

## Funding Agreement

This Agreement is made this 17<sup>th</sup> day of February, 2015 by and between **NORTH LAKE COUNTY HOSPITAL DISTRICT**, an independent special taxing district of the County of Lake, State of Florida referred to herein as “North Lake County Hospital District”, and **CENTRAL FLORIDA HEALTH ALLIANCE, INC.**, a licensed hospital/ provider referred to herein as “CENTRAL FLORIDA HEALTH ALLIANCE, INC.”

Whereas, the North Lake County Hospital District was recreated and the charter was reenacted under House Bill 1299, which is codified at 2012 Florida Laws Ch. 258 as the North Lake County Hospital District Act, and the District was established as an independent special taxing district in the County of Lake, State of Florida; and

Whereas, the Act and House Bill 1299 defines the public purpose of the district is to provide a means to pay for indigent care provided in accordance with this act through the use of health care facilities not owned and operated by the board of trustees; and

Whereas, the Act and House Bill 1299 states the District may make and execute contracts and other instruments necessary in the exercise of its powers under this act and do all things necessary to carry out the purpose of this district; and

Whereas, the permitted use of tax funds consistent with the public purpose of the district may be used to pay for indigent care provided by licensed hospitals physically located in the district that are approved by the board of trustees; and

Whereas, **CENTRAL FLORIDA HEALTH ALLIANCE, INC.** is a licensed hospital physically located in the district as more specifically

described in the Act and House Bill 1299 and provides care for the indigent; and

Whereas, the North Lake County Hospital District has accepted the request of the CENTRAL FLORIDA HEALTH ALLIANCE, INC. for the allocation of funds, approved CENTRAL FLORIDA HEALTH ALLIANCE, INC. as a licensed hospital in the District and wishes to provide funds for the purposes and only for the purposes set forth in said request and this Agreement.

Now, Therefore, in consideration of the premises and the mutual representations, warranties, covenants and agreements herein contained, the parties hereby agree as follows:

A. North Lake County Hospital District shall not provide CENTRAL FLORIDA HEALTH ALLIANCE, INC. with funds for indigent care of residents of the defined district in excess of the actual costs of providing care; however, the payment for indigent care provided may not exceed the amount payable by the Medicare program for identical or substantially similar care in the territory of the District.

B. CENTRAL FLORIDA HEALTH ALLIANCE, INC. agrees as a condition of accepting said funds from the district to be subject to an audit of its records relative to the patients for whom payment is sought in order to ensure compliance with the Act and House Bill 1299 and to provide transparency and accountability.

CENTRAL FLORIDA HEALTH ALLIANCE, INC. understands and agrees that all audit reports shall become public records upon acceptance by the Board of Trustees.

C. If, upon completion of any audit, it is determined that payment was made by the District that was not in compliance with the requirements of the Act and House Bill 1299, a rebuttable presumption

is created that the District is entitled to a recoupment of the amounts in question.

In accordance with the Act, notice shall be provided to CENTRAL FLORIDA HEALTH ALLIANCE, INC. and an opportunity to go forward with evidence rebutting the presumption in an informal setting shall be provided. Pending any judicial determination, the district may set off the amounts in question against any other amounts owed or to be owed to the provider. If informal resolution cannot be reached between the parties, the Board of Trustees shall request a formal mediation conference.

D. CENTRAL FLORIDA HEALTH ALLIANCE, INC. agrees to ensure that all recipients of indigent care for which payment is sought under the criteria of the Act and House Bill 1299 are qualified by the provider as medically indigent persons and residents of the district described in the act.

E. CENTRAL FLORIDA HEALTH ALLIANCE, INC. agrees to certify that any indigent care for which payment is requested in whole or part from the District is medically necessary.

F. CENTRAL FLORIDA HEALTH ALLIANCE, INC. agrees to certify, under penalty of perjury, that the eligibility verification procedures adopted by the Board of Trustees have been complied with and that he or she, in good faith, believes that the person is qualified to receive indigent care.

G. CENTRAL FLORIDA HEALTH ALLIANCE, INC. agrees if estimated payments are received from the District, the Hospital shall maintain such funds in a separate accounting of funds and document each eligible indigent care patient account. All direct documentation that is part of the audit record is subject to disclosure under Chapter 119, Florida Statutes.

H. CENTRAL FLORIDA HEALTH ALLIANCE, INC. as a licensed hospital/provider agrees to comply with the policies and requirements adopted by the North Lake County Hospital District.

I. Provided all obligations of CENTRAL FLORIDA HEALTH ALLIANCE, INC. as described above are met and continue to be met, an amount not to exceed the sum of THREE MILLION THREE HUNDRED THIRTY-TWO THOUSAND TWENTY-TWO AND NO/100THS DOLLARS (\$3,332,022.00) shall be distributed to CENTRAL FLORIDA HEALTH ALLIANCE, INC. by the North Lake County Hospital District

J. The term of this Agreement shall commence on the 1st day of July, 2014 and shall continue to 30th day of June, 2015.

K. If either party shall breach or fail to perform any requirement or provision of this Agreement, the non-breaching party shall give the breaching party 60 days notice of intent to terminate the Agreement, which notice shall specify the nature of the alleged breach. If the breaching party fails to correct the breach within the 60-day notice period, the non-breaching party may immediately terminate this Agreement at the end of the notice period, or take such actions and pursue such remedies as provided by law, or both. No remaining funds will be paid after termination of this Agreement. If at any time CENTRAL FLORIDA HEALTH ALLIANCE, INC. fails to maintain or meet the obligations outlined in the Agreement, this Agreement shall be considered terminated and any monies paid in error shall be repaid to the North Lake County Hospital District within 60 days of the termination of this Agreement.

