

Letter of Agreement

This Letter of Agreement (“LOA”) is made and entered into on the 22st day of March, 2023 by and between **Fort Lauderdale Fire Rescue** (Government Owned Emergency Medical Service (EMS) Provider) and **UnitedHealthCare of Florida, Inc.** (Medicaid Managed Care Organization (MCO) (herein referred to collectively as “Parties”).

WHEREAS, the Medicaid MCO has been awarded a contract by the Agency for Health Care Administration (AHCA) to deliver managed care services to Medicaid enrollees under an 1115 Managed Medical Assistance Waiver (the “Waiver”) in Region 10 , which includes Broward County where Government Owned EMS Provider is located and/or operates;

WHEREAS, AHCA has approved the Government Owned EMS Provider as a qualifying entity and provides out of network emergency medical services to MCO enrollees in Region 10 on an as needed basis, when the transport and treatment is appropriate; and

WHEREAS, the Centers for Medicare and Medicaid Services (“CMS”) approved section 438.6 directed payments based on the establishment of a uniform increase to be paid to qualifying Government Owned EMS Providers for the provision of emergency medical services to Medicaid eligible persons enrolled in managed care organizations pursuant to the Waiver, which includes the Medicaid MCO.

NOW THEREFORE, Government Owned EMS Provider and the Medicaid MCO do hereby agree to the following:

1. Government Owned EMS Provider agrees to make emergency medical services available to MCO’s Medicaid enrollees on an as needed basis, when the transport and treatment is appropriate.
2. Medicaid MCO shall receive per member per month section 438.6 directed payments for care and treatment provided by the Government Owned EMS Provider, which the Medicaid MCO shall timely remit to the Government Owned EMS Provider in accordance with AHCA’s contractual requirements.
3. Contact information for the parties is as follows:

Name: Paul Vanden Berge

Title: Public Safety Administrator

Phone: 954-828-6807

Email: PVandenberge@fortlauderdale.gov

Name: William Warthen

Title: Network Programs Manager

Phone: 952-202-8943

Email: william_j_warthen@uhc.com

4. The Parties agree any modification to the LOA shall be in the same form, namely the exchange of signed copies of a revised LOA.
5. This LOA covers the period of October 1, 2019 through December 21, 2024 unless terminated sooner by the termination of section 438.6 directed payments.

IN WITNESS WHEREOF, the Parties have duly executed this LOA on the day and year above first written. Each party represents that: (i) it has the authority to enter into this Agreement; and (ii) that the individual signing this Agreement on its behalf is authorized to do so.

GOVERNMENT OWNED EMERGENCY MEDICAL SERVICES PROVIDER

Greg Chavarria - City Manager

NAME & TITLE OF AUTHORIZED INDIVIDUAL

SIGNATURE OF AUTHORIZED INDIVIDUAL

DATE

3.29.23

MEDICAID MANAGED CARE ORGANIZATION

Debra Sikes – Vice President Government Programs

SIGNATURE

DATE

Paul Vanden Berge

From: Warthen, William J <william_j_warthen@uhc.com>
Sent: Wednesday, March 22, 2023 1:04 PM
To: Alexandra Rampy
Cc: Paul Vanden Berge
Subject: [EXTERNAL:CAUTION!]- RE: Fort Lauderdale Fire Rescue PEMT Payments
Attachments: We sent you safe versions of your files; Fort Lauderdale Fire Rescue.pdf

Mimecast Attachment Protection has deemed this file to be safe, but always exercise caution when opening files.

[::CAUTION!:] This email originated from *outside* The City of Fort Lauderdale.
Do Not Reply, click links, or open attachments from an unknown or suspicious origin. Confirm the email address is from an expected source before taking action.
Report any suspicious emails to spamadmin@fortlauderdale.gov

Good Afternoon Alexandra

I am so sorry about the mix up with the documents. I thought this is what I was following up on.
I was requesting the LOA be resigned on your end, if it wasn't a problem. On the LOA I originally sent, it had a VP's name, who is no longer with our company.

I have updated the LOA to add the new VP of Government programs, so that she can sign it and I can get you the executed copy back.

William J. Warthen | Network Programs Manager C&S
SE Government Programs | United Health Networks
(office) 952.202.8943 | (email) william_j_warthen@uhc.com |

OUR UNITED CULTURE The way forward
Integrity | **Compassion** | **Relationships** | **Innovation** | **Performance**

Our goal is to be your health plan of choice to work with or to recommend. If there is any reason you are not satisfied with UnitedHealthcare please notify me(us) right away so that we can address your needs. We want to have an excellent relationship with you and your company. Thank you for your support and care of our members.

