



Agenda Report

2725 Judge Fran Jamieson
Way
Viera, FL 32940

Public Hearing

H.5.

5/18/2021

Subject:

Ordinance to Create a Non-Ad Valorem Special Assessment for the Medicaid Managed Care for Direct Payment Program for Local Hospitals

Fiscal Impact:

The non-ad valorem special assessment (Assessment) will be imposed, levied, collected and enforced solely on real property owned by private for-profit and non-profit local hospitals in Brevard County. The County's administrative costs associated with the implementation of the Assessment will be funded by the Local Hospitals through the Assessment.

Dept/Office:

County Manager

Requested Action:

It is requested that the Board of County Commissioners consider adopting an Ordinance creating a non-ad valorem special assessment on real property owned by private for-profit and non-profit local hospitals, for the Medicaid managed care hospital direct payment program.

Summary Explanation and Background:

Representatives from the private for-profit and non-profit local hospitals (Local Hospitals) have requested the County consider the imposition of a non-ad valorem special assessment (Assessment) against real property owned by the Local Hospitals to fund the non-federal share of Medicaid patient care provided by Local Hospitals. Funds generated as a result of the Assessment will be held in a separate fund called the "Local Provider Participation Fund" (LPPF) and shall be available to be used to: (1) provide to the Florida Agency for Health Care Administration the non-federal share for Medicaid payments to be made directly or indirectly in support of Local Hospitals serving Medicaid patients, and (2) reimburse the County for administrative costs associated with the implementation of the Assessment. Governor DeSantis has publicly supported the LPPF program and the Florida Legislators have also supported the program and included the program in the State's FY 2021-2022 budget.

Local Hospitals in Brevard County annually provide millions of dollars of uncompensated care to patients who qualify for Medicaid because, on average, Medicaid covers only 60% of the costs of the health care services actually provided by Local Hospitals to Medicaid eligible persons. Local Hospitals state they are left with significant uncompensated costs or what is often referred to as Medicaid shortfall. The Local Hospitals have advised the County that the uncompensated portion may be decreased through an Assessment for the

Medicaid Managed Care Direct Payment Program. The Local Hospitals will pay the Assessment to the County, and in turn, the County will transfer the funds collected by the Assessment to the Agency for Health Care Administration (the Agency), an agency of the State of Florida. The Agency will then use the Assessment to draw down federal funds for a portion of the uncompensated costs incurred by the Local Hospitals for services provided to the Medicaid eligible persons.

In order for this program to move forward, all for-profit and non-profit hospitals within Region 7 (Orange, Brevard, Seminole, and Osceola Counties) must participate in the program.

Similar Ordinances for Medicaid Managed Care for Direct Payment Programs have previously been established by Escambia County, Walton County, and City of Orlando.

Clerk to the Board Instructions:

Provide a copy of the executed Ordinance to the County Attorney's Office, the County Manager's Office and the Budget Office.



Kimberly Powell, Clerk to the Board, 400 South Street • P.O. Box 999, Titusville, Florida 32781-0999

Telephone: (321) 637-2001
Fax: (321) 264-6972
Kimberly.Powell@brevardclerk.us

May 19, 2021

M E M O R A N D U M

TO: Frank Abbate, County Manager

Attn: Katherine Wall

RE: Item H.5., Ordinance to Create a Non-Ad Valorem Special Assessment for the Medicaid Managed Care for Direct Payment Program for Local Hospitals

The Board of County Commissioners, in regular session on May 18, 2021, adopted Ordinance No. 2021-14, creating a non-ad valorem special assessment on real property owned by private for-profit and non-profit local hospitals, for the Medicaid managed care hospital's Direct Payment Program. Enclosed is a fully-executed Ordinance.

Your continued cooperation is always appreciated.

Sincerely,

BOARD OF COUNTY COMMISSIONERS
RACHEL M. SADOFF, CLERK

A handwritten signature in cursive script, reading "Kimberly Powell".

Kimberly Powell, Clerk to the Board

Encl. (1)

cc: County Attorney
Finance
Budget



FLORIDA DEPARTMENT *of* STATE

RON DESANTIS
Governor

LAUREL M. LEE
Secretary of State

May 28, 2021

Honorable Rachel M. Sadoff
Clerk
Board of County Commissioners
Brevard County
Post Office Box 999
Titusville, Florida 32781-0999

Attention: Kimberly Powell

Dear Ms. Sadoff:

Pursuant to the provisions of Section 125.66, Florida Statutes, this will acknowledge receipt of your electronic copy of Brevard County Ordinance No. 21-14, which was filed in this office on May 28, 2021.

Sincerely,

Anya Grosenbaugh
Program Administrator

AG/lb

ORDINANCE NO. 21- 14

AN ORDINANCE OF THE BOARD OF COUNTY COMMISSIONERS OF BREVARD COUNTY, FLORIDA, AMENDING CHAPTER 102. TAXATION. OF THE BREVARD COUNTY CODE OF ORDINANCES. AT ARTICLE IV. AD VALOREM PROPERTY TAXATION. IN ORDER TO CREATE A NEW DIVISION 4. BREVARD COUNTY LOCAL PROVIDER PARTICIPATION FUND NON-AD VALOREM ASSESSMENT. IN ORDER TO ESTABLISH A NON-AD VALOREM ASSESSMENT FOR THE MEDICAID MANAGED CARE HOSPITAL DIRECTED PAYMENT PROGRAM AND IN ORDER TO CREATE A BREVARD COUNTY LOCAL PROVIDER PARTICIPATION FUND UNDER THE AUTHORITY OF SECTION 1(G), ARTICLE VIII OF THE CONSTITUTION OF THE STATE OF FLORIDA AND THE BREVARD COUNTY HOME RULE CHARTER; FURTHER ESTABLISHING THE METHOD OF SETTING AND COMPUTING ANNUAL NON-AD VALOREM SPECIAL ASSESSMENTS TO BE DEPOSITED INTO THE FUND AND SPECIFYING AUTHORIZED USES FOR THE FUND PROCEEDS; PROVIDING FOR SEVERABILITY, CONFLICTS, AREA ENCOMPASSED, PROVIDING FOR AN EFFECTIVE DATE AND INCLUSION IN CODE.

WHEREAS, the private for-profit and not-for-profit hospitals in Brevard County (the "Hospitals") annually provide millions of dollars of uncompensated care to persons who qualify for Medicaid because Medicaid, on average, covers only 60% of the costs of the health care services actually provided by Hospitals to Medicaid eligible persons, leaving the Hospitals with significant uncompensated costs ("Medicaid shortfall"); and

WHEREAS, the State of Florida (the "State") is seeking federal authority to establish the Statewide Medicaid Managed Care hospital directed payment program (the "DPP") to offset hospitals' Medicaid shortfall and improve quality of care provided to Florida's Medicaid population; and

WHEREAS, the Hospitals have asked Brevard County (the "County") to impose an assessment upon certain real property owned by the Hospitals to help finance the non-federal share of the State's Medicaid program; and

WHEREAS, the only properties to be assessed are the real property sites of the Hospitals; and

WHEREAS, the County recognizes that one or more Hospitals within the County's boundaries may be located upon real property leased from governmental entities and that such Hospitals may be assessed because courts do not make distinctions on the application of special assessments based on "property interests" but rather on the distinction of the classifications of real property being assessed; and

Officially filed with the Secretary of the State on May 28, 2021.

WHEREAS, the funding raised by the County assessment will support, through intergovernmental transfers ("IGTs") consistent with federal guidelines, additional funding for Medicaid payments to Hospitals to address the Medicaid shortfall; and

WHEREAS, the County acknowledges that the Hospital properties assessed will benefit directly and especially from the assessment as a result of the above-described additional funding provided to said Hospitals; and

WHEREAS, the County has determined that a logical relationship exists between the Medicaid services provided by the Hospitals, which will be supported by the assessment, and the special and particular benefit to the real property of the Hospitals; and

WHEREAS, the County has an interest in promoting access to health care for its low-income and under-insured residents; and

WHEREAS, leveraging additional federal support through the above-described IGTs to fund payments to the Hospitals for health care services provided to Medicaid-eligible persons directly and specifically benefits the Hospitals' properties and supports their continued ability to provide those services; and

WHEREAS, imposing an assessment limited to Hospital properties to help fund the provision of Medicaid services and the achievement of certain quality standards by the Hospitals to residents of the County is a valid public purpose that benefits the health, safety, and welfare of the citizens of the County; and

WHEREAS, the assessment ensures the financial stability and viability of the Hospitals providing Medicaid services; and

WHEREAS, the Hospitals are important contributors to the overall County's economy, and the financial benefit to these Hospitals directly and specifically supports their mission, as well as their ability to grow, expand, and maintain their facilities in concert with the population growth in the jurisdiction of the County; and

WHEREAS, the County finds the assessment will enhance the Hospitals' ability to grow, expand, maintain, improve, and increase the value of their properties and facilities under all present circumstances and those of the foreseeable near future; and

WHEREAS, the County is proposing a properly apportioned assessment by which all Hospitals will be assessed a uniform amount that is compliant with 42 C.F.R. § 433.68(d); and

WHEREAS, the County adopts this Ordinance enabling the County to levy a non-ad valorem assessment, which is fairly and reasonably apportioned among the private

for-profit and not-for-profit Hospitals' properties within the County's jurisdictional limits, to establish and maintain a system of funding for IGTs to support the non-federal share of Medicaid payments that will directly and specially benefit Hospital properties.

NOW, THEREFORE, BE IT ORDAINED BY THE BOARD OF COUNTY COMMISSIONERS OF BREVARD COUNTY, FLORIDA:

SECTION 1. Chapter 102. Taxation., of the Brevard County Code of Ordinances, is hereby amended, at Article IV. Ad Valorem Property Taxation. in order to create a new Division 4. entitled Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment., and said new Division 4. shall read as follows:

Division 4. Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment.

Sec. 102-242. - Definitions.

When used in this Ordinance, the following terms shall have the meanings below, unless the context clearly requires otherwise:

Annual Final Assessment Resolution means the resolution imposing an Assessment and which shall memorialize the final rate applicable for the Fiscal Year.

Assessed Property means an Institutional Health Care Provider holding a right of possession and right of use to real property in the County through an ownership or leasehold interest, thus making the Property subject to the Assessment. Each separate ownership interest shall be a separate assessment district.

Assessment means a non-ad valorem special assessment imposed by the County on Institutional Health Care Providers located in the County limits to fund the non-federal share of Medicaid and Medicaid managed care payments directed to hospitals providing Local Services in the County.

