

**ATTACHMENT A-1  
REVISED GRANT WORK PLAN**

**DEPARTMENT OF HEALTH ASSESSMENT OF WATER QUALITY PROTECTION BY ADVANCED ONSITE  
SEWAGE TREATMENT AND DISPOSAL SYSTEMS: PERFORMANCE, MANAGEMENT, MONITORING**

**LEAD ORGANIZATION:** Florida Department of Health, Bureau of Onsite Sewage Programs (DOH)

**COOPERATING ORGANIZATIONS:** Monroe County Health Department

**PROJECT LOCATION AND WATERSHED CHARACTERISTICS:** Monroe County; Statewide

**Watershed Name:** Florida Bay-Florida Keys

**Latitude:** 26.00      **Longitude:** 81.00

**Hydrologic Unit Code (HUC):** 03090203

**PROJECT OBJECTIVE(S):**

Quantify the reduced loading of contaminants from advanced Onsite Sewage Treatment and Disposal Systems (OSTDS) to the environment; assess the operational status of systems under the current management framework; survey perceptions of user groups regarding the management of such systems; validate elements of a monitoring protocol for consistent assessment of systems; document good management practices.

**PROJECT DESCRIPTION:**

**Problem:** Onsite Sewage Treatment and Disposal Systems (OSTDS) are one of the nutrient sources in nutrient impaired watersheds. Estimates of the extent of their contribution to nitrogen loadings for different watersheds in Florida have ranged between less than five and 20%. Conventional OSTDS (septic tank-drainfields) have limited capacity to reduce nitrogen concentrations in water discharged to the drainfields. Because of this, residential density limitations have been used as one approach to meet the nitrate drinking water standard of 10 mg/L, which is not necessarily protective of ecological health. The phosphorus loading from OSTDS has been of most concern in the Florida Keys, where small lots, poor soils, and building practices increase the risks of impacts on surface water.

To achieve higher reductions of nutrient concentrations, additional treatment steps in OSTDS are necessary. Advanced OSTDS can utilize various approaches to improve treatment before discharge to a drainfield, or the drainfield itself can be modified. On occasion, engineers have included the drainfield as part of the treatment process, usually as means to achieve fecal coliform removal. In such cases, the engineer is required to include shallow groundwater monitoring wells in the monitoring plan.

The emphasis of this project will be on assessing the effectiveness of pretreatment before discharge to the drainfield. There are two large permitting categories in Florida onsite regulations that qualify as advanced treatment: Aerobic Treatment Units (ATUs) (Florida Administrative Code 64E-6.012), which are generally permitted based on certification by the National Sanitation Foundation; and performance-based treatment systems (PBTS) (Florida Administrative Code 64E-6, part IV), which are permitted based on design by an engineer experienced in wastewater. A third permitting category, rarely used, consists of engineer-designed alternative systems, such as sand filters.

Advanced systems have been required by local regulations, at least in part, with the objective to reduce nitrogen loading to sensitive areas (Florida Keys, St. George Island, Aucilla and Suwannee River floodplains, and Volusia County). In addition, Florida Administrative Code (FAC) 64E-6 requires advanced treatment, sometimes including nitrogen and fecal coliform removal, for lots where the usually required setback or authorized lot flow restrictions cannot be met.

Advanced systems differ in three aspects from conventional treatment systems that consist of a septic tank with drainfield. The design of advanced systems is more variable than the prescriptive approach for conventional systems. They need more frequent checkups and maintenance, which has been the reason for requiring operating permits for them. The performance expectations are more specific than absence of sewage on the ground surface, while failure definitions for advanced systems are vaguer. The first two issues have been challenges for the permitting process. Site specific performance specifications are not captured completely in the three databases that are used statewide for tracking permits, two that were developed for conventional system permitting for the state, and one that was developed for inspection tracking by Carmody, Inc. The third issue has made it hard to determine how well this aspect of Florida's onsite program is working. Until early 2001, operating permit fees allowed County Health Departments to perform limited sampling. In 2001, the legislature decided to limit

operating permit fees. Since then, there has been no systematic statewide assessment of the management and performance of these systems. The proposed project aims to perform such a statewide assessment and develop improvements in the management of advanced systems where indicated.

