cost of \$146.55. As a point of comparison, the FY 01-02 cost Per Member per Year was \$254.87 and the Healthy Kids program is currently reporting an average cost of \$780 per child per year.
4. For FY 2004/2005, the Primary Healthcare Program, in cooperation with the FAMU School of Pharmacy, filled 58,540 prescriptions with a value of \$2,500,828.80.
5. Avoided hospital inpatient admissions total 176 for the FY 2004/2005, resulting in cost avoidance of \$1,061,205.17

Areas for Concern

1. Uncompensated Care (charity care) provided by Leon County Hospitals during FY 2004/2005 was \$22,077,567, a small decrease of \$16,343 from FY 2003/2004. Total Uncompensated Care (charity care and bad debt) totaled \$84 Million for FY

2004/2005 for Leon County's hospitals. The cost of uncompensated care is cost-shifted to the insured population of Leon County.

2. Emergency Room Visits by Leon County citizens for non-emergency services (Non-emergent care) totaled 15,461, an increase of 1,041 (7.4%) over FY2003/2004. Capital Regional Medical Center Non-emergency hospital ER visits increased 35.6% while Tallahassee Memorial Hospital's Non-Emergency hospital ER Visits decreased by 9.1%. Non-emergent hospital emergency room visits increase the cost to all Leon County Citizens.
2. The Agency for Health Care Administration's 2004 update of its 1999 Health Insurance Study (August 2005) estimates the number of uninsured citizens under age sixty five (65) in Leon County is 18,887.
4. The healthcare services delivery system of the Primary Healthcare Program is at capacity.

Recommendations

The Primary Healthcare Implementation Advisory Board recommends:

1. A local private company, currently successfully transmitting volumes of digitalized patient data between hospital and physician offices, has offered to perform these services as a public service, after link-up. We recommend a continuing investigation of the cost, operating requirements, and other issues which may be attendant to this opportunity for automated electronic data interchange.
2. The Leon County Primary Healthcare Program's system for the delivery Patient care is at capacity. We recommend the consideration of a more comprehensive health care program for the uninsured citizens of Leon County, while maintaining the strengths of the current program.

Primary Healthcare Implementation Advisory Board Annual Report Fiscal Year 2004/2005

The Leon County Primary Healthcare Program

Background

On January 29, 2002, the BOCC adopted Resolution 02-05 requiring the Primary Healthcare Implementation Advisory Board to report annually on the effectiveness of the Primary Healthcare Program for the uninsured and to report its findings and recommendations for programmatic improvements.

CareNet is comprised of Bond Community Health Center, Inc., Neighborhood Health Services, Inc., the We Care Network of the Capital Medical Society Foundation, the Leon County Health Department, Tallahassee Memorial HealthCare, Capital Regional Medical Center, Florida State University College of Medicine, Florida A and M University College of Pharmacy and Pharmaceutical Sciences and Tallahassee Community College. Through Leon County and the Leon County Health Department, CareNet received Health Resources and Services Administration (HRSA) Community Access Program (CAP) grants for information systems, marketing services, and other purposes.

CareNet Model

The Primary Healthcare Services Delivery System

CareNet, is a public and private sector partnership of a voluntary coalition of healthcare providers designed for the purpose of providing cost effective primary and specialty healthcare services to low-income and uninsured citizens of Leon County.

CareNet Goals and Objectives

- To provide access to primary and specialty healthcare services in the most cost effective and efficient manner
- To leverage County, State, Federal and private funds to the highest extent possible
- To establish continuity of primary care relationships and reduce non-emergent hospital emergency room visits by Leon County residents
- To maintain high regard and respect for individual dignity

Primary Care

Bond Community Health Care Center, Inc. and Neighborhood Health Services, Inc. provide primary care. Both Clinics provide a wide range of primary healthcare services for children and adults. The Clinics accept patients by appointment or walk-in and upon referral from hospital emergency departments. Bond Community Health Center and Neighborhood Health Services

provide social workers and case managers for patient follow-up. Both Clinics offer extended-hours of operation for medical service delivery and are well situated to public transportation. *Relative ease of access is provided with Bond Community Health Center at two locations: 710 W. Orange Avenue and 872 West Orange Avenue and Neighborhood Health Services at 438 West Brevard Street.*

Clinic facilities offer on-site laboratory services and on-site care and case management for patients with diabetes and hypertension.

