

BOARD OF COUNTY COMMISSIONERS OF BRADFORD COUNTY, FLORIDA

March 21, 2024

6:30 PM

Bradford County Courthouse

945 North Temple Avenue

Starke, Florida 32091

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AGENDA

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1. Chair to call meeting to order.
2. Public Comments
  - Three (3) minutes per speaker;
  - Comments will not be accepted after the meeting begins;
  - State your name and address into the record before addressing the board;
  - Address your questions to the board, not county staff;
  - Refrain from demands for an immediate board response; and
  - No boisterous behavior, personal, impertinent, or slanderous remarks.
3. Approval of Consent Agenda ACTION
  - A. Meeting Minutes from 2-15-2024
4. Northeast Florida Economic Development Corporation Presentation – Amber Shepherd, Strategic Alliances Business Partner Presentation
5. Medical Examiner Services
  - A. INTERLOCAL AGREEMENT FOR MEDICAL EXAMINER SERVICES AMONG ALACHUA COUNTY, BAKER COUNTY, BRADFORD COUNTY, LEVY COUNTY, GILCHRIST COUNTY, UNION COUNTY, AND DIXIE COUNTY ACTION
  - B. Letter of Termination of Three-Party Agreement for District Medical Examiner Services
6. Amerimed, LLC. COPN for non-emergent transport at the request of Bradford County Fire Rescue ACTION
7. Clerk Reports – Denny Thompson, Clerk to the Board and Clerk of the Circuit Court
  - A. Presentation Of Budget Hearing And Value Adjustment Hearing (VAB) Dates For Calendar Year 2024. ACTION
8. Sheriff Reports – Gordon Smith, Sheriff

9. County Manager Reports – County Manager, Scott Kornegay

10. County Attorney Reports – Richard Komando

11. Commissioner's Comments

12. Chair's Comments

NOTICE:

Pursuant to Section 286.0105, Florida Statutes, notice is hereby provided that, if a person decides to appeal any decision made by the Board of County Commissioners of Bradford County, Florida with respect to any matter considered at this meeting or hearing, he or she will need a record of the proceedings, and that, for such purpose, he or she may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based.

BOARD OF COUNTY COMMISSIONERS OF BRADFORD COUNTY, FLORIDA

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AGENDA ITEM INFORMATION SHEET (AIIS)

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DATE OF MEETING: March 21, 2024

AGENDA ITEM Meeting minutes from 02-15-2024.

DEPARTMENT: Clerk's Office

**BOARD OF COUNTY COMMISSIONERS OF BRADFORD COUNTY, FLORIDA**

**February 15, 2024**

**6:30 P.M.**

**Bradford County Courthouse**

**945 North Temple Avenue**

**Starke, Florida 32091**

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**MEETING MINUTES**

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**BOARD MEMBERS PRESENT:** Commissioner District 1 – Chair Carolyn Spooner  
Commissioner District 4 – Vice-Chair Danny Riddick  
Commissioner District 3 – Joseph C. Dougherty  
Commissioner District 5 – Diane Andrews

**BOARD MEMBERS NOT PRESENT:** Commissioner District 2 – Kenny Thompson

**PRESS PRESENT:** Bradford County Telegraph

**STAFF MEMBERS IN ATTENDANCE:** County Manager Scott Kornegay; Executive Assistant Amanda Brown; County Attorney Rich Komando; Clerk Denny Thompson; Chief Deputy Clerk Rachel Rhoden; Finance Director Dana LaFollette; Tax Collector Teresa Phillips; Fire Rescue Chief Ben Carter; Community Development Director Kelly Canady; and Public Works Director Jason Dodds.

1. **CALL TO ORDER:** Chair Spooner called the meeting to order at 6:30 P.M.
2. **PUBLIC HEARING – ENACTMENT OF RESOLUTION – RICH KOMANDO, COUNTY ATTORNEY.**
  - A. **A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF BRADFORD COUNTY, FLORIDA ELECTING TO USE THE UNIFORM METHOD OF COLLECTING NON-AD VALOREM SPECIAL ASSESSMENTS FOR MORE THAN ONE YEAR LEVIED IN BRADFORD COUNTY, FLORIDA, TO FUND COSTS INCURRED BY THE COUNTY IN PROVIDING FIRE PROTECTION AND EMERGENCY MEDICAL SERVICES EACH YEAR; STATING A NEED FOR SUCH LEVY; PROVIDING FOR THE MAILING OF THIS RESOLUTION; AND PROVIDING AN EFFECTIVE DATE.**

Chair Spooner recognized County Attorney Rich Komando who explained that the purpose of the resolution is to set a uniform method for collecting a special assessment fee, the resolution does not impose a fee.

Chair Spooner opened the public hearing for public comments, there being none, the public hearing was closed.

It was **MOVED** by Commissioner Dougherty and **SECONDED** by Vice Chair Riddick to approve the resolution as read.

**Motion Carries 4-0**

3. **PUBLIC COMMENTS:**
  - David Ross
  - Cynthia Ross
  - Tommy Tatum
  - Vyunda Strong

**4. APPROVAL OF CONSENT AGENDA ITEMS:**

- A. MEETING MINUTES FROM 01-04-2024**
- B. NRA WRITE-OFF FOR COLLECTIONS - \$81,853.66 (146 ACCOUNTS); DECEASED PATIENT ACCOUNTS - \$1,635.21 (7 ACCOUNTS); AND SMALL BALANCE ACCOUNTS - \$7.13 (2 ACCOUNTS). TOTAL WRITE-OFF AMOUNT -\$83,496.00.**
- C. TRANSFER SHIP REHAB FILE # 2019-6-S TO A DEMO/REPLACEMENT PROJECT.**
- D. SATISFACTION OF MORTGAGE ON SHIP REHAB FILE – WARREN**
- E. SHIP PURCHASE ASSISTANCE LOAN MODIFICATION ON – KRYSTAL MEANS**
- F. SATISFACTION OF MORTGAGE ON SHIP REHAB – MEANS**
- G. SITE ACCESS AGREEMENT AMENDMENT – FLORIDA GEOLOGICAL SURVEY TWO-YEAR EXTENSION FOR RIGHT-OF-WAY DRILLING**

It was **MOVED** by Commissioner Dougherty and **SECONDED** by Commissioner Andrews to approve the consent agenda.

**Motion Carries 4-0**

**5. APPOINTMENT OF REPRESENTATIVE TO THE SUWANNEE RIVER ECONOMIC COUNCIL, INC. BOARD OF DIRECTORS.**

**Discussion:**

- Recommendation of Janice Johnson.

It was **MOVED** by Commissioner Andrews and **SECONDED** by Vice Chair Riddick to continue with Janice Johnson.

**Motion Carries 4-0**

**6. PROPOSALS FOR OPIOID ABATEMENT FUNDING.**

Chair Spooner recognized the following organizations to present their proposals on how they would utilize opioid abatement settlement funding allocated to the board for substance abuse services in Bradford County.

