

**CITIZENS ADVISORY COMMITTEE MEETING  
WEST VOLUSIA HOSPITAL AUTHORITY  
Sanborn Center  
815 S. Alabama Ave., DeLand, FL  
February 3, 2026  
5:30 PM**

**AGENDA**

1. Call to Order / Pledge of Allegiance
2. Approval of Agenda
3. Election of Officers
  - A. Chair
  - B. Vice-Chair
4. Citizens Comments
5. Attorney Theodore W. Small, Legal Counsel
  - A. CAC ByLaws
  - B. WVHA Enabling Legislation
  - C. Florida Sunshine Law
  - D. Conflicts of Interest
6. Commissioner Judy Craig – Parliamentary Procedure
7. Scheduled Meetings – 2026
  - A. Time, Date & Location of CAC Meetings
  - B. Steps in Funding Review Process
8. Funding Application
  - A. Outputs and Outcomes
  - B. Rubric
9. Adjournment

If any person decides to appeal any decision made by the CAC with respect to any matter considered at this meeting or hearing he/she will need a record of the proceedings, and for such purpose he/she may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based (FS 286.0105). Individuals with disabilities needing assistance to participate in any of these proceedings should contact the WVHA Administrator at least three (3) working days in advance of the meeting date and time at (386) 626-4870.

**THE CITIZENS ADVISORY COMMITTEE  
OF THE  
WEST VOLUSIA HOSPITAL AUTHORITY**

**ByLaws**

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**ARTICLE I.                    Purpose of the Citizens Advisory Committee**

The Citizens Advisory Committee shall have the responsibility of providing ideas and advice to the West Volusia Hospital Authority, herein referred to as the Board, on how to effectively and efficiently serve and meet the healthcare needs of the citizens of West Volusia County.

**ARTICLE II.                    Duties and Responsibilities**

The Citizens Advisory Committee shall be limited in its pursuits to issues assigned to it by the Board. The Committee shall study those issues, examine facts and make recommendations to the Board. However, suggestions from any CAC member to the Board are welcome.

**ARTICLE III.                    Authority**

The Committee is independent of the Authority's administration and/or individual Board members but shall answer to the Board as a whole. It shall study those matters directed to it by the Board, but it is free to set its own agenda and methods of operation. The Authority's administration shall provide assistance and cooperation to the Committee to increase its effectiveness in achieving its purpose.

**ARTICLE IV.                    Membership**

The Committee shall be composed of ten (10) members appointed by the Board, who will serve at the pleasure of the Board. The Board may expand, reduce or abolish the Committee or replace any member without stating a cause; provided however, the Board will only exercise this discretion during a regular meeting where the question is noticed on its published agenda unless exigent circumstances require otherwise. Each Board member shall nominate two (2) members for the Citizens Advisory Committee for the Board's consideration. Members of the Committee shall serve during the term of office of the Board member who nominated them. There shall be no limit to the number of terms a person may serve on the Committee.

## **ARTICLE V. Members Responsibilities**

Every Committee member is expected to attend each meeting of the Committee and be a positive and effective contributor to the deliberations of the Committee. Only duly appointed members of the Committee shall vote on the business of the Committee. No proxies or substitutes shall be allowed. After three (3) consecutive unexcused absences, a member's position shall be declared vacant. The chair of the Committee shall have the authority to determine whether a member's absence is excused. The Chair of the Board shall be asked to make appointments to fill any vacant positions.

## **ARTICLE VI. Officers**

The Committee shall elect a chair and vice chair at its first meeting of each calendar year. The chair shall be limited to serving two (2) consecutive terms of office. After an intervening term the immediate past chair shall again become eligible to hold the position of chair. The chair shall prepare the agenda and preside at each meeting of the Committee. The vice chair shall perform those duties assigned by the chair and chair the Committee in the absence of the chair.

## **ARTICLE VII. Meeting Times and Places**

The Committee shall meet upon call of the Committee chair at a time and place to be announced by the chair or as provided for by the Committee. A special meeting of the Committee may be called by the chair or by petition of four (4) members of the Committee.

## **ARTICLE VIII. Subcommittees**

The chair shall establish subcommittees as needed and appoint the chairs.

## **ARTICLE IX. Conduct of Committee and Subcommittees Meetings**

All meetings of the Committee and its subcommittees shall be held in the sunshine and are subject to Florida's sunshine laws. At each Committee and subcommittee meeting the chair shall provide an opportunity for non-committee members to be recognized and provide time for presentations. It is desired and hoped that the public, Board members and staff members of the Hospital Authority will provide information, suggestions and ideas to advance the work of the Committee.

Presenters to the Committee shall be limited in their presentation time and will be expected to respond to questions from the Committee or subcommittee.

Official business shall only be conducted when it has been established that a quorum is present and voting. A quorum is defined as more than fifty per cent (50%) of the members of the Committee.

**ARTICLE X.                    Requests and Reports**

All requests to the Authority for information, materials and/or individual or group presence at any function of the Committee shall be made by the chairperson of the Committee.

The chair shall provide reports to the Board as requested, describing the Committee's activities, findings and recommendations, in keeping with its purpose.

**ARTICLE XI.                    Compensation**

The members of the Committee shall receive no compensation for their work and contributions.

**ARTICLE XII.                    ByLaws Changes**

The Citizens Advisory Committee shall develop and operate by a set of bylaws approved by the Board. All additions, deletions or modifications to the bylaws must be approved by the Board prior to becoming effective.

**ARTICLE XIII.                    Conflict of Interest**

Members of the Citizens Advisory Committee shall be subject to the provisions of Florida law pertaining to the avoidance of conflict of interest for public office holders. Committee members shall not derive pecuniary profit or direct benefit from any action of the Committee either as individuals or in a corporate capacity or entity of which the member is a participant. Members shall not be employed by or on the Board of any agencies funded by the WVHA. In the event there appears to be conflict of interest, a Committee member shall declare and defend the conflict and abstain from voting on the specific question. The abstaining Committee member shall place on file the required written statement as set forth in Part III of Chapter 112, Florida Statutes, Code of Ethics for Public Officers and Employees.

# CHAPTER 2004-421

## House Bill No. 837

An act relating to the West Volusia Hospital Authority; codifying, amending, reenacting, and repealing the prior special acts of the authority, an independent special tax district in Volusia County; providing legislative intent; providing minimum charter requirements in accordance with s. 189.404(3), F.S.; eliminating full faith and credit and ad valorem tax bonding capacity; revising indigence provisions; clarifying purpose and powers; conforming to general law requirements; providing severability; providing for liberal construction; repealing all prior special acts related to the West Volusia Hospital Authority; providing for a referendum on lowering the millage rate; providing a ballot statement; providing effective dates.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Pursuant to section 189.429, Florida Statutes, this act constitutes the codification of all special acts relating to the West Volusia Hospital Authority, an independent special tax district. It is the intent of the Legislature in enacting this law to provide a single, comprehensive special act charter for the authority including all current legislative authority granted to the district by its several legislative enactments and any additional authority granted by this act. It is further the intent of this act to preserve all district authority in addition to any authority contained in general law.

Section 2. Chapters 27949 (1951), 57-1929, 57-2085, 59-1949, 61-2974, 63-2014, 65-2344, 67-2152, 69-1696, 69-1698, 71-951, 71-955, 82-383, 88-473, and 96-455, Laws of Florida, are codified, reenacted, repealed, and amended as herein provided.

Section 3. The West Volusia Hospital Authority is re-created and the charter for the authority is re-created and reenacted to read:

Section 1. An independent special tax district is hereby created and incorporated to be known as "The West Volusia Hospital Authority" in Volusia County for the purpose of, either directly or through third parties, providing access to healthcare for indigent residents of the district ("purpose"). Health care is to be provided or overseen by licensed health care professionals or entities and may only be provided for nonindigents and nonresidents incidental to the provision of services to indigent residents of the district. This purpose is hereby found and declared to be a public purpose and necessary for the general welfare of the residents of the district, which the district shall embrace and include the following described property in Volusia County, to wit:

Commencing at a point on the East Shore of Lake George where same is intersected by the Putnam-Volusia County line and run Northeasterly with the line to the Southern-most point of Lake Crescent; thence East with shore line of Lake Crescent to the mouth of Haw Creek; thence up the Creek to its intersection with the East line of Range 28 East; run

thence South with the range line (it being the Flagler-Volusia County line) to the Northwest corner of Section 30, Township 14 South Range 29 East; thence run East 12 miles to the Northeast corner of Section 25, Township 14 South Range 30 East; thence run South two miles to the Southeast corner of Township 14 South Range 30 East; thence run West along the Township line to the Northeast corner of Township 15 South Range 30 East; thence run South with the range line between Ranges 30 and 31 East about six miles to the Southeast corner of Township 15 South Range 30 East; run thence East along the North line of Township 16 South Range 31 East about six miles to the Northeast corner of the Township 16 South Range 31 East; run thence South on the range line between Ranges 31 and 32 East about twelve miles to the Southeast corner of Township 17 South Range 31 East; run thence East with the line between Townships 17 and 18 South to the Northeast corner of Township 18 South Range 32 East; run thence South on the range line between Ranges 32 and 33 East to the Southeast corner of Township 18 South Range 32 East; run thence East on the line between Township 18 South Range 33 East and Township 19 South Range 33 East about three miles to the Northeast corner of Section 4 Township 19 South Range 33 East. Run thence South on the East line of Sections 4-9-16-21-28 and 33, Township 19 South Range 33 East to the Southeast corner of Section 33, Township 19, South Range 33 East; run thence east on the line between Township 19 South Range 33 East and Township 20 South Range 33 East to the Northeast corner of Township 20 South Range 33 East; run thence South on the East line of Township 20 South Range 33 East and along the East line of Township 21 South Range 33 East to the Southeast corner of Section 36, Township 21 South Range 33 East; run thence West along the South line of Township 21 South Range 33 East to the intersection of the Township line with the St. Johns River; thence run down the St. Johns River in a generally Northwesterly direction to Lake George and with the East Shore line of the Lake George to the place of beginning. All of the above described property lying and being in the County of Volusia, State of Florida.

Section 2. The governing body of the West Volusia Hospital Authority shall consist of five commissioners who shall be qualified residing in the district. At the general election held in the year A.D. 1962, there were elected five commissioners, three of whom were elected for a term of 2 years, and which commissioners were identified as Group A; and two of whom were elected for a term of 4 years, and which commissioners were identified as Group B. Candidates shall identify themselves to either Group A or Group B. Thereafter, in subsequent elections, each commissioner shall be elected for a term of 4 years. Each commissioner shall give bond to the Governor for the faithful performance of his or her duties in the sum of \$5,000, with a surety company qualified to do business in the state as surety, which bond shall be approved and kept by the Clerk of the Circuit Court of Volusia County. The premiums on the bonds shall be paid as part of the expenses of the district.

(1) The commissioners in Group A and Group B shall qualify for and be elected to the office of commissioner on a nonpartisan basis by qualifying in groups as provided by section 101.254, Florida Statutes, as candidates in a

primary election to be held at the time of the first state primary election, prior to the general election, and in the general election in the same manner as provided by Florida law for the election of nonpartisan county officers in the County of Volusia.