Assessment Resolution means the resolution described in Section 102-247 hereof.

Board means the Board of County Commissioners of Brevard County, Florida.

Charter shall mean the home rule charter of Brevard County, Florida.

Comptroller means the Brevard County Comptroller, ex officio Clerk to the Board, or other such person duly authorized to act on such person's behalf.

County means Brevard County, Florida.

Fiscal Year means the period commencing on October 1 of each year and continuing through the next succeeding September 30, or such other period as may be prescribed by law as the fiscal year for the County.

Institutional Health Care Provider means a private for-profit or not-for-profit hospital that provides inpatient hospital services.

Local Services means the provision of inpatient and outpatient hospital services to Medicaid, indigent, and uninsured members of the Brevard County community.

Medicaid Managed Care Hospital Directed Payment Program is a federally approved program that permits the State of Florida to access federal funds through Intergovernmental Transfers (IGTs) in order to direct the federal funds for managed care plan expenditures to hospitals for plan-covered services and offset the hospitals' Medicaid Shortfall.

Non-Ad Valorem Assessment Roll means the special assessment roll prepared by the County.

Ordinance means the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance.

Sec. 102-243. -Purpose.

The non-ad valorem special assessment authorized by this division shall be imposed, levied, collected, and enforced against Assessed Properties located within the County. Proceeds from the Assessment shall be used to benefit the Assessed Properties for Local Services. When imposed, the Assessment shall constitute a lien upon the Assessed Properties equal in rank and dignity with the liens of all state, county, district, or municipal taxes and other non-ad valorem assessments. Failure to pay an Assessment may cause a lien to be filed against the Assessed Property or the commencement of foreclosure proceedings. The Assessment shall be computed and assessed only in the manner provided in this Ordinance.

Sec.102-244. – Method of collection.

This Ordinance shall be deemed to provide a method, as specified in § 197.3631, Florida Statutes, for the assessment and collection of the non-ad valorem special assessment described herein. Prior to the imposition of an assessment the County shall have a fully executed Agreement with the State of Florida. The Ordinance shall be regarded as supplemental and additional to powers conferred by other laws and shall not be regarded as in derogation of any powers now existing, or which may exist hereafter. This Ordinance, being necessary for the health, safety, and welfare of the inhabitants of the County, shall be liberally construed to effect the purposes hereof.

Sec. 102-245. - Scope of Assessment.

Pursuant to § 125.01, Fla. Stat., there is hereby created a non-ad valorem special assessment that shall be imposed, levied, collected, and enforced against Assessed Property to fund the non-federal share of Medicaid payments benefitting Assessed Properties providing Local Services in the County. Funds generated as a result of the Assessment shall be held in a separate fund called the local provider participation fund and shall be available to be used only to: (1) provide to the Florida Agency for Health Care Administration the non-federal share for Medicaid payments to be made directly or indirectly in support of hospitals serving Medicaid beneficiaries and (2) reimburse the County for administrative costs associated with the implementation of the Assessment authorized by this Ordinance, as further specified in the Assessment Resolution.

The Assessment will be broad based, and the amount of the Assessment must be uniformly imposed on each Assessed Property. The Assessment may not hold harmless any Institutional Health Care Provider, as required under 42 U.S.C. § 1396b(w). As set forth in Section 102-243, the Assessment shall constitute a lien upon the Assessed Properties equal in rank and dignity with the liens of all state, county, district, or municipal taxes and other non-ad valorem assessments.

The Assessment shall be imposed, levied, collected, and enforced against only Assessed Properties, and the Assessment Resolution shall provide that the County's administrative costs shall be reimbursed from the collected amounts. The County's administrative costs shall not exceed \$150,000. Any reasonable expenses the County incurs to collect delinquent assessments, including any attorney's fees incurred as a result of contracting with an attorney to represent the county in seeking and enforcing the collection of delinquent assessments, are not subject to the limitation on administrative costs.

Sec. 102-246. - Computation of Assessment.

The annual Assessment shall be specified for each Assessed Property. The Board shall set the Assessment in amounts that, in the aggregate, will generate sufficient revenue to fund the non-federal share of Medicaid payments associated with Local Services to be funded by the Assessment.

The amount of the Assessment required of each Assessed Property may not exceed an amount that, when added to the amount of other required assessments, exceeds the maximum percent of the aggregate net patient revenue of all Assessed Hospitals in the County permitted by 42 C.F.R. § 433.68(f)(3)(i)(A). Assessments for each Assessed Property will be derived from data contained in the Florida Hospital Uniform Reporting System, as available from the Florida Agency for Health Care Administration.

Sec. 102-247. - Assessment Resolution.

The Assessment Resolution shall describe (a) the Medicaid payments proposed for funding from proceeds of the Assessment, (b) the benefits to the Assessed Properties associated with the Assessment, (c) the methodology for computing the assessed amounts, and (d) the method of collection, including how and when the Assessment must be paid.

Sec. 102-248. - Non-Ad Valorem Assessment Roll.

The County shall prepare, or direct the preparation of, the Non-Ad Valorem Assessment Roll, which shall contain the following:

- (a) The names of the property owners for the Assessed Properties; and
- (b) The Assessment rate and amount of the Assessment to be imposed against each Assessed Property based on the Assessment Resolution.

Sec. 102-249. - Notice by Publication.

Upon completion of the Non-Ad Valorem Assessment Roll, the County shall publish once in a newspaper of general circulation within the County a notice stating that the Board, at a regular, adjourned, or special meeting on a certain day and hour, not earlier than 20 calendar days from such publication. Such notice shall include:

- (a) The Assessment rate;
- (b) The procedure for objecting to the Assessment rate;
- (c) The method by which the Assessment will be collected; and
- (d) A statement that the Non-Ad Valorem Special Assessment Roll is available for inspection at the Office of the County.

Sec. 102-250. - Notice by Mail.

In addition to the published notice required by Section 102-249, for the first fiscal year and for any assessment that will exceed a prior year's Assessment rate imposed by the Board against Assessed Properties, the County shall provide notice of the proposed Assessment by first class mail to the Assessed Properties. Such notice shall include:

- (a) The purpose of the Assessment;
- (b) The Assessment rate to be levied against each Assessed Property;
- (c) The unit of measurement applied to determine the Assessment;

- (d) The total revenue to be collected by the County from the Assessment;
- (e) A statement that failure to pay the Assessment will cause a lien to be filed against the property or foreclosure proceedings, either of which may result in a loss of title to the property; and
- (f) The date, time, and place of the hearing.

Notice shall be mailed at least 20 calendar days prior to the hearing to each Assessed Property at such address as is shown on the Assessment Roll. Notice shall be deemed mailed upon delivery thereof to the possession of the United States Postal Service. The County may provide proof of such notice by affidavit. Failure of the Assessed Property to receive such notice, because of mistake or inadvertence, shall not affect the validity of the Assessment Roll or release or discharge any obligation for payment of the Assessment imposed by the Board pursuant to this Article.

Sec. 102-251. - Adoption of Assessment Resolution and Non-Ad Valorem Assessment Roll.

At the date and time named in the notice, if there is no objection from any property owner subject to the Assessment, the Board may adopt the Assessment Resolution and Non-Ad Valorem Assessment Roll which shall:

- (a) Set the rate of the Assessment to be imposed on the specific parcels of land constituting the districts;
- (b) Approve the Non-Ad Valorem Assessment Roll, with such amendments as it deems just and right; and
- (c) Affirm the method of collection.

Sec. 102-252. - Annual Final Assessment Resolution.

The Board may revise the Non-Ad Valorem Assessment Roll during the Fiscal Year to modify the Assessment rate. In the event of a revision, the Board must adopt an Annual Final Assessment Resolution during the Fiscal Year to memorialize the final rate applicable for the Fiscal Year.

Sec. 102-253. - Effect of Annual Final Assessment Resolution.

The adoption of the Annual Final Assessment Resolution shall be the final adjudication of the issues presented (including, but not limited to, the method of apportionment and Assessment, the Assessment rate, the initial rate of Assessment, the Non-Ad Valorem

Assessment Roll, and the levy and lien of the Assessments), unless proper steps shall be initiated in a court of competent jurisdiction to secure relief within 20 days from the date of Board action on the Annual Final Assessment Resolution.

Sec. 102-254. - Method of Collection.

The amount of the assessment is to be collected pursuant to the Section 197.3631, Florida Statutes, as amended, and as specified in the Assessment Resolution.

Sec. 102-255. - Refunds.

If, at the end of the Fiscal Year, additional amounts remain in the local provider participation fund, the Board is hereby authorized to make a refund to Assessed Properties in proportion to amounts paid in during the Fiscal Year for all or a portion of the unutilized local provider participation fund.

Sec. 102-256. - Responsibility for Enforcement.

The County shall enforce the prompt collection of the Assessment by the means provided herein. The duties related to collection of assessments may be enforced by any holder of obligations in a court of competent jurisdiction by mandamus or other appropriate proceedings or actions.

Sec. 102-257.- Hold Harmless and Indemnification.

The Hospitals that are subject to this Ordinance have requested adoption of this Ordinance and have given assurances to the County that the objectives and procedures addressed in this Ordinance are proper and lawful. Accordingly, the Hospitals that are the subject of this Ordinance shall execute a Hold Harmless and Indemnification Form, a copy of which is attached hereto and incorporated by this reference and may be modified in the sole discretion of the County, prior to the adoption of any Assessment Resolution or Annual Final Assessment Resolution whereby the Hospitals indemnify and hold harmless the County and its officers, employees and agents from any and all claims including the costs and fees associated with the defense of such claims, that may arise in the event that the objectives and procedures of this Ordinance are challenged by any person, entity, or governmental agency.

Sec. 102-258. - Correction of Errors and Omissions.

No error or omission on the part of the Board or its employees shall operate to release or discharge any obligation for payment of the Assessment imposed by the Board under the provision of this Chapter.

SECTION 2. AREA ENCOMPASSED.

It is hereby intended that this Ordinance shall constitute a uniform law applicable in all unincorporated areas of Brevard County, Florida, and to all incorporated areas of Brevard County where there is no existing conflict of law or municipal ordinance.

SECTION 3. SEVERABILITY.

If any section, subsection, sentence, clause or provision of this Ordinance shall be declared invalid, the remainder of this Ordinance shall be construed as not having contained said section, subsection, sentence, clause or provision and shall not be affected by such holding.

SECTION 4. CONFLICT.

All resolutions, ordinances, and agreements or parts thereof that may be determined to be in conflict with this ordinance are repealed.

SECTION 5. EFFECTIVE DATE.