Neighborhood Health Services and Bond Community Health Center conduct community health screenings for early detection of chronic conditions of asthma, diabetes, and hypertension. Ninety-six (96) patients received chronic disease self-management instructions during this fiscal year.

Specialty Physician Care

Significant to the CareNet model of healthcare service delivery is the continuum of care and added value of the We Care Network of the Capital Medical Society Foundation. We Care Network relies upon the availability of physician volunteers. Availability of specialty care is limited by the capacity of various volunteer specialists who donate their services. Currently, the Network reports it is at capacity in the following medical specialties: Gynecology, Neurology, Endocrinology, and Gastroenterology. *The We Care Network provided health care services to Seven Hundred Seventy-three (773) patients for FY 2004/2005, an increase of twenty-three percent (23%) over FY 2003/2004.*

Prescription Services

The Florida A&M University College of Pharmacy and Pharmaceutical Sciences provides prescription drug services at Bond Community Health Center. Pharmacy services are supported by FAMU. Prescription Drug cost is substantially reduced by the participation of the FAMU pharmacy in the federal prescription drug purchasing program. The pharmacy programs also provide the opportunity to take advantage of the drug manufacturers special low-income and uninsured programs. The FAMU pharmacies also provide educational services on appropriate drug usage and disease management counseling.

Hospital Uncompensated Medical Care

Capital Regional Medical Center and Tallahassee Memorial Healthcare provide inpatient care for referrals from the We Care Network. Historically, the inpatient hospital services have been provided without charge.

According to the Agency for Health Care Administration (AHCA), during FY 2004/2005, Tallahassee Memorial Hospital experienced a total of \$19,375,703 in the provisions of health

care services for which they were not compensated. Capital Regional Medical Center provided \$2,701,864 in uncompensated care for the same period. Uncompensated care (charity care) for Leon County for FY 04-05 is \$22,077,567. Total uncompensated care (charity care and bad debt) in FY 2004/2005 was \$84 million. Uncompensated care increases the cost of health care for the insured citizens and employers of Leon County.

Primary Healthcare Program Funding

The total current funding to provide primary healthcare to the uninsured residents of Leon County is \$1.2 million. Initially, the Leon County Board of County Commissioners approved a Municipal Service Taxing Unit (MSTU) of .5 (1/2 cent) maximum millage. In the program's first year, the MSTU's millage rate was .06 cents. This millage rate generated \$458,000 and \$567,000 from the general funds revenue of Leon County, plus \$175,000 in federal Medicaid match monies totaled \$1.2 Million for the program. In FY 2002/2003 the Board of County Commissioners approved the full funding of the Primary Healthcare Program through a .12 MSTU millage rate.

In September 2004, Leon County Board of County Commissioners approved a .22 MSTU for FY 04-05. The .22 MSTU is to continue providing health care services through the Primary Healthcare Program and for funding of women's health services at Bond Community Health Center for three years.

The Municipal Service Taxing Unit's millage rate was returned to its .12 level by Board of County Commissioner during the FY 2005/2006 budget process.

Clinic Funding FY 2004/2005

Primary Care

Primary Healthcare Program funding to the Clinics is in the form of allocations for medical personnel. Staffing additions are based upon the staffing needs of the individual clinics. Both clinics have a medical practitioner (physician), a nurse, part time pharmacist, part time pharmacy assistants, and from one to two medical support personnel as needed. Bond Community Health Center was allocated \$10,383 per month and Neighborhood Health Services was allocated \$6,700 per month for medications. Each clinic was additionally allocated \$8,833 monthly for diagnostic services, and \$250 for laboratory services. Within the FY 2004/2005 contract, Bond Community Health Center opted to utilize the \$140,000 allocation for a Medical Practitioner (physician) to fund laboratory services. Primary Healthcare Program Expenditures, by clinic, for FY 2004/2005 were as follows:

Bond Community Health Center, Inc.

Registered Nurse/Licensed Practical Nurse	\$50,000
One Full Time and One Part Time Support	\$35,000
Part time Pharmacy Clerical	\$15,000
Medical Services	
Medications	\$124,600
Diagnostic Services	\$106,380
Laboratory Services	\$138,000
Total	\$468,980

Neighborhood Health Services, Inc.

