



LEGAL REQUEST MEMORANDUM (LRM)

From: (Name) Davis James (Dept) Fire-Rescue - 3355
 Last First
 (Title) Division Chief (Phone) (352) 291-8081
 Signature [Handwritten Signature] Date Friday, January 31, 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 on the grant agreement for Community Paramedicine Services. This agreement is for the Community Foundation to donate funds for the Community Paramedicine program for MCFR.

For more information or discussion, contact: Same as above
 (Name) _____ (Title) _____ (Phone) _____
 Last First

Agenda Item? Yes No Agenda Date: Tuesday, February 18, 2025
 Agenda Deadline Date for Legal: Friday, January 31, 2025 Agenda Deadline Date for Admin: Thursday, February 6, 2025

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. 2025-83

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: Attaching Exhibit A.

Date Received:

RECEIVED
 By Marion County Attorney- AT at 4:26 pm, Jan 31, 2025

Attorney Signature: [Handwritten Signature] Date 2/3/25
 Staff Signature: [Handwritten Signature] Date: 2/3/25 Returned: Department Admin
 Completed



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, 2024, 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 2024-2025 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, 2024**, 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, 2025 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.

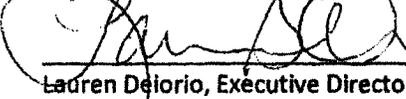
Data Access

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

Signatures

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

Community Foundation for Ocala/Marion County

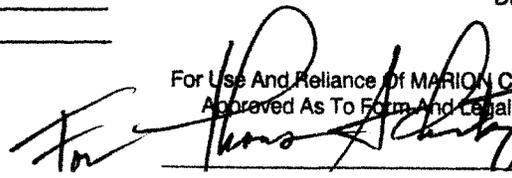
By: 
Lauren DeIorio, Executive Director

1/30/25
Date

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

By: _____
Printed Name: _____
Title: _____

Date


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



Title: _____

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