A certified copy of this ordinance shall be filed with the Office of the Secretary of State, State of Florida within ten (10) days of enactment. This Ordinance shall take effect upon adoption and filing pursuant to law.

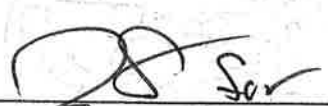
SECTION 6. INCLUSION IN THE BREVARD COUNTY CODE.

It is the intention of the Board of County Commissioners that the provisions of this ordinance shall become and be made a part of the Code of Ordinances of Brevard County, Florida; and that the sections of this ordinance may be renumbered or re-lettered and that the word "ordinance" may be changed to "section," "article," or such other appropriate word or phrase in order to accomplish such intentions.

DONE, ORDERED AND ADOPTED, in Regular Session, this 18 day of May, 2021.

ATTEST:

BOARD OF COUNTY COMMISSIONERS
BREVARD COUNTY, FLORIDA


Rachel M. Sadoff, Clerk
(SEAL)


Rita Pritchett, Chair

As approved by the Board on May 18, 2021

Exhibit A

HOLD HARMLESS AND INDEMNIFICATION

WHEREAS, Kindred Hospital Melbourne, with a business address of 765 West Nasa, Melbourne (hereinafter "Hospital") requested that Brevard County (hereinafter "County") adopt the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

WHEREAS, Hospital has given the County assurances that the objectives and procedures addressed in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance are proper and lawful; and

WHEREAS, Hospital waives any right to challenge the procedures and objectives set out in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or any assessment levied pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

WHEREAS, pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, Hospital is required to execute this Hold Harmless and Indemnification prior to the adoption of any Assessment Resolution or Annual Final Assessment Resolution by the County.

NOW THEREFORE, in consideration of the covenants contained herein, Hospital hereby agrees as follows:

The foregoing recitals are true and are incorporated herein by reference.

Hospital hereby indemnifies and holds harmless the County, its officers, employees and agents from any and all claims arising from the adoption and implementation of the Brevard County Local Provider Participation Fund Non-Ad

Valorem Assessment Ordinance including any challenge to the procedure or authority of the County to levy or collect an assessment or any challenge to an assessment levied or collected by the County against any property owner pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, including any and all claims, the costs and fees associated with the defense of such claims, that may arise due to the objection or challenge to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or challenge to the County's procedure or authority to impose any assessment levied or collected thereunder as may be challenged by any person, entity, or government agency.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this 14 day of May, 2021.

HOSPITAL:

WITNESSES:

Roseanne Patton

Printed Name:

Jennifer Tomazinis

Printed Name:

Pamela Reed

Signature

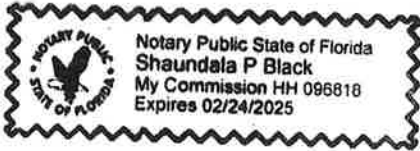
Title: CEO

STATE OF FLORIDA
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me by means of X physical presence or ___ online notarization, this 14 day of May, 2021 by Pamela

Reed _____, who is personally known to me or who has produced _____
_____ as identification.

(NOTARY SEAL)



SHAUNDALE BLACK

Notary Public

Shaundale Black

Name Typed, Printed or Stamped

My Commission Expires: 2/24/2025

NOTICE OF SPECIAL ELECTION

Notice is hereby given to the electors that a special election will be held for the purpose of voting on the proposed Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment.

DATE: Week of May 10, 2021
PLACE: Ballots to be Returned by Mail or In Person:

County Manager's Office
c/o Katherine Wall
2725 Judge Fran Jamieson Way
Viera, FL 32940

Each elector may vote in person or by written proxy. At said special election, each elector or his or her proxy shall be entitled to cast one vote.

If a hospital does not return the ballot by **12:00 pm on Friday, May 14, 2021**, the hospital will be deemed to have abstained from participation in the special election.

OFFICIAL BALLOT
SPECIAL ELECTION- May 14, 2021

The undersigned certifies that he/she/it is an elector or the proxy holder for an elector (attach Proxy).

I, Pamela Reed, CEO, as an elector, or as the proxy holder of Kindred Hospital Melbourne (Elector), pursuant to the Elector's Proxy attached hereto, do cast myvote as follows:

**ADOPTION OF BREVARD COUNTY LOCAL PROVIDER PARTICIPATION FUND
NON-AD VALOREM ASSESSMENT**

Shall Brevard County adopt the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment whereby Brevard County shall impose an assessment upon certain real property owned by the Hospitals to help finance the non-federal share of the State's Medicaid program?

YES X

NO

Date: May 14, 2021

Signed: 

Printed Name: Pamela Reed, CEO

**CERTIFICATION OF ELECTORS AND ELECTION RESULTS
AND
WAIVER OF IRREGULARITIES OF THE SPECIAL ELECTION**

WHEREAS, Kindred Hospital Melbourne, with a business address of 765 West Nasa Blvd (hereinafter "Hospital") requested that Brevard County (hereinafter "County") adopt the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

WHEREAS, Hospital has given the County assurances that the objectives and procedures addressed in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance are proper and lawful; and

WHEREAS, Hospital waives any right to challenge the procedures and objectives set out in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or any assessment levied pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

WHEREAS, pursuant to Brevard County Charter Section 5.4.1, the levy of a non-ad valorem special assessment as contemplated by the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance requires a general election or special election called for the purposes of the approval of the majority of the electors residing within the boundaries of the district or other area of the County where the special assessments are proposed to be levied; and

WHEREAS, Hospital certifies that Hospital has obtained from the Brevard County Supervisor of Elections a statement verifying that no electors reside within the boundaries of the district or other areas where the Brevard County Local Provider

Participation Fund Non-Ad Valorem Assessment is proposed to be levied, a copy of this statement is attached hereto; and

WHEREAS, notwithstanding the above, in order to meet the intent of Brevard County Charter Section 5.4.1, Hospital represents that Hospital by proxy certifies that Hospital has voted in favor of the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment; and

NOW THEREFORE, in consideration of the covenants contained herein, Hospital hereby agrees as follows:

1. The foregoing recitals are true and are incorporated herein by reference.
2. Hospital waives any irregularities as it relates to the notice of the special election and the procedure in which the special election occurred and waives any right to challenge or protest any procedural requirement or step under Brevard County Charter Section 5.4.1.
3. Hospital hereby indemnifies and holds harmless the County, its officers, employees and agents from any and all claims, including the costs and fees associated with the defense of such claims, arising as a result of the special election or the adoption and implementation of the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, including any challenge to the procedure or authority of the County to levy or collect an assessment or any challenge to an assessment levied or collected by the County against any property owner pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, including any and all claims, the costs and fees associated with the defense

of such claims, that may arise due to the objection or challenge to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or challenge to the County's procedure or authority to impose any assessment levied or collected thereunder as may be challenged by any person, entity, or government agency.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this 14 day of May, 2021.

HOSPITAL:

WITNESSES:

Diana Repoli

Printed Name:

Andronica Stockton

Printed Name:

Pamela Reed

Signature

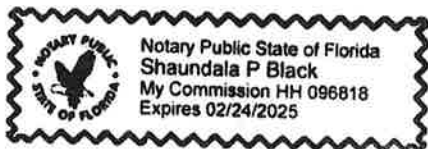
Title: CEO

STATE OF FLORIDA

COUNTY OF BREVARD

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 14 day of MAY, 2021, by Pamela Reed, who is personally known to me or who has produced _____ as identification.

(NOTARY SEAL)



SR Black

Notary Public

SHAUNDALE BLACK

Exhibit A

HOLD HARMLESS AND INDEMNIFICATION

WHEREAS, Palm Point Behavioral Health, with a business address of 2355 Truman Scarborough Way (hereinafter "Hospital") requested that Brevard County (hereinafter "County") adopt the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

WHEREAS, Hospital has given the County assurances that the objectives and procedures addressed in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance are proper and lawful; and

WHEREAS, Hospital waives any right to challenge the procedures and objectives set out in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or any assessment levied pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

WHEREAS, pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, Hospital is required to execute this Hold Harmless and Indemnification prior to the adoption of any Assessment Resolution or Annual Final Assessment Resolution by the County.

NOW THEREFORE, in consideration of the covenants contained herein, Hospital hereby agrees as follows:

The foregoing recitals are true and are incorporated herein by reference.

Hospital hereby indemnifies and holds harmless the County, its officers, employees and agents from any and all claims arising from the adoption and implementation of the Brevard County Local Provider Participation Fund Non-Ad

Valorem Assessment Ordinance including any challenge to the procedure or authority of the County to levy or collect an assessment or any challenge to an assessment levied or collected by the County against any property owner pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, including any and all claims, the costs and fees associated with the defense of such claims, that may arise due to the objection or challenge to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or challenge to the County's procedure or authority to impose any assessment levied or collected thereunder as may be challenged by any person, entity, or government agency.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this 13th day of May, 2021.

HOSPITAL:

WITNESSES:

Juana Giralt, Juana Schiell
Printed Name:

[Signature]
Signature

Title: CNO

Ann Spariosu, Ann Spariosu
Printed Name:

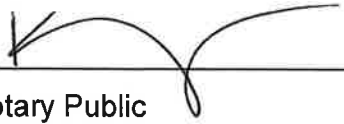
STATE OF FLORIDA
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me by means of ✓ physical presence or online notarization, this 13th day of May, 2021 by

Thomas mahie, who is personally known to me or who has produced _____
_____ as identification.

(NOTARY SEAL)





Notary Public

Kelsi LEROY

Name Typed, Printed or Stamped

My Commission Expires: 9/17/2024

NOTICE OF SPECIAL ELECTION

Notice is hereby given to the electors that a special election will be held for the purpose of voting on the proposed Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment.

DATE: Week of May 10, 2021
PLACE: Ballots to be Returned by Mail or In Person:

County Manager's Office
c/o Katherine Wall
2725 Judge Fran Jamieson Way
Viera, FL 32940

Each elector may vote in person or by written proxy. At said special election, each elector or his or her proxy shall be entitled to cast one vote.

If a hospital does not return the ballot by 12:00 pm on Friday, May 14, 2021, the hospital will be deemed to have abstained from participation in the special election.

OFFICIAL BALLOT
SPECIAL ELECTION- may 13, 2021

The undersigned certifies that he/she/it is an elector or the proxy holder for an elector (attach Proxy).