(2) Should a vacancy or vacancies in the office of a commissioner on the board of commissioners arise by reason of the death, resignation, absence, or mental or physical disability or incompetency of a member or members of the board for a period of 6 months or more, the board shall by majority action of the remaining members appoint a commissioner or commissioners to fill any vacancy or vacancies in office from among the qualified persons residing in the district to serve until the expiration of the term of each such vacancy in office, or until the election and qualification of a successor or successors following the next general election. Should the remaining board members be unable to appoint a commissioner or commissioners to fill any vacancy or vacancies in office from among the qualified persons residing in the district after 45 days from the vacancy's occurrence, then the vacancy or vacancies shall be filled by the Governor pursuant to section 114.04, Florida Statutes, as it may be amended from time to time, such qualified person or persons to serve until the expiration of the term of each such vacancy in office, or until the election and qualification of a successor or successors following the next general election. In the event that under the laws of the state a general election is to be held after the creation of a vacancy in the office of commissioner and before the expiration of the term of that office, as provided by the sections of this act assigning such office to Group A or Group B, a person or persons shall be nominated and elected to fill out the balance of the term of the vacancy in office and to succeed in that office and for that term, the person or persons appointed by the hospital commissioners. Such nomination and election shall be carried out in the same manner as is provided for in this act for the nomination and election of hospital commissioners, except that the primary and general election ballot shall identify the candidate for such vacancy in office by the group to which such office is assigned by the provisions of this act. Nothing herein shall be construed to prevent a person appointed by the board of commissioners from being a candidate to succeed himself or herself in the office to which he or she was appointed.

(3) The board of commissioners shall take office and organize at the first meeting in the month of January of each year by the election from among their number a chair, vice chair, secretary, treasurer, and such other officers as the board may deem necessary to accomplish the purposes of this act. All such officers shall serve for the year in which elected and until their successors are elected and installed.

Section 3. (1) The Board of Commissioners of the West Volusia Hospital Authority shall have all the powers of a body corporate, including the power to sue and be sued under the name of the West Volusia Hospital Authority; to contract and be contracted with; to adopt and use a common seal and to alter the same at pleasure; to acquire, purchase, hold, lease, sell, and convey such real and personal property as the board may deem proper or expedient to carry out the purposes of this act; to appoint and employ a qualified hospital administrator whose qualifications are approved by the board of

commissioners as being in the best interest of the hospital; to provide for the election of a chief of staff by the medical staff of the hospital and employ such other agents and employees as the board may deem advisable; and to borrow money and issue notes, bonds, and other evidences of indebtedness of the district to carry out the provisions of this act in the manner hereinafter provided.

(2) Realizing that factors other than professional must enter into the qualifications of those who practice medicine, surgery, and dentistry, the Board of Commissioners of the West Volusia Hospital Authority are hereby authorized and empowered to set up rules, regulations, and bylaws for the operation of the hospital and the medical and dental staffs. The board of commissioners is authorized to give, grant, limit, or revoke membership on the medical or dental staff or the privileges of medical or dental staff members for practicing in or about the hospital under this act. So that the welfare and health of patients and the best interests of the hospital may at all times be best served, privileges of medical or dental staff membership and appointment to the medical or dental staff may be authorized, granted, limited, or revoked by the board of commissioners and shall be made for a period of 1 year or until the end of the fiscal year of the hospital or until the end of such probationary period as the board shall determine. It shall be the duty of the medical and dental staffs of the hospital to organize in the manner prescribed by the board of commissioners of this district. The board of commissioners is further authorized and empowered to set up rules and regulations for the control of all professional and nonprofessional employees of the hospital, which terms shall include nurses on general duty or on private duty attending patients, and all parties in the hospital, either as employees or in any manner in attendance of patients.

(3) Three of the commissioners shall constitute a quorum, and a vote of at least two of the commissioners shall be necessary for the transaction of any business of the district. The commissioners shall cause true and accurate minutes and records to be kept of all business transacted by them, and shall keep full, true, and complete books of account and minutes, which minutes, records, and books of account shall at all reasonable times be open and subject to the inspection of inhabitants of the district; and any person desiring to do so may make or procure copy of the minutes, records, or books of account, or such portions thereof as he or she may desire.

Section 4. The board of commissioners is hereby authorized and empowered to establish, construct, operate, and maintain such hospital and hospitals as in their opinion shall be necessary for the use of the people of the district. Said hospital or hospitals shall be established, constructed, operated, and maintained by the board of commissioners for the preservation of the public health and for the public good and for the use of the public of the district. Maintenance of such hospital or hospitals within the district is hereby found and declared to be a public purpose and necessary for the preservation of the public health and for the public use and for the welfare of the district and inhabitants thereof. The location of the hospital or hospitals shall be determined by the board.

(1) The term "hospital" or "hospitals," as used in this act, shall mean one or more health care institutions, including hospitals, extended care institu-

tions, and outpatient care institutions, whether or not located in a single building, which shall have some or all of the following: an organized medical staff with permanent facilities that include inpatient beds and with medical services including physicians' services and continuing nursing services to provide diagnosis and treatment for patients who have a variety of medical conditions, including both those who require inpatient care and those who are primarily ambulatory, whether or not such patients require continuous hospital services, including the furnishing and staffing with professional and nonprofessional personnel of both outpatient and inpatient emergency departments.

(2) The term "operate and maintain," as used in this act, shall mean to administer, supervise, control, and manage the hospital or hospitals referred to by this act and to obtain, construct, employ, furnish, and replenish the equipment, facilities, including buildings, and professional and nonprofessional personnel, including licensed physicians, required to provide the services, treatment, and facilities related to such hospital and hospitals as defined in this act.

Section 5. In order to carry out the purpose of this act, and notwithstanding other provisions of this act, and in extension and not in limitation of the provisions contained in any other section of this act:

(1) The board of commissioners may acquire, construct, reconstruct, extend, make additions to, enlarge, improve, repair, remodel, restore, equip, and furnish hospital and other health care facilities now or hereafter located in the district and which are or may be owned by or under the supervision, operation, and control of the district. For the purposes of this section, the term "hospital" or "health care facilities" means any real property or interest therein, building, structure, facility, machinery, equipment, furnishings, or other property suitable for use by the district in connection with its operations or proposed operations, including, without limitation, real property therefor, a clinic, computer facility, food service and preparation facility, health care facility, long-term care facility, hospital, interns' residence, nursing home, nursing school, office, professional office building, parking structure and area, pharmacy, recreational facility, research facility, storage facility, utility, or x-ray facility, or any combination of the foregoing, and other structures or facilities related thereto or required or useful for health care purposes, the conducting of research, or the operation of a hospital or other health care facility, including facilities or structures essential or convenient for the orderly conduct of such hospital or other health care facility and other similar items necessary or convenient for the operation of a particular facility or structure in the manner for which its use is intended.

(2) The board of commissioners shall provide for the health or mental health care of indigents and provide such other health or mental health related services for indigents in such manner as the board selects, including the purchase of institutional services from any private or publicly owned medical facility, as the board determines are needed for the general welfare of the residents of the district.

(3) The board of commissioners may collect information and statistical data that will be helpful to the board and the county in deciding the health or mental health care needs in the county.

(4) The board of commissioners may assume funding for the county's share of state or federal indigent health or mental health care programs for district residents which require financial participation by the county.

(5) The board of commissioners may issue negotiable revenue bonds of the district for the purpose of paying or refinancing all or any part of the cost of any hospital or other health care facility. In anticipation of the sale of such revenue bonds, the district may issue negotiable bond anticipation notes and may renew the same from time to time, but the maximum maturity of any such note, including renewals thereof, shall not exceed 50 years from the date of issue of the original note. Such notes shall be paid from any revenues or other funds of the district legally available therefor and not otherwise pledged or from the proceeds of sale of the revenue bonds of the district in anticipation of which they were issued. The notes shall be issued in the same manner as the revenue bonds. Such notes and the resolution authorizing them may contain any provisions, conditions, or limitations which a bond resolution of the board of commissioners may contain.

(a) The revenue bonds and notes of every issue shall be payable solely out of revenues derived by the district from hospital and other health care facilities within the district and owned by or under the supervision, operation, and control of the district, together with any other funds of the district legally available for the purpose. Notwithstanding that revenue bonds and notes may be payable from a special fund, they shall be for all purposes negotiable instruments, subject only to any provisions of the revenue bonds and notes for registration.

(b) The revenue bonds may be issued as serial bonds, as term bonds, or otherwise, or the board of commissioners may issue bonds of all types. The revenue bonds shall be authorized by resolution of the board of commissioners and shall bear such date; mature at such time not exceeding 50 years from their respective dates; bear interest at such rates, including variable rates, but not exceeding the maximum rate permitted by law at the time of issuance; be payable at such time; be in such denominations; be in such form, either coupon or registered or both; carry such registration privileges and conversion or exchange privileges; be executed in such manner; be payable in lawful money of the United States at such place; and be subject to such terms of redemption, including redemption prior to maturity, as such resolution may provide. The board of commissioners shall determine the form and manner of execution of the bonds, including any interest coupons to be attached thereto, and shall fix the denomination of the bonds and the place of payment of principal and interest, which may be at any bank or trust company within or without the state. In case any officer whose signature, or a facsimile of whose signature, appears on any bonds or coupons ceases to be such officer before the delivery of such bonds, such signature or facsimile shall nevertheless be valid and sufficient for all purposes the same as if he or she had remained in office until such delivery. The board of commissioners may also provide for the authentication of the bonds by a trustee or fiscal agent. The revenue bonds or notes may be sold in such manner, either at public or private sale, and for such price as the board of commissioners determines. Pending preparation of the definitive bonds, the

board of commissioners may issue interim receipts or certificates which may be exchanged for such definitive bonds.

(c) The board of commissioners may require that any issue of revenue bonds be secured by a trust agreement by and between the district and a corporate trustee, which may be any trust company or bank having the powers of a trust company within or without the state. Such trust agreement or resolution may pledge or assign all or any part of the revenues and other funds of the district legally available for the payment of such revenue bonds. The resolution may contain such provisions for protecting and enforcing the rights and remedies of the bondholders as may be reasonable and proper and not in violation of law, including covenants setting forth the duties of the district in relation to the acquisition, construction, improvement, maintenance, operation, repair, equipping, and insurance of the facilities; the fees and other charges to be fixed and collected for the use of any facility or part thereof; the sale of any facility or part thereof or other property; the terms and conditions for the issuance of additional bonds; and the custody, safeguarding, and application of all moneys. Any bank or trust company incorporated under the laws of the state which may act as such depository may furnish such indemnity bonds or may pledge such securities as may be required by the board of commissioners. Such resolution or trust agreement may set forth the rights and remedies of the bondholders and the trustee and may restrict the individual right of action by the bondholders. In addition, such resolution or trust agreement may contain such other provisions as the board of commissioners may deem reasonable and proper for the security of the bondholders. All expenses incurred in carrying out such trust agreement or resolution may be treated as a part of the cost of the facility in connection with which such bonds are issued or as part of the expense of operation of such facility. The resolution or trust agreement providing for the issuance of the revenue bond may also contain such limitations upon the issuance of additional revenue bonds as the board of commissioners may deem proper, and such additional bonds shall be issued under such restrictions or limitations as may be prescribed by such resolution or trust agreement.

(d) Revenue bonds issued under the provisions of this section shall not be deemed to constitute a debt, liability, or obligation of the district, Volusia County, or the state, or any political subdivision thereof, or a pledge of the faith and credit or the taxing power of the district, Volusia County, or of the state, or any political subdivision thereof, but shall be payable solely from the revenue and funds provided therefor. All such revenue bonds shall contain on the face thereof a statement to the effect that the district shall not be obligated to pay the same or the interest thereon except from the revenues and other funds of the district provided for such payment, and that neither the faith and credit nor the taxing power of the district, nor of Volusia County, nor of the state, nor any political subdivision thereof, is pledged to the payment of the principal or of the interest on such bonds. The issuance of revenue bonds under the provisions of this section shall not directly, indirectly, or contingently obligate the district, Volusia County, or the state, or any political subdivision thereof, to levy or to pledge any form of taxation whatever nor make any appropriation for their payment.