**Project Plan:** The project to be performed statewide, and in particular in Monroe County, will evaluate the performance, management, and monitoring of advanced systems in Florida.

**TASKS /OUTPUTS /DELIVERABLES:**

**Task 1:** *Monroe County detailed study of diurnal and seasonal variability of performance of advanced systems [Monroe County Project]*

The Department of Health, Bureau of Onsite Sewage Programs (Bureau), has allocated \$200,000 of research funds to contribute to the assessment in Monroe County. After two failed attempts to find an outside contractor for this study, both Bureau and Monroe County Health Department (MCHD) staff have decided to implement this study using CHD personnel. No staff salaries are to be paid with the allocated state matching funds for this task.

The Monroe County Health Department staff will select a sample of up to nine nutrient-reducing systems and up to four ATUs. Criteria for inclusion are currency of operating permit, year-round use, and willingness of the system user to participate. As part of this task, Bureau and MCHD staff will develop assessment procedures for the performance of advanced systems, including the sampling and monitoring methodology. Repeated sampling will be performed to characterize the variability of the performance of such systems in detail.

**Completion Date:** June 2011

**Deliverables:** Validated sampling procedures; Sampling results from Monroe County; Report containing analyses for diurnal and seasonal variability using Florida Keys data. Work for this task has been completed; Final Report will be submitted by June 2011.

**Task 2:** *Development of a statewide database of advanced systems based on permit record [Database]*

The primary function of this statewide database will be to store and provide information for this project. A second function will be to serve as an assessment tool of the completeness of the source databases.

Systems to be included will be:

- PBTS (of which nutrient reducing and innovative systems are a subset)
- ATUs (including engineer-designed ATUs with drip irrigation)
- Engineer-designed sand filters and other alternative systems

The methodology for the development of this database is as follows. The database will contain information about permit records, system types, property locations, contact information, components used, maintenance, monitoring, inspection and sampling results, performance specifications, and site locations of systems. Data fields will be based largely on the existing databases: the statewide permitting databases, CENTRAX and CENTRAX-Rehost, and the Carmody Program maintenance database, which is capable of receiving data from CENTRAX. The project database will be compatible with these databases in so far as it will be capable of receiving suitably formatted data dumps from them.

Information will be extracted from these database sources by querying for the system types of interest. The result of merging these records and supplementing the information with any additional records provided by county health department staffs will be a database of all advanced systems identified at the time of completion of the database. All addresses shall be geocoded to the best extent possible in order to allow for mapping and trip planning. Comparison of the results from different databases with each other and with the project database will allow an assessment of relative completeness of records and data fields.

The project database will be used for the tracking of systems during the project and for other tasks, such as for survey mailing addresses and selection of systems to be sampled. The project database also will be available to update the source databases. This update is outside of the scope of this project, because the permitting databases are currently not capable of uploading additional records and the extent of needed data entry is difficult to predict.

This task will be implemented by a contract staff position and possibly an intern with assistance from Bureau and County Health Department staff. For the purposes of budgeting, 1,710 hours of contract staff time at an average of \$22.24 per hour is assumed.

**Completion Date:** August 2011

**Deliverables:** Description of advanced systems database, including fields and structure; Summary statistics of the results of the data aggregation, such as number of each type system, number of advanced systems by county, etc.

**Task 3:** *Elucidation of the perceived strengths and areas for further improvement of the current management of advanced onsite system [Surveys]*

Surveys of system owners/users, installers, engineers, manufacturers, maintenance entities and regulators will be used to evaluate the perceptions and experiences with operation, maintenance, performance and other issues relating to advanced onsite systems.

Onsite regulators may be surveyed initially to help in developing the database of advanced systems. Surveying tools may differ by stakeholder group, such as electronic surveys for regulators, phone surveys for maintenance entities, a combination of mail, phone and electronic tools for onsite system users. If feasible, information about county health department, manufacturer or maintenance entity will be linked to responses to assess if strengths or areas for further improvement are statewide or specific to an organization. Differences between county health department, manufacturer or maintenance entities can provide leads to best practices for follow-up during Task 6.