I, Thomas Mahle, as an elector, or as the proxy holder of Palm Point SH (Elector), pursuant to the Elector's Proxy attached hereto, do cast my vote as follows:

**ADOPTION OF BREVARD COUNTY LOCAL PROVIDER PARTICIPATION FUND
NON-AD VALOREM ASSESSMENT**

Shall Brevard County adopt the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment whereby Brevard County shall impose an assessment upon certain real property owned by the Hospitals to help finance the non-federal share of the State's Medicaid program?

YES

☒

NO

☐

Date:

5-13-2021

Signed:



Printed Name:

Thomas Mahle

**CERTIFICATION OF ELECTORS AND ELECTION RESULTS
AND
WAIVER OF IRREGULARITIES OF THE SPECIAL ELECTION**

WHEREAS, Palm Point Behavioral Health, with a business address of 2355 Truman Scarborough Way (hereinafter "Hospital") requested that Brevard County (hereinafter "County") adopt the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

WHEREAS, Hospital has given the County assurances that the objectives and procedures addressed in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance are proper and lawful; and

WHEREAS, Hospital waives any right to challenge the procedures and objectives set out in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or any assessment levied pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

WHEREAS, pursuant to Brevard County Charter Section 5.4.1, the levy of a non-ad valorem special assessment as contemplated by the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance requires a general election or special election called for the purposes of the approval of the majority of the electors residing within the boundaries of the district or other area of the County where the special assessments are proposed to be levied; and

WHEREAS, Hospital certifies that Hospital has obtained from the Brevard County Supervisor of Elections a statement verifying that no electors reside within the boundaries of the district or other areas where the Brevard County Local Provider

Participation Fund Non-Ad Valorem Assessment is proposed to be levied, a copy of this statement is attached hereto; and

WHEREAS, notwithstanding the above, in order to meet the intent of Brevard County Charter Section 5.4.1, Hospital represents that Hospital by proxy certifies that Hospital has voted in favor of the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment; and

NOW THEREFORE, in consideration of the covenants contained herein, Hospital hereby agrees as follows:

1. The foregoing recitals are true and are incorporated herein by reference.
2. Hospital waives any irregularities as it relates to the notice of the special election and the procedure in which the special election occurred and waives any right to challenge or protest any procedural requirement or step under Brevard County Charter Section 5.4.1.
3. Hospital hereby indemnifies and holds harmless the County, its officers, employees and agents from any and all claims, including the costs and fees associated with the defense of such claims, arising as a result of the special election or the adoption and implementation of the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, including any challenge to the procedure or authority of the County to levy or collect an assessment or any challenge to an assessment levied or collected by the County against any property owner pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, including any and all claims, the costs and fees associated with the defense

of such claims, that may arise due to the objection or challenge to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or challenge to the County's procedure or authority to impose any assessment levied or collected thereunder as may be challenged by any person, entity, or government agency.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this 13th day of May, 2021.

HOSPITAL:

WITNESSES:

Juana Giralt, Juana Giralt

Printed Name:

[Signature]

Signature

Title: CEO

Ann Spariosu Ann Spariosu

Printed Name:

STATE OF FLORIDA
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me by means of ✓ physical presence or online notarization, this 13th day of May, 2021, by Thomas Mahie, who is personally known to me or who has produced as identification.

(NOTARY SEAL)



[Signature], Kelsi Leroy
Notary Public

Exhibit A

HOLD HARMLESS AND INDEMNIFICATION

WHEREAS, Rockledge Regional M.C. with a business address of 110 Longwood Ave (hereinafter "Hospital") requested that Brevard County (hereinafter "County") adopt the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

WHEREAS, Hospital has given the County assurances that the objectives and procedures addressed in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance are proper and lawful; and

WHEREAS, Hospital waives any right to challenge the procedures and objectives set out in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or any assessment levied pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

WHEREAS, pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, Hospital is required to execute this Hold Harmless and Indemnification prior to the adoption of any Assessment Resolution or Annual Final Assessment Resolution by the County.

NOW THEREFORE, in consideration of the covenants contained herein, Hospital hereby agrees as follows:

The foregoing recitals are true and are incorporated herein by reference.


Hospital hereby indemnifies and holds harmless the County, its officers, employees and agents from any and all claims arising from the adoption and implementation of the Brevard County Local Provider Participation Fund Non-Ad

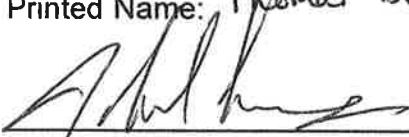
Valorem Assessment Ordinance including any challenge to the procedure or authority of the County to levy or collect an assessment or any challenge to an assessment levied or collected by the County against any property owner pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, including any and all claims, the costs and fees associated with the defense of such claims, that may arise due to the objection or challenge to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or challenge to the County's procedure or authority to impose any assessment levied or collected thereunder as may be challenged by any person, entity, or government agency.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this 11th day of May, 2021.

HOSPITAL:

WITNESSES:


Printed Name: Thomas Bowden


Printed Name: James Dale Armour


Signature
Title: President

STATE OF FLORIDA
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me by means of X physical presence or ___ online notarization, this 11th day of May, 2021, by Andy

Romine, who is personally known to me or who has produced _____
_____ as identification.

(NOTARY SEAL)



[Signature]
Notary Public

Stephanie Bergsieker
Name Typed, Printed or Stamped
My Commission Expires: 11/20/2023

NOTICE OF SPECIAL ELECTION

Notice is hereby given to the electors that a special election will be held for the purpose of voting on the proposed Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment.

DATE: Week of May 10, 2021
PLACE: Ballots to be Returned by Mail or In Person:

County Manager's Office
c/o Katherine Wall
2725 Judge Fran Jamieson Way
Viera, FL 32940

Each elector may vote in person or by written proxy. At said special election, each elector or his or her proxy shall be entitled to cast one vote.

If a hospital does not return the ballot by 12:00 pm on Friday, May 14, 2021, the hospital will be deemed to have abstained from participation in the special election.

OFFICIAL BALLOT
SPECIAL ELECTION- _____, 2021

The undersigned certifies that he/she/it is an elector or the proxy holder for an elector (attach Proxy).

I, Andy Romine, as an elector, or as the proxy holder of
RRMC (Elector), pursuant to the Elector's Proxy attached hereto, do
cast my vote as follows:

**ADOPTION OF BREVARD COUNTY LOCAL PROVIDER PARTICIPATION FUND
NON-AD VALOREM ASSESSMENT**

Shall Brevard County adopt the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment whereby Brevard County shall impose an assessment upon certain real property owned by the Hospitals to help finance the non-federal share of the State's Medicaid program?

YES ✓

NO

Date: 5/11/21

Signed: 

Printed Name: Andy Romine

**CERTIFICATION OF ELECTORS AND ELECTION RESULTS
AND
WAIVER OF IRREGULARITIES OF THE SPECIAL ELECTION**

WHEREAS, Rockledge Regional M.C., with a business address of 110 Longwood Ave. (hereinafter "Hospital") requested that Brevard County (hereinafter "County") adopt the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

WHEREAS, Hospital has given the County assurances that the objectives and procedures addressed in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance are proper and lawful; and

WHEREAS, Hospital waives any right to challenge the procedures and objectives set out in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or any assessment levied pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

WHEREAS, pursuant to Brevard County Charter Section 5.4.1, the levy of a non-ad valorem special assessment as contemplated by the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance requires a general election or special election called for the purposes of the approval of the majority of the electors residing within the boundaries of the district or other area of the County where the special assessments are proposed to be levied; and

WHEREAS, Hospital certifies that Hospital has obtained from the Brevard County Supervisor of Elections a statement verifying that no electors reside within the boundaries of the district or other areas where the Brevard County Local Provider

Participation Fund Non-Ad Valorem Assessment is proposed to be levied, a copy of this statement is attached hereto; and

WHEREAS, notwithstanding the above, in order to meet the intent of Brevard County Charter Section 5.4.1, Hospital represents that Hospital by proxy certifies that Hospital has voted in favor of the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment; and

NOW THEREFORE, in consideration of the covenants contained herein, Hospital hereby agrees as follows:

1. The foregoing recitals are true and are incorporated herein by reference.
2. Hospital waives any irregularities as it relates to the notice of the special election and the procedure in which the special election occurred and waives any right to challenge or protest any procedural requirement or step under Brevard County Charter Section 5.4.1.
3. Hospital hereby indemnifies and holds harmless the County, its officers, employees and agents from any and all claims, including the costs and fees associated with the defense of such claims, arising as a result of the special election or the adoption and implementation of the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, including any challenge to the procedure or authority of the County to levy or collect an assessment or any challenge to an assessment levied or collected by the County against any property owner pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, including any and all claims, the costs and fees associated with the defense

of such claims, that may arise due to the objection or challenge to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or challenge to the County's procedure or authority to impose any assessment levied or collected thereunder as may be challenged by any person, entity, or government agency.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this 11th day of May, 2021.

WITNESSES:

[Signature]
Printed Name: Thomas Bowden

[Signature]
Printed Name: James Dale Armour

HOSPITAL:

[Signature]
Signature
Title: President

STATE OF FLORIDA
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me by means of X physical presence or online notarization, this 11th day of May, 2021, by Andy Romine, who is personally known to me or who has produced as identification.

(NOTARY SEAL)



[Signature]
Notary Public

Exhibit A

HOLD HARMLESS AND INDEMNIFICATION

WHEREAS, Melbourne Regional M.C., with a business address of 250 N. Wickham Rd. (hereinafter "Hospital") requested that Brevard County (hereinafter "County") adopt the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

WHEREAS, Hospital has given the County assurances that the objectives and procedures addressed in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance are proper and lawful; and

WHEREAS, Hospital waives any right to challenge the procedures and objectives set out in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or any assessment levied pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

WHEREAS, pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, Hospital is required to execute this Hold Harmless and Indemnification prior to the adoption of any Assessment Resolution or Annual Final Assessment Resolution by the County.

NOW THEREFORE, in consideration of the covenants contained herein, Hospital hereby agrees as follows:

The foregoing recitals are true and are incorporated herein by reference.

Hospital hereby indemnifies and holds harmless the County, its officers, employees and agents from any and all claims arising from the adoption and implementation of the Brevard County Local Provider Participation Fund Non-Ad


Valorem Assessment Ordinance including any challenge to the procedure or authority of the County to levy or collect an assessment or any challenge to an assessment levied or collected by the County against any property owner pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, including any and all claims, the costs and fees associated with the defense of such claims, that may arise due to the objection or challenge to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or challenge to the County's procedure or authority to impose any assessment levied or collected thereunder as may be challenged by any person, entity, or government agency.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this 11th day of May, 2021.