(e) All bonds issued under the provisions of this section shall have all the qualities and incidents, including negotiability, of investment securities under the Uniform Commercial Code, but no provision of such code respecting the filing of a financing statement to perfect a security interest shall be necessary for, or applicable to, any security interest created in connection with the issuance of any such bonds.

(f) The exercise of the powers granted by this section shall be in all respects for the benefit of the people of this state; for the increase of their commerce, welfare, and prosperity; for the improvement of their health and living conditions; and because the operation and maintenance of hospital and other health care facilities by the district will constitute the performance of an essential public and governmental purpose. Any bonds issued under the provisions of this section, together with interest, their transfer, and the income therefrom, including any profit made on the sale thereof, shall at all times be free from taxation of every kind by the state, Volusia County, and municipalities and other political subdivisions in the state, except for those taxes imposed by chapter 220, Florida Statutes, on interest, income, or profits on debt obligations owned by corporations.

(g) The board of commissioners may provide for the issuance of revenue bonds of the district for the purpose of refunding any of its revenue bonds then outstanding, including the payment of any redemption premium thereon and any interest accrued or to accrue to the earliest or subsequent date of redemption, purchase, or maturity of such revenue bonds. The proceeds of any such revenue bonds issued for such purpose may, in the discretion of the board of commissioners, be applied to the purchase or retirement at maturity or redemption of such outstanding revenue bonds either on their earliest or any subsequent redemption date, or upon the purchase, or at the maturity thereof, and may, pending such application, be placed in escrow to be applied to such purchase or retirement at maturity or redemption on such date as may be determined by the board of commissioners, and pending such application to purchase, retirement or redemption may be invested and reinvested in securities selected by or in such manner as the board of commissioners may provide.

(h) Bonds issued by the board of commissioners under the provisions of this section are hereby made securities in which all public officers and public bodies of the state and its political subdivisions and all banks, trust companies, bankers, banking associations, savings banks and institutions, building and loan associations, savings and loan associations, investment companies, and other persons carrying on a banking or investment business; all insurance companies, insurance associations, and other persons carrying on an insurance business; and all executors, administrators, curators, trustees, and other fiduciaries may properly and legally invest funds, including capital in their control or belonging to them. Such bonds are hereby made securities which may properly and legally be deposited with and received by any state or municipal officer or any agency or political subdivision of the state for any purpose for which the deposit of bonds or obligations of the state is now or may hereinafter be authorized by law.

(6) No election in the district shall be required as a condition precedent to the exercise by the board of commissioners of any of the powers conferred

by this section unless such election shall be required by the Florida Constitution.

(7) Revenue bonds may be issued under the provisions of this section without obtaining, except as otherwise expressly provided in this section, the consent of any department, division, commission, board, body, bureau, or agency of the state, or any political subdivision thereof, and without any other proceedings or the happening of any conditions or things other than those proceedings, conditions, or things which are specifically required by this section and the provisions of the resolution authorizing the issuance of such bonds or the trust agreement securing the same.

(8) This section shall be deemed to provide an additional and alternative method for the doing of the things authorized hereby and shall be regarded as supplemental and additional to powers conferred by other laws.

Section 6. In the course of the operation and maintenance of the health care facilities as defined by this act, including, but not limited to, section 4 and including all hospitals and facilities owned and operated by the authority, the term "operate and maintain," as defined in section 4, shall include:

(1) The West Volusia Hospital Authority may advise the public and medical community of the medical, hospital, or other services and accommodations available at the facilities owned or operated by the West Volusia Hospital Authority, as defined by this act, by paying for the use of the media, including, but not limited to, newspapers, radio, television, videotape, audio tape, direct mail, handbills, leaflets, billboards, advertising signs, advertisements and announcements in magazines, brochures, trade publications, programs of public events, and by other means and mechanisms similar to the uses and the media enumerated, reaching the same or similar audiences as those reached by the media enumerated.

(2) The West Volusia Hospital Authority is authorized to create such award programs as the authority shall deem desirable for the purpose of rewarding the employees and staff of the facilities and hospitals owned or operated by the authority for their services to such facilities or hospitals. Such awards may include, but not be limited to, certificates of recognition, pins, emblems, and insignia, as well as the grant of special compensation or privileges.

(3) The West Volusia Hospital Authority is authorized to make available to patients, visitors, staff, and employees services and products, including, but not limited to, foods, coffee, and other beverages as the authority shall deem advisable; to promote good will and the use of hospital services by the public; and the cooperation of the employees and staff in furnishing services to and for the benefit of the hospital or other facilities enumerated in this act or to the general public, which shall include, but not be limited to, the furnishing of beverage and food products to meetings, patients, and the relatives of patients, pursuant to a program approved by the authority, either for the specific instance or according to a policy adopted by the authority which permits the exercise of discretion by the hospital administrator or persons designated by such administrator.

(4) The authority is authorized to advance the costs of employees and staff members of the hospitals and medical facilities owned and operated by the authority attending educational programs and seminars, according to policy established by the authority, which may include the costs of the seminars, per diem, and traveling.

(5) The authority may require that physical inventories be performed periodically instead of annually, at such times and in such manner as shall be determined by the authority, but in accordance with generally accepted accounting principles.

Section 7. The board shall have the power of eminent domain, and may thereby condemn and acquire any real or personal property which the board may deem necessary for the use of the district, whether within or without the district. Such power of condemnation shall be exercised in the same manner as is now provided by the general law for the exercise of the power of eminent domain by cities and towns of the state.

Section 8. The board of commissioners is hereby authorized and empowered to borrow money from time to time in order to provide for and carry out the purposes of this act. The district may issue the notes of the district, determine the aggregate amount of principal therefore, and set terms and rates of interest.

Section 9. The funds of the district shall be paid out only upon warranty signed by two members of the board of commissioners or by the hospital administrator and one member of the board of commissioners and having thereto affixed the corporate seal of the district, which may be a facsimile or printed, and no warranty shall be drawn or issued against funds of the district except for the purpose authorized by this act. No such warrant against funds of the district shall be drawn or issued until after the account or expenditure for which the same is to be given in payment has been ordered and approved by the board of commissioners. No funds of the district shall be paid to a member of the board of commissioners as compensation for his or her services in that office excepting only the necessary expense of travel in the performance of the duties of his or her office, including attendance at meetings or conventions relating to the duties of his or her office, when such travel is authorized by a standing or special resolution adopted by the board of commissioners.

Section 10. It shall be the duty of the board of commissioners to annually assess and levy against the taxable property within the district a tax to be collected and paid into the district fund and used by the board of commissioners for the purpose of this act, including the operation, maintenance, repair, and construction of a hospital or hospitals established as authorized by this act, or for the payment of any outstanding indebtedness authorized by section 8, or for the payment of other necessary expenses in carrying on and transacting the business of the district. However, the rate of taxation per annum under the taxing authority granted to the Board of Commissioners of the West Volusia Hospital Authority by this section for the purpose of this act, including the operating, maintaining, repairing, and constructing of any hospital or hospitals established as authorized by this act or for the

payment of any outstanding indebtedness authorized by section 8, or for the payment of other necessary expenses in carrying on and transacting the business of the district, shall not exceed 5 mills on the dollar of the valuation of the taxable property within the district.

Section 11. The levy by the board of the taxes authorized by any provision of this act shall be by resolution of the board duly entered upon the minutes of the board. Certified copies of such resolution executed in the name of the board by its chair, under its corporate seal, shall be made and delivered to the County Council of Volusia County, Florida, and to the Florida Department of Revenue in the same manner and within the same time period as required by independent special districts pursuant to general law. The county council shall order and require the tax collector of the county to assess and to collect the amount of taxes so assessed or levied by the Board of Commissioners of the West Volusia Hospital Authority upon the nonexempt property in the district, at the rate of taxation as fixed, levied, and adopted by the board of commissioners of the district for the year and included in the warrant of the property appraiser and attached to the assessment roll of taxes for the county each year. The Tax Collector of Volusia County shall collect such tax so levied by the board in the same manner as other taxes are collected, and shall remit the taxes collected to the district within the time and in the manner prescribed by law for the collection and handling of taxes. All revenues so collected shall be held, used, invested, and disbursed by the district as provided in this act or as otherwise provided by law.

Section 12. The board is authorized to pay from the funds of the district all expenses of the organization of the board and all expenses necessarily incurred with the formation of the district and all other reasonable and necessary expenses, including the fees and expenses of an attorney in the transaction of the business of the district, and in carrying out and accomplishing the purposes of this act. This section, however, shall not be construed to limit or restrict any of the powers vested in the board of commissioners by any other section or provision of this act.

Section 13. At least once in each year the board of commissioners shall publish once in some newspaper published in the district a complete detailed statement of all moneys received and disbursed by the board since the creation of the district as to the first published statement and since the last published statement as to any other year. Such statements shall also show the several sources from which the funds were received and shall show the balance on hand at the time of the published statement. It shall also show a complete statement of the condition of the district.

Section 14. Each hospital and clinic established under this act shall be for the use and benefit of the indigent sick and other residents of the district. Such residents shall be admitted to such hospital and clinic and be entitled to medical care without charge, subject to the rules and regulations prescribed by the board of commissioners. Such hospitals and clinics shall care for and treat without charge or, alternatively, for a reduced charge according to a sliding scale, patients who are found by such board of commissioners to be indigent, but the board may collect from financially able patients such

charges as the board of commissioners may from time to time establish. The board of commissioners shall have the power to extend the benefits and privileges of such hospitals and clinics and treatment and outpatient department to the homes of the indigent residents of such county. Said board of commissioners may extend the privileges and use of such hospitals and clinics to nonresidents of such district upon such terms and conditions as the board may from time to time by its rules and regulations provide; provided, however, that the indigent residents of the district wherein such hospital and clinic are located shall have the first claim to admission.

Section 15. It is intentional that the provisions of this act shall be liberally construed for accomplishing the work authorized and provided for or intended to be provided for in this act, and where strict construction would result in the defeat of the accomplishment of any party of the work authorized by this act, and a liberal construction would permit or assist in the accomplishment thereof, the liberal construction shall be chosen.

Section 16. Any and all bonds issued under the provisions of this act may be validated by the Board of Commissioners of the West Volusia Hospital Authority under and in accordance with the provisions of the general laws of Florida, in the same manner as is therein provided for validation of bonds, etc., by any county, municipality, or taxing district, etc., of the state.

Section 17. The district and the board of commissioners of the district shall have the power to purchase, construct and erect, lease, equip, operate, and maintain or manage a hospital or hospitals in the district for the care of the sick or infirm or those suffering from any disease or injury to or of the body or mind.

Section 18. In accordance with section 189.404(3), Florida Statutes, the following subsections shall constitute the minimum charter requirements for the district:

(1) The district is organized and exists for the purpose set forth in this act, as it may be amended from time to time.

(2) The powers, functions, and duties of the district, including, but not limited to, ad valorem taxation, bond issuance, other revenue-raising capabilities, budget preparation and approval, liens and foreclosure of liens, use of tax deeds and tax certificates as appropriate for non-ad valorem assessments, and contractual agreements shall be as set forth in this act, chapters 189 and 197, Florida Statutes, or any other applicable general or special law, as they may be amended from time to time.