A third party will undertake the implementation of surveys. Questions and the detailed methodological approach will be developed by the vendor in coordination with Bureau staff with some common questions complemented by user group specific questions. The exact number of surveys and the format for distribution will be determined after Task 2. Initial contact has been made with state university system survey labs for purposes of verifying costs and timelines. For budgeting purposes the upper limit of a purchase order was used.

**Completion Date:** June 2011

**Deliverables:** Survey forms; raw survey results; Analysis of results

**Task 4:** *Statewide assessment of operating conditions and performance of advanced onsite systems [Assessment of Operational Status and Performance]*

A random selection of advanced systems will be inspected and sampled in coordination with annual county health department inspections. The systems will be selected based on the Task 2 project database. If manufacturer information and system type are available initially for at least half of the systems, the sampling will be stratified to assure proportional representation of manufacturers and system types. The final subgroup categories and sizes will be determined with input from the DOH Research Review and Advisory Committee (RRAC) and consideration of the results of Task 1. A very general approach could consist of an assessment if differences between two subgroups in exceeding the common concentration median are significant at some level of significance (e.g. 0.05). The group size determines then how large a difference can be detected at that significance level. An example in which two subgroup sizes are equal is: for fifty (50) systems, a difference between 60% exceedance of the median in one group and 40% exceedance in the other group is significant, while for 10 systems, only a difference between 75% and 25% is significant.

A Quality Assurance Project Plan (QAPP) will be developed, with input from the RRAC, based on the results of Tasks 1 and 3. The standardized protocol developed in Task 1 will be modified as needed and used in the sampling and qualitative assessment. Available inspection and sampling records will be added to the project system database. During each inspection, the configuration of the unit will be compared to permit records as available and characterized. Evaluation criteria may include: operating permit status; maintenance inspection status; presence of sewage outside of treatment receptacles; operational status of the unit; and qualitative assessment of effluent. Sampling results of effluent (BOD, TSS, and TN) will be determined for all systems. Fecal coliform and TP will be sampled where lab facilities are close enough to meet holding times. These analyses will allow an assessment of how frequently secondary and advanced secondary effluent concentration standards for fecal coliforms and TP are met. For budgeting purposes, it is assumed that half of all systems sampled will be analyzed for fecal coliform and TP.

The emphasis of the sampling will be on effluent quality. While the final number of samples will depend on budget and time constraints and preferences of the Research Review and Advisory Committee, the initial target will be approximately 700 effluent samples. About 700 effluent samples will allow for 95% confidence that the median is between the 46<sup>th</sup> and 54<sup>th</sup> percentile of measured effluent concentrations. To reduce this confidence interval by two percentage points would require nearly doubling the number of samples. About 700 effluent samples also will allow estimation of the 10<sup>th</sup> and 90<sup>th</sup> percentile within 2.5%.

In order to determine reduction of contaminants, some measure of influent strength will be necessary. The ability to measure influent strength depends on the presence and accessibility of a settling tank that feeds the treatment unit, which may well only be determined during the site visit. Therefore, influent sampling at this stage will be a convenience sample. These systems also will be noted for inclusion in Task 5. With 100 influent samples, the budget assumption, we can be 95% confident that the true median influent concentration is between the 40<sup>th</sup> and 60<sup>th</sup> percentile of the measured influent concentrations. The number of influent samples is smaller than the number of effluent samples, because no treatment-type specific differences in influent strength are expected and effluent concentrations are more important in terms of environmental effect.

To account for systems that cannot be sampled, a total of 750 systems will be selected for assessment. This will increase the likelihood that 700 systems are available for sampling with no delays for additional system selections during the actual sampling procedures.

Several issues may arise, which could result in a modification of this proposed approach and reallocation of proposed budget, which would be undertaken in coordination with FDEP staff. The time required to coordinate inspections with County Health Departments and reach the sites may be so long that less than the anticipated four systems per day can be accomplished. This will depend in part on the balance between counties with few systems and many systems and on access to laboratories. Access to sampling ports may be sparse, resulting in a relatively large number of field visits with a smaller number of samples, or in a much larger fraction of effluent samples than influent samples. If a qualitative method is available and validated that can indicate lack of functioning without sampling, the number of samples for cBOD5 and TSS could be reduced. Effective analytical costs could be higher or lower than the assumptions in the budget. Optimization of travel may result in samples not being randomly distributed over the state and sampling period.