HOSPITAL:

WITNESSES:


Printed Name: Thomas Bowden


Printed Name: James Dale Armour

 with Permission
Signature
Title: FL Market President


STATE OF FLORIDA
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me by means of X physical presence or ___ online notarization, this 11th day of May, 2021, by Daniel

Knell, who is personally known to me ~~or who has produced~~
~~as identification.~~

(NOTARY SEAL)





Notary Public

Stephanie Bergsieker

Name Typed, Printed or Stamped

My Commission Expires: 11/20/2023

NOTICE OF SPECIAL ELECTION

Notice is hereby given to the electors that a special election will be held for the purpose of voting on the proposed Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment.

DATE: Week of May 10, 2021
PLACE: Ballots to be Returned by Mail or In Person:

County Manager's Office
c/o Katherine Wall
2725 Judge Fran Jamieson Way
Viera, FL 32940

Each elector may vote in person or by written proxy. At said special election, each elector or his or her proxy shall be entitled to cast one vote.

If a hospital does not return the ballot by 12:00 pm on Friday, May 14, 2021, the hospital will be deemed to have abstained from participation in the special election.

OFFICIAL BALLOT
SPECIAL ELECTION- _____, 2021

The undersigned certifies that he/she/it is an elector or the proxy holder for an elector (attach Proxy).

I, Daniel Knell, as an elector, or as the proxy holder of MRMC (Elector), pursuant to the Elector's Proxy attached hereto, do cast my vote as follows:

**ADOPTION OF BREVARD COUNTY LOCAL PROVIDER PARTICIPATION FUND
NON-AD VALOREM ASSESSMENT**

Shall Brevard County adopt the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment whereby Brevard County shall impose an assessment upon certain real property owned by the Hospitals to help finance the non-federal share of the State's Medicaid program?

YES ☒

NO ☐

Date: 5/11/2021

Signed:



Printed Name: Daniel Knell

**CERTIFICATION OF ELECTORS AND ELECTION RESULTS
AND
WAIVER OF IRREGULARITIES OF THE SPECIAL ELECTION**

WHEREAS, Melbourne Regional Medical Center with a business address of 250 N. Wickham Rd. (hereinafter "Hospital") requested that Brevard County (hereinafter "County") adopt the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

WHEREAS, Hospital has given the County assurances that the objectives and procedures addressed in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance are proper and lawful; and

WHEREAS, Hospital waives any right to challenge the procedures and objectives set out in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or any assessment levied pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

WHEREAS, pursuant to Brevard County Charter Section 5.4.1, the levy of a non-ad valorem special assessment as contemplated by the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance requires a general election or special election called for the purposes of the approval of the majority of the electors residing within the boundaries of the district or other area of the County where the special assessments are proposed to be levied; and

WHEREAS, Hospital certifies that Hospital has obtained from the Brevard County Supervisor of Elections a statement verifying that no electors reside within the boundaries of the district or other areas where the Brevard County Local Provider

Participation Fund Non-Ad Valorem Assessment is proposed to be levied, a copy of this statement is attached hereto; and

WHEREAS, notwithstanding the above, in order to meet the intent of Brevard County Charter Section 5.4.1, Hospital represents that Hospital by proxy certifies that Hospital has voted in favor of the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment; and

NOW THEREFORE, in consideration of the covenants contained herein, Hospital hereby agrees as follows:

1. The foregoing recitals are true and are incorporated herein by reference.
2. Hospital waives any irregularities as it relates to the notice of the special election and the procedure in which the special election occurred and waives any right to challenge or protest any procedural requirement or step under Brevard County Charter Section 5.4.1.
3. Hospital hereby indemnifies and holds harmless the County, its officers, employees and agents from any and all claims, including the costs and fees associated with the defense of such claims, arising as a result of the special election or the adoption and implementation of the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, including any challenge to the procedure or authority of the County to levy or collect an assessment or any challenge to an assessment levied or collected by the County against any property owner pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, including any and all claims, the costs and fees associated with the defense

of such claims, that may arise due to the objection or challenge to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or challenge to the County's procedure or authority to impose any assessment levied or collected thereunder as may be challenged by any person, entity, or government agency.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this 11th day of May, 2021.

HOSPITAL:

WITNESSES:

Thomas B
Printed Name: Thomas Bowden

James Dale Armour
Printed Name: James Dale Armour

[Signature] with permission
Signature
Title: FL Market President

STATE OF FLORIDA
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me by means of X physical presence or online notarization, this 11th day of May, 2021, by Daniel Knell, who is personally known to me or who has produced as identification.

(NOTARY SEAL)



[Signature]
Notary Public

Exhibit A

HOLD HARMLESS AND INDEMNIFICATION

WHEREAS, CIRCLES OF CARE, INC., with a business address of 400 E. Sheridan Road Melbourne, FL 32901 (hereinafter "Hospital") requested that Brevard County (hereinafter "County") adopt the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

WHEREAS, Hospital has given the County assurances that the objectives and procedures addressed in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance are proper and lawful; and

WHEREAS, Hospital waives any right to challenge the procedures and objectives set out in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or any assessment levied pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

WHEREAS, pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, Hospital is required to execute this Hold Harmless and Indemnification prior to the adoption of any Assessment Resolution or Annual Final Assessment Resolution by the County.

NOW THEREFORE, in consideration of the covenants contained herein, Hospital hereby agrees as follows:

The foregoing recitals are true and are incorporated herein by reference.

Hospital hereby indemnifies and holds harmless the County, its officers, employees and agents from any and all claims arising from the adoption and implementation of the Brevard County Local Provider Participation Fund Non-Ad

Valorem Assessment Ordinance including any challenge to the procedure or authority of the County to levy or collect an assessment or any challenge to an assessment levied or collected by the County against any property owner pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, including any and all claims, the costs and fees associated with the defense of such claims, that may arise due to the objection or challenge to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or challenge to the County's procedure or authority to impose any assessment levied or collected thereunder as may be challenged by any person, entity, or government agency.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this 11th day of MAY, 2021.

WITNESSES:

DR. BARRY HENSEL

Printed Name:

Printed Name:

HOSPITAL:

CIRCLES OF CARE, INC.

Barry Hensel

Signature

Title: VP OF CLINICAL SERVICES

STATE OF FLORIDA
COUNTY OF BREVARD

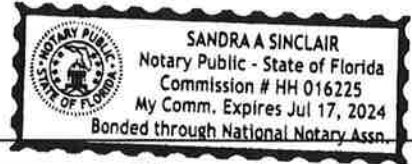
The foregoing instrument was acknowledged before me by means of X physical presence or online notarization, this 11 day of May, 2021, by Dr. Barry Hensel

_____, who is personally known to me or who has produced _____
_____ as identification.

(NOTARY SEAL)



Notary Public



Name Typed, Printed or Stamped

My Commission Expires: 07/17/2024

OFFICIAL BALLOT
SPECIAL ELECTION- _____, 2021

The undersigned certifies that he/she/it is an elector or the proxy holder for an elector (attach Proxy).

I, DAVID L. FELDMAN, as an elector, or as the proxy holder of _____ (Elector), pursuant to the Elector's Proxy attached hereto, do cast my vote as follows:

**ADOPTION OF BREVARD COUNTY LOCAL PROVIDER PARTICIPATION FUND
NON-AD VALOREM ASSESSMENT**

Shall Brevard County adopt the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment whereby Brevard County shall impose an assessment upon certain real property owned by the Hospitals to help finance the non-federal share of the State's Medicaid program?

YES



NO

Date: 05/10/2021

Signed: _____



Printed Name: DAVID L. FELDMAN

RECEIVED

MAY 13 2021

County Manager's
Office

**CERTIFICATION OF ELECTORS AND ELECTION RESULTS
AND
WAIVER OF IRREGULARITIES OF THE SPECIAL ELECTION**

WHEREAS, Circles of Care, Inc, with a business address of

400 E. Sheridan Road, Melbourne FL 32901 (hereinafter "Hospital") requested that Brevard County (hereinafter "County") adopt the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

WHEREAS, Hospital has given the County assurances that the objectives and procedures addressed in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance are proper and lawful; and

WHEREAS, Hospital waives any right to challenge the procedures and objectives set out in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or any assessment levied pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

WHEREAS, pursuant to Brevard County Charter Section 5.4.1, the levy of a non-ad valorem special assessment as contemplated by the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance requires a general election or special election called for the purposes of the approval of the majority of the electors residing within the boundaries of the district or other area of the County where the special assessments are proposed to be levied; and

WHEREAS, Hospital certifies that Hospital has obtained from the Brevard County Supervisor of Elections a statement verifying that no electors reside within the boundaries of the district or other areas where the Brevard County Local Provider

Participation Fund Non-Ad Valorem Assessment is proposed to be levied, a copy of this statement is attached hereto; and

WHEREAS, notwithstanding the above, in order to meet the intent of Brevard County Charter Section 5.4.1, Hospital represents that Hospital by proxy certifies that Hospital has voted in favor of the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment; and

NOW THEREFORE, in consideration of the covenants contained herein, Hospital hereby agrees as follows:

1. The foregoing recitals are true and are incorporated herein by reference.
2. Hospital waives any irregularities as it relates to the notice of the special election and the procedure in which the special election occurred and waives any right to challenge or protest any procedural requirement or step under Brevard County Charter Section 5.4.1.
3. Hospital hereby indemnifies and holds harmless the County, its officers, employees and agents from any and all claims, including the costs and fees associated with the defense of such claims, arising as a result of the special election or the adoption and implementation of the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, including any challenge to the procedure or authority of the County to levy or collect an assessment or any challenge to an assessment levied or collected by the County against any property owner pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, including any and all claims, the costs and fees associated with the defense

of such claims, that may arise due to the objection or challenge to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or challenge to the County's procedure or authority to impose any assessment levied or collected thereunder as may be challenged by any person, entity, or government agency.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this 10th day of MAY, 2021.

WITNESSES:

HOSPITAL:

CIRCLES OF CARE, INC

DR. BARRY HENSEL

Printed Name:

Barry Hensel

Signature

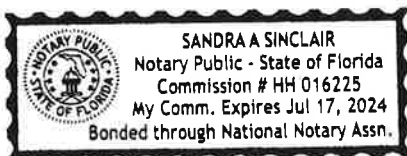
Title: VP OF CLINICAL SERVICES

Printed Name:

STATE OF FLORIDA
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me by means of X physical presence or _____ online notarization, this 10th day of May, 2021, by Barry Hensel, who is personally known to me or who has produced _____ as identification.