(3) The district was created by special act of the Florida Legislature by chapter 57-2085, Laws of Florida, as amended.

(4) The district's charter may be amended only by special act of the Legislature.

(5) In accordance with chapter 189, Florida Statutes, and this act, the district is governed by a five-member board of commissioners as provided for herein.

(6) The compensation of the board of commissioners shall be as provided for by this act.

(7) The administrative duties of the board of commissioners shall be as set forth in this act and chapter 189, Florida Statutes, as they may be amended from time to time.

(8) Requirements for financial disclosure, meeting notices, reporting, public records maintenance, and per diem expenses for officers and employees shall be as set forth in chapters 112, 119, 189, and 286, Florida Statutes, and this act, as they may be amended from time to time.

(9) The procedures and requirements governing the issuance of bonds, notes, and other evidence of indebtedness by the district shall be as set forth in this act, and applicable general laws, as they may be amended from time to time.

(10) The procedures for conducting district elections and for qualification of electors shall be pursuant to this act and chapter 189, Florida Statutes, as they may be amended from time to time.

(11) The district may be financed by any method established in this act, and applicable general laws, as they may be amended from time to time.

(12) The district does not collect non-ad valorem assessments, fees, or service charges as set forth in chapter 197, Florida Statutes.

(13) The district's planning requirements shall be as set forth in chapter 189, Florida Statutes, and this act, as they may be amended from time to time.

(14) The district's geographic boundary limitations shall be as set forth in this act.

(15) This section shall not be construed to limit or restrict any of the powers vested in the board of commissioners by any other section or provision of this act.

Section 4. If any provision of this act or the application thereof to any person or circumstance is held invalid, the invalidity shall not affect other provisions or applications of the act which can be given effect without the invalid provision or application, and to this end the provisions of this act are declared severable.

Section 5. This act shall be construed as a remedial act and shall be liberally construed to promote the purpose for which it is intended.

Section 6. Chapters 27949 (1951), 57-1929, 57-2085, 59-1949, 61-2974, 63-2014, 65-2344, 67-2152, 69-1696, 69-1698, 71-951, 71-955, 82-383, 88-473, and 96-455, Laws of Florida, are repealed.

Section 7. Section 10 of section 3 of this act is amended to read:

Section 10. It shall be the duty of the board of commissioners to annually assess and levy against the taxable property within the district a tax to be

collected and paid into the district fund and used by the board of commissioners for the purpose of this act, including the operation, maintenance, repair, and construction of a hospital or hospitals established as authorized by this act, or for the payment of any outstanding indebtedness authorized by section 8, or for the payment of other necessary expenses in carrying on and transacting the business of the district. However, the rate of taxation per annum under the taxing authority granted to the Board of Commissioners of the West Volusia Hospital Authority by this section for the purpose of this act, including the operating, maintaining, repairing, and constructing of any hospital or hospitals established as authorized by this act or for the payment of any outstanding indebtedness authorized by section 8, or for the payment of other necessary expenses in carrying on and transacting the business of the district, shall not exceed 4 5 mills on the dollar of the valuation of the taxable property within the district.

Section 8. The provisions of section 7 of this act which authorize the levy of ad valorem taxation at a reduced rate shall take effect only upon express approval by a majority vote of those qualified electors of the district, as required by Section 9 of Article VII of the State Constitution, voting in a referendum to be held by the district and conducted by the Supervisor of Elections of Volusia County on August 31, 2004, in accordance with the provisions of law relating to elections currently in force in the district. The question to be placed on the ballot shall be in substantially the following form:

Shall the maximum ad valorem property tax rate that can be levied by the West Volusia Hospital Authority be reduced from 5 mills to 4 mills?

YES....

NO....

Section 9. Except as otherwise provided herein, this act shall take effect upon becoming a law.

Approved by the Governor June 17, 2004.

Filed in Office Secretary of State June 17, 2004.

## LEGAL UPDATE MEMORANDUM

TO: WVHA Board of Commissioners

DATE: January 6, 2026

FROM: Theodore W. Small, Jr.

RE: West Volusia Hospital Authority – Update for January 15, 2026 Regular Meeting

Summarized below are updates on active legal matters/issues for which some new information has become available since my last legal update. This Memorandum will not reflect updates on matters resolved by a final vote of the Board and thereby already summarized in the November 20, 2025 Regular Meeting Minutes.

**I. Annual Overview of Funding Agreements or other Contracts:** *[See new info. in italics and bold] [Refer back to Legal Update Memorandum dated 5/12/2020 for additional background details, including details regarding now expired 20-year AdventHealth related Hospital agreements]*

Each Board member is responsible for making his or her own independent determination about whether the terms of a particular contract are consistent with the public interest. Counsel, as well as the accounting and administrative team at JAMES MOORE & CO (“JMCo”), are available to answer your questions and offer counsel about accounting and business or legal matters, each respectively; but, the Board retains the ultimate authority to approve or disapprove the terms of all proposed agreements after due consultation. For your convenience, the following is a listing of the major contracts, hospital services subcontracts in the EBMS Network and funding agreements between the Authority and other entities with notation of termination dates, if any. ( If the agreements self-renew or are “evergreen”, then they automatically renew usually for another 1-year term unless WVHA or the other party gives notice of an intent not to renew within a specified time frame before the end of the current term)

The below listing is intended to include most, but not all of WVHA’s contractual agreements. If any Board members desires to drill down deeper into the contractual thicket, feel free to contact Counsel for an overview of all other agreements.

***Year-to Year Health Care or Access to Health Care Funding Agreements, October 1, 2025-September 30, 2026:***

- A. Community Legal Services, Inc. Medical-Legal Partnership program.
- B. Healthy Communities – Kidcare Outreach
- C. Hispanic Health Initiatives, Inc.’s Taking Care of My Health
- D. Rising Against All Odds, Inc. ~ HIV/AIDS Outreach and Case Management
- E. Rising Against All Odds, Inc.—Health Card Enrollment & Retention Services
- F. SMA Healthcare – Emergency Behavioral Services (Baker Act)
- G. SMA Healthcare– Psychiatric Outreach Services

- H. SMA Healthcare —Level II Residential Treatment
- I. The House Next Door – Therapeutic/Mental Health Services
- J. The House Next Door—Health Card Program-Eligibility Determination Services
- K. The Neighborhood Center of West Volusia “Access to Care”
- L. Volusia County Health Department—Florida Department of Health (Dental Care)
- M. EasterSeals Northeast Central Florida (Early Autism Diagnostic Services)
- N. Life-Spire Community Services (Stigma-Free Mental Health Care for All)

***WVHA-Owned Primary Care Clinics Management Agreement:***

- A. Employee Benefit Management Services, LLC (“EBMS”) Amendment No. 1 to Administrative Services Agreement, effective 10/01/2020 expanded EBMS’s portfolio of services to include the set-up and management of primary care clinic services, pharmacy services and healthcare management services, along with the third-party administrator services that it had already been providing since 1/01/2020. Amendment No. 1 provides for automatic renewals for additional one-year terms unless either party gives notice of non-renewal at least 90-days before the end of then-current term or Renewal Term. Pursuant to Amendment No. 1 to the Administrative Services Agreement, as amended (No. 2, 3 & 4), and the automatic renewal on September 30, 2025, the current term was extended to end on September 30, 2026.
  - 1. The Board retains the right to establish policy that governs the terms on which EBMS provides this new portfolio of services, including the selection of the location of where the services are provided. Along with the terms of Amendment No. 1 to the Administrative Services Agreement, the WVHA Health Card Program Eligibility Guidelines and Procedures (“Eligibility Guidelines”) and Summary Benefit Plan set forth most of the Board’s existing policy concerning the terms on which WVHA authorizes EBMS to provide this portfolio of services. Schedule 1, Article IV, Section 4.01, provides that the “Parties will collaborate to jointly make determinations around significant operational parameters including clinic budget, capacity, hours of operation, staffing model, scope of services and other material decisions.”
- B. Lease Agreement for Justin Square Suite M between WVHA and current Landlord, Just In Deltona, LP (Original Landlord, Justin Square LLC) to establish the Deltona/Orange City/DeBary Clinic in approximately 2800 SF of commercial space for rent of \$3,700/Monthly, with an Initial Term of thirty-five (35) months, commencing November 1, 2020 and ending September 30, 2023. Section 2(C) provides for automatic renewal for 3 additional 1-year terms unless WVHA gives notice of non-renewal at least 60 days prior to such automatic renewal: *“After the Initial Term, LESSEE will have the right (but not the obligation) to renew this Lease Agreement with the same terms and conditions as set forth herein for an additional three one-year terms (i.e. three Renewal Terms).”*
  - 1. WVHA is currently in the middle of its third automatic 1-year Renewal Term which means that it currently has the following options concerning its termination of this Lease: 1. Continue paying rent until the end of the lease on September 30, 2026 and notify the landlord of its intent not to renew the

current lease IF WVHA decides that it no longer desires to continue maintaining a 2<sup>nd</sup> clinic location; 2. Continue paying rent until the end of the lease on September 30, 2026 and simply abandon the lease on September 30, 2026 without any prior notice to the Landlord; 3. Decide as early as practicable before September 30, 2026 that it desires to continue maintaining the 2<sup>nd</sup> clinic location and authorize counsel to engage in good faith negotiations with the Landlord to renew the lease, possibly including incentives for an early renewal date.

*EBMS-Owned Network of In-Hospital Services Agreements:*

- A. *(AdventHealth DeLand (AHD), AdventHealth Fish Memorial (AHFM), Halifax Hospital Medical Center, EMPros)* -- Following the 9/30/2020 expiration of the direct contractual agreement between AdventHealth and WVHA, EBMS as Third-Party Administrator is now responsible for qualifying and contracting directly with the hospitals and their emergency room specialists to establish terms for their participation in the network of providers that serve WVHA Health Card members.
- B. The Board retains the right to establish policy that governs the terms on which EBMS may qualify and contract with its network of providers. An example of such policy intervention is the Board's passage of WVHA Resolution 2020-007 in which the Board excluded any reimbursement for Emergency Room care services and established 85% of Medicare as the maximum that EBMS is allowed to contract with hospitals for reimbursement of inpatient hospital facilities and professional services. Through extensive negotiations between EBMS, the hospitals and EMPros, the Board at its April, 2021 Regular Meeting approved Amended Motion 43-2021, which provides the still relevant Board policies concerning this network of in-hospital service agreements:
  - *Increase hospital funding for the 2021/22 program budget to \$4MM, of which 25% would be reserved for ED reimbursement – this establishes a de facto \$1.0M ED budget for 2021/22. Future year ED budgets to increase/decrease formulaically if utilization increase/decrease materially from a mutually agreed baseline: for example (a) increase the budget from \$1.0M to \$1.25M if ED utilization increases by 25% or more; similarly, (b) decrease the budget from \$1.0M to \$750k if ED utilization decrease by 25% or more.*
  - *Invest in an ED diversion program by expanding access to this new ED budget for care through more cost-effective, alternative sites of service (i.e. Urgent Care). Urgent Care should be reimbursable only when the miCare clinic is not available.*
  - *All contracted ED and/or Urgent Care providers draw down from this annual budget through submitting invoices for either facility fee charges (e.g. hospitals) or professional fee charges (all contracted specialists*

*working in the ED / Urgent Care, whether hospital-employed or independent).*

- *Rate of reimbursement for both facility and professional fees to be contracted at 85% of Medicare.*
- *Participating providers should agree to provide all hospital care including ED care without any member balance billing, even when the annual hospital-ED budget has been depleted.*
- *Participating providers should agree to a formal 3-year network agreement with fixed rate of 85% of Medicare, subject to annual hospital and ED budget caps as proposed above.*
- *Hospitals should commit to a mutually agreeable accountability / transparency mechanism that may include submitting quarterly reports, periodically sharing external accreditation reports and agreement to not decrease access or adversely impact the quality of care available to the community.*

EBMS contracts directly with the Hospitals and EMPros to facilitate this network and must negotiate and present to the WVHA Board for approval any proposed changes to the above-listed terms. According to EBMS, the agreed 3-year network agreements terminate effective 9/30/2024. However, all of these contracts between EBMS and the Hospitals and EMPros are 'evergreen' and provide for automatic renewal for successive one-year terms unless either EBMS or the contracted party provides 90-days written notice of non-renewal.