This task will be implemented by trained contract staff and county health department staff in coordination with county health department inspectors and Bureau staff. Bureau staff will be involved in the quality assurance, field sampling, and training for this task. The coordination with county health department inspections will provide contract staff and/or Bureau staff with an opportunity to train county health department staff on effective inspection procedures. Any salaries for Bureau staff involvement in this task will be an unquantified in-kind contribution to this project.

For the purposes of budgeting, 2,214.75 hours of contract staff time at an average of \$22.24 per hour is assumed. The contract staff shall hold a current OSTDS certification and also be trained to perform the sampling (\$1,841.42 for travel and \$1,800.00 contract with MCHD) to provide the training. The budget for sampling is based on estimated costs for 770 samples from 600 systems and an additional 10% QA/QC samples. NELAP-certified laboratory services will be provided by contract with a commercial lab or procured in a set of purchase orders with local labs.

**Completion Date:** August 2011

**Deliverables:** QAPP for Tasks 4 and 5; spreadsheet listing permits for Task 4 reviewed by month; Examples of all Task 4 forms used for recording and reporting (i.e. raw field data form, system assessment form, chain of custody form, etc.) and three of each type of form completed with actual Task 4 data; Spreadsheet(s) of the Task 4 tabulated field and sampling data with the data fields required in Attachment H, Section (4)(c) of this agreement, *Quality Assurance Requirements for Federally Funded NPS BMP Monitoring Agreements*, for all of the systems monitored by month

**Task 5:** *Periodic influent and effluent sampling for a sample of advanced systems [Assessment of Annual Variability of Performance]*

Variability of effluent and influent quality over time will be assessed for a selection of volunteer systems. These systems will be from counties where regular sampling is feasible based on staffing qualifications and numbers of systems. Initial candidates are Lee, Monroe, Charlotte, Brevard, Franklin, and Wakulla counties. Recruitment will begin with the survey in

Task 3. Depending on the level of recruitment, volunteers also will be solicited among systems for which influent samples were taken during the first few months of executing Task 4. All systems will be sampled for BOD, TSS, and TN in effluent and influent, and for fecal coliform and TP for approximately half of the total number of systems sampled with a preference for advanced secondary systems. One of the sampling events at each site can be coordinated with the yearly CHD inspection.

This task will be implemented by trained contract staff and/or county health department staff in coordination with county health department inspectors and Bureau staff. Bureau staff will be involved in the quality assurance, field sampling, and training for this task. Any salaries for Bureau staff involvement in this task will be an unquantified in-kind contribution to this project. For the purposes of budgeting, 613 hours of contract staff time at an average of \$22.24 per hour is assumed. The contract staff shall hold a current OSTDS certification. The sampling budget is based on estimated costs for influent and effluent samples for 70 sites. This task will have three separate sampling events for each site in addition to the first sampling event completed in Task 4. If none or few of the volunteer sites were part of the random sample of Task 4, the number of sampled systems may have to be reduced within the overall budgeted cost or an amendment to increase funding may be necessary. NELAP-certified laboratory services will be provided by contract with a commercial lab or procured in a set of purchase orders with local labs.

**Completion Date:** August 2011

**Deliverables:** Spreadsheet listing permits for Task 5 reviewed by month; Examples of all Task 5 forms used for recording and reporting (i.e. raw field data form, system assessment form, chain of custody form, etc.) and three of each type of form completed with actual Task 5 data; Spreadsheet(s) of the Task 5 tabulated field and sampling data with the data fields required in Attachment H, Section (4)(c) of this agreement, *Quality Assurance Requirements for Federally Funded NPS BMP Monitoring Agreements*, for all of the systems monitored by month

**Task 6:** *Documentation of good maintenance management programs by CHD and maintenance entities [Management Practices]*

During Task 2 several county health departments and maintenance entities will be selected to quantify and characterize steps in the management of advanced systems. The counties and maintenance entities will be among those with many systems and/or for which survey results indicated a relatively high satisfaction by user groups. Each selected entity will participate in a characterization of the status of management of advanced onsite systems. The characterization will include: detailed information on the number and types of advanced systems; compliance and enforcement rates; systems used for tracking compliance; the presence and responsiveness of maintenance entities and county health departments; the role of education of stakeholders; and, management costs. The collected experiences and viewpoints from the county health departments' and maintenance entities' staffs will outline strengths as well as areas for further improvement in the management of advanced onsite systems. The experience of these entities will be documented and illustrated in a case studies booklet that will be published on the Department's web site and distributed in limited amounts in hard copy format. If additional publication needs are warranted beyond this project's budget, a separate project with other funding will be used to accomplish the printing.