(NOTARY SEAL)



[Signature]
Notary Public

Exhibit A

HOLD HARMLESS AND INDEMNIFICATION

WHEREAS, Cape Canaveral Hospital, with a business address of 701 W. Cocoa Beach Hwy
Cocoa Beach, FL (hereinafter "Hospital") requested that Brevard County (hereinafter "County") adopt the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

WHEREAS, Hospital has given the County assurances that the objectives and procedures addressed in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance are proper and lawful; and

WHEREAS, Hospital waives any right to challenge the procedures and objectives set out in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or any assessment levied pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

WHEREAS, pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, Hospital is required to execute this Hold Harmless and Indemnification prior to the adoption of any Assessment Resolution or Annual Final Assessment Resolution by the County.

NOW THEREFORE, in consideration of the covenants contained herein, Hospital hereby agrees as follows:

The foregoing recitals are true and are incorporated herein by reference.

Hospital hereby indemnifies and holds harmless the County, its officers, employees and agents from any and all claims arising from the adoption and implementation of the Brevard County Local Provider Participation Fund Non-Ad

Valorem Assessment Ordinance including any challenge to the procedure or authority of the County to levy or collect an assessment or any challenge to an assessment levied or collected by the County against any property owner pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, including any and all claims, the costs and fees associated with the defense of such claims, that may arise due to the objection or challenge to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or challenge to the County's procedure or authority to impose any assessment levied or collected thereunder as may be challenged by any person, entity, or government agency.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this 12 day of May, 2021.

HOSPITAL:

WITNESSES:



Printed Name: ALICIA MUSALO



Signature

Title: CEO, HOSPITAL SERVICES



Printed Name: JULIE LAMP

STATE OF FLORIDA
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me by means of ✓ physical presence or online notarization, this 12 day of May, 2021, by

Brett Esrael, who is personally known to me or who has produced _____
_____ as identification.

(NOTARY SEAL)



[Signature]

Notary Public

Andrea Mastrodonardo

Name Typed, Printed or Stamped

My Commission Expires: 7/6/25

OFFICIAL BALLOT
SPECIAL ELECTION- May, 2021

The undersigned certifies that he/she/it is an elector or the proxy holder for an elector (attach Proxy).

I, Brett Esrock, as an elector, or as the proxy holder of Cape Canaveral Hospital (Elector), pursuant to the Elector's Proxy attached hereto, do cast my vote as follows:


**ADOPTION OF BREVARD COUNTY LOCAL PROVIDER PARTICIPATION FUND
NON-AD VALOREM ASSESSMENT**

Shall Brevard County adopt the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment whereby Brevard County shall impose an assessment upon certain real property owned by the Hospitals to help finance the non-federal share of the State's Medicaid program?

YES X

NO

Date: May 11, 2021

Signed: 

Printed Name: Brett Esrock

**CERTIFICATION OF ELECTORS AND ELECTION RESULTS
AND
WAIVER OF IRREGULARITIES OF THE SPECIAL ELECTION**

WHEREAS, Cape Canaveral Hospital with a business address of 1101 W. Cocoa Beach Causeway
Cocoa Beach, FL 32931 (hereinafter "Hospital") requested that Brevard County (hereinafter "County") adopt the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

WHEREAS, Hospital has given the County assurances that the objectives and procedures addressed in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance are proper and lawful; and

WHEREAS, Hospital waives any right to challenge the procedures and objectives set out in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or any assessment levied pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

WHEREAS, pursuant to Brevard County Charter Section 5.4.1, the levy of a non-ad valorem special assessment as contemplated by the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance requires a general election or special election called for the purposes of the approval of the majority of the electors residing within the boundaries of the district or other area of the County where the special assessments are proposed to be levied; and

WHEREAS, Hospital certifies that Hospital has obtained from the Brevard County Supervisor of Elections a statement verifying that no electors reside within the boundaries of the district or other areas where the Brevard County Local Provider

Participation Fund Non-Ad Valorem Assessment is proposed to be levied, a copy of this statement is attached hereto; and

WHEREAS, notwithstanding the above, in order to meet the intent of Brevard County Charter Section 5.4.1, Hospital represents that Hospital by proxy certifies that Hospital has voted in favor of the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment; and

NOW THEREFORE, in consideration of the covenants contained herein, Hospital hereby agrees as follows:

1. The foregoing recitals are true and are incorporated herein by reference.
2. Hospital waives any irregularities as it relates to the notice of the special election and the procedure in which the special election occurred and waives any right to challenge or protest any procedural requirement or step under Brevard County Charter Section 5.4.1.
3. Hospital hereby indemnifies and holds harmless the County, its officers, employees and agents from any and all claims, including the costs and fees associated with the defense of such claims, arising as a result of the special election or the adoption and implementation of the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, including any challenge to the procedure or authority of the County to levy or collect an assessment or any challenge to an assessment levied or collected by the County against any property owner pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, including any and all claims, the costs and fees associated with the defense

of such claims, that may arise due to the objection or challenge to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or challenge to the County's procedure or authority to impose any assessment levied or collected thereunder as may be challenged by any person, entity, or government agency.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this ____ day of May 11, 2021.

WITNESSES:

Catherine Morley
Printed Name: Catherine Morley

Jimmy Murry
Printed Name: Jimmy Murry

HOSPITAL:

Cape Canaveral Hospital

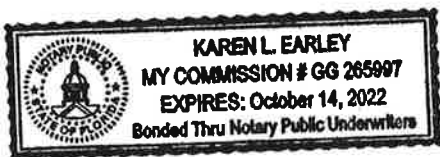
Brett Esrock
Signature

Title: CEO, Hospital Services
Health First, Inc.

STATE OF FLORIDA
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me by means of X physical presence or ____ online notarization, this 11th day of May, 2021, by Brett Esrock, who is personally known to me or who has produced N/A as identification.

(NOTARY SEAL)



Karen L. Earley
Notary Public

Exhibit A

HOLD HARMLESS AND INDEMNIFICATION

WHEREAS, HOLMES REGIONAL MED. CTR. with a business address of 1350 HICKORY ST.
MELBOURNE, FL (hereinafter "Hospital") requested that Brevard County (hereinafter "County") adopt the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

WHEREAS, Hospital has given the County assurances that the objectives and procedures addressed in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance are proper and lawful; and

WHEREAS, Hospital waives any right to challenge the procedures and objectives set out in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or any assessment levied pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

WHEREAS, pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, Hospital is required to execute this Hold Harmless and Indemnification prior to the adoption of any Assessment Resolution or Annual Final Assessment Resolution by the County.

NOW THEREFORE, in consideration of the covenants contained herein, Hospital hereby agrees as follows:

The foregoing recitals are true and are incorporated herein by reference.


Hospital hereby indemnifies and holds harmless the County, its officers, employees and agents from any and all claims arising from the adoption and implementation of the Brevard County Local Provider Participation Fund Non-Ad

Valorem Assessment Ordinance including any challenge to the procedure or authority of the County to levy or collect an assessment or any challenge to an assessment levied or collected by the County against any property owner pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, including any and all claims, the costs and fees associated with the defense of such claims, that may arise due to the objection or challenge to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or challenge to the County's procedure or authority to impose any assessment levied or collected thereunder as may be challenged by any person, entity, or government agency.

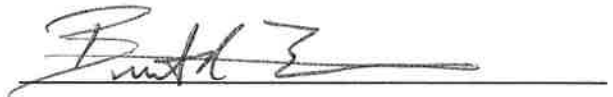
IN WITNESS WHEREOF, I have hereunto set my hand and seal on this 12 day of MAY, 2021.

HOSPITAL:

WITNESSES:

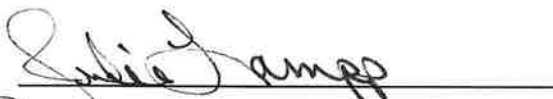


Printed Name: ALICIA MUSALO



Signature

Title: CEO HOSPITAL SERVICES



Printed Name: JULIE LAMM

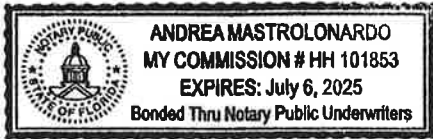
STATE OF FLORIDA

COUNTY OF BREVARD

The foregoing instrument was acknowledged before me by means of ✓ physical presence or online notarization, this 12 day of May, 2021, by

Brett Esrock, who is personally known to me or who has produced _____
_____ as identification.

(NOTARY SEAL)



[Signature]
Notary Public

Andrea Mastrodonardo

Name Typed, Printed or Stamped

My Commission Expires: 7/6/25

OFFICIAL BALLOT
SPECIAL ELECTION- May, 2021

The undersigned certifies that he/she/it is an elector or the proxy holder for an elector (attach Proxy).

I, Brett Esrock, as an elector, or as the proxy holder of
Holmes Regional Medical Center (Elector), pursuant to the Elector's Proxy attached hereto, do
cast my vote as follows:


**ADOPTION OF BREVARD COUNTY LOCAL PROVIDER PARTICIPATION FUND
NON-AD VALOREM ASSESSMENT**

Shall Brevard County adopt the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment whereby Brevard County shall impose an assessment upon certain real property owned by the Hospitals to help finance the non-federal share of the State's Medicaid program?

YES X

NO

Date: May 11, 2021

Signed: 

Printed Name: Brett Esrock

**CERTIFICATION OF ELECTORS AND ELECTION RESULTS
AND
WAIVER OF IRREGULARITIES OF THE SPECIAL ELECTION**

WHEREAS, Holmes Regional Medical Center with a business address of 1350 S. Hickory Street Melbourne, FL 32901 (hereinafter "Hospital") requested that Brevard County (hereinafter "County") adopt the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

WHEREAS, Hospital has given the County assurances that the objectives and procedures addressed in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance are proper and lawful; and

WHEREAS, Hospital waives any right to challenge the procedures and objectives set out in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or any assessment levied pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

WHEREAS, pursuant to Brevard County Charter Section 5.4.1, the levy of a non-ad valorem special assessment as contemplated by the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance requires a general election or special election called for the purposes of the approval of the majority of the electors residing within the boundaries of the district or other area of the County where the special assessments are proposed to be levied; and

WHEREAS, Hospital certifies that Hospital has obtained from the Brevard County Supervisor of Elections a statement verifying that no electors reside within the boundaries of the district or other areas where the Brevard County Local Provider

Participation Fund Non-Ad Valorem Assessment is proposed to be levied, a copy of this statement is attached hereto; and

WHEREAS, notwithstanding the above, in order to meet the intent of Brevard County Charter Section 5.4.1, Hospital represents that Hospital by proxy certifies that Hospital has voted in favor of the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment; and

NOW THEREFORE, in consideration of the covenants contained herein, Hospital hereby agrees as follows:

1. The foregoing recitals are true and are incorporated herein by reference.
2. Hospital waives any irregularities as it relates to the notice of the special election and the procedure in which the special election occurred and waives any right to challenge or protest any procedural requirement or step under Brevard County Charter Section 5.4.1.
3. Hospital hereby indemnifies and holds harmless the County, its officers, employees and agents from any and all claims, including the costs and fees associated with the defense of such claims, arising as a result of the special election or the adoption and implementation of the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, including any challenge to the procedure or authority of the County to levy or collect an assessment or any challenge to an assessment levied or collected by the County against any property owner pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, including any and all claims, the costs and fees associated with the defense

of such claims, that may arise due to the objection or challenge to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or challenge to the County's procedure or authority to impose any assessment levied or collected thereunder as may be challenged by any person, entity, or government agency.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this 11th day of May, 2021.