C. *Halifax Hospital Medical Center Extended HCRA*

1. *Extended HCRA Hospital Coverage and Physician Indigent Hospital Program Reimbursement Agreement (2007) ("Extended HCRA")* Second Addendum to Extended HCRA dated 9/23/2010, terminable at will by either party upon 60-days written notice. Establishes reimbursement rate consistent with HCRA guidelines, as opposed to 105% of Medicare rate (except for adult psychiatric and medical device implants) which was agreed in prior agreements dated 11/20/2008 and 4/19/2007.

*WVHA Administrative Services*

1. Employee Benefit Management Services, LLC ("EBMS") Administrative Services Agreement, effective 1/1/2020 for Third Party Administrator services with automatic renewals for additional one-year terms unless either party gives notice of non-renewal at least 90-days before the end of the current term. Pursuant to Amendment No. 1 to the Administrative Services Agreement and automatic renewals, the current term end on September 30, 2024. Pursuant to the automatic renewal on September 30, 2025, the current term was extended to end on September 30, 2026.
2. The House Next Door—Eligibility Determination Services, effective 10/1/2018, renewable on annual basis.
3. Rising Against All Odds, Inc. – Health Card Enrollment and Retention, effective 10/1/2018, renewable on annual basis.

4. Law Office Of Theodore W. Small, P.A. dated 11/2006 (outside legal counsel), as amended pursuant to Motion 053-2024 on 7/18/2024, terminable at will by the Board.
5. Stacy Tebo dated 6/16/2022 (administrative services), as amended pursuant to Motion 062-2023 to include 20 Absent Days, is terminable by will by either party upon at least 90-days written notice or immediately by WVHA upon the occurrence of causes specified therein. If WVHA terminates her employment without cause, Tebo would be entitled to severance based on the number of years of continuous employment up to a maximum of 6 weeks.
6. JAMES MOORE & CO., P.L. dated 7/01/2022 (accounting services), is terminable at will by either party, subject to a transition period of at least 3 months following receipt of the notice to terminate, unless another transition period is agreed upon by both parties. Base fees were agreed through September, 30, 2023 and then were then renegotiated to include an annual CPI adjustment each year as approved in Motion 051-2024.
7. VISION HR ASO, Inc. dated 7/21/2022 (payroll processing) for a one-year term, with automatic renewals for additional one-year terms unless either party delivers written notice at least 30-days prior to the expiration of the initial term or any extension term.
8. Powell & Jones, CPAs (audit of financial statements) was signed September, 2022 for a one-year term. On Page 1, it states that it includes “the option to renew for four subsequent one-year periods”, while on Page 8 it states that it is renewable by written agreement for “an additional two years in the form of two additional 1-year periods”. The agreement is not a model of clarity, but considering all other terms including its financial payment terms stated on Page 8, it would likely be construed as authorizing four subsequent 1-year terms up to and including an audit for the fiscal year ending on September 30, 2026. **Because the written number of renewal terms will have been utilized after the 2025-2026 audit is completed, WVHA will be required by State law to issue an RFP before it can engage Powell & Jones, CPA or any other audit firm to conduct the 2026-2027 audit process and any future years.**

II. First Amendment to Employment Agreement—WVHA Administrator Dated 6/16/2022 [See attached or included as separate item in Board Meeting Materials]

III. TWS Tracked Recommended Changes to MS. Tebo’s Draft #2 of Administrator Job Description [See attached redlined document or as included as a separate item in the Board Meeting Materials]

IV. General Compliance with the Sunshine Law [See new info. in *italics* and **bold**]  
 The Government in the Sunshine Law, section 286.011, Florida Statutes, provides in pertinent part:

"All meetings of any board or commission . . . of any agency or authority of any county, municipal corporation, or political subdivision . . . at which official acts are to be taken are declared to be public meetings open to the public at all times, and no resolution, rule, or formal action shall be considered binding except as taken or made at such meeting."

It is impossible to summarize all relevant points of the Sunshine Law, but please note that courts uniformly interpret this provision as prohibiting two or more members of the same board or commission from talking about or discussing any matter on which foreseeable action will be taken by the public board or commission. (If your conversation with another board member concerns personal or business matters unrelated to the Authority, the Sunshine Law does not apply)

Please note that the Sunshine Law DOES apply to "off-the record" chats during meetings or during breaks, written correspondence, telephone conversations and e-mails exchanges between two or more board members if such communication concerns matters likely to come before the Board; provided however, it is permissible for one board member to send correspondence to the rest of the board outside of a public meeting as long as this correspondence does not result in replies or other back and forth exchanges until a public meeting is convened for such discussion and also the correspondence is made available to interested members of the public.

The Sunshine Law also prohibits nonmembers (staff, lawyers, accountants, and members of the public) from serving as liaisons between Board members concerning matters likely to come before the Board.

With the increased use of social media accounts, including Facebook and other community and political blogs, Board members should be mindful of the following Florida Attorney General guidance before posting on Facebook, or other blogs an opinion or viewpoint on matters likely to come before the Board. In AG Opinion 08-07, the Florida Attorney General concluded that the use of a website blog or message board to solicit comment from other members of the board or commission by their response on matters that would come before the board would trigger the requirements of the Sunshine Law. As stated therein:

*"While there is no statutory prohibition against a city council member posting comments on a privately maintained electronic bulletin board or blog, members of the board or commission must not engage in an exchange or discussion of matters that foreseeably will come before the board or commission for official action. The use of such an electronic means of posting one's comments and the inherent availability of other participants or contributors to act as liaisons would create an environment that could easily become a forum for members of a board or commission to discuss official issues which should most appropriately be conducted at a public meeting in compliance with the Government in the Sunshine Law. It would be incumbent upon the commission members to avoid any action that could be construed as an attempt to evade the requirements of the law."*

Once our candidates for the Board of Commissioners become "members-elect" either because they ran unopposed or won their election, Government in the Sunshine Law rules will apply to them.

Courts have recognized the applicability of section 286.011, Florida Statutes, to members-elect of public boards or commissions. In *Hough v. Stembridge*, the court concluded that an individual upon immediate election to public office loses his status as a private individual and acquires a position more akin to that of a public trustee. The court thus held that a meeting of an incumbent council member with several council members-elect who would serve together on the city council when sworn into office was subject to the Sunshine Law when the discussion at that meeting concerned matters on which foreseeable action would be taken by the city council.

Similarly, the Sunshine Law will prohibit any conversations between incumbent WVHA Board members and any new members-elect about matters which foreseeable action could be taken by WVHA unless these conversations occur at a duly noticed public meeting.

# Parliamentary Procedure 101

Lee Woodward, TRMC, MMC, CPM, RP  
TML Newly Elected Officials, San Antonio, August 2018

*Portions of this presentation are reprinted with the permission of  
Mary Lynne Stratta, City Secretary, City of Bryan,  
Mary J. Kayser, City Secretary, City of Fort Worth,  
and Sherry Mashburn, former City Secretary, City of College Station*

# Simple Parliamentary Procedures Cheat Sheet

(Adapted from Rosenberg's *Rules of Order*: Simple Parliamentary Procedures for the 21<sup>st</sup> Century)

## Meeting Basics

Establish a quorum

Call meeting to order

Move through agenda

Adjourn meeting

## Motions 101

- Basic motion on agenda item
- Motion to amend
- Substitute motion

- Motion to adjourn
- Motion to recess
- Motion to fix the time to adjourn
- Motion to table

- Motion to limit debate
- Motion to close nominations
- Motion to object to the consideration of a question
- Motion to suspend the rules

Basic  
Meeting  
Motions  
Super  
Majority  
Motions

A motion can be made and seconded by any member.

## Agenda Item Discussions

1. **Announce Agenda Item:** Chair clearly states agenda item number and subject.
2. **Reports and Recommendations:** Relevant speaker gives report and provides recommendations.
3. **Questions and Answers:** Technical questions from members are asked and addressed.
4. **Public Comment:** Chair allows public comment and input under the terms of the Board's policy for such comment.
5. **Motions and Action Items:**
  - a. **Motions Introduced:** Chair invites motion from body, and announces name of member introducing motion.
  - b. **Seconds:** If motion is seconded, Chair announces name of seconding member.
  - c. **Motions Clarified:** Seconded motion is clarified by maker of motion, Chair, or secretary/clerk.
  - d. **Amendments and Substitutions:** Other members may propose amended or substitute motions.
  - e. **Discussion and Vote:** Members discuss motion. Chair announces that vote will occur. Members vote on the last motion on the floor (a substitute motion) first, and if that does not pass, vote on the next-to-last motion, and so on.
  - f. **Ayes and Nays:** Chair takes vote by asking for "ayes," "nays," or "abstentions." Unless super majority required, simple majority determines whether motion passes.
  - g. **Results and Actions:** Chair announces result of vote and action the body has taken. Names of dissenters should be announced as well. *Example: "The motion passes by a vote of 3-2, with Smith and Jones dissenting. We have passed the motion requiring 10 days' notice for all future meetings of this governing body."*
6. **Repeat:** Begin process again with next agenda item.

Prepared by:



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## *Basic Parliamentary Procedure*

### Eight Steps in Processing a Main Motion

**Step 1:** Member rises and addresses the chair when nothing is pending. "Mr. President." Or "Madame President."

**Step 2:** Chair recognizes member by nodding at the member or stating his name. "Mr. Williams."

**Step 3:** Member states his/her motion. "I move that we have a canned food drive."

**Step 4:** Another member seconds the motion (without recognition). "Second."

**Step 5:** Chair states the motion and places it before the assembly for discussion. "It is moved and seconded that we have a canned food drive. Is there any discussion?"

**Step 6:** Members have the right to get recognition and debate the motion. During debate subsidiary motions (i.e. amendments) may be introduced to help the assembly make a final decision.

**Step 7:** When discussion is finished the Chair puts the question to a vote. "The question is on the adoption of the motion that we have a canned food drive. Those in favor, say AYE." (Pause.) "Those opposed, say NO." (Pause.)

**Step 8:** Chair announces the results of the vote. "The AYES (NOES) have it; the motion is adopted (lost); we will (not) have a canned food drive; the next business in order is ..."

### Methods of Voting

- **Unanimous Consent** – no member objects to a proposal that meets with general approval; a vote of silent agreement.
- **Voice Vote** – regular method of voting on any motion that does not require more than a majority vote; most common form of voting.
- **Rising Vote** – method used when a two-thirds vote is required for adoption; is also used when a member calls for a division of the assembly.
- **Show of Hands or Voting Cards** – an alternative method for a rising vote.
- **Counted Vote** – can be ordered by the chair when it appears a voice vote is unclear and it can be ordered by a majority vote of the assembly.
- **Ballot or Roll Call Vote** – can be ordered by a majority vote of the assembly and is required if specified in bylaws.

