



LEGAL REQUEST MEMORANDUM (LRM)

From: (Name) Davis James (Dept) Fire-Rescue - 3355
Last First
(Title) Division Chief (Phone) (352) 291-8081
Signature [Signature] Date Friday, December 12, 2025

The Office of the County Attorney is requested to provide legal assistance as detailed in this legal request and supporting documents (attached).

Request for: ☐ New Document ☒ Review & Comment ☐ RESUBMIT LRM No. _____
☒ Approve as to Form ☐ Other

Description of Request

Review & Comment, and Approve as to Form with signature from the county attorney. This agreement is to acquire the awarded funds from Advent Health Ocala in partnership with the Community Foundation, with a lump sum of \$100,000.00. These funds are for continued support of the Community Para-medicine program of Marion County Fire Rescue for FY 2025 - 2026.

For more information or discussion, contact: ☒ Same as above

(Name) _____ (Title) _____ (Phone) _____
Last First

Agenda Item? ☒ Yes ☐ No Agenda Date: Tuesday, January 6, 2026

Agenda Deadline Date for **Legal**: Friday, December 19, 2025 Agenda Deadline Date for **Admin**: Thursday, January 1, 2026

Note: Please allow a MINIMUM of 5 working days BEFORE deadlines for LRM to be completed.

DO NOT COMPLETE - Office of the County Attorney use ONLY

LRM No. 2025-1331

Assigned to: ☐ Matthew Guy Minter, County Attorney ☐ Dana E. Olesky, Chief Asst. County Attorney ☒ Thomas Schwartz, Asst. County Attorney ☐ Valdoston Shealey, Asst. County Attorney

Outcome:

☒ Approved as to form and legal sufficiency
☐ Approved with revisions: ☐ Suggested ☐ Completed
☐ Other:

Date Received:

RECEIVED

By Marion County Attorney LZ at Dec 12, 2025

Attorney Signature: [Signature] Date 12/15/25

Staff Signature: [Signature] Date: 12/15/25 Returned: ☒ Department ☐ Admin ☐ _____
Completed

FOURTH AMENDMENT

TO COMMUNITY PARAMEDIC PROGRAM AGREEMENT

This **FOURTH AMENDMENT TO COMMUNITY PARAMEDIC PROGRAM AGREEMENT** ("Fourth Amendment") is entered by and between MARION COUNTY, a political subdivision of the State of Florida, for the benefit of MARION COUNTY FIRE RESCUE, 601 SE 25th Ave., Ocala, FL 34471 ("MCFR") and FLORIDA HOSPITAL OCALA, INC., a Florida not for profit corporation, d/b/a ADVENTHEALTH OCALA, 1500 SW 1st Ave., Ocala, FL 34471 ("AHO") (individually "Party," and collectively "Parties").

WITNESSETH:

WHEREAS, the Parties entered into that certain Community Paramedic Program Agreement on or about August 19, 2021 (the "Agreement"), for the participation of AHO in MCFR's Community Paramedicine Program; and

WHEREAS, a First Amendment to the Agreement was entered into on March 7, 2023; and

WHEREAS, a Second Amendment to the Agreement was entered into on September 1, 2024 and

WHEREAS, a Third Amendment to the Agreement was entered into on January 21, 2025;

WHEREAS, the Parties hereby seek to renew the Agreement as provided therein; and

NOW THEREFORE, in consideration of the mutual covenants and conditions contained herein, MCFR and AHO agree as follows:

1. **Recitals**. The Parties agree that the above recitals are true and correct, and incorporate their terms and provisions herein for all purposes
2. **Renewal**. The Parties hereby agree to renew the Agreement Effective September 1, 2025 with an expiration date of August 31, 2026 in accordance with VI(A) of the agreement as modified in the amendments thereto.
3. **Full Force and Effect**. All provisions of the Agreement not specifically amended herein shall remain in full force and effect for the term of the Agreement.

[This portion of page intentionally left blank. Signature page follows.]

IN WITNESS WHEREOF the Parties have caused this Fourth Amendment to be Effective September 1, 2025.