WITNESSES:

HOSPITAL: Holmes Regional Medical Center

Catherine Morley
Printed Name: Catherine morley

[Signature]
Signature

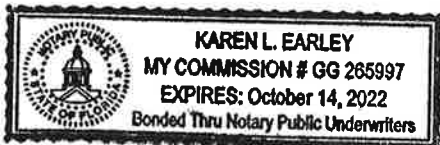
Tammy Morley
Printed Name: Tammy Morley

Title: CEO, Hospital Services Health First, Inc.

STATE OF FLORIDA
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me by means of X physical presence or online notarization, this 11th day of May, 2021, by Brett Esrock, who is personally known to me or who has produced N/A as identification.

(NOTARY SEAL)



Karen L. Earley
Notary Public

Exhibit A

HOLD HARMLESS AND INDEMNIFICATION

WHEREAS, PALM BAY HOSPITAL, with a business address of 1425 Malabar Rd NE
PALM BAY, FL (hereinafter "Hospital") requested that Brevard County (hereinafter "County") adopt the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

WHEREAS, Hospital has given the County assurances that the objectives and procedures addressed in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance are proper and lawful; and

WHEREAS, Hospital waives any right to challenge the procedures and objectives set out in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or any assessment levied pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

WHEREAS, pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, Hospital is required to execute this Hold Harmless and Indemnification prior to the adoption of any Assessment Resolution or Annual Final Assessment Resolution by the County.

NOW THEREFORE, in consideration of the covenants contained herein, Hospital hereby agrees as follows:

The foregoing recitals are true and are incorporated herein by reference.

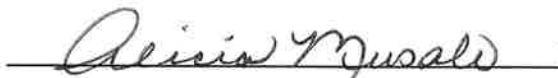
Hospital hereby indemnifies and holds harmless the County, its officers, employees and agents from any and all claims arising from the adoption and implementation of the Brevard County Local Provider Participation Fund Non-Ad

Valorem Assessment Ordinance including any challenge to the procedure or authority of the County to levy or collect an assessment or any challenge to an assessment levied or collected by the County against any property owner pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, including any and all claims, the costs and fees associated with the defense of such claims, that may arise due to the objection or challenge to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or challenge to the County's procedure or authority to impose any assessment levied or collected thereunder as may be challenged by any person, entity, or government agency.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this 12 day of May, 2021.


HOSPITAL:

WITNESSES:


Printed Name: ALICIA MUSALO

Signature

Title: CEO, HOSPITAL SERVICES


Printed Name: JULIE LAMP

STATE OF FLORIDA
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 12 day of May, 2021, by _____

Brett Esrock, who is personally known to me or who has produced _____
_____ as identification.

(NOTARY SEAL)



[Signature]
Notary Public

Andrea Mastrodonardo
Name Typed, Printed or Stamped
My Commission Expires: 7/6/25

OFFICIAL BALLOT
SPECIAL ELECTION- may, 2021

The undersigned certifies that he/she/it is an elector or the proxy holder for an elector (attach Proxy).

I, Brett Esrock, as an elector, or as the proxy holder of Palm Bay Hospital (Elector), pursuant to the Elector's Proxy attached hereto, do cast my vote as follows:

**ADOPTION OF BREVARD COUNTY LOCAL PROVIDER PARTICIPATION FUND
NON-AD VALOREM ASSESSMENT**

Shall Brevard County adopt the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment whereby Brevard County shall impose an assessment upon certain real property owned by the Hospitals to help finance the non-federal share of the State's Medicaid program?

YES X

NO

Date: May 11, 2021

Signed: 

Printed Name: Brett Esrock

**CERTIFICATION OF ELECTORS AND ELECTION RESULTS
AND
WAIVER OF IRREGULARITIES OF THE SPECIAL ELECTION**

WHEREAS, Palm Bay Hospital, with a business address of
1425 Malabar Road, NE
Palm Bay, FL 32909 (hereinafter "Hospital") requested that Brevard County
(hereinafter "County") adopt the Brevard County Local Provider Participation Fund Non-
Ad Valorem Assessment Ordinance; and

WHEREAS, Hospital has given the County assurances that the objectives and
procedures addressed in the Brevard County Local Provider Participation Fund Non-Ad
Valorem Assessment Ordinance are proper and lawful; and

WHEREAS, Hospital waives any right to challenge the procedures and
objectives set out in the Brevard County Local Provider Participation Fund Non-Ad
Valorem Assessment Ordinance or any assessment levied pursuant to the Brevard
County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

WHEREAS, pursuant to Brevard County Charter Section 5.4.1, the levy of a non-
ad valorem special assessment as contemplated by the Brevard County Local Provider
Participation Fund Non-Ad Valorem Assessment Ordinance requires a general election
or special election called for the purposes of the approval of the majority of the electors
residing within the boundaries of the district or other area of the County where the
special assessments are proposed to be levied; and

WHEREAS, Hospital certifies that Hospital has obtained from the Brevard
County Supervisor of Elections a statement verifying that no electors reside within the
boundaries of the district or other areas where the Brevard County Local Provider

Participation Fund Non-Ad Valorem Assessment is proposed to be levied, a copy of this statement is attached hereto; and

WHEREAS, notwithstanding the above, in order to meet the intent of Brevard County Charter Section 5.4.1, Hospital represents that Hospital by proxy certifies that Hospital has voted in favor of the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment; and

NOW THEREFORE, in consideration of the covenants contained herein, Hospital hereby agrees as follows:

1. The foregoing recitals are true and are incorporated herein by reference.
2. Hospital waives any irregularities as it relates to the notice of the special election and the procedure in which the special election occurred and waives any right to challenge or protest any procedural requirement or step under Brevard County Charter Section 5.4.1.
3. Hospital hereby indemnifies and holds harmless the County, its officers, employees and agents from any and all claims, including the costs and fees associated with the defense of such claims, arising as a result of the special election or the adoption and implementation of the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, including any challenge to the procedure or authority of the County to levy or collect an assessment or any challenge to an assessment levied or collected by the County against any property owner pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, including any and all claims, the costs and fees associated with the defense

of such claims, that may arise due to the objection or challenge to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or challenge to the County's procedure or authority to impose any assessment levied or collected thereunder as may be challenged by any person, entity, or government agency.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this 11th day of May, 2021.

WITNESSES:

HOSPITAL:

Palm Bay Hospital

Catherine Maubray
Printed Name: Catherine Maubray

[Signature]

Signature

Title: CEO, Hospital Services
Health First, Inc.

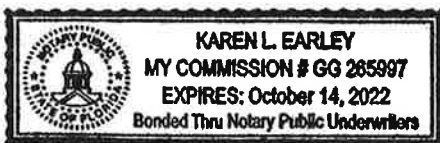
Tammy Murry
Printed Name: Tammy Murry

STATE OF FLORIDA

COUNTY OF BREVARD

The foregoing instrument was acknowledged before me by means of X physical presence or online notarization, this 11th day of May, 2021, by Brett Estock, who is personally known to me or who has produced N/A as identification.

(NOTARY SEAL)



Karen L. Earley
Notary Public

Exhibit A

HOLD HARMLESS AND INDEMNIFICATION

WHEREAS, VIEA HOSPITAL, with a business address of 8745 N. WICKHAM RD.
MELBOURNE, FL (hereinafter "Hospital") requested that Brevard County (hereinafter "County") adopt the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

WHEREAS, Hospital has given the County assurances that the objectives and procedures addressed in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance are proper and lawful; and

WHEREAS, Hospital waives any right to challenge the procedures and objectives set out in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or any assessment levied pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

WHEREAS, pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, Hospital is required to execute this Hold Harmless and Indemnification prior to the adoption of any Assessment Resolution or Annual Final Assessment Resolution by the County.

NOW THEREFORE, in consideration of the covenants contained herein, Hospital hereby agrees as follows:

The foregoing recitals are true and are incorporated herein by reference.


Hospital hereby indemnifies and holds harmless the County, its officers, employees and agents from any and all claims arising from the adoption and implementation of the Brevard County Local Provider Participation Fund Non-Ad

Valorem Assessment Ordinance including any challenge to the procedure or authority of the County to levy or collect an assessment or any challenge to an assessment levied or collected by the County against any property owner pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, including any and all claims, the costs and fees associated with the defense of such claims, that may arise due to the objection or challenge to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or challenge to the County's procedure or authority to impose any assessment levied or collected thereunder as may be challenged by any person, entity, or government agency.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this 12 day of MAY, 2021.

HOSPITAL:

WITNESSES:


Printed Name: ALICIA MUSALO


Signature

Title: CEO HOSPITAL SERVICES

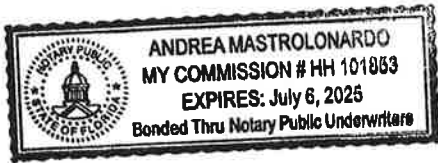

Printed Name: JULIE LAMP

STATE OF FLORIDA
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 12 day of MAY, 2021, by _____

Brett Eseryk, who is personally known to me or who has produced _____
_____ as identification.

(NOTARY SEAL)



[Signature]
Notary Public

Andrea Mastrolonardo

Name Typed, Printed or Stamped

My Commission Expires: 7/6/25

OFFICIAL BALLOT
SPECIAL ELECTION- May, 2021

The undersigned certifies that he/she/it is an elector or the proxy holder for an elector (attach Proxy).