**The 13 Ranking Motions** – motions lower on the list cannot be made if anything higher is pending.

**1. Fix the time to which to adjourn:** This motion is used to set the time for another meeting to continue business of the session. It does not adjourn the present meeting or set a time for its adjournment.

**2. Adjourn:** This is a motion to close the meeting.

**3. Recess:** A short interruption which does not close the meeting. After recess, business resumes at exactly the point where it was interrupted.

**4. Raise a question of privilege:** This device permits a request or a motion relating to the rights of either the assembly or an individual to interrupt business and, because of its urgency, be brought up for possible immediate consideration.

**5. Call for the order of the day:** By the use of this motion, a single member can require the assembly to follow the order of business or agenda, or to take up a special order that is now due to come up, unless two-thirds of the assembly wish to do otherwise.

**6. Lay on the table:** This motion is used to place the pending motion aside when something of an urgent nature arises and needs the immediate attention of the assembly.

**7. Previous question:** This is simply a motion to end debate, allow no further subsidiary motions on the pending motion, and take a vote. It must be seconded, no debate is allowed, and a 2/3 vote is needed to close debate.

**8. Limit or extend limits of debate:** This motion can reduce or increase the number and length of speeches permitted or limit the length of debate on a specific question.

**9. Postpone definitely:** Should be used if the body needs more time to make a decision or if there is a time for consideration of the question that would be more convenient. The postponement cannot be beyond the next session in a group that meets regularly.

**10. Commit or refer to a committee:** This motion sends the main motion to a committee for further examination and refinement before the body votes on it.

**11. Amend:** The intent of this motion is to modify the pending motion before it is voted on.

**12. Postpone indefinitely:** This motion, in effect, kills the main motion for the duration of the meeting without having to take a vote on it.

**13. Main motion:** a formal proposal for consideration and action.

## The Three Ways to Amend

### 1. To insert or to add (a word, consecutive words, or a paragraph).

#### Phrasing:

"I move to amend the motion by inserting the word 'consecutive' before the word 'terms.'"

"I move to add the words 'at a cost not to exceed \$100.'"

"I move to amend by adding the following paragraph..."

### 2. To strike out (a word, consecutive words, or a paragraph).

#### Phrasing:

"I move to amend by striking out the word 'every.'"

"I move to amend by striking out the words 'during the second semester.'"

"I move to strike out the third paragraph."

### 3. To strike out and insert (words) or to substitute (paragraph or entire main motion).

#### Phrasing:

"I move to strike out the word 'monthly' and insert the word 'annually.'"

"I move to substitute for the pending main motion the following..."

## The Order of Business

- Reading and approval of minutes – approves the record of actions taken at previous meeting.
- Reports of officers and standing committees – considers actions as recommended by an officer or committee. Any correspondence received should be read if not distributed prior to the meeting. A financial report is made at every meeting.
- Reports of special committees – considers actions as recommended by a group formed for a particular purpose.
- Special orders – considers items that were made special orders for this meeting or items required to be taken up at this meeting by provision in the bylaws.
- Unfinished business and general orders – considers items not reached when the last meeting adjourned or items postponed to this meeting.
- New business – considers actions proposed by members.

## Debate

### Decorum in Debate

- In order to debate a question, a member must rise and address the presiding officer by his/her title, and be assigned the floor.
- Always address remarks to the chair, never using a member's name where it is possible to describe him otherwise.
- The correctness of a statement of facts may be denied, but the motives of a member are not questioned.
- Discourteous language is never used.

### Rules of Debate

- The maker of a debatable motion is always entitled to the floor first, as soon as the chair states the question on the motion. When a motion is made by order of a committee, the reporting member of the committee should be recognized first.
- As much as possible, debate should alternate between pro and con.
- Confine debate to the question under consideration.
- Ask permission of the assembly before reading any document.
- Do not waste time with frivolous arguments or repetitions.
- The member who introduces a question is allowed to close the debate, provided he/she has not already exhausted his time.
- Time cannot be yielded to another speaker or saved for later use.

### Number and Length of Speeches

- Unless permission is given by the assembly, no member shall speak
  - ... longer than ten minutes at a time,
  - ... more than twice on the same question on the same day,
  - ... a second time until every one has spoken who desires to do so.
- At any meeting the limits of debate may be changed by a two-thirds vote.
- If a member who has the floor allows another member to make an explanation, the time is charged to the one who has the floor.
- Consider adopting a special rule of order limiting speakers to 2 to 3 minutes at a time.

## Robert's Rules of Order Cheat Sheet

### WHAT DO I SAY?

| To Do This   | Motion            | You Say This   | Debate Allowed? | Vote Required |
|--|-------------------|--|-----------------|---------------|
| Introduce Business   | Main              | "I move that "   | Yes             | Majority      |
| Second a Motion  | Second            | "Second!"  | No              | No            |
| Change the Wording or add Clarity of a Motion  | Amend             | "I move to amend the motion by" (adding words; striking out words; substitute words)                 | Yes             | Majority      |
| Send to Committee  | Commit/Refer      | "I move the motion be referred to"   | Yes             | Majority      |
| Postpone Action until a Specific Time  | Postpone          | "I move the motion be postponed until" (provide a specific time on the agenda or next meeting date)  | Yes             | Majority      |
| Postpone Action until an Unspecified Time (a motion will be required to discuss in the future) | Lay on the Table  | "I move to lay the motion on the table."   | No              | Majority      |
| Limit Debate   | Limit Debate      | "I move that the debate on this motion be limited to (one) speech of (two) minutes for each member." | No              | Two-thirds    |
| End Debate or Request a Vote   | Previous Question | "I move the previous question."  | No              | Two-thirds    |
| Take Intermission  | Recess            | "I move to recess for (time)."   | No              | Majority      |
| Close Meeting  | Adjourn           | "I move to adjourn."   | No              | Majority      |

**West Volusia Hospital Authority  
Funding Process  
Funding Application Calendar 2026-2027  
Citizens Advisory Committee Schedule**

|                            |   |
|----------------------------|---|
| Feb 3, 5:30 p.m.           | CAC Organizational/Orientation Meeting<br>Sanborn Center – DeLand   |
| <b>March 5, NOON</b>       | <b><i>ENFORCED Deadline for submission of funding applications to WVHA Administrator Stacy Tebo at miCare DeLand clinic: 844 W. Plymouth Ave., DeLand, FL 32720</i></b> |
| <b>March 19, 5:00 p.m.</b> | <b>Joint meeting of CAC and WVHA Board of Commissioners to review applications received</b><br>Sanborn Center – DeLand  |
| April 7, 5:30 p.m.         | CAC Q&A meeting and review of applications received<br><b>Applicant attendance is MANDATORY.</b><br>The Center at Deltona   |
| May 5, 5:30 p.m.           | <b>Preliminary</b> Ranking Discussion Meeting for CAC Members to discuss upcoming ranking results<br>Sanborn Center – DeLand  |
| June 2, 5:30 p.m.          | Citizens Advisory Committee <b>FINAL</b> Ranking meeting and funding recommendations prepared for the Board<br>The Center at Deltona                                    |
| <b>June 18, 5:00 p.m.</b>  | <b>Joint meeting of CAC and WVHA Board of Commissioners to present final funding recommendations.</b><br>Sanborn Center – DeLand  |

All meetings are open to the public.

Sanborn Center 815 S. Alabama Ave. DeLand, FL 32720  
The Center at Deltona 1640 Dr. Martin Luther King Blvd. Deltona, FL 32725

| WVHA - Citizen's Advisory Committee<br>Steps in Funding review process<br>2026                       |                    |                                       |                |
|--|--------------------|---------------------------------------|----------------|
| Step   | Responsible        | Time needed                           | Projected Date |
| Applications received  | Administrator      | 1 day                                 | 3/5            |
| List of applicants distributed to CAC & Board members by email                                       | Administrator      | 1 day                                 | 3/5            |
| Applications reviewed for licensing, insurance and math errors (sent back for corrections if needed) | Administrator      | 7 days                                | 3/12           |
| <b>Applications picked up by CAC members</b>   | <b>CAC members</b> | <b>7 days</b>                         | <b>3/12</b>    |
| Board notified of new programs applying for funding (On Joint mtg Agenda)                            | Administrator      | Joint meeting of Board and CAC        | 3/19           |
| <b>Applications reviewed by CAC</b>  | <b>CAC members</b> | <b>26 days (from 3/12)</b>            | <b>4/7</b>     |
| <b>Discussion/Q&amp;A Meeting</b>  | <b>CAC members</b> | <b>N/A</b>                            | <b>4/7</b>     |
| <b>1st Ranking</b>   |                    |                                       |                |
| <b>Discussion Meeting</b>  | <b>CAC Members</b> | <b>N/A</b>                            | <b>5/5</b>     |
| Prepare and distribute minutes from Q&A /Ranking to CAC members                                      | Administrator      | 21 days                               | 5/26           |
| <b>Final Ranking and comments meeting</b>  | <b>CAC members</b> | <b>N/A</b>                            | <b>6/2</b>     |
| Prepare and distribute draft of funding recommendations to CAC members by email                      |                    |                                       |                |
| Finalize funding recommendations   | Administrator      | 7 days                                | 6/11           |
| <b>Present funding recommendations to Board</b>  | <b>CAC Members</b> | <b>Joint meeting of Board and CAC</b> | <b>6/18</b>    |

**WEST VOLUSIA HOSPITAL AUTHORITY  
C/O STACY TEBO – WVHA miCare Clinic  
844 W. PLYMOUTH AVE.  
DELAND, FLORIDA 32720  
TEL: (386) 456-1252**

## **NON-PRIMARY CARE APPLICATION**

**(Reviewed Initially by Citizens Advisory Committee)**

**APPLICATIONS ARE DUE BY 12:00 P.M.,  
NOON, THURSDAY, MARCH 5, 2026**

Thank you for your recent request for the West Volusia Hospital Authority (WVHA) Funding Application Packet. Please pay close attention to the enclosed information designed to assist your efforts. We look forward to reviewing your proposal.

### **ELIGIBLE APPLICANTS**

Applications will be accepted from other governmental entities or Florida corporations (for-profit or non-profit) with the capacity, competence, and experience to accomplish proposed program goals and objectives. A different application and process is applicable to primary care providers.

### **ELIGIBLE SERVICES**

Services must be provided within the boundaries of the West Volusia Hospital Authority. Only those programs which provide medical, health care related or access to health care services to indigent residents of West Volusia County (as set forth in Chapter 57-2085, Laws of Florida, as amended, and pursuant to section 200.065, Florida Statutes) will be considered for funding. All program requests must include measurable goals or outcomes and cost effectiveness/efficiency data.

### **CONTENT OF APPLICATIONS**

Applications for funding must be submitted in the attached format and must address, at a minimum, the specific information requested in each section. Submissions are limited to no more than 14 pages (not counting required documents) and no smaller than 11 pt. font. All questions must be answered. Use N/A if non-applicable.

