

BOCC CONTRACT APPROVAL FORM

CONTRACT TRACKING NO. CM3894

SECTION 1 - GENERAL INFORMATION

Requesting Department: OMB Contact Person: Brittany Contardi
Telephone: (904) 530-6722 Email: bcontardi@nassaucountyfl.com

SECTION 2 - VENDOR INFORMATION

Name: Nassau County Health Department
Address: 1620 Nectarine Street
City: Fernandina Beach State: FL Zip Code: 32034
Vendor's Administrator Name: Cara Gluck, MPH Title: Health Officer/Administrator
Telephone: (904) 557-9143 Email: Cara.Gluck@flhealth.gov

SECTION 3 - VENDOR AUTHORIZED SIGNATORY

Authorized Signatory Name: Cara Gluck, MPH Title: Health Officer/Administrator
Authorized Signatory Email: Cara.Gluck@flhealth.gov
(IDENTIFY WHO WILL SIGN THE CONTRACT ON BEHALF OF THE VENDOR. OFFICER/DIRECTOR WITH AUTHORITY TO BIND COMPANY.)

SECTION 4 - CONTRACT INFORMATION

Contract Name: Memorandum of Agreement between Board of County Commissioners, Nassau County, FL and Nassau County Health Department
Short Description of Product(s)/Service(s) Being Requested: County Medically Indigent Program - financial assistance to eligible residents for specialty physician services and reimbursement for hospital care provided to financially indigent individuals.
(GOODS AND/OR SERVICES TO BE PROCURED, PHYSICAL LOCATION, ETC.)
Procured Method: ☐Quotes ☐ITB ☐RFP ☐RFQ ☐Piggyback ☐Exemption ☐Sole Source ☐Single Source
☒Other: Florida Statute 154.306
Amount of Initial Contract Term: \$80,000.00
Amount of Renewal Options (if applicable): Year 1: Year 2: Year 3: Year 4:
Total Amount of Contract (Initial Term + Renewal Options): \$80,000.00 (Estimate if necessary)
Account Number: 01691561-549611
Source of Funds: ☒County ☐State ☐Federal ☐Other:
County Authorized Signatory: ☐BOCC Chairman ☒County Manager
(IDENTIFY WHO WILL SIGN CONTRACT ON BEHALF OF BOCC)

SECTION 5 - INSURANCE

Insurance Category: ☐Category L ☐Category M ☐Category H ☒Other: N/A
Risk Manager Initials:

SECTION 6 - AMENDMENT INFORMATION

Contract Tracking No: Amendment No:
Type of Amendment: ☐Renewal ☐Time Extension with Increase ☐Time Only Extension ☐Additional Scope
☐Supplemental Agreement ☐Other:
Contract Amount with Previous Amendments: Amount of this Amendment:
New Contract Amount including this Amendment:
Account Code Change From: To:
County Authorized Signatory: ☐BOCC Chairman ☐County Manager
(IDENTIFY WHO WILL SIGN AMENDMENT ON BEHALF OF BOCC)

APPROVALS PURSUANT TO NASSAU COUNTY PURCHASING POLICY

1. Chris Lacambra3/18/2025

Department Head/Contract ManagerDate
2. Chris Lacambra3/18/2025

Office of Mgmt. & BudgetDate
3. ProcurementDate

(Signature required only if procurement related)
4. Denise C. May, Esq., BCS3/19/2025

County AttorneyDate

COUNTY MANAGER - FINAL SIGNATURE APPROVAL

County Manager3/19/2025
Date

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NCHD – BOCC
CMIP MOA

MEMORANDUM OF AGREEMENT
between
Board of County Commissioners,
Nassau County, FL
and
Nassau County Health Department

This Memorandum of Agreement (hereinafter referred to as “MOA”) is entered into by and between the **NASSAU COUNTY HEALTH DEPARTMENT** (hereinafter referred to as “NCHD”) and the **BOARD OF COUNTY COMMISSIONERS OF NASSAU COUNTY, FLORIDA**, a political subdivision of the State of Florida, (hereinafter referred to as the “BOCC”) on the day and year last written below (hereinafter “Effective Date”).