**A. MERIDIAN BEHAVIORAL HEALTH – ASHLEY TOZIER.**

Ashley Tozier, Senior Vice President of Medical Services with Meridian (shared a PowerPoint presentation):

- Hire Counselor for intake assessment, APRN for assessment, and Peer for support services.
- Implement a Jail Bridge Program.
- Implement Hospital/ED Bridge Program - partner with local hospitals to intervene when an individual with substance abuse is admitted.
- Implement a Community Bridge - outreach to individuals in their homes.
- Implement Co-Responders - trained staff to ride along with law enforcement in an effort to avoid arrests.
- Additional Funding - seek additional funding sources to support ongoing substance abuse services.

**Discussion:**

- Current staffing at Meridian.
- Services provided at Meridian only include mental health.
- The proposal would allow Meridian to register up to 100 patients.

**B. PURPOSE BEHAVIORAL HEALTH – PRETINA ROSS**

Pretina Ross, Licensed Mental Health Counselor with Purpose Behavioral Health:

- Partner with Meridian for substance abuse services.
- Create services similar to CORE (Coordinated Opioid Recovery) initiated by Governor DeSantis.
- Create a qualified group with a licensed practical nurse (LPN) or registered nurse (RN), a peer specialist, a care coordinator, and a clinician.
- Start the program with five to ten households to gauge its success.

**Discussion:**

- Home visits.
- Metrics for success will include staff experience and utilization of the CORE model.
- Health insurance will help the program sustain after the opioid settlement money is expended.

**C. BRADFORD COUNTY HEALTH DEPARTMENT – AMIE OODY**

Amie Oody, Administrator for the Florida Department of Health in Bradford and Union Counties:

- Substance abuse prevention campaign.

**Discussion:**

- Media for prevention campaign to include pamphlets, handouts, billboards.
- Distribution of medication disposal bags.
- Available resources in schools.
- Distribute prevention information in local HUBS and schools.

**D. COMMUNITY RESOURCE PARAMEDICINE (CRP) PROPOSAL – BEN CARTER, CHIEF, BRADFORD COUNTY FIRE RESCUE.**

Ben Carter, Chief of Bradford County Fire Rescue (BCFR) (shared a PowerPoint presentation):

- Purpose of CRP.
- Statistics on drug use in Bradford County.
- Cost impacts for BCRF to respond to substance abuse calls. Implementation of CRP could reduce costs.
- Partnerships with available resources for patient referrals and support services.
- CRP services: education, preventive care, treatment navigation, medication-assisted treatment support, harm reduction services, community integration, peer support, data collection and analysis, telehealth, free Narcan distribution.
- Remodel of library's bookmobile to create a community response unit.
- CRP meets the approved uses of the opioid abatement settlement funding.

- Year 1 expenditures: salary/benefits, response vehicle, response vehicle for training captain, upgrade bookmobile to community response unit, ALS equipment, IT needs, advertisement costs, partnership with local resources.

**Discussion:**

- Opioid settlement funds allocated to Bradford County.
- Annual report tracking potential operational cost savings.
- Clinical assessment will include an evaluation survey to determine if substance abuse is present. If substance abuse is determined, a professional will be contacted for further evaluation for treatment.
- Comments expressing concern with telehealth services; in-person services preferred.
- Comments indicating a desire to assist all proposals made.
- Comments in support of CRP.
- Salary of the paramedic position. Year 1: \$64,563 (total fiscal impact \$113,890) – Year 6: \$71,282 (total fiscal impact \$124,232).
- Potential future legislation for additional substance abuse funding.
- State reporting requirements.
- Partnership with Meridian.

**It was MOVED by Vice Chair Riddick and SECONDED by Commissioner Dougherty to support the proposal presented by Chief Ben Carter.**

Chair Spooner sought clarification asking if the intent of the motion was to allow Chief Carter to utilize all opioid funding in all categories. Vice Chair Riddick responded in the positive and stated that the board should receive program updates and that it should take a different course if the program is not successful after two years.

**Discussion:**

- Concerns expressed with a two-year evaluation for success of the program.
- Collaboration with external organizations like Meridian and the Bradford County Health Department to use their services, including giving their support personnel an hourly wage for helping with the CRP program.

**Motion Carries 3-1 (dissenting vote Chair Spooner).**

7. **CLERK REPORTS – DENNY THOMPSON** – no report.
8. **SHERIFF REPORTS – GORDON SMITH** – no report.
9. **COUNTY MANAGER REPORTS – SCOTT KORNEGAY**

**A. CONSIDER APPROVAL OF AMENDMENTS TO “BRADFORD COUNTY BOARD OF COUNTY COMMISSIONERS RULES OF PROCEDURE”.**

**It was MOVED by Commissioner Andrews and SECONDED by Vice Chair Riddick to approve the amendments to the Bradford County Board of County Commissioners Rules of Procedure.**

**Motion Carries 4-0**

**10. COUNTY ATTORNEY REPORTS – RICHARD KOMANDO**

The board was informed by Mr. Komando that while he might not be able to attend some of the first Tuesday board meetings, his partner Rob Bradley will be able to attend in his place.

**11. COMMISSIONER’S COMMENTS**

**Vice Chair Riddick**

- Comments in favor of imposing a franchise tax; however, Clay Electric declined to take part; as a result, the county decided not to impose a franchise tax solely on Florida Power customers in order to be equitable to all county residents.
- Remarks that the board will be able to lower the millage rate by implementing a fire assessment. The board will need to examine the consultant’s proposal when it becomes available to understand how it takes into account the evaluation of specific structures.

**Commissioner Andrews**

- Comments not in favor of assessing a fire tax on certain structures such as pole barns.
- Remarks on Clay Electric's stance about their refusal to participate in franchise tax assessments for their customers based on customer surveys.
- Remarks stating that the transfer of law enforcement from the City of Starke to the Sheriff did not involve the county commission.

**12. CHAIR’S COMMENTS**

- Thanked all the organizations that presented their opioid funding proposals.
- Publicly apologized to the community for the county not maximizing the use of opioid abatement settlement funding in Bradford County.

**ADJOURN:** There being no further business, the meeting adjourned at 8:38 p.m.

**BOARD OF COUNTY COMMISSIONERS  
BRADFORD COUNTY, FLORIDA**

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**CAROLYN SPOONER, CHAIR**

**ATTEST:**

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**DENNY THOMPSON, CLERK TO THE BOARD**



February 15, 2024  
BoCC Meeting Minutes

**MINUTES PREPARED BY:**

**RACHEL RHODEN, CHIEF DEPUTY CLERK**

**Minutes approved by the BOCC during a scheduled meeting on:** \_\_\_\_\_

BOARD OF COUNTY COMMISSIONERS OF BRADFORD COUNTY, FLORIDA

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AGENDA ITEM INFORMATION SHEET

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DATE: March 21, 2024

AGENDA ITEM Northeast Florida Economic Development Corporation  
Presentation – Amber Shepherd, Strategic Alliances Business  
Partner



*Your faith in our community is a driving force behind our organization, the Northeast Florida Economic Development Corporation (NEFEDC). We refer to members as “investors” reflecting the investment in our mission-driven work. NEFEDC investor benefits include information, opportunities, access, support and more. As a business association, NEFEDC is a 501C6 nonprofit.*

**By becoming an EDC Member Investor:**

- You join a growing group of organizations and individuals that are creating a better economy.
- You are investing in and helping define initiatives that drive economic vitality and enhance the regions quality of life.
- Your company or organization’s financial support enables NEFEDC to carry out its work to move our region forward and expand economic opportunities.