### **APPLICATION SUBMISSION DEADLINE**

One original and seventeen copies of the completed application and attachments must be submitted by **NOON, March 5, 2026**, a strictly enforced deadline, at the following address:

West Volusia Hospital Authority  
c/o Stacy Tebo – WVHA miCare Clinic  
844 W. Plymouth Avenue  
DeLand, Florida 32720

**Applicants are encouraged to submit well in advance of this deadline to avoid any traffic, technical, weather or other unforeseen difficulties that result in missing that strict deadline.**

### **APPLICATION REVIEW**

The Citizens Advisory Committee (CAC) of the West Volusia Hospital Authority reviews all applications. Applications will subsequently be placed on the Agenda of the West Volusia Hospital Authority Board of Commissioners (Board) for final determination for funding. The CAC will recommend, and the Board will determine finally whether a proposed program is fully funded, funded in part or not funded at all. Generally funding commitments will conform to the October 1<sup>st</sup> – September 30<sup>th</sup> fiscal year and require applicants to execute a written funding agreement in a form acceptable to West Volusia Hospital Authority. Applicants that have not previously received funding are encouraged to request a sample of the required written funding agreement to ensure that funding requests comply with the required fee-for-service model and that program participants can be screened individually for qualifications pursuant to the *West Volusia Hospital Authority (WVHA) HealthCard Program Eligibility Guidelines and Procedures*.

### **REPORTING REQUIREMENTS/INVOICES**

Reporting requirements will vary according to program/service and will be determined at the time of approval for funding. Invoices submitted to the Authority for services must include, at a minimum, invoice amount, time period covered, services rendered, a de-identified reference number for the individual client served, the aggregate number of individuals served and the cost per unit of service. No cost or rate of reimbursement charged to the Authority may exceed that charged to any other insurance payer, funding entity, public or private, for the same or substantially the same services. A final report must be submitted to the Authority within 30 days of the end of the fiscal year and shall include services rendered, number served, outcomes and final budget information.

AGENCY: \_\_\_\_\_

EXECUTIVES DIRECTOR/PRESIDENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

AGENCY STATUS (Circle One)    Government    Not for Profit    For Profit    Other  
Explanation, if you marked other: \_\_\_\_\_

|                               | APPLICATION YEAR | PRIOR YEAR GRANTED |
|-------------------------------|------------------|--------------------|
| <b>TOTAL PROGRAM COST:</b>    | \$ _____         | \$ _____           |
| <b>*WVHA FUNDS REQUESTED:</b> | \$ _____         | \$ _____           |

**\*\*AVERAGE COST/UNIT OF SERVICE WITH COMPARATIVE REIMBURSEMENT:**

| Description of Service (Separately describe each type and RX fee) | Agency cost per unit of service | WVHA Reimbursement rate per unit of service | Medicaid Reimbursement rate per unit of service | Medicare Reimbursement rate per unit of service | Private Insurance Reimbursement rate per unit of service |
|---|---------------------------------|---|---|---|--|
|   |                                 |   |   |   |  |

**\* If you received funding last year and there is a significant change between the funds received or the reimbursement rate structure last year and the funds requested or the reimbursement rate structure proposed this year, please explain below:**

**\*\*If your response is N/A, please explain in detail why it is not applicable. If service is not reimbursed by Medicaid, Medicare or private insurance in Florida, please provide comparative rate information from another state where it is covered. If service is not reimbursed by another state or private insurance, please explain why you believe it should be reimbursed by WVHA. If rates vary by carrier, please provide the range of rates:**

**Mission of your Agency:**

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**SECTION I – PROPOSAL (See Appendix A)**

A. Identify why funds are being requested and how funds will be used: \_\_\_\_\_

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B. Describe your target population (the specific segment of the serviceable population you will be serving – i.e. children, seniors, pregnant, etc) in West Volusia: \_\_\_\_\_

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1. Identify any obstacles you anticipate in individually qualifying your target population pursuant to the ***West Volusia Hospital Authority (WVHA) HealthCard Program Eligibility Guidelines and Procedures and if any, describe how you will overcome them to comply with those Eligibility Guidelines and Procedures:***

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C. Estimate the total number of people that will be served for the proposed budget year:

| Grant Year                                    | WVHA number proposed served | Actual WVHA numbers served |
|---|-----------------------------|----------------------------|
| Previous grant application year               |                             |                            |
| Current grant year Oct. through _____ (month) |                             |                            |
| 2026-2027                                     |                             |                            |

D. What measurable (i.e. outcomes that can be evaluated) outcomes/goals will this service address? Outcomes for the WVHA funded project should not be the same as the oversight agency requires. They must be specific to WVHA funding.

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E. Describe the outcome measures your agency uses to assess if the goals are met.

1. If industry standards are used, identify source: \_\_\_\_\_

a.) What was your agency's rating against this standard(s): \_\_\_\_\_

2. If questionnaires were used:

- a) Last year how many questionnaires were completed: \_\_\_\_\_
- b) Number of valid complaints issued \_\_\_\_\_
- c) Please attach summary of results.

3. If your agency uses any other monitoring method, please explain methodology and outcome:

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4. If you are a returning agency, please attach documentation on final outcome measurements for your funded program in the previous year.

F. Identify which of the health issues cited in the current Volusia County Community Health Needs Assessment report does this program address.

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G. If you are a returning agency, were you in compliance with your most recent site visit? If not, specify what was done to rectify the issue(s).

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## **SECTION II - AGENCY ORGANIZATION**

A. Administrative and/or Financial Personnel provide organizational chart and qualifications related to their role in providing oversight and fiduciary responsibilities.

B. Medical and/or Professional Personnel list the education, experience, qualifications and describe the roles of personnel involved in providing the direct service to be funded by WVHA.

*Remainder of this page intentionally blank*

### SECTION III – FUNDING

#### Proposed Program Budget

**Complete this section only for the program for which funds are being requested.** Do not include your overall budget for other programs. Agency budgets should be tied to deliverables specific to WVHA funding. Prior to finalization of the funding agreement, the West Volusia Hospital Authority may request a copy of the Agency Operating Budget.

| <b>Program Revenue</b><br>(Program associated with WVHA funding request only) | <b>Dollar Value</b> | <b>% Of Program Revenue**</b> | <b>In Kind Contributions</b> |
|---|---------------------|-------------------------------|------------------------------|
| Federal   |                     |                               |                              |
| State   |                     |                               |                              |
| County  |                     |                               |                              |
| Other Local Funding (list)  |                     |                               |                              |
|   |                     |                               |                              |
|   |                     |                               |                              |
|   |                     |                               |                              |
| 3 <sup>rd</sup> Party Reimbursements  |                     |                               |                              |
| Fees  |                     |                               |                              |
| Medicaid/Medicare   |                     |                               |                              |
| Other (list anything over 10% of Program Revenue)                             |                     |                               |                              |
|   |                     |                               |                              |
|   |                     |                               |                              |
| <b>Amount Requested from the WVHA</b>   |                     |                               |                              |
| <b>TOTAL REVENUE *</b>  |                     |                               |                              |

| <b>Request brief narrative...</b><br><b>Program Expenses</b><br>(Program associated with WVHA funding request only) | <b>Dollar Value</b> | <b>% Of Program Expenses **</b> | <b>In Kind Expenses</b> |
|---|---------------------|---------------------------------|-------------------------|
| Salaries and benefits   |                     |                                 |                         |
| Contracted services   |                     |                                 |                         |
| Administrative and other services   |                     |                                 |                         |
| Medical   |                     |                                 |                         |
| Pharmacy  |                     |                                 |                         |
| Other (list anything over 10% of Program Expense)   |                     |                                 |                         |
|   |                     |                                 |                         |
|   |                     |                                 |                         |
|   |                     |                                 |                         |
| <b>TOTAL EXPENSE *</b>  |                     |                                 |                         |

\* **TOTAL REVENUE MUST EQUAL TOTAL EXPENSES - \*\* % COLUMN MUST TOTAL 100%**

A. Describe any upcoming opportunities for receiving matching and/or other funding whether through federal and state governmental funds other than WVHA funding that may become available to support or reduce WVHA financial support of this program in the future.

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B. What attempts have you made to locate other funding sources or partners to meet this program's needs?

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C. If the funding that the agency is requesting from the WVHA is dependent in any way upon another agency's support or activities, show substantiation and identity of that relationship.

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D. Describe how your agency can save the WVHA taxpayers money:

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## **BUDGET**

**List an explanation and justification of all line items listed for this program of service using the following guidelines. All items should be addressed. Indicate N/A where appropriate and explain why not applicable.**

**Personnel:**

List each person who will be employed by position title only. Include description, salary, payroll taxes and cost of benefits for each position.

**Contracted Services:**

Justify services provided under subcontracts and explain why agency staff cannot perform them.

**Administrative and Other Services:**

List other categories of expenses incurred in operating Proposed Program. Justify any exceptional amounts.

**Medical:**

Describe how these services are provided and how cost is determined.

**Pharmacy:**

Describe how these services are provided and how cost is determined.

**Other:**

Include any expected costs not listed above. Provide clear justification for each item.

## AGENCY ATTESTATION FORM

AGENCY: \_\_\_\_\_

SERVICE NAME: \_\_\_\_\_

TO COMPLY WITH WEST VOLUSIA HOSPITAL AUTHORITY APPLICATION REQUIREMENTS FOR FUNDING OF MEDICAL SERVICES FOR FISCAL YEAR 2026-2027, THE ABOVE REFERENCED AGENCY OR CORPORATION ATTESTS THAT:

c) Yes No Has your organization declared bankruptcy or had any assets attached by any court within the last 3 years?

**If the answer to any of the questions stated above is “yes”, please attach a written explanation.**

**FAILURE TO CERTIFY AND COMPLY WITH THE ABOVE REQUIREMENTS  
MAY RESULT IN PROGRAM FUNDS BEING DENIED AND, IF ALLOCATED,  
BEING WITHDRAWN, REALLOCATED, OR DELAYED.**

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(Chief Agency Officer)

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(Date)

---

(Type Name/Title)

---

(Date)

---

(Authorized Agency Countersignature)

---

(Date)

---

(Type Name/Title)

---

(Date)

## **APPENDIX A** **Guide to Assist Applicants**

### **Identify Why Funds are Being Requested: Examples**

1. To provide health or mental health care services or access to such services to residents of West Volusia who are experiencing poverty as defined by WVHA.
2. To add capacity. I will now be able to serve X amount of people as opposed to Y.
3. Program start up. Based on population of X people who are eligible for this service, we propose to provide this particular service and our proposed population will be Y number of people

### **What Outcome(s)/Goals will this Service Address: Must be quantifiable statements (examples)**

1. This service will improve health care or access to health care to this target population in the following quantifiable ways.
2. X amount of people will receive treatment for Y period of time with an expected rate of recovery of Z%. This is in compliance with the national average of a recovery rate of B based on the standard for this disorder.
3. X number of people will receive treatment that will limit hospital emergency room cost. It is estimated that our average cost for this treatment per person is Y where it is estimated that a hospital treatment cost is Z.

### **Describe the Outcome Measures Your Agency Uses to Assess if the Goals are Met**

State what they are and how your agency ranked: e.g. "I used the American Medical Association's scoring standards and we were at X percentile which is Y% above, below, or on the mark of the National Goal."