WHEREAS, the Health Care Responsibility Act (hereinafter referred to as “HCRA”), located at Sections 154.301 through 154.331, Florida Statutes, places the financial responsibility for emergency services received at a participating hospital or a regional referral hospital by a qualified indigent patient who is a certified resident of a county in the State of Florida, but is not a resident of the county in which the participating hospital or regional referral hospital is located, is the obligation of the county of which the qualified indigent patient is a resident; and

WHEREAS, the HCRA program assists eligible patients with payments for services provided by hospitals; and

WHEREAS, the HCRA program pays hospitals that provide emergency life-threatening or pre-authorized services; and

WHEREAS, the County Medically Indigent Program (hereinafter referred to as “CMIP”) is a follow-on program to HCRA which provides early intervention to reduce the incidence of emergency room admissions and to provide assistance to clients who cannot otherwise afford maintenance medications; and

WHEREAS, the CMIP is a partnership with the hospitals and health care providers and the CMIP will pay for pre-authorized medical services which will be provided by a specialist at the physician’s office or other health care facility; and

WHEREAS, the CMIP funds may also be used to pay for necessary prescriptive medications but CMIP funds will not be used to pay for facility or hospital charges; and

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WHEREAS, the NCHD provides the coordination of the CMIP in order to provide financial assistance to eligible Nassau County residents needing specialty physician services; and

WHEREAS, the BOCC recognizes the importance of the NCHD's efforts in regard to the CMIP and desires to provide funding to the same as set forth in this Agreement.

NOW, THEREFORE, FOR AND IN CONSIDERATION of mutually agreed upon consideration, the parties agree as follows:

Section 1. Recitals.

1.1 The above recitals are true and correct and are incorporated herein, in their entirety by this reference.

Section 2. NCHD Responsibilities.

2.1 NCHD agrees:

- a. to manage the CMIP; specifically, to refer eligible clients for specialty medical services and for necessary medications and drugs based on financial and medical criteria established by NCHD.
- b. to ensure that financial eligibility shall be based on the guidelines of the HCRA.
- c. to pay service delivery providers at the prevailing Medicaid reimbursement rate or the appropriate drug wholesale rate.
- d. to notify the BOCC when funds have been expended.
- e. to verify that the total funds available for this project are Eighty Thousand Dollars and 00/100 (\$80,000.00).

Section 3. BOCC Responsibilities.

3.1 BOCC agrees:

- a. that the total funds available for the CMIP project are Eighty Thousand Dollars and 00/100 (\$80,000.00).
- b. that it will not require the expenditure of any other NCHD operating funds for CMIP.

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Section 4. Patients to be Served.

4.1 Patients shall be screened for eligibility by NCHD and shall be Nassau County residents that meet financial and medical eligibility criteria.

Section 5. Service Report.

5.1 NCHD shall submit an annual Service Report to the BOCC on or before October 31, 2025. The Service Report shall consist of the number of county residents referred for services during the preceding year, the number of expenditures during the preceding year and the available balance.

Section 6. Records.

6.1 a. NCHD shall be governed by the State of Florida, Department of Health, Information Security Policies, Protocols and Procedures, October 2023. Records, for the purposes of this MOA, shall include any written or electronic information that contains identifying information about the patient including but not limited to names and addresses.

b. NCHD shall maintain records for at least five (5) years from the final day that services were provided under this MOA.