**Government Investor - \$10,000**

- Benefits customized to entity needs

**Platinum Investor - \$5000**

- Table at NEFEDC Annual Meeting (seats 8)
- Full page ad in Bradford Telegraph (Lake Region Monitor/Union Times)
- One year subscription (new subscribers only) to Bradford Telegraph (LRM and UT)
- Includes Gold Investor benefits

**Gold Member Investor - \$3500**

- Table at NEFEDC Annual Meeting (seats 6)
- Half page ad in Bradford Telegraph (Lake Region Monitor/Union Times)
- Includes Silver Investor benefits

**Silver Member Investor - \$2500**

- 4 seats at NEFEDC Annual Meeting
- Includes Bronze Investor benefits

**Bronze Member Investor - \$1500**

- 2 seats at NEFEDC Annual Meeting
- \$50 discount on new North Florida Regional Chamber of Commerce memberships
- Logo on NEFEDC promotional materials
- Logo on NEFEDC website home page
- NEFEDC / Regional Economic Activity electronic newsletter
- Includes Business Member Investor benefits

**Business/Public Sector Member Investors**

- Listed in Member Investor directory with link to your website
- Invitation to Member Investor events
  - 1 - 20 Employees - \$500
  - 21 - 50 Employees - \$750
  - 51 – 100+ Employees - \$1000

**Non-Profit / Individual Investors - \$250**

- Logo on NEFEDC website home page
- Invitation to attend NEFEDC annual meeting (1 seat)



Non -Profit /Individual \$250	Business /Public Sector \$500 - \$1,000	Bronze \$1,500	Silver \$2,500	Gold \$3,500	Platinum \$5,000	Government \$10,000
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**NEFEDC Investor Information**

Organization Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Categories** (check all that apply)

- |                      |                                 |                          |
|----------------------|---------------------------------|--------------------------|
| Advanced Technology  | Commercial Real Estate          | Hopitality Manufacturing |
| Aerospace/Aviation   | Consultants                     | Non-Profit               |
| Architects/Engineers | Construction                    | Recreation               |
| Associations         | Dealerships                     | Residential Real Estate  |
| Attorneys            | Developers Distribution Centers | Utilities Vendors        |
| Banks                | Financial/Investment Services   | Other Services           |
| Brokers              | Government                      |                          |
| Call Centers         | Healthcare                      |                          |

**Primary Contact**

Name \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**Secondary Contact**

Name \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**Billing Information**

Investor Level \$ \_\_\_\_\_  
 \_\_\_Annual \_\_\_Semi-Annual \_\_\_Quarterly

**Payment Information**

Name on Credit Card \_\_\_\_\_  
 Card # \_\_\_\_\_  
 Exp. Date \_\_\_\_\_  
 CVV \_\_\_\_\_

**Billing Contact**

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

BOARD OF COUNTY COMMISSIONERS OF BRADFORD COUNTY, FLORIDA

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AGENDA ITEM INFORMATION SHEET

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DATE: March 21, 2024

AGENDA ITEM INTERLOCAL AGREEMENT FOR MEDICAL EXAMINER SERVICES AMONG ALACHUA COUNTY, BAKER COUNTY, BRADFORD COUNTY, LEVY COUNTY, GILCHRIST COUNTY, UNION COUNTY, AND DIXIE COUNTY

DEPARTMENT: County Manager

PURPOSE: New agreement for medical examiner services to be managed by Alachua County

ASSOCIATED COST(S): Estimated \$46,065.86 for FY 24 and \$92,762 for FY 25

BUDGET LINE (G/L #): 106-35-527-34610-00

**INTERLOCAL AGREEMENT  
FOR MEDICAL EXAMINER SERVICES  
AMONG ALACHUA COUNTY, BAKER COUNTY, BRADFORD COUNTY,  
LEVY COUNTY, GILCHRIST COUNTY, UNION COUNTY, & DIXIE COUNTY**

This INTERLOCAL AGREEMENT (“Agreement”) is regarding Medical Examiner Services and is entered by and between Alachua County, Baker County, Bradford County, Gilchrist County, Levy County, Union County, and Dixie County, all of which are political subdivisions of the State of Florida (hereinafter collectively referred to as the “Parties” or the “District 8 Counties”).

**WITNESSETH:**

**WHEREAS**, pursuant to Section 406.06, Florida Statutes, a District Medical Examiner is appointed by the Governor for each Medical Examiner District; and

**WHEREAS**, the Medical Examiner may appoint physicians as Associate Medical Examiners and other substitutes to provide medical examiner services, as specified in Chapter 406, Florida Statutes and Florida Rules Administrative Procedure 11G-1.002, as may be amended; and

**WHEREAS**, Medical Examiners are entitled to fees, salaries and expenses from the general funds or other funds under the control of the board of county commissioners within the respective Medical Examiner District; and

**WHEREAS**, the Medical Examiners Commission within the State of Florida, Department of Law Enforcement had established the Florida Medical Examiner District 8 to include within it: Alachua, Baker, Bradford, Gilchrist, Levy, and Union Counties, and also, covering Dixie County (Dixie County is in District 3 but is covered by District 8); and

**WHEREAS**, Alachua, Baker, Bradford, Gilchrist, Levy, Union and Dixie counties are “public agencies” within the Florida Interlocal Cooperation Act of 1969, Section 163.01, Florida Statutes; and

**WHEREAS**, Section 163.01, Florida Statutes, permits public agencies to make the most efficient use of their powers by enabling them to cooperate with other localities on a basis of mutual advantage, and to provide services that will accord best with geographic, economic, population, and other factors influencing the needs and development of local communities; and

**WHEREAS**, the Parties desire to enter into this Agreement for the purpose of agreeing to the joint operation of the Medical Examiner District 8 Office in accordance with Chapter 406, Florida Statutes, as may be amended; and

**WHEREAS**, the District 8 Counties agree to allocate the costs and expenditures relating to the medical examiners services to be provided by the Medical Examiner District 8 Office; and

**WHEREAS**, the District 8 Medical Examiner and the State Attorney for the Eighth Judicial Circuit seek to designate Alachua County to serve as the administrating agency to administer this Agreement and the medical examiner services to be provided to and on behalf the Parties; and

**WHEREAS**, the Parties find that it is in the public benefit and in the public interest to enter into this Agreement.

**NOW, THEREFORE**, IN CONSIDERATION of the mutual terms, understandings, conditions, promises, covenants and payment set forth in this Agreement, and intending to be legally bound, the Parties hereby agree as follows:

1. Recitals. The above recitals are true and correct and incorporated in this Agreement.
2. Purpose. The purpose of this Interlocal Agreement is to provide for the joint operation of the District 8 Medical Examiner’s Office in accordance with Chapter 406, Florida Statutes, as may be amended.
3. Term. This Agreement will be the first billing cycle of the District 8 Medical Examiner (“effective date”), and shall continue to be in effect until September 30, 2030, unless earlier terminated as provided in paragraph 5 below (“Initial term”). The Initial term of this Agreement may be continued at Alachua County’s option, and upon notice to the Parties, for one (1) additional period of five (5) years, unless earlier terminated.
4. Agreement.
  - A. The Parties agree to the joint operation for the Florida District 8 Medical Examiner’s Office, in accordance with this Agreement and Chapter 406, Florida Statutes, as may be amended. The appointed Medical Examiner for District 8 will provide to the Parties the medical examiner services, duties, and responsibilities set forth in Florida laws related to medical examiner services, including, but not limited to, autopsies, examinations, investigations, and possession and disposition of bodies and specimens (“Services”).
  - B. Alachua County accepts the responsibility, and the Parties agree that Alachua County will service as the “Administrator” for the purpose of (a) carrying out the provisions of this Agreement, (b) managing funds associated with this Agreement, and (c) providing services to manage the contract with the Medical Examiner. The Administrator, by and through its Board of County Commissioners, is authorized to enter into a separate written contract with the appointed Medical Examiner for District 8, including any interim appointments. The Administrator will provide a copy of such contract including any amendments thereto and the associated budgets to a Party upon request. Alachua County will provide documentation, upon request, to the other District 8 Counties as to use of the funds for audit and accounting purposes.
  - C. Alachua County agrees to make available and supply an office space and facility to be used as the District 8 Medical Examiner’s Office (“Office”). Unless otherwise stated in the contract for medical examiner services between the Administrator and the appointed Medical Examiner, the Administrator will provide the utilities, IT, maintenance, repair, janitorial, security, mowing, and upkeep of the Office (“maintenance expenses”). The Administrator may use its own staffing and resources, or contract with others, for the maintenance expenses of the Office.

5. Termination.

- A. Any Party may notify the Administrator at any time of the failure of the appointed Medical Examiner to provide the Services to one or more of the Parties. The Administrator shall then act on its separate contract with the Medical Examiner to attempt to have the default cured.
- B. The failure of any Party to comply with any provision of this Agreement will place that Party in default. Prior to terminating the Agreement, a non-defaulting Party will notify the defaulting Party in writing. This notification will make specific reference to the provision that gave rise to the default. The non-defaulting Party will give the defaulting Party seven (7) business days to cure the default. If the default situation is not corrected within the allotted time, the non-defaulting Party may provide notice of the default to Alachua County, as the Administer of this Agreement, who then has the right to (1) terminate this Agreement as to such defaulting Party, (2) recover from the defaulting the Party the outstanding amounts and fees due, and (3) utilize any other remedy available under Florida law or in equity.
- C. In the event any single county desires to terminate their involvement or party status to this Agreement, with or without cause, then the Administrator, upon receipt of the terminating Party's written notice, and without prior approval of any other the other Parties, may enter into a separate termination agreement with the county who is the terminating Party. In this event, the county who seeks to terminate shall pay any outstanding amounts and fees to the Administrator due under this Agreement. Any change (removal or addition) in the Parties listed in this Agreement, or the termination by a single county of that county's participation in this Agreement, shall not invalidate this Agreement or any obligations between the other Parties. In such event, this Agreement will remain in effect for the other Parties.
- D. Notwithstanding paragraph C, this Agreement may not be terminated without a separate written termination agreement.

6. Budget and Expenses.

- A. The Medical Examiner will prepare a proposed annual budget by May 1<sup>st</sup> for each ensuing fiscal year and will deliver such to the Alachua County Office of Management & Budget (fiscal year October 1 through September 30). The proposed budget shall include the separate amounts to be charged to each of the District 8 Counties, including Alachua County. The amounts due will be based upon an apportionment methodology for the Services provided by the Medical Examiner to such County plus the operational expenses of the Office during the fiscal year (hereinafter the "Budgeted Amount").
- B. Each of the District 8 Counties agree that Alachua County will be compensated a fee calculated at five percent (5%) for the administrative services provided by Alachua County under this Agreement ("Administrative Fee"). The Budget Amounts to be due and paid in paragraph 6(A) above, shall include a fee for the facility and the Administrative Fee.



C. The Parties acknowledge that the Budgeted Amounts are anticipated to change each year during the term of this Agreement. The following estimates are provided:

The Budgeted Amount for April 12<sup>th</sup>, 2024, through September 30<sup>th</sup>, 2024, time period is estimated to be:

Alachua - \$1,194,712.37  
Baker - \$62,956.32  
Bradford - \$46,065.86  
Dixie - \$62,956.32  
Gilchrist - \$46,065.86  
Levy - \$121,306.64  
Union - \$16,890.95

The Budget Amount estimated for FY25 (Oct 1<sup>st</sup> 2024 – September 30<sup>th</sup> 2025) is:

Alachua - \$1,532,684  
Baker - \$126,774  
Bradford - \$92,762  
Dixie - \$126,774  
Gilchrist - \$92,762  
Levy - \$244,273  
Union - \$34,013

D. Alachua County, as Administrator, shall deliver invoices to the other District 8 Counties and each County agrees to pay Alachua County the invoiced amounts. Alachua County will designate and inform the other District 8 Counties where payments are to be addressed and delivered.

7. Dispute Resolution. Any Party to this Agreement may notify the Administrator that it wishes to commence formal dispute resolution with respect to any default or unresolved problem under this Agreement. The Administrator then agrees to notify all of the other Parties of such. The matter will be submitted to a Florida Certified Circuit Court Civil Mediator, of the Administrator's choosing, for mediation to be held within 90 calendar days following the written notice of the Administrator. In the event the dispute cannot be resolved by mediation, it may be filed as a civil action in a court of competent jurisdiction in Alachua County, Florida. The Parties agree to waive the right to jury by trial. In the event of legal action, each Party agrees to bear its own attorneys' fees and costs.

8. Insurance. Each Party shall maintain adequate insurance coverage to protect its own interests and obligations under this Agreement. The contract with the Medical Examiner will require the Medical Examiner to provide proof of insurance coverage.