This task will be implemented by a contract staff position and possibly interns with assistance from Bureau staff. For the purposes of budgeting, 250 hours of contract staff time at an average of \$22.24 per hour is assumed.

**Completion Date:** September 2011

**Deliverables:** Characterization of outcomes in report format; Booklet written with case studies outlining both strengths and areas for further improvement of the current program and best management practices in advanced onsite systems management uploaded on the DOH web site and printed copies distributed in limited amounts

**Task 7:** *Project administration*

Administrative responsibilities will include project oversight, financial accounting, invoicing, and grant reporting to the Florida Department of Environmental Protection. The final project report will include: a description of the project; a summary of the survey results; a detailed analysis of how the advanced systems perform as compared to permit requirements; problems encountered during the project; and a detailed financial accounting of the project costs, including grant and match funding. Copies of scientific or technical publications resulting from this project will be included in quarterly reports. Other work products that are to be submitted to FDEP with the final report or as separate items include sampling results associated

with this project, copies of related press releases, and meeting agendas, fact sheets or other materials distributed to the public as a direct result of this project.

**Completion Date:** September 2011

**Deliverables:** Quarterly progress reports and invoices submitted to FDEP; Preliminary (draft) report; Final project report (five paper copies in addition to an electronic version in either Adobe or Word format); Copies of scientific or technical publications resulting from this project (to be included with quarterly progress reports); All other work products associated with this project

**PROJECT BUDGET BY CATEGORY:**

Project Funding Category	Section 319 (h) Grant Amount	Matching Contribution	Match Source**
Salaries & Fringe Benefits	\$39,933.00	\$0	
Travel	\$41,818.92	\$0	
Equipment	\$7,521.00	\$0	
Supplies/Other Expenses	\$14,770.52	\$0	
Contractual Services:			
Task 1 Match Project	\$0	\$200,000	DOH Headquarters contract with Monroe County Health Department
TCC/Niteline Contract	\$106,479.56	\$0	
Surveying	\$25,000.00	\$0	
Monitoring: Training for Contract Staff	\$1,800.00	\$0	
Monitoring: Laboratory Services	\$70,031.50	\$0	
Printing / Public Education	\$1,000.00	\$0	
<b>Total*:</b>	\$308,354.50*	\$200,000	
<b>Total Project Cost:</b>	<b>\$508,354.50</b>		

**Budget Narrative:**

\*All items will be billed as cost-reimbursable, not to exceed the total project grant amount.

\*\*Department of Health Septic Tank Research Fund (\$200,000) - Not quantified in-kind contributions will include technical assistance and project administration by DOH research staff. For Task 1, the method of procurement for laboratory analytical services was an ITB, resulting in a contract between Monroe County Health Department and a NELAC-certified lab for analyzing samples from the Florida Keys. Funding was given directly to the Monroe County Health Department to manage the Keys project. Final reporting will identify breakdown of match expenditures.

**Salaries & Fringe Benefits:** for County Health Departments – Funding for salaries will be provided to up to three county health departments to assist with the sample collection. Sampling costs have been estimated by the Monroe County Health Department staff based on their experiences in Task 1. The costs are estimated based on the base salary (\$18.90 per hour) plus fringe benefits (\$8.10 per hour) for an Environmental Specialist III (\$27 per hour for a total of 1,479 hours). Actual costs will vary depending on the actual employee doing the work. Task 4 is estimated to have 400 samples at 3 hours per sample, and Task 5 is estimated to have 3 sampling events of 31 samples each event for a total of 93 samples at 3 hours per sample.