FLORIDA HOSPITAL OCALA, INC., a Florida not for profit corporation,
d/b/a ADVENTHEALTH OCALA

By: Erika Skula

Erika Skula, CEO

Date: November 19, 2025

ATTEST:

MARION COUNTY, a political
Subdivision of the State of Florida by
Its Board of County Commissioners
for the benefit of MARION COUNTY
FIRE RESCUE

Gregory C. Harrell
Clerk of Court

Date: 2026

BY: Carl Zalak III
Chairman

Date: 2026

For Use and Reliance Of
Marion County Only,
Approved as To Form And
Legal Sufficiency

Matthew Minter
Matthew Minter
County Attorney



GRANT AGREEMENT FOR COMMUNITY PARAMEDICINE SERVICES

This Agreement is entered into by and between the **Community Foundation for Ocala/Marion County**, 324 SE 24th St., Ocala, FL 34471 (the "**Foundation**"), and Marion County, a political subdivision of the State of Florida, for the benefit of **Marion County Fire Rescue**, 2631 SE 3rd St., Ocala, FL 34471 ("**MCFR**") for the administration and oversight of funds for the Program as more fully described herein.

Project Description

The **Foundation** provides grant funding to projects meeting certain eligibility criteria. On September 1, 2025, MCFR entered into an agreement ("Program Contract") with Advent Health Ocala to operate a community paramedic program (the "Program") for the purpose of offering access to certain health care.

The **Foundation** approves the Program as a funding eligible project as the **Foundation** anticipates that implementation of the Program will help reduce hospital readmissions, prevent non-emergency Emergency Room visits and reduce non-emergency Emergency Medical Service runs by improving access to care for residents in Marion County, Florida.

To enhance community health and wellbeing, the **Community Foundation for Ocala/Marion County** has agreed to fund the costs incurred by MCFR solely for the Program and within the limits stated herein.

Terms of Agreement

- The **Foundation** shall provide project funding for 2025-2026 year for the term set forth below in an amount not to exceed \$100,000.00, allocated to MCFR as quarterly reimbursements.
- The term of this Agreement shall be for a one (1) year period starting **SEPTEMBER 1, 2025**, and this Agreement may be renewed for one (1) additional year term by a written agreement signed by both Parties.
- **MCFR** will submit to the **Foundation** a quarterly invoice at the beginning of each quarter in the amount of \$25,000.00.
- Within five (5) business days of receipt invoice, the **Foundation** will promptly submit reimbursement to **MCFR** at the address provided above.
- **MCFR** shall perform the Program as described in the Program Contract with **Florida Hospital Ocala, Inc., a Florida not for profit corporation, d/b/a AdventHealth Ocala**.
- the Agreement is renewed once or more following the August 31, 2026 expiration date, any such renewal will be subject to the caps set forth in Exhibit A of this Agreement.
- Either party may terminate this Agreement with thirty (30) days written notice. Should operation of the Program cease, this Agreement shall terminate forthwith.

Data Access

The **Foundation** shall not have any access to patient information.

For Use And Reliance Of MARION COUNTY ONLY,
Approved As To Form And Legal Sufficiency

Signatures

Entered by the Parties on the date of the last signature below.

Community Foundation for Ocala/Marion County

By: _____

Lauren Deiorio, Executive Director

For: _____
County Attorney

12/29/25
Date

Marion County, a political subdivision of the State of Florida f/b/o **MCFR**

By: _____

Printed Name: _____

Title: _____

Date



Exhibit A

Funding Cap for Future Terms

Future terms will have a cap of \$210,000

September 1, 2024 and ending on August 31, 2025

County apportionment:	\$100,000
City apportionment:	\$100,000
Community Foundation apportionment:	<u>\$10,000</u>
Grant total:	\$210,000

September 1, 2025 and ending on August 31, 2026

County apportionment:	\$100,000
City apportionment:	\$100,000
Community Foundation apportionment:	<u>\$10,000</u>
Grant total:	\$210,000