9. Assignment. This Agreement may not be assigned except with the written consent of the Parties.

10. Amendment. This Agreement may not be amended, modified, discharged, or rescinded, except by a written instrument duly executed by the Parties.
11. Public Records. Each Party acknowledges that they are a local government subject to Chapter 119, Florida Statutes and that each file and all papers pertaining to any activities performed for or in relation to this Agreement are public records available for inspection by any person, unless is confidential information or an exemption applies. The Parties acknowledge their own obligations as to public records.
12. Independent Contractor. The Parties intend that with regard to the provisions and respective responsibilities of this Agreement, the Parties are independent contractors and no Party shall receive any other benefits besides those expressly provided for herein. Persons employed by one Party are deemed not to be employees or agents of any other Party to this Agreement.
13. Indemnification. Nothing herein is intended to serve as a waiver of sovereign immunity by any Party, nor shall anything included herein be construed as consent by any Party to this Agreement to be sued by third parties in any matter arising out of this Agreement. The Parties are State agencies or subdivisions of the State of Florida, as defined in Florida Statutes, and all Parties agree to be fully responsible for the acts and omissions of their own officers and employees, respectfully, to the extent permitted by law.
14. Responsibility. Nothing herein shall be deemed to be an assumption of liability of any County for any acts, inactions, omissions, or negligence of any other Party. Although Alachua County will provide a facility and administrative services as stated herein, the Parties acknowledge and agree that the Medical Examiner is responsible at any and all times for the operations of the Medical Examiner's Office and the Services provided. The Parties agree that Alachua County shall not be responsible, and it shall not be assumed that Alachua County is liable for the acts, inactions, omissions or negligence of the Medical Examiner, or his/her associates, employees and agents.
15. Conflict of Interest. The Parties shall not engage in any action that would create a conflict of interest in the performance of its obligations pursuant to this Agreement, or which would violate or cause others to violate the provisions of Part III, Chapter 112, Florida Statutes, relating to ethics in government. Further, the Parties certify that none of its officers, agents, or employees has any material interest (Section 112.312, Florida Statutes) either directly or indirectly, in the business of the other Parties to be conducted here, and that no such person may have any such interest at any time during the term of this Agreement. Each Party agrees to report to the other Parties any information that indicates a possible violation of this section.
16. Force Majeure. The Parties will exercise every reasonable effort to meet their respective obligations under this Agreement, but will not be liable for delays resulting from force majeure or other causes beyond their reasonable control, including, but not limited to, acts of nature, state of emergencies, acts or omissions of the other party, fires, strikes, national disasters, wars, riots, and any other cause whatsoever beyond the reasonable control of the Parties.
17. Governing Law and Venue. This Agreement is made under, and in all respects will be interpreted, construed, and governed by and in accordance with, the laws of the State of Florida.

Venue for any legal action resulting from this Agreement will lie solely in a court of competent jurisdiction in and for Alachua County, Florida.

18. Severability. The invalidity or unenforceability of any particular provision of this Agreement will not affect the other provisions of this Agreement, and this Agreement must be construed in all respects as if such invalid or unenforceable provisions were omitted. The failure of any Party at any time to enforce any of the provisions of this Agreement will in no way constitute or be construed as a waiver of such provision or of any other provision of this Agreement, nor in any way affect the validity of, or the right to enforce, each and every provision of this Agreement.

19. Construction. This Agreement shall not be construed more strictly against one Party than against the others merely by virtue of the fact that it may have been prepared by one of the Parties.

20. Notice. Wherever provision is made in this Agreement for the giving, service, or delivery of any notice, statement or other instrument, such notice must be in writing and will be deemed to have been duly given, served, and delivered, if delivered by hand or mailed by United States registered or certified mail, to the certain County. Any Party may change its mailing address by giving to the other Parties, by hand delivery, United States registered or certified mail, notice of election to change such address.

21. Counterparts. This Agreement may be executed in any number of and by the Parties on separate counterparts, each of which when so executed shall be deemed to be an original, and such counterparts shall together constitute but one and the same instrument. Receipt via email with pdf attachment by a party or its designated legal counsel of an executed counterpart of this Agreement shall constitute valid and sufficient delivery in order to complete execution and delivery of this Agreement and bind the Parties to the terms hereof.

22. Electronic Signatures. The Parties agree that an electronic version of this Agreement shall have the same legal effect and enforceability as a paper version. The Parties further agree that this Agreement, regardless of whether in electronic or paper form, may be executed by use of electronic signatures. Electronic signatures shall have the same legal effect and enforceability as manually written signatures. Delivery of this Agreement or any other document contemplated hereby bearing a manual written or electronic signature, by electronic mail in “portable document format” (“.pdf”) form, or by any other electronic means intended to preserve the original graphic and pictorial appearance of a document, will have the same effect as physical delivery of the paper document bearing an original or electronic signature.

23. Recording. The Parties agree that this Interlocal Agreement may be recorded in the Official Records of Alachua County, Florida, at the option and expense of Alachua County.

24. Entire Agreement. This Agreement contains all the terms and conditions agreed upon by the Parties regarding medical examiner services for District 8 Medical Examiner and the Office. Any prior agreements by or between the Parties regarding medical examiner services is hereby terminated as of the effective date of this Agreement. Either prior to or promptly after execution of this Agreement, each of the Parties hereto agree to terminate any existing agreements that they may have, including any three-party agreement(s) with Dr. Thomas M. Coyne, M.D., Ph.D. and/or the University of Florida Board of Trustees, regarding medical examiner services for its own

county and/or District 8. This termination of such agreements is the purpose of ensuring that there is a joint operation of the District 8 Medical Examiner's Office and coordination with the appointed, or soon to be appointed, District 8 Medical Examiner.

**IN WITNESS WHEREOF**, the Parties have made and executed this Agreement on the respective dates under each signature by and through their representatives, who are authorized to sign.

**BOARD OF COUNTY COMMISSIONERS  
ALACHUA COUNTY, FLORIDA**

By: \_\_\_\_\_  
Mary C. Alford, Chair  
Date: \_\_\_\_\_

ATTEST:

APPROVED AS TO FORM

\_\_\_\_\_  
J.K. "Jess" Irby, Esq., Clerk  
(SEAL)

\_\_\_\_\_  
Alachua County Attorney's Office

**BOARD OF COUNTY COMMISSIONERS  
BAKER COUNTY, FLORIDA**

By: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

ATTEST:

APPROVED AS TO FORM

\_\_\_\_\_  
Clerk  
(SEAL)

\_\_\_\_\_  
County Attorney

**BOARD OF COUNTY COMMISSIONERS  
BRADFORD COUNTY, FLORIDA**

By: \_\_\_\_\_

Printed Name: Carolyn Spooner

Date: March 21, 2024

ATTEST:

APPROVED AS TO FORM

\_\_\_\_\_  
Clerk  
(SEAL)

\_\_\_\_\_  
County Attorney

**BOARD OF COUNTY COMMISSIONERS  
GILCHRIST COUNTY, FLORIDA**

By: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

ATTEST:

APPROVED AS TO FORM

\_\_\_\_\_  
Clerk  
(SEAL)

\_\_\_\_\_  
County Attorney

**BOARD OF COUNTY COMMISSIONERS  
LEVY COUNTY, FLORIDA**

By: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

ATTEST:

APPROVED AS TO FORM

\_\_\_\_\_  
Clerk  
(SEAL)

\_\_\_\_\_  
County Attorney



**BOARD OF COUNTY COMMISSIONERS  
UNION COUNTY, FLORIDA**

By: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

ATTEST:

APPROVED AS TO FORM

\_\_\_\_\_  
Clerk  
(SEAL)

\_\_\_\_\_  
County Attorney

**BOARD OF COUNTY COMMISSIONERS  
DIXIE COUNTY, FLORIDA**

By: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

ATTEST:

APPROVED AS TO FORM

\_\_\_\_\_  
Clerk  
(SEAL)

\_\_\_\_\_  
County Attorney

BOARD OF COUNTY COMMISSIONERS OF BRADFORD COUNTY, FLORIDA

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AGENDA ITEM INFORMATION SHEET

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DATE: March 21, 2024

AGENDA ITEM Letter of Termination of Three-Party Agreement for District Medical Examiner Services

DEPARTMENT: County Manager

PURPOSE: Follow up to adoption of the Interlocal Agreement for Medical Examiner Services. This will end the current agreement with UF.