6.2 The County is a public agency subject to Chapter 119, Florida Statutes. **IF NCHD HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO NCHD'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS AGREEMENT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT (904) 530-6090, RECORDS@NASSAUCOUNTYFL.COM, 96135 NASSAU PLACE, SUITE 6, YULEE, FLORIDA 32097.** Under this Agreement, to the extent that NCHD is providing goods and/or services to the County, and pursuant to Section 119.0701, Florida Statutes, NCHD shall:

- a. Keep and maintain public records required by the County to provide goods and/or services.
- b. Upon request from the County's custodian of public records, provide the County

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with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in this chapter or as otherwise provided by law.

c. Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the Agreement term and following completion of the Agreement if NCHD does not transfer the records to the County.

d. Upon completion of the Agreement, transfer, at no cost, to the County all public records in possession of NCHD or keep and maintain public records required by the County to perform the service. If NCHD transfers all public records to the County upon completion of the Agreement, NCHD shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If NCHD keeps and maintains public records upon completion of the Agreement, NCHD shall meet all applicable requirements for retaining public records. All records stored electronically shall be provided to the County, upon request from the County's custodian of public records, in a format that is compatible with the information technology systems of the County.

6.3 A request to inspect or copy public records relating to the County's agreement for goods and/or services shall be made directly to the County. If the County does not possess the requested records, the County shall immediately notify NCHD of the request, and NCHD shall provide the records to the public agency or allow the records to be inspected or copied within a reasonable time.

6.4 If NCHD does not comply with the County's request for records, the County shall enforce the Agreement provisions in accordance with the Agreement.

6.5 If NCHD fails to provide the public records to the County within a reasonable time, NCHD may be subject to penalties under Section 119.10, Florida Statutes.

6.6 If a civil action is filed against NCHD to compel production of public records relating to the Agreement, the Court shall assess and award against NCHD the reasonable costs of enforcement, including reasonable attorney fees if:

(a) The Court determines that NCHD unlawfully refused to comply with the public records request within a reasonable time; and

(b) At least eight (8) business days before filing the action, the plaintiff provided written

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notice of the public records request, including a statement that NCHD has not complied with the request, to the County and to NCHD.

6.7 A notice complies with this Section, if it is sent to the County's custodian of public records and to NCHD at NCHD's address listed on its Agreement with the County or to NCHD's registered agent. Such notices shall be sent to the address listed above for each party.

6.8 If NCHD complies with a public records request within eight (8) business days after the notice is sent, NCHD is not liable for the reasonable costs of enforcement.

Section 7. Term of Agreement.

7.1 This MOA shall be effective for the period of October 1, 2024 through September 30, 2025.

Section 8. Termination.

8.1 Either party may terminate this MOA without cause by providing no less than thirty (30) calendar days written notice to the other party, unless both parties agree upon a lesser time in writing. Such notice may be delivered personally or by certified mail, return receipt requested.

Section 9. Governing Law, Venue and Compliance with Laws.

9.1 This Agreement shall be deemed to have been executed and entered into within the State of Florida and any dispute arising hereunder, shall be governed, interpreted and construed according to the laws of the State of Florida, the Ordinances of Nassau County, and any applicable federal statutes, rules and regulations. Any and all litigation arising under this Agreement shall be brought in Nassau County, Florida, and any trial shall be non-jury. Any mediation, pursuant to litigation, shall occur in Nassau County, Florida.

9.2 NCHD shall comply with any applicable regulatory requirements including federal, state, and local laws, rules, regulations codes, orders, criteria and standards.

[The remainder of this page left intentionally blank.]

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IN WITNESS WHEREOF, the parties have executed this Contract which shall be deemed an original on the day and year last written below.

