



GRANT AGREEMENT FOR COMMUNITY PARAMEDICINE SERVICES

Agreement entered **September 1, 2024**, by and between the **COMMUNITY FOUNDATION FOR OCALA/MARION COUNTY**, 324 SE 24th Street, Ocala, Florida 34471, and the **CITY OF OCALA**, by and through **Ocala Fire Rescue**, 505 NW Martin Luther King Jr Ave, Ocala, Florida 34475 for the Community Paramedicine Program.

Project Description

The Community Foundation for Ocala/Marion County anticipates that implementation of a community paramedicine program will reduce hospital readmissions, prevent non-emergency ER visits and reduce non-emergency EMS runs by improving access to care for residents in Marion County, Florida. The City of Ocala, by and through Ocala Fire Rescue, entered into a community paramedic program agreement with AdventHealth Ocala. To enhance community health and wellbeing, the **Community Foundation for Ocala/Marion County** has agreed to fund the costs incurred by the City of Ocala.

The annual project funding for the 2024-2025 year will be **\$100,000.00**, allocated to Ocala Fire Rescue as quarterly reimbursements of **\$25,000.00** paid by the Community Foundation for Ocala/Marion County..

Terms of Agreement

- This agreement is effective for one (1) year from **September 1, 2024** to **August 31, 2025**.
- **Ocala Fire Rescue** will perform community paramedicine services as described in the AdventHealth Ocala Community Paramedic Program Agreement dated July 1, 2021.
- **Ocala Fire Rescue** will submit an invoice the beginning of each quarter in the amount of \$25,000.00 per quarter.
- Within five business days of receipt of the invoice, the **Community Foundation for Ocala/Marion County** will promptly submit reimbursement to **Ocala Fire Rescue, c/o Finance Dept., 201 SE 3rd Ave., Ocala, FL 34471**.
- 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.

Data Access

The Community Foundation for Ocala/Marion County will not have any access to patient information.

Confidentiality

The Community Foundation for Ocala/Marion County will not share any information reviewed or proposals prepared with any other entity. The contents of this agreement, any discussions with the City of Ocala, or any other shared information will be held in the strictest confidence on the part of the **Community Foundation for Ocala/Marion County**.

Signatures

Signed on behalf of the **Community Foundation for Ocala/Marion County**

Lauren Deiorio, Executive Director Date

Signed on behalf of **Ocala Fire Rescue**, by and through the **City of Ocala**

Barry Mansfield, City Council President Date

Approved for form and legality:

_____, City Attorney

Attest:

Angel Jacobs, City Clerk

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