# Bradford County Board of County Commissioners

District I  
Carolyn Spooner  
Chair

District II  
Kenny Thompson

District III  
Chris Dougherty

District IV  
Danny Riddick  
Vice Chair

District V  
Diane Andrews

March 21, 2024

Jennifer L. Hunt, M.D., M.Ed.  
Chair, Department of Pathology,  
Immunology and Laboratory Medicine  
PO Box 100275  
Gainesville, Florida 32610-0275

Thomas M. Coyne, M.D., Ph.D.  
Office of Medical Examiner  
3217 SW 47<sup>th</sup> Avenue  
Gainesville, Florida 32608

RE: Notice of Termination of Three-Party Agreement for District Medical Examiner Services

Please accept this letter as Notification of Bradford County's decision to terminate the *Three-Party Agreement Among Bradford County and The University of Florida Board of Trustees and Thomas M. Coyne, M.D., Ph.D. For District Medical Examiner Services, University Non-Physician Support Services and Facility Use* ("Agreement"). Pursuant to the terms of the Agreement, "Any party to this Agreements may terminate the Agreement without cause by first providing at least thirty (30) days written notice to the other parties." Bradford County will consider the Agreement terminated as of April 21, 2024.

Final invoices or outstanding amounts due to the District Medical Examiner or the University under the Agreement can be sent to the address listed in the Agreement.

If you have any questions, please contact the Bradford County Manager's Office at 904-966-6327. Thank you for the services you have provided to this district and to Bradford County.

Sincerely,

Carolyn Spooner  
Chairwoman, Bradford County Board of County Commissioners

CC: Scott Kornegay, County Manager  
Rich Komando, County Attorney

BOARD OF COUNTY COMMISSIONERS OF BRADFORD COUNTY, FLORIDA

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AGENDA ITEM INFORMATION SHEET (AIIS)

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DATE OF MEETING: 3-21-2024

AGENDA ITEM Amerimed, LLC. COPCN

DEPARTMENT: Fire Rescue

PURPOSE: Approval of Amerimed, LLC. COPCN to provide non-emergent transport at the request of Bradford County Fire Rescue.

ASSOCIATED COSTS: N/A

G/L ACCOUNT: N/A

***Bradford County Board of County Commissioners***

**CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY**

**WHEREAS, Amerimed Emergency Medical Services, LLC., a licensed Advanced Life Support provider desires to provide quality emergency medical transportation services to citizens of Bradford County; and**

**WHEREAS, it has been demonstrated that there is a need for this ambulance service to operate in this county to provide essential services to the citizens and visitors of Bradford County; and**

**WHEREAS, Amerimed Emergency Medical Services, LLC. has indicated that it will comply with all requirements of Chapter 401, F.S., Emergency Telecommunication and Transportation Act, and Chapter 38 of the Bradford County Code, the Board of County Commissioners of Bradford County hereby issues a Certificate of Public Convenience and Necessity to Amerimed Emergency Medical Services, LLC., effective April 1, 2024, until March 31, 2026.**

**In issuing this Certificate, it is understood that Amerimed Emergency Medical Services, LLC. will meet all State and Local requirements and is limited to providing ALS and BLS services for non-emergency transportation, emergency transportation, and mutual aid upon the request of Bradford County Fire Rescue.**

**ATTEST:**

**BRADFORD COUNTY BOARD OF COUNTY COMMISSIONERS:**

\_\_\_\_\_  
**Denny Thompson, Clerk to the Board**

\_\_\_\_\_  
**Carolyn Spooner, Chairwoman**



1-24-2024

Chief Benjamin Carter  
945-C North Temple Ave  
Starke, FL 32091

Dear Chief Carter,

In reference to a conversation, you had with our Division Manager John Albury, we are submitting this application to request a COPCN for Interfacility Transports in Bradford County, FL.

Amerimed EMS currently holds COPCN's in Nassau, Columbia, Suwannee, Bay, Alachua, Putnam and St. Johns Counties. We currently have bases of operations in Yulee, Lake City and Panama City. Our footprint in FL is only a portion of our EMS operations in the Southeast. We also provide these same services throughout Georgia and South Carolina. In addition, we have Midwest operations in Tennessee, Ohio, and Indiana.

Amerimed EMS was founded in 2011 and is a Regional EMS provider. Our executive leadership has over 300 years of combined experience in EMS. Our Mission is to provide compassionate, professional quality and responsive mobile healthcare services to positively impact our customers.

Our company provides BLS/ALS emergency and non-emergency transport services 24/7/365. In addition, we focus on the much-needed transport of Baker Acts, and behavioral health transportation.

We have a growing Mobile Integrated Healthcare program as well as a Community Paramedicine program we offer, which we pioneered in 2008. These services are currently provided in many states throughout the country.

Thank you for considering Amerimed for a COPCN for your County and Community. We look forward to working with Bradford County in the future.

Respectfully,

A handwritten signature in blue ink, appearing to read "R Huskey".

Rick Huskey, Regional Vice President

**BRADFORD COUNTY  
APPLICATION FOR CERTIFICATE OF  
PUBLIC CONVENIENCE AND NECESSITY AS REQUIRED PER SECTION 38-34**

**1. Name of Applicant:**

Dixon Marlow  
4908 Golden Parkway  
STE 800  
Buford, GA 30518

**Name of Business:** Amerimed Emergency Medical Services, LLC

**Business Address:**  
5012 Bristol Industrial Way  
Buford, GA 30518

**Person completing application:**

Rick Huskey, Vice President, SE Region  
[rhuskey@amerimed.net](mailto:rhuskey@amerimed.net)  
470-656-4615 (cell)

**2. Type of service the applicant wishes to provide.**

Basic Life Support  
Advanced Life Support

**3. A brief description of the geographical area in this county to be served.**

We anticipate providing ambulance service pick-ups and drop offs at local medical facilities and any behavioral health facilities located in Bradford County.

**4. Whether or not the service will transport patients from outside the county, transport patients from inside the county to points outside the county, areas outside the county to be served.**

Amerimed anticipates transporting patients from inside the county to points outside the county.