NASSAU COUNTY, FLORIDA



Taco E. Pope, AICP, County Manager
Designee

3/19/2025

Date

Approved as to form and legality by the
Nassau County Attorney

Denise C. May, Esq., BCS

DENISE C. MAY

NASSAU COUNTY HEALTH DEPARTMENT



Cara Gluck, MPH
Health Officer

March 18, 2025

Date

Certificate Of Completion

Envelope Id: 3486E9DB-97B6-4D0E-B20A-7C795E1122AF

Status: Completed

Subject: Contract No.: CM3894 Vendor Name: Nassau County Health Dept \$80,000 Description: Memorandum of Agree

Source Envelope:

Document Pages: 7

Signatures: 6

Envelope Originator:

Certificate Pages: 2

Initials: 2

Brittany Contardi

AutoNav: Enabled

bcontardi@nassaucountyfl.com

Envelopeld Stamping: Enabled

IP Address: 50.238.237.26

Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Record Tracking

Status: Original

Holder: Brittany Contardi

Location: DocuSign

3/18/2025 1:40:54 PM

bcontardi@nassaucountyfl.com

Signer Events

Signature

Timestamp

Tracy Poore

tpoore@nassaucountyfl.com

OMB Admin

Nassau County BOCC

Security Level: Email, Account Authentication
(None)

Signature Adoption: Pre-selected Style
Using IP Address: 50.238.237.26

Sent: 3/18/2025 1:50:58 PM

Viewed: 3/18/2025 2:01:03 PM

Signed: 3/18/2025 2:02:04 PM

Electronic Record and Signature Disclosure:

Not Offered via Docusign

chris lacambra

clacambra@nassaucountyfl.com

OMB Director

Nassau County BOCC

Security Level: Email, Account Authentication
(None)

Signature Adoption: Pre-selected Style
Using IP Address: 50.238.237.26

Sent: 3/18/2025 2:02:05 PM

Viewed: 3/18/2025 5:45:46 PM

Signed: 3/18/2025 5:47:13 PM

Electronic Record and Signature Disclosure:

Not Offered via Docusign

Abigail Jorandby

ajorandby@nassaucountyfl.com

Deputy County Attorney

Nassau BOCC

Security Level: Email, Account Authentication
(None)

Signature Adoption: Pre-selected Style
Using IP Address: 50.238.237.26

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Signed: 3/19/2025 1:10:15 PM

Electronic Record and Signature Disclosure:

Not Offered via Docusign

Denise C. May, Esq., BCS

dmay@nassaucountyfl.com

County Attorney

Nassau County BOCC

Security Level: Email, Account Authentication
(None)

Signature Adoption: Pre-selected Style
Using IP Address: 50.238.237.26


Sent: 3/19/2025 1:10:17 PM

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Signed: 3/19/2025 5:07:24 PM

Electronic Record and Signature Disclosure:

Not Offered via Docusign

Signer Events	Signature	Timestamp
Taco Pope, AICP tpope@nassaucountyfl.com County Manager Nassau County BOCC Security Level: Email, Account Authentication (None)	 Signature Adoption: Drawn on Device Using IP Address: 50.238.237.26	Sent: 3/19/2025 5:07:25 PM Viewed: 3/19/2025 5:12:10 PM Signed: 3/19/2025 5:12:15 PM

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

In Person Signer Events	Signature	Timestamp
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Editor Delivery Events	Status	Timestamp
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Agent Delivery Events	Status	Timestamp
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Intermediary Delivery Events	Status	Timestamp
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Certified Delivery Events	Status	Timestamp
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Carbon Copy Events	Status	Timestamp
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Clerk Services BOCCCLerkServices@nassauclerk.com Security Level: Email, Account Authentication (None)	<div>COPIED</div>	Sent: 3/19/2025 5:12:16 PM
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Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Brittany Contardi bcontardi@nassaucountyfl.com Senior Procurement Specialist Nassau County Security Level: Email, Account Authentication (None)	<div>COPIED</div>	Sent: 3/19/2025 5:12:17 PM
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Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Envelope Sent	Hashed/Encrypted	3/18/2025 1:50:58 PM
Certified Delivered	Security Checked	3/19/2025 5:12:10 PM
Signing Complete	Security Checked	3/19/2025 5:12:15 PM
Completed	Security Checked	3/19/2025 5:12:17 PM

Payment Events	Status	Timestamps
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