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### **The following questions will be used by the CAC in ranking all funding applications**

If it were up to you as a member of the CAC or the Board, would you:

- A) Fund this applicant at 100% of the requested amount. Why:
- B) Not fund this applicant. Why:
- C) Fund this applicant but not at the requested amount of \$ \_\_\_\_\_  
But fund the amount of \$ \_\_\_\_\_ . Why:



VS



## Outputs

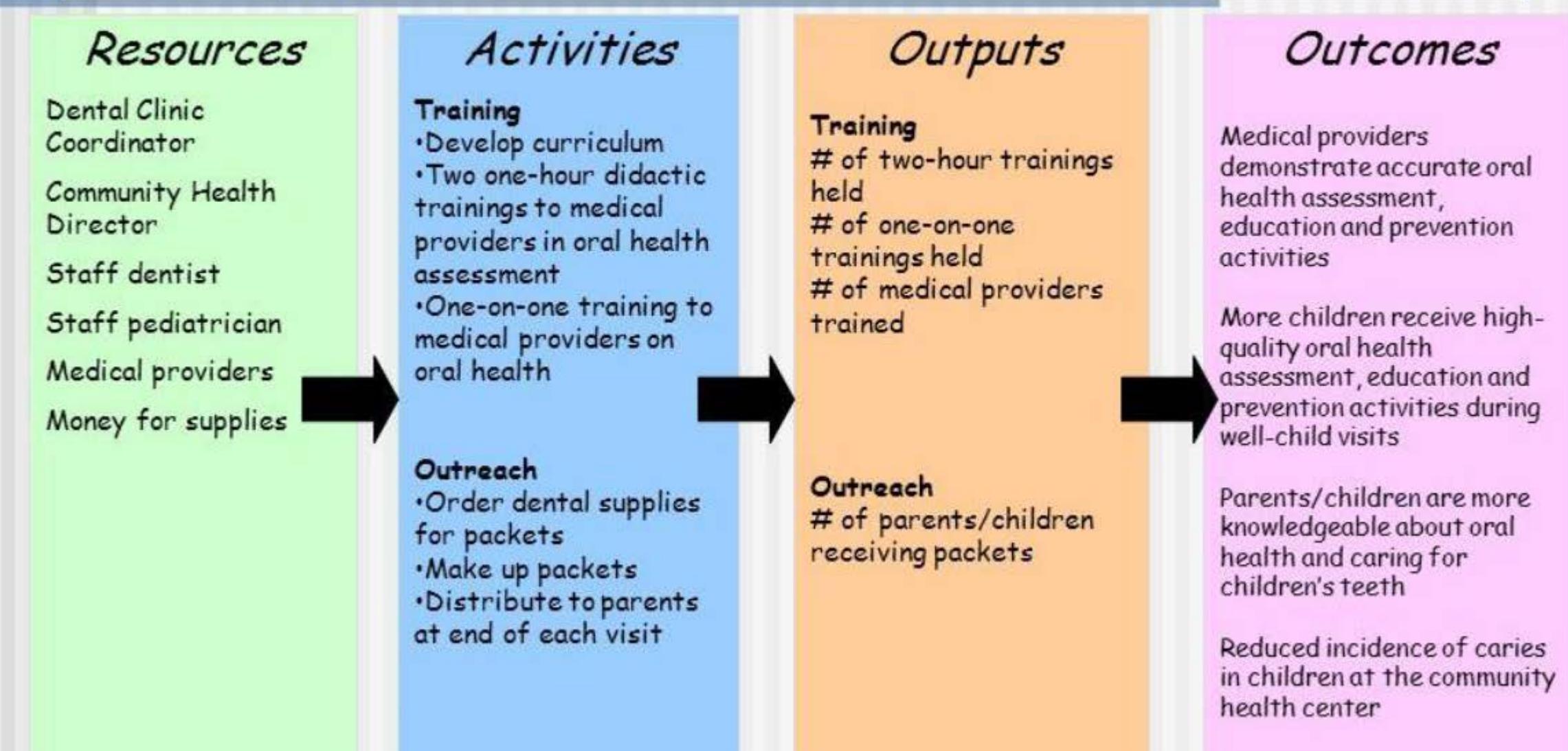
- The things we do
- Deliverables, projects, etc, that help us to work towards our goals
- We hope it brings success but doesn't guarantee it
- Might change if it doesn't bring results

## Outcomes

- The results I hope to get after doing something
- Measurable results defined as success of the goal
- Shows the success loud and clear!
- Stays the same until achieved

- **Outputs:** Is the client served?
- **Outcomes:** Has the client's situation improved?

**Program Goal:** To improve the oral health of low-income children who receive primary care in a community health center



The following rubric may be used, but is not required, to score each of the eight areas:

1. Demonstration of need for funding as it pertains to the current Volusia County Community Health Needs Assessment
2. Description of project including intended goals and outcomes
3. Description of the work
4. Budget aligned to goals/outcomes
5. Identification of target population
6. Monitoring method to assess agency goals
7. Detail, completeness, and clarity of the budget
8. Alignment of goals within grant application to the mission and goals of the WVHA

ORGANIZATION / AGENCY \_\_\_\_\_

CAC MEMBER NAME \_\_\_\_\_

TOTAL SCORE \_\_\_\_\_

|  | 1 Point - Needs Improvement   | 2 Points - Average   | 3 Points - Very Good   | 4 Points - Exceptional  | Score |
|--|---|--|--|---|-------|
| Section 1:<br>Demonstration of Need as it Pertains to Current CHNA         | Description of need is hard to understand, verbose, or uses jargon. <ul style="list-style-type: none"><li>• It is not clear what the specific need is, and no data or information is included to support justifying need.</li></ul>                 | Description depicting the need is somewhat clear and minimally explains why funding is needed. <ul style="list-style-type: none"><li>• There is some data or information to support need.</li></ul>  | Description depicts the need for the project well and language clearly describes current status. <ul style="list-style-type: none"><li>• Data or additional information supports narrative and shows clear need.</li></ul>   | Description is very clear, concise, and easy to understand. <ul style="list-style-type: none"><li>• Information and data are attached, and clearly supports need. Additional data or information complete a big picture explanation for need.</li></ul>   |       |
| Section 2:<br>Description of Project Including Intended Goals and Outcomes | The description of the project is vague or unclear. <ul style="list-style-type: none"><li>• The goals of the grant are not addressed or clearly stated.</li><li>• The goals do not align with the need stated. No outcomes are described.</li></ul> | The description of the project is somewhat clear and includes details. <ul style="list-style-type: none"><li>• The goals of the grant are addressed but not clearly stated.</li><li>• Goals and desired outcomes are minimally described and are somewhat aligned with the need described.</li></ul> | The description of the project is very clear with detailed descriptions of the work to be completed. <ul style="list-style-type: none"><li>• The goals of the grant are clearly stated.</li><li>• Outcomes of moderate impact and value are described.</li><li>• There lacks some specificity in what is measurable in outcomes.</li></ul> | The description of the project is exceptionally clear and provides detailed information <ul style="list-style-type: none"><li>• The goals of the grant are clearly stated.</li><li>• Significant outcomes are described.</li><li>• The specific outcomes of each goal are stated clearly and are directly aligned to the described need.</li><li>• All goals and outcomes are measurable both qualitatively and quantitatively.</li></ul> |       |
| Section 3:<br>Description of the Work                                      | The description of the overall work is hard to understand. <ul style="list-style-type: none"><li>• Alignment between goals, outcomes, and the description of work is vague.</li></ul>   | Description of the work to be completed is addressed but vague at times. <ul style="list-style-type: none"><li>• There is alignment between goals and the description of work.</li></ul> A more clear and concise description of overall work to be completed is needed.                             | The description of the overall work to be completed is clearly stated. <ul style="list-style-type: none"><li>• Work or project described is sound and overall is aligned to grant's goals.</li><li>• Describes a feasible timeframe for achieving goals.</li></ul>   | The description of work is clear and concise. <ul style="list-style-type: none"><li>• The work is strongly aligned to the grant's goals.</li><li>• Describes a feasible timeframe for achieving goals.</li></ul>  |       |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| Section 4:<br>Alignment of<br>Budget to<br>Description of<br>Work and<br>Goals/Outcomes | Little to no alignment<br>between the proposed<br>budget to support<br>achievement of goals and<br>outcomes found in the<br>description of work.   | Somewhat of an<br>alignment between the<br>proposed budget to<br>support achievement of<br>goals and outcomes found<br>in the description of work.  | A significant alignment<br>between the proposed<br>budget to support<br>achievement of goals and<br>outcomes found in the<br>description of work.  | A clear and strong alignment<br>between the proposed budget to<br>support achievement of goals and<br>outcomes found in the description<br>of work.  |  |
| Section 5:<br>Identification of<br>Target<br>Population                                 | Target population is<br>marginally identified, and<br>agency has no previous<br>experience serving this<br>population.   | Target population is<br>somewhat identified, and<br>agency has little previous<br>experience serving this<br>population.  | Target population is<br>somewhat identified, and<br>agency has demonstrated<br>some experience serving<br>this population.   | Target population is clearly<br>identified, and agency has<br>demonstrated experience in<br>serving this population.   |  |
| Section 6:<br>Monitoring<br>Method to<br>Assess Agency<br>Goals                         | Very limited or no<br>monitoring to ensure a<br>clear focus on goals.<br><ul style="list-style-type: none"><li>• Limited or weak plan for<br/>evaluating impact of the<br/>work in achieving annual<br/>grant goals.</li><li>• No data collection plan in<br/>place to measure impact of<br/>grants actions.</li></ul> | Somewhat of a monitoring<br>plan to ensure a clear<br>focus on goals.<br><ul style="list-style-type: none"><li>• Somewhat of a plan<br/>created for evaluating<br/>impact of the work in<br/>achieving annual grant<br/>goals.</li><li>• Some data collection</li></ul> | A significant monitoring<br>plan created to ensure a<br>clear focus on goals.<br><ul style="list-style-type: none"><li>• Clear and strong plan<br/>created and executed for<br/>evaluating impact of the<br/>work in achieving annual<br/>goals.</li><li>• Significant and strong data<br/>collection processes are in<br/>place to measure impact of<br/>grant's actions.</li></ul> | Exceptionally designed monitoring<br>plan to ensure a clear focus on<br>goals.<br><ul style="list-style-type: none"><li>• Comprehensive systemic plan<br/>created and executed for<br/>evaluating impact of the work in<br/>achieving annual grant goals.</li><li>• Exceptional data collection<br/>processes are in place to measure<br/>impact of grant's actions.</li></ul> |  |
| Section 7:<br>Detail,<br>Completeness<br>and Clarity of<br>the Budget                   | The program budget is<br>incomplete and is unclear<br>how it supports the work<br>outlined.  | Somewhat vague budget<br>information. Appears to<br>somewhat support the<br>work outlined.  | Adequate budget<br>information. Appears to<br>support the work outlined.   | A comprehensive and clear Budget<br>is detailed, complete and clearly<br>supports the work outlined.<br>Revenue/expense seems<br>reasonable.   |  |
| Section 8:<br>Alignment<br>Between<br>WVHA's<br>Mission and<br>Grant Goals              | Lack of alignment between<br>the WVHA's mission and<br>the goals of the work<br>described in the grant<br>application.   | Somewhat of an<br>alignment between the<br>WVHA's mission and the<br>goals of the work<br>described in the grant<br>application.  | Significant evidence of an<br>alignment between the<br>WVHA's mission and the<br>goals of the work described<br>in the grant application.  | Clear and strong alignment<br>between the WVHA's mission and<br>the goals of the work described in<br>the grant application.   |  |

Things to consider:

Past issues with compliance in the application process or with the organization as a whole

What progress has been made since the last application period?

Finance evaluation (Red flags from a finance perspective.)

Healthcare evaluation (Red flags from a healthcare/mental health perspective.)

Community evaluation (Red flags from a community perspective.)

Site visit evaluation