**5. A list of the jurisdictions in the state presently served by applicant and the nature of the service provided.**

Amerimed currently holds COPCN's for the following counties and provides ALS/BLS service:



**Application for Bradford County  
Certificate of Public  
Convenience and Necessity**

Nassau County  
Columbia County  
Suwannee County  
Alachua (Limited)  
Bay County  
St Johns County           (awarded 1-16-2024)  
Putnam County             (awarded 1-9-2024)

**6. A list of the fees currently charged and to be charged by applicant**

See list attached

**7. Whether or not the applicant will maintain a business office, base vehicles and personnel in this county, and if so, the number of vehicles and personnel, the qualifications of them and the operating hours.**

We do anticipate placing a station in the vicinity of Bradford/Putnam/St. Johns County.  
See attached personnel list  
See attached vehicle list from State ambulance license

**8. The location of any other offices, vehicles and personnel; the operating hours, number of vehicles, personnel and qualifications of each.**

Amerimed currently has offices located in

Yulee, FL	24/7/365	1 ALS/BLS vehicle
Lake City, FL	24/7/365	1 ALS/BLS vehicle
Panama City, FL	24/7/365	3 ALS/BLS vehicles

See attached personnel list  
See attached vehicle list from State ambulance license

**9. Any additional information regarding the proposed operation which the applicant may wish to present.**

**Attachments:**  
Copy of current ambulance license (renewal is in process)  
Copy of Insurance Certificate  
Copy of current vehicle list  
Copy of current employee list  
Copy of current Medicare Rates  
Picture of unit  
Check for Application Fee \$500

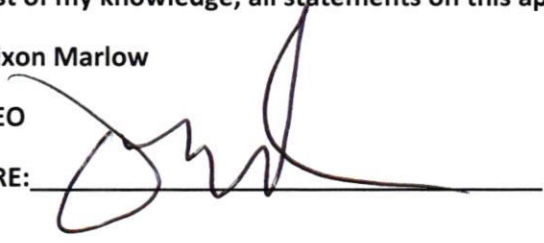
Application for Bradford County  
Certificate of Public  
Convenience and Necessity

10. To the best of my knowledge, all statements on this application are true and correct.

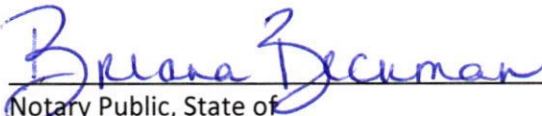
NAME: Dixon Marlow

TITLE: CEO

SIGNATURE: \_\_\_\_\_



Sworn to and subscribed before me  
This 24<sup>th</sup> day of January, 2024

  
\_\_\_\_\_  
Notary Public, State of  
Georgia at Large

Commission Expiration Stamp:





**STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
BUREAU OF EMERGENCY MEDICAL OVERSIGHT**

**ADVANCED LIFE SUPPORT SERVICE LICENSE**

This is to certify that: AMERIMED EMERGENCY MEDICAL SERVICES Provider Number # 10043  
Name of Provider

850504 HIGHWAY 17 YULEE, FLORIDA 32097  
Address

has complied with Chapter 401, Florida Statutes, and Chapter 64J-1, Florida Administrative Code, and is authorized to operate as an Advanced Life Support Service subject to any and all limitations specified in the applicable Certificate(s) of Public Convenience and Necessity and/or Mutual Aid Agreements for the County(s) listed below:

BAY, COLUMBIA, NASSAU  
County (s)

A handwritten signature in black ink, appearing to read "M Hall".

Michael Hall, Section Administrator  
Emergency Medical Services  
Florida Department of Health

**THIS CERTIFICATE EXPIRES ON: 03/02/2024**

This certificate shall be posted in the above mentioned establishment

## Emergency Medical Services License Application Profile Report

### PROVIDER DATA

<u>Name:</u>	AMERIMED EMERGENCY MEDICAL SERVICES	<u>ID NUMBER:</u>	10043	<u>Phone:</u>	904-204-8000
<u>Manager Name:</u>	Rick Huskey, Vice President SE Region	<u>COUNTY:</u>	Out of State	<u>Fax:</u>	678-714-7412
<u>Mailing Address:</u>	4908 Golden Parkway Suite 800		<u>Service Type</u>	<u>Email:</u>	rhuskey@amerimed.net
	BUFORD, GA 30518		Private		
<u>Physical Address:</u>	850504 Highway 17				
	YULEE, FL 32097				

### LICENSE DATA

<u>Certification Number:</u>	4846	<u>Date Issued:</u>	05/11/2022	<u>Expires:</u>	03/02/2024
<u>Status:</u>	CLEAR				
<u>Service Type:</u>	ALS	<u>Amount Required:</u>	\$30.00	<u>Amount paid:</u>	\$30.00

### PRIMARY MEDICAL DIRECTOR DATA

<u>Name:</u>	LLOYD, JOHN HENRY	<u>License Number:</u>	ME 47335	<u>License Expires:</u>	01/31/2025
<u>Phone:</u>	404-944-7563	<u>DEA Reg. #:</u>	FL2110423	<u>DEA Reg. Expires:</u>	03/31/2025
		<u>Contract End Date:</u>	08/01/2023		
<u>Address:</u>	4637 Northside Drive NE				
	ATLANTA GA 30327				

### SECONDARY MEDICAL DIRECTOR DATA

<u>Name:</u>		<u>License Number:</u>		<u>License Expires:</u>	
<u>Phone:</u>		<u>DEA Reg. #:</u>		<u>DEA Reg. Expires:</u>	
		<u>Contract End Date:</u>			
<u>Address:</u>					

**INSURANCE DATA**

<u>Insurance Company</u>	<u>Type of Insurance</u>	<u>Insurance Expiration Date</u>
Hudson Ins. Co.	Vehicle Liability	09/16/2024
Capitol Specialty Ins. Corp.	Professional Liability	09/16/2024

**SERVICE AREA DATA**

<u>County of Service</u>	<u>Date Certificate of Public Convenience and Necessity Expires</u>
Nassau	12/31/2024
Bay	10/04/2026
Columbia	11/03/2027
Alachua-NonEmer	02/28/2025
Suwanee-Nonemergency	06/06/2024