**Travel** - It is hoped that the Tallahassee contract staff, county health department staff, and/or DOH research staff will be able to collect four samples per day for Tasks 4 and 5. The seventy (70) miles/sample was estimated by assuming approximately 200 miles drive to get to each area of four (4) samples, the desired number to be sampled daily, plus an estimated twenty (20) miles vicinity driving between sampling sites (200/4 + 20). Eighty percent of trips are assumed to be overnight. The number of samples that will have travel calculated does not equal the total number of samples due to the county health departments doing some of the sampling. 520 samples divided by four samples per day equals 130 trips for Task 4 or 104 overnight trips and 26 single day trips. There are to be three sampling events for each of 58 sites in Task 5, resulting in (58 samples divided by four samples per day equals 15 trips or 12 overnight trips and 3 single day trips) x 3 events/site. Overnight trips were based on \$36 for meals, \$80 per diem, and \$115/night for lodging. Single day trips were based on mileage only. It is

assumed that lodging costs will not be \$115/night on a general basis, thus having funds left for miscellaneous travel expenses, such as for tolls, or variable mileages for trips to different parts of the state. A higher assumed lodging rate is used, because sampling will be done periodically, and some sampling will have to be done during peak tourist seasons. The County Health Department staff performing the monitoring is estimated at 40 miles per trip to take four samples per day. Travel for Task 4 is estimated based on taking 400 samples divided by four samples per day equals 100 trips. There are to be 93 samples in Task 5 divided by four samples per day, which equals 23 trips. These are single day trips and are based on mileage only. Travel for Task 4 will be calculated at: Travel for contract staff and DOH research staff [Mileage (520 samples x estimated 70 miles/sample x \$0.445/mile) + Meals (\$36/day x 52 days) + Per Diem (\$80/day x 52 days) + Lodging (\$115/day x 52 days)] + Travel for CHD staff (100 days x estimated 40 miles/day x \$0.445/mile). Travel for Task 5 will be calculated at: Travel for contract staff and DOH research staff [Mileage (58 samples x estimated 70 miles/sample x \$0.445/mile) + Meals (\$36/day x 6 days) + Per Diem (\$80/day x 6 days) + Lodging (\$115/day x 6 days)] x 3 events/site] + Travel for CHD staff (23 days x estimated 40 miles/day x \$0.445/mile). A total of \$1,841.42 will be spent on travel for monitoring training for contract staff.

**Equipment** purchased will be used for Tasks 4 and 5, but the costs are allocated to Task 4 only. Items, such as water samplers and multi-parameter handheld instruments, will be purchased to equip four field sample kits. Specifically, four Global Water Composite/Discrete Water Samplers will be purchased at approximately \$1,049.00 each, and two YSI multi-parameter handheld instruments will be purchased at approximately \$1,662.50 each.

**Supplies/Other Expenses** are for Tasks 4 and 5. These are miscellaneous supplies/other expenses not included in other portions of the budget. Items to be purchased under this category include wrenching bars, utility pails, Taylor test kits, small tables, pliers, tile probes, digital cameras, manhole cover picks, tubing, batteries, gloves, storage and garbage bags, cleaning cloths, detergent, hand sanitizers, ice, screws, paper towels, general office supplies, and buffer solutions. Other expenses will include service on equipment and shipping of samples to the lab. A split of 80% for Task 4 and 20% for Task 5 was assigned.

#### **Contractual Services**

Contract Staff – Competitively procured state contract with TCC/Niteline; staff's time is 100% on this project; 28 months work at average of \$3,802.86/month (\$15.38/hour plus fringe benefits and administrative fee); hours are estimated based on work effort anticipated for each task. This person will develop a database for the project, collect samples, and conduct case studies of management practices; a contract to conduct the survey task.

Contracts with multiple laboratories to conduct the sample analyses;

Contract with the Monroe County Health Department to train the contract staff on sampling protocols based on the Task 1 methods.

Contract to print and distribute materials created for the public education component of this project.

Contract for Survey – The survey work is being performed by FSU staff under contract to DOH.

Contract for Laboratory analytical costs range from \$5 - \$25 per analysis. A full suite of analyses on a sample costs \$66; without the fecal coliform analysis, the cost is \$41. Laboratory Services for Task 4 are calculated as: [(700 effluent samples: 350 @ estimated \$41 + 350 @ estimated \$66) + (70 influent samples: 35 @ estimated \$41 + 35 @ estimated \$66)] x 1.1 (for 10% QC samples) = \$45,314.50. Laboratory Services for Task 5 are calculated as: [(210 effluent samples: 105 @ estimated \$41 + 105 @ estimated \$66) + (210 influent samples: 105 @ estimated \$41 + 105 @ estimated \$66)] x 1.1 (for 10% QC samples) = \$24,717.00.