L. Each party (“Indemnifying Party”) shall indemnify, defend and hold harmless the other party (“Indemnified Party”), its officers, directors, shareholders, employees, agents and affiliates from and against any and all claims, liability, damages and/or costs (including, without limitation, reasonable attorney’s fees and expenses)

Indemnified Party may incur as a result of claims in any form by third parties related to or arising out of (a) Indemnifying Party's performance of, or failure to perform, any obligation under this Agreement, or (b) the material untruth of, or Indemnifying Party's failure to observe, any representation given to the Indemnified Party in connection with this Agreement.

M. CENTRAL FLORIDA HEALTH ALLIANCE, INC. agrees that any funds received under this Agreement used other than as set forth in the Act and House Bill 1299 will be immediately refunded to the District.

N. All notices, demands, or other writings required to be given or made or sent pursuant to this Agreement, or which may be given or made or sent, by either party, shall be made or sent in writing and addressed as follows:

North Lake Hospital District  
% Patricia A. Sykes-Amos Patricia A. Sykes-Amos, CPA  
Greenlee, Kurras, Rice & Brown, CPAs  
Post Office Box 8  
Mt. Dora, FL 32756  
Phone 352-383-6300  
[psamos@northlakecountyhospitaldistrict.org](mailto:psamos@northlakecountyhospitaldistrict.org)

Hospital:

CENTRAL FLORIDA HEALTH ALLIANCE, INC.  
600 E. Dixie Avenue  
Leesburg, FL 34748  
Att: Diane Harden, CFO  
352-323-5002  
[dharden@cfhalliance.org](mailto:dharden@cfhalliance.org)

O. It is further agreed that no modifications, amendments, or alterations of the terms or conditions contained herein shall be effective unless contained in a written document executed with the same formality and or equal dignity herewith.

P. North Lake County Hospital District and CENTRAL FLORIDA HEALTH ALLIANCE, INC. warrants and represents that they have full power and authority to enter into this Agreement and to carry out its obligations hereunder. The execution and delivery of this Agreement and the consummation of the transactions contemplated hereby have been duly and validly authorized and no other corporate acts or proceedings on the part of North Lake County Hospital District and CENTRAL FLORIDA HEALTH ALLIANCE, INC. are necessary to authorize this Agreement or to consummate the transactions contemplated hereby and this Agreement constitutes a valid and legally binding obligation of the parties.

Q. This Agreement incorporates and includes all prior negotiations, correspondence, conversations, agreements, or understandings applicable to the matters contained herein and the parties agree that there are no commitments, agreements, or understandings concerning the subject matter of this Agreement that are not contained in this document. Accordingly, it is agreed that no deviation from the terms hereof shall be predicated upon any prior representations or agreements, whether oral or written.

In Witness Whereof, the parties hereto have made and executed this Agreement effective the date first written above.

**[SIGNATURE PAGES FOLLOW]**

Signed, sealed and delivered in our presence:

**NORTH LAKE COUNTY HOSPITAL  
DISTRICT**

Sign: Catherine C. Hanson  
By: CATHERINE C. HANSON  
Chairperson

Witnesses:

Jeff A. Anderson  
Charles H. Fullard

STATE OF FLORIDA

COUNTY OF LAKE

Personally appeared before me this 17<sup>th</sup> day of February, 2015, CATHERINE C. HANSON as Chairperson of the North Lake County Hospital District, who, being duly sworn on oath, says that she is the Chairperson of the North Lake County Hospital District and that she hereby acknowledges the execution of the foregoing Funding Agreement.

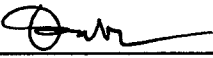
Lorette C. Sissons  
Notary Public  
My Commission Expires:

(SEAL)

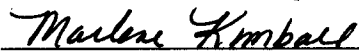
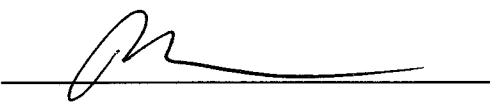


Signed, sealed and delivered in our presence:

**CENTRAL FLORIDA HEALTH ALLIANCE, INC.**

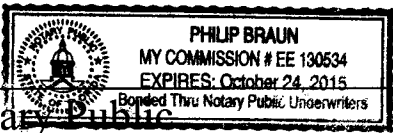
Sign:   
By: **Donald G. Henderson**  
President

Witnesses:

STATE OF FLORIDA  
COUNTY OF LAKE

Personally appeared before me this 5<sup>th</sup> day of Feb, 2015, Donald G Henderson as CEO of the CENTRAL FLORIDA HEALTH ALLIANCE, INC., who, being duly sworn on oath, says that He is the CEO of the Corporation and that Phil Bra hereby acknowledges the execution of the foregoing Funding Agreement.





Notary Public  
My Commission Expires:

(SEAL)