**VEHICLE DATA**

<u>Permit #</u>	<u>Type</u>	<u>Sub-Type</u>	<u>Make</u>	<u>Model</u>	<u>Year</u>	<u>License Status</u>	<u>Issue Date</u>	<u>Vehicle Identifier</u>	<u>Permit Fee</u>
24220	ALS	T	FORD	TRANSIT 250	2018	Clear	03/03/2022	1FDYR2CMUJKA69630	25.00
24221	ALS	T	FORD	TRANSIT 250	2019	Clear	03/03/2022	1FDYR2CMXKKB60909	25.00
24728	ALS	T	FORD	E350	2022	Clear	11/21/2022	1FDWE3FN8NDC35743	25.00
24729	ALS	T	FORD	E350	2022	Clear	11/21/2022	1FDWE3FN9PDD11974	25.00
25163	ALS	T	FORD	E450	2019	Clear	07/05/2023	1FDXE4FSXKDC02674	25.00
6720	BLS	T	FORD	TRANSIT	2018	Clear	07/01/2022	1FDYR2CMUJKA69630	25.00
6721	BLS	T	FORD	TRANSIT	2019	Clear	07/01/2022	1FDYR2CMXKKB60909	25.00
6858	BLS	T	FORD	E350	2022	Clear	11/21/2022	1FDWE3FN8NDC35743	25.00
6859	BLS	T	FORD	E350	2022	Clear	11/21/2022	1FDWE3FN9PDD11974	25.00
6996	BLS	T	FORD	E450	2019	Clear	07/05/2023	1FDXE4FSXKDC02674	25.00

Count of vehicles with status of "Issued"				
<u>Total</u>	<u>BLS</u>	<u>ALS (Transport)</u>	<u>ALS (Non-Transport)</u>	<u>AIR</u>
10	5	5	0	0



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/14/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> PointeNorth Insurance Group, LLC PO Box 724728  Atlanta GA 31139		<b>CONTACT NAME:</b> Brittany Short <b>PHONE (A/C, No, Ext):</b> (770) 858-7540 <b>FAX (A/C, No):</b> (770) 858-7545 <b>E-MAIL ADDRESS:</b> certificates@pointenorhins.com	
<b>INSURED</b> Amerimed Medical Solutions LLC 5012 Bristol Industrial Hwy, Suite 111,  Buford GA 30518		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> General Stat Indemnity Company NAIC # 37362 <b>INSURER B:</b> Catalyst Insurance, LTD <b>INSURER C:</b> Old Republic Insurance Company 24147 <b>INSURER D:</b> Lexington Insurance 19437 <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: 23/24 COI MASTER

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		Y	IJG933798	09/16/2023	09/16/2024	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
							MED EXP (Any one person)	\$ 2,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
								\$
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			MWTB 317965 23	09/16/2023	06/01/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			6798794	09/16/2023	09/16/2024	EACH OCCURRENCE	\$ 4,000,000
							AGGREGATE	\$ 4,000,000
								\$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	MWC 317964 23	09/16/2023	06/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	Professional Liability			IJG933798	09/16/2023	09/16/2024	Each Claim limit	\$ 1,000,000
							Aggregate limit	\$ 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**
 Florida Department of Health  
 4052 Bald Cypress Way

Tallahassee

FL 32399

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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## Amerimed EMS Florida FTE List

O. Anderson	EMT
E. Vargas	EMT
T. McConnell	EMT
A. Pringle	EMT
F. Ukaeru	EMT
A. Conner	EMT
O. Amorellie	EMT
J. Gallagher	EMT
M. Addison	EMT
A. Penello	Paramedic
C. Pittman	EMT
A. Durden	Paramedic
L. Canady	EMT
E. Platt	Driver
J. Walker	EMT
C. Wiggins	Driver
B. Bunch	EMT
A. Castenada	EMT
M. McIntyre	EMT
P. Marshall	Paramedic
K. Evans	EMT
T. Smith	Paramedic
A. Levatino	EMT

FLORIDA Rates

Service	Rate	HCPCS
Mileage	\$10.46	A0425
ALS 1 Non-emergent	\$379.28	A0426
Als 1 Emergent	\$568.75	A0427
BLS Non-emergent	\$325.15	A0428
BLS Emergent	\$487.55	A0429
ALS 2 Emergent	\$798.81	A0433
Speciality Care	\$934.14	A0434





BOARD OF COUNTY COMMISSIONERS OF BRADFORD COUNTY, FLORIDA

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AGENDA ITEM INFORMATION SHEET (AIIS)

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DATE OF MEETING: March 21, 2024

AGENDA ITEM Presentation of budget hearing and value adjustment hearing (VAB) dates for calendar year 2024.

DEPARTMENT: Clerk's Office

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FY 24-25 BUDGET & VAB PREPARATIONS

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February	Auditors are in process of working on the FY 22-23 Audit.
March 1	Finance will email the county manager's office (CMO) with board department budget worksheets.
March – April	<ul style="list-style-type: none"><li>- CMO email board departments their budget worksheets with a due date to submit back to CMO.</li><li>- CMO will meet w/ ea. board department to review their budget request (capital needs, changes to budget line items, etc.).</li><li>- CMO may schedule budget workshops for board direction.</li></ul>
Late April	Auditors will be onsite to work on FY 22-23 audit.
May 17	Deadline for CMO & constitutional officers to submit budget worksheets into finance.
June 1	Property Appraiser will provide estimated taxable values for 2024.
June-July	Sometime in June/July the auditors will present their audit of FY 22-23.
July 1	PA will certify 1 <sup>st</sup> portion of DR 420 form in order for Dana to calculate roll-back millage rate. Millage rate options will be presented to the board on 7/18.
July 18	Board will set the proposed millage rate.
August 6	Clerk will present the tentative budget for FY 24-25
August 15	PA will mail TRIM notices
August 27	VAB Organization Meeting @ 9:30 AM
September 3	1 <sup>st</sup> Public Hearing @ 5:30 PM – Adopt TENTATIVE budget and millage rate. <i>(no conflict with school board confirmed)</i>
September 17	2 <sup>nd</sup> Public Hearing @ 5:30 PM – Adopt FINAL budget and millage rate. <i>(no conflict with school board confirmed)</i>
October 10	VAB Hearing @ 9:30 AM
November 7	VAB Reschedule for Good Cause @ 9:30 AM

# IMPORTANT DATES TO CALENDAR BUDGET (TRIM) & VALUE ADJUSTMENT BOARD

JULY		
Thursday, July 18	6:30 PM	BoCC will set a <b>PROPOSED</b> millage rate (during commission meeting)

AUGUST		
Tuesday, August 6	9:30 AM	Clerk will present a <b>TENTATIVE</b> budget to BoCC (during commission meeting)
<b>VAB ONLY - Commissioners Thompson, Riddick, and Spooner (alternate)</b>		
Tuesday, August 27	9:30 AM	VAB Organizational Meeting

SEPTEMBER		
Tuesday, September 3	5:30 PM	1st Public Budget Hearing to <b>ADOPT TENTATIVE MILLAGE RATE and TENTATIVE BUDGET.</b> (before commission meeting)
Tuesday, Septmeber 17	5:30 PM	2nd Public Budget Hearing to <b>ADOPT FINAL MILLAGE RATE and TENTATIVE BUDGET.</b> (before commission meeting)

OCTOBER		
<b>VAB ONLY - Commissioners Thompson, Riddick, and Spooner (alternate)</b>		
Thursday, October 10	9:30 AM	VAB Hearing

NOVEMBER		
<b>VAB ONLY - Commissioners Thompson, Riddick, and Spooner (alternate)</b>		
Thursday, November 7	9:30 AM	VAB Reschedule for Good Cause