Medical Practitioner (physician)	\$140,000
Registered Nurse/Licensed Practical Nurse	\$50,000
Registered Pharmacist (Part time)	\$70,000
One Full Time and One Part Time Support	\$30,000
Pharmacy Clerical (Part time)	\$15,000
Medical Services	
Medications	\$80,400
Diagnostic Services	\$106,380
Laboratory Services	\$3,000
Total	\$494,780
Funding amounts differ due to differences in Staff composition.	

Specialty Care

We Care Network

Project Coordinator (Part time)	\$23,840
Case Manager	\$29,484
Case Management Aide	\$21,060
Operating Expenses	\$9,232
Capital Expense	\$6,427
Total	\$90,043

Primary Healthcare Program Administrative Expense

Personnel Services Per 1.46 FTE	\$76,653
Total	\$76,653.00

Leon County Health Department (LCHD) and Leon County Primary Healthcare Program (LCPHP)

The Leon County Primary Healthcare Program is implemented to meet the unanswered healthcare needs of qualified Leon County citizens exclusively. Both CareNet clinic facilities participate additionally in the state and federal programs. With the Leon County primary healthcare program established to supplement the federal and state existing programs, a need to identify patients as Leon County Health Department (LCHD) and/or Leon County Primary Healthcare Program (LCHCP) was created. A means of identifying patients as LCHD or LCHCP was developed by creating a database of each participant in the state and federal programs. CareNet facilities have the capability of identifying LCHD patients. Mandatory monthly reporting is required of Clinic facilities and, contains the following: a) a comprehensive

list of all clients registered for the period with a unique patient identifier and program start date; b) number of total patients seen for the period and total number of patient encounters; c) number of LCHD and LCPHP patients seen and number of patient encounters; and d) total amount of sliding scale fee revenues collected with the number of patients charged. The data base of existing patients has been created and is providing Clinics with the capability to determine if the patient is a LCHD and/or LCPHP. Further, the monthly reports are verified and audited for accuracy under agreement with the Leon County Health Department. Clinic's monthly reports are verified by Primary Healthcare Program staff. CareNet information system development activities have been funded by grants from the federal Health Resources and Services Administration (HRSA).

Program Accountability

To ensure success of the program and provide a necessary level of accountability the following elements are included in each of the contracts with the CareNet partners. These provisions include:

- 1) No funds for staffing will be provided until such time as the staff member has been hired and present on duty station.
- 2) All invoicing and reporting must be completed prior to the disbursement of funds.
- 3) LCHD and LCPHP patient reports, total patients served, encounters and sliding fee revenue must be reported.
- 4) Termination clause if funds not appropriately expended.
- 5) Restriction of county funding to verified Leon County residents only.

CareNet Information System

The CareNet Information System established a central server capable of accepting manually entered patient referrals from hospitals and manually entered uploads from health care centers. All provider partners were provided ready access to the system via the internet.

However, due to the design requirement that patient data be manually entered twice, utilization of the system has proven erratic and inconsistent. The CareNet group deemed that alternative communications methods currently being utilized are reasonably accepted. And further, that scarce healthcare funds should be used for the provision of healthcare services. Therefore, support of the system has ceased.

Access to Healthcare Workgroup

The Access to Healthcare Workgroup is a sub-committee of the Primary Healthcare Implementation Advisory Board (PHIAB) and was formed to research methods other jurisdictions have used to develop comprehensive healthcare delivery systems for the uninsured; to address opportunities presented by the current program, and to consider possible sources of permanent funding. The committee is currently examining various comprehensive healthcare systems used by counties from across the country, with size and demographic similarities to Leon County. An objective of the sub-committee is to identify means for permanently funding

healthcare to the un-insured and under-insured of Leon County by a method which places less reliance upon property tax revenues.

Primary Healthcare Program Performance

Monthly targets of CareNet patients have been established for each clinic and contractual changes appropriate thereto have been made. Funding allocation and distribution are linked to the monthly patient targets for Fiscal Year 2004/2005 and these monthly targets were met.

Hospital Emergency Departments

For Fiscal Year 2004/2005, the emergency departments of Capital Regional Medical Center (CRMC) and Tallahassee Memorial Hospital (TMH) continued to experience an overall high demand for emergency services.