I, Brett Esrock, as an elector, or as the proxy holder of Viera Hospital (Elector), pursuant to the Elector's Proxy attached hereto, do cast my vote as follows:

**ADOPTION OF BREVARD COUNTY LOCAL PROVIDER PARTICIPATION FUND
NON-AD VALOREM ASSESSMENT**

Shall Brevard County adopt the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment whereby Brevard County shall impose an assessment upon certain real property owned by the Hospitals to help finance the non-federal share of the State's Medicaid program?

YES X

NO _____

Date: May 11, 2021

Signed: 

Printed Name: Brett Esrock



**CERTIFICATION OF ELECTORS AND ELECTION RESULTS
AND
WAIVER OF IRREGULARITIES OF THE SPECIAL ELECTION**

WHEREAS, Viera Hospital, with a business address of 8945 N. Wickham Rd.
Melbourne, FL 32940 (hereinafter "Hospital") requested that Brevard County (hereinafter "County") adopt the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

WHEREAS, Hospital has given the County assurances that the objectives and procedures addressed in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance are proper and lawful; and

WHEREAS, Hospital waives any right to challenge the procedures and objectives set out in the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or any assessment levied pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance; and

WHEREAS, pursuant to Brevard County Charter Section 5.4.1, the levy of a non-ad valorem special assessment as contemplated by the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance requires a general election or special election called for the purposes of the approval of the majority of the electors residing within the boundaries of the district or other area of the County where the special assessments are proposed to be levied; and

WHEREAS, Hospital certifies that Hospital has obtained from the Brevard County Supervisor of Elections a statement verifying that no electors reside within the boundaries of the district or other areas where the Brevard County Local Provider

Participation Fund Non-Ad Valorem Assessment is proposed to be levied, a copy of this statement is attached hereto; and

WHEREAS, notwithstanding the above, in order to meet the intent of Brevard County Charter Section 5.4.1, Hospital represents that Hospital by proxy certifies that Hospital has voted in favor of the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment; and

NOW THEREFORE, in consideration of the covenants contained herein, Hospital hereby agrees as follows:

1. The foregoing recitals are true and are incorporated herein by reference.
2. Hospital waives any irregularities as it relates to the notice of the special election and the procedure in which the special election occurred and waives any right to challenge or protest any procedural requirement or step under Brevard County Charter Section 5.4.1.
3. Hospital hereby indemnifies and holds harmless the County, its officers, employees and agents from any and all claims, including the costs and fees associated with the defense of such claims, arising as a result of the special election or the adoption and implementation of the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, including any challenge to the procedure or authority of the County to levy or collect an assessment or any challenge to an assessment levied or collected by the County against any property owner pursuant to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance, including any and all claims, the costs and fees associated with the defense

of such claims, that may arise due to the objection or challenge to the Brevard County Local Provider Participation Fund Non-Ad Valorem Assessment Ordinance or challenge to the County's procedure or authority to impose any assessment levied or collected thereunder as may be challenged by any person, entity, or government agency.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this 11th day of May, 2021.

WITNESSES:

Catherine Morley
Printed Name: Catherine Morley

Jimmy Murry
Printed Name: Jimmy Murry

HOSPITAL:

Viera Hospital

[Signature]

Signature

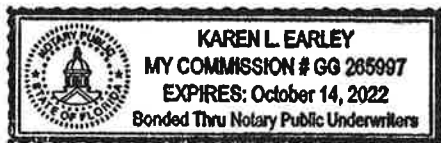
Title: CEO, Hospital Services
-Health First, Inc.

STATE OF FLORIDA

COUNTY OF BREVARD

The foregoing instrument was acknowledged before me by means of X physical presence or online notarization, this 11th day of May, 2021, by Brett Esrock, who is personally known to me or who has produced N/A as identification.

(NOTARY SEAL)



Karen L. Earley
Notary Public

H.5

FORM 8B MEMORANDUM OF VOTING CONFLICT FOR COUNTY, MUNICIPAL, AND OTHER LOCAL PUBLIC OFFICERS

LAST NAME—FIRST NAME—MIDDLE NAME Zonka, Kristine		NAME OF BOARD, COUNCIL, COMMISSION, AUTHORITY, OR COMMITTEE Brevard County Board of County Commissioners	
MAILING ADDRESS 490 Centre Lake Drive, Suite 175		THE BOARD, COUNCIL, COMMISSION, AUTHORITY OR COMMITTEE ON WHICH I SERVE IS A UNIT OF:	
CITY Palm Bay	COUNTY Brevard	<input type="checkbox"/> CITY <input checked="" type="checkbox"/> COUNTY <input type="checkbox"/> OTHER LOCAL AGENCY	
DATE ON WHICH VOTE OCCURRED 05/18/2021		NAME OF POLITICAL SUBDIVISION: Brevard County	
		MY POSITION IS: <input checked="" type="checkbox"/> ELECTIVE <input type="checkbox"/> APPOINTIVE	

WHO MUST FILE FORM 8B

This form is for use by any person serving at the county, city, or other local level of government on an appointed or elected board, council, commission, authority, or committee. It applies to members of advisory and non-advisory bodies who are presented with a voting conflict of interest under Section 112.3143, Florida Statutes.

Your responsibilities under the law when faced with voting on a measure in which you have a conflict of interest will vary greatly depending on whether you hold an elective or appointive position. For this reason, please pay close attention to the instructions on this form before completing and filing the form.

INSTRUCTIONS FOR COMPLIANCE WITH SECTION 112.3143, FLORIDA STATUTES

A person holding elective or appointive county, municipal, or other local public office **MUST ABSTAIN** from voting on a measure which would inure to his or her special private gain or loss. Each elected or appointed local officer also **MUST ABSTAIN** from knowingly voting on a measure which would inure to the special gain or loss of a principal (other than a government agency) by whom he or she is retained (including the parent, subsidiary, or sibling organization of a principal by which he or she is retained); to the special private gain or loss of a relative; or to the special private gain or loss of a business associate. Commissioners of community redevelopment agencies (CRAs) under Sec. 163.356 or 163.357, F.S., and officers of independent special tax districts elected on a one-acre, one-vote basis are not prohibited from voting in that capacity.

For purposes of this law, a "relative" includes only the officer's father, mother, son, daughter, husband, wife, brother, sister, father-in-law, mother-in-law, son-in-law, and daughter-in-law. A "business associate" means any person or entity engaged in or carrying on a business enterprise with the officer as a partner, joint venturer, coowner of property, or corporate shareholder (where the shares of the corporation are not listed on any national or regional stock exchange).

* * * * *

ELECTED OFFICERS:

In addition to abstaining from voting in the situations described above, you must disclose the conflict:

PRIOR TO THE VOTE BEING TAKEN by publicly stating to the assembly the nature of your interest in the measure on which you are abstaining from voting; *and*

WITHIN 15 DAYS AFTER THE VOTE OCCURS by completing and filing this form with the person responsible for recording the minutes of the meeting, who should incorporate the form in the minutes.

* * * * *

APPOINTED OFFICERS:

Although you must abstain from voting in the situations described above, you are not prohibited by Section 112.3143 from otherwise participating in these matters. However, you must disclose the nature of the conflict before making any attempt to influence the decision, whether orally or in writing and whether made by you or at your direction.

IF YOU INTEND TO MAKE ANY ATTEMPT TO INFLUENCE THE DECISION PRIOR TO THE MEETING AT WHICH THE VOTE WILL BE TAKEN:

- You must complete and file this form (before making any attempt to influence the decision) with the person responsible for recording the minutes of the meeting, who will incorporate the form in the minutes. (Continued on page 2)

APPOINTED OFFICERS (continued)

- A copy of the form must be provided immediately to the other members of the agency.
- The form must be read publicly at the next meeting after the form is filed.

IF YOU MAKE NO ATTEMPT TO INFLUENCE THE DECISION EXCEPT BY DISCUSSION AT THE MEETING:

- You must disclose orally the nature of your conflict in the measure before participating.
- You must complete the form and file it within 15 days after the vote occurs with the person responsible for recording the minutes of the meeting, who must incorporate the form in the minutes. A copy of the form must be provided immediately to the other members of the agency, and the form must be read publicly at the next meeting after the form is filed.

DISCLOSURE OF LOCAL OFFICER'S INTEREST

I, Kristine Zonka, hereby disclose that on May 18th, 20 21:

(a) A measure came or will come before my agency which (check one or more)

- ☐ inured to my special private gain or loss;
- ☐ inured to the special gain or loss of my business associate, _____;
- ☐ inured to the special gain or loss of my relative, _____;
- ☐ inured to the special gain or loss of _____, by whom I am retained; or
- ☒ inured to the special gain or loss of Health First, Inc., which is the parent subsidiary, or sibling organization or subsidiary of a principal which has retained me.

(b) The measure before my agency and the nature of my conflicting interest in the measure is as follows:

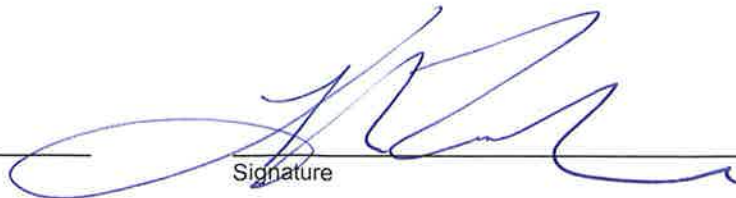
The Board of County Commissioners is considering adopting an Ordinance creating a non-ad valorem special assessment on real property owned by private for-profit and non-profit local hospitals, for the Medicaid managed care hospital direct payment program. One of the local hospital systems, Health First, Inc., owns the company which employs me, Health First Medical Group. Pursuant to the informal opinion provided by the Commission on Ethics on August 11, 2020, I am declaring a voting conflict and I have not and will not participate in the Board's decision regarding adopting an Ordinance creating a non-ad valorem special assessment on real property owned by private for-profit and non-profit local hospitals.

If disclosure of specific information would violate confidentiality or privilege pursuant to law or rules governing attorneys, a public officer, who is also an attorney, may comply with the disclosure requirements of this section by disclosing the nature of the interest in such a way as to provide the public with notice of the conflict.

Date Filed

5/18/21

Signature



NOTICE: UNDER PROVISIONS OF FLORIDA STATUTES §112.317, A FAILURE TO MAKE ANY REQUIRED DISCLOSURE CONSTITUTES GROUNDS FOR AND MAY BE PUNISHED BY ONE OR MORE OF THE FOLLOWING: IMPEACHMENT, REMOVAL OR SUSPENSION FROM OFFICE OR EMPLOYMENT, DEMOTION, REDUCTION IN SALARY, REPRIMAND, OR A CIVIL PENALTY NOT TO EXCEED \$10,000.