Contract for printing of Case Studies Booklets – Booklets will be either about three to four 8-1/2"x11" sheets folded in half with staples (approximately 12-16 pages in length) or a tri-fold size with several inside pages; printing will be bid out or quotes will be obtained to get the highest number of copies for the allotted money.

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**BUDGET BY TASK:**

Project Funding Activity	Section 319 (h) Grant Amount			Matching Contribution	
	Invoiced Prior to Amendment	Invoiced After Amendment	Total	Total	Match Source
<b>Task 1:</b> Monroe County Project (Contractual )	\$0.00	\$0.00	\$0.00	\$200,000.00	GRANTEE
<b>Task 2:</b> Database Development (Contractual) Contract Staff (TCC Niteline)	\$31,703.76	\$6,326.64	\$38,030.40	\$0.00	
<b>Task 3:</b> Surveys (Contractual-FSU)	\$16,233.44	\$8,766.56	\$25,000.00	\$0.00	
<b>Task 4:</b> Assessment of Operational Status and Performance <u>Salaries/Fringe Benefits</u> CHD Staff for Monitoring	\$0.00	\$32,400.00	\$32,400.00		
<u>Contractual Services</u> Contract Staff (TCC Niteline)	\$35,725.04	\$13,531.00	\$49,256.04		
Monitoring Training for Contract Staff (Monroe County Health Department)	\$1,800.00	\$0.00	\$1,800.00		
Monitoring: Laboratory Services	\$0.00	\$45,314.50	\$45,314.50		
<u>Travel</u> Travel for Monitoring Training for Contract Staff	\$1,841.42	\$0.00	\$1,841.42		
Travel for Monitoring	\$0.00	\$29,990.00	\$29,990.00		
<u>Equipment</u>	\$0.00	\$7,521.00	\$7,521.00		
<u>Supplies/Other Expenses</u>	\$1,416.10	\$8,602.2410, 400.32	\$11,816.42		
<b>TASK SUBTOTAL</b>	<b>\$40,782.56</b>	<b>\$139,156.82</b>	<b>\$179,939.38</b>	<b>\$0.00</b>	
<b>Task 5:</b> Assessment of Annual Variability of Performance <u>Salaries/Fringe Benefits</u> CHD Staff for Monitoring	\$0.00	\$7,533.00	\$7,533.00		
<u>Contractual Services</u> Contract Staff (TCC Niteline)	\$0.00	\$13,633.12	\$13,633.12		
Monitoring: Laboratory Services	\$0.00	\$24,717.00	\$24,717.00		
<u>Travel</u> Travel for Monitoring	\$0.00	\$9,987.50	\$9,987.50		
<u>Supplies/Other Expenses</u>	\$0.00	\$2,954.10	\$2,954.10		
<b>TASK SUBTOTAL</b>	<b>\$0.00</b>	<b>\$58,824.72</b>	<b>\$58,824.72</b>	<b>\$0.00</b>	
<b>Task 6:</b> Management Practices <u>Contractual Services</u> Contract Staff (TCC Niteline)	\$0.00	\$5,560.00	\$5,560.00		
Printing of Case Studies Booklets	\$0.00	\$1,000.00	\$1,000.00		
<b>TASK SUBTOTAL</b>	<b>\$0.00</b>	<b>\$6,560.00</b>	<b>\$6,560.00</b>	<b>\$0.00</b>	
<b>Task 7:</b> Project Administration*	\$0.00	\$0.00	\$0.00	\$0.00*	
<b>Total:</b>	<b>\$88,719.76</b>	<b>\$219,634.74</b>	<b>\$308,354.50</b>	<b>\$200,000.00</b>	
<b>Total Project Cost:</b>		<b>\$508,354.50</b>			

\* Department of Health - DOH research staff salaries and fringe benefits are unquantified in-kind contributions not to be counted toward the match requirements of this Agreement.