For FY 2004/2005 period, 15,461 patients presented at the hospitals' emergency departments for non-emergency care services. This figure represents an increase of 1,041 patients from the FY 2003/2004 total of 14,420. CRMC experienced an increase of 1,877 patients presenting for non-emergency care services during FY 2004/2005, while TMH experienced a decrease of 836 patients.

The following is data collected from local hospitals and compiled by staff regarding non-emergent hospital emergency department visits:

Non-emergent Hospital Emergency Department Visits
October 1, 2004 through September 30, 2005

Location	CRMC	TMH	Total	Percentage
Leon	5,787	70%	5,062	71%
Neighboring Counties	1,578	19%	1,678	23%
South Georgia	93	1%	67	1%
Other/Unidentified	924	11%	332	5%
Total	8,322	100%	7,139	100%

Conclusion: 30% of Non-emergent Hospital Emergency Department Visits at TMH are from outside Leon County and 29% of Non-emergent Hospital Emergency Department Visits at CRMC are from outside Leon County.

**TMH Non-emergent Hospital Emergency Department
 Comparison FY 2003/2004 to FY 2004/2005**

County/Region	FY 2003/2004	FY 2004/2005	Change
Leon	6,301	5,787	514 Decrease
Neighboring Counties	1,743	1,578	165 Decrease
South Georgia	62	93	31 Increase
Other/Unidentified	1,052	924	128 Decrease
Total	9,158	8,322	836 Decrease

**CRMC Non-emergent Hospital Emergency Department
 Comparison FY 2003/2004 to FY 2004/2005**

County/Region	FY 2003/2004	FY 2004/2005	Change
Leon	3,744	5,062	1,318 Increase
Neighboring Counties	1,182	1,678	496 Increase
South Georgia	46	67	21 Increase
Other/Unidentified	290	332	42 Increase
Total	5,262	7,139	1,877 Increase

Leon County Primary Healthcare Program

The Primary Healthcare Program during FY 2004/2005 provided primary and specialty care for 7,998 Leon County citizens. These patients represent an attainment of one hundred seventy-seven (177%) of the targeted number (4,500) of patients established at the inception of the program. The FY 2004/2005 number of patients increased from the FY 2003/2004 number of 7,188 by 810 patients, an eleven percent (11%) increase.

Patient Volume for FY 2004/2005

	Number	Percent
New CareNet Patients		
Primary Care Services Only	7,225	160%
Specialty Care Services Only	773	17.2%

Cost of Primary Healthcare Program

Bond CHC	\$468,980	4,073	\$115.14
Neighborhood HS	\$494,780	2,878	\$171.91
We Care Network	\$90,043	773	\$116.48

Total patient care costs of the program for the fiscal year was \$1,053,803 or \$131.75 per patient. As a point of comparison, the County's cost for FY 2003/2004 was \$146.55 and was \$254.87 in the initial year (FY 2001/2002) of operation.

Leveraged Resources

CareNet is committed to leveraging resources to the fullest extent possible. In that endeavor, CareNet and the Primary Healthcare program benefit significantly from in-kind and volunteer contributions.

Florida A & M University	\$294,465
Florida State University College of Medicine	\$87,426
Capital Medical Society Foundation, CRMC and TMH	\$1,906,906
Quest Diagnostics, Inc.	\$356,000
Medical Services-Volunteer	\$278,453
Administrative Services-Volunteer	\$7,943
Total	\$2,931,193

Community Benefit

All citizens of Leon County pay for healthcare services for low-income and uninsured citizens through direct and indirect expenses. At times these expenses are evident in higher hospital and insurance costs. At other times the expenses are evident in higher costs of social programs. The table below demonstrates the more evident value of the Leon County Primary Healthcare program. Values presented are net of cost and represent savings or avoided expense.

Prescriptions filled	58,540	\$2,500,828.80
Emergency Department Visits Avoided	475	\$156,421.23
Hospital Admissions Avoided	176	\$1,061,205.07
Value of Volunteered Services and In-kind contributions	WeCare Network, TMH and CRMC	\$1,906,906.66
Value of New Money to County		\$0
Total Community Benefit to County		\$5,625,361.60
Primary Healthcare Program Expense		\$1,053,802.84
Return on Investment		5.33 TO 1

The Leon County Primary Healthcare Program continues to be a viable program of great value to the County.