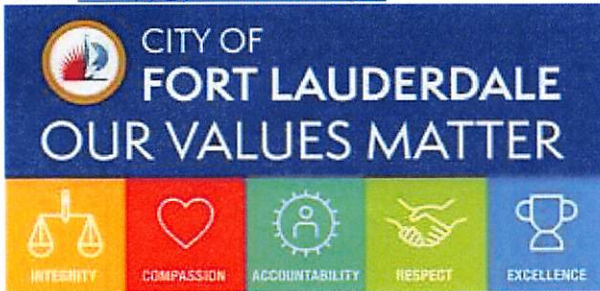


From: Alexandra Rampy <ARampy@fortlauderdale.gov>
Sent: Monday, February 6, 2023 1:19 PM
To: Warthen, William J <william_j_warthen@uhc.com>
Cc: Paul Vanden Berge <PVandenBerge@Fortlauderdale.gov>
Subject: RE: Fort Lauderdale Fire Rescue PEMT Payments

Here you go, please feel free to contact me if there is anything else that you need.

Alexandra Rampy *Administrative Assistant*
City of Fort Lauderdale Fire-Rescue

528 NW 2nd St, Fort Lauderdale, FL 33311
Phone: (954) 828-6805 Fax: (954) 828-6843
Email: arampy@fortlauderdale.gov



From: Warthen, William J <william_j_warthen@uhc.com>
Sent: Monday, February 6, 2023 10:57 AM
To: Alexandra Rampy <ARampy@fortlauderdale.gov>
Subject: [-EXTERNAL-] FW: Fort Lauderdale Fire Rescue PEMT Payments

Good Morning Alexandra

Thanks for taking the time to speak with me this morning. Per our conversation, the Agency for Health Care Administration has requested that MCO's sign a Letter of Agreement (LOA) with PEMT providers in their awarded Medicaid regions. Attached you will find the documentation needed to be returned to us for execution of this LOA. Please complete all required documents and return back ASAP, so that we can the funds deposited in your accounts.

Regards

William J. Warthen | Network Programs Manager C&S
SE Government Programs | United Health Networks
(office) 952.202.8943 | (email) william_j_warthen@uhc.com |

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From: Warthen, William J
Sent: Friday, November 4, 2022 3:42 PM
To: pvanderberge@fortlauderdale.gov; sahearn@fortlauderdale.gov; dstanley@fortlauderdale.gov; RKerr@fortlauderdale.gov; Sshaw@fortlauderdale.gov
Subject: FW: Fort Lauderdale Fire Rescue PEMT Payments

Good Afternoon

I wanted to follow up on the request that was sent on 10/4/2022.
In order for United to release funds to Fort Lauderdale Fire Rescue, we will need the following documents.

1. Signed and dated LOA
2. W-9- the one you provided was from 2022. Can we get an updated one.

1. Form is fully completed – including Provider Name, Address, TIN, Signature
3. ACH/EFT Form- See attached
 1. Form is fully completed – including Provider Name, Address, TIN, Signature
 2. Banking Information is provided – including Bank Account # and Bank Transit (routing) #
 3. Name, TIN, and address on ACH/EFT form matches W-9
4. Banking Verification Document – **Letter from the bank or voided check**
 1. If letter from the bank is provided, please ensure the following:
 1. Bank Name, Bank Account # and Bank Transit (routing) # matches ACH/EFT form.
 2. Provider Name referenced on letter matches ACH/EFT form & W-9
 3. Letter must be dated within 90 days of submission
 4. Letter is on bank letterhead and includes bank authorizer name, title, physical address, email address, and phone number
 2. If voided check is provided, please ensure the following:
 1. Bank Name, Bank Account # and Bank Transit (routing) # matches ACH/EFT form.
 2. Provider Name referenced on voided check matches ACH/EFT form & W-9

Once we receive your complete packet of information we will execute the LOA and send you a copy. It is our policy that we DO NOT execute agreements without all information required being received.

William J. Warthen | Network Programs Manager C&S
 SE Government Programs | United Health Networks
 (office) 952.202.8943 | (email) william_j_warthen@uhc.com |

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From: Warthen, William J
Sent: Tuesday, October 4, 2022 12:09 PM
To: 'pvandenberge@fortlauderdale.gov' <pvandenberge@fortlauderdale.gov>; 'sahearn@fortlauderdale.gov' <sahearn@fortlauderdale.gov>; 'dstanley@fortlauderdale.gov' <dstanley@fortlauderdale.gov>; 'RKerr@fortlauderdale.gov' <RKerr@fortlauderdale.gov>; 'Sshaw@fortlauderdale.gov' <Sshaw@fortlauderdale.gov>
Subject: Fort Lauderdale Fire Rescue PEMT Payments

Good Afternoon Paul,

I received your contact information from AHCA.

As you know the Agency for Health Care Administration has requested that MCO's sign a Letter of Agreement (LOA) with PEMT providers in their awarded Medicaid regions. Attached you will find the documentation needed to be returned to us for execution of this LOA. Please complete all required documents and return back to us by Monday October 10, 2022. Please see the information needed to process payment

1. Signed and dated LOA
2. W-9- the one you provided was from 2022. Can we get an updated one.
 1. Form is fully completed – including Provider Name, Address, TIN, Signature

3. *ACH/EFT Form- See attached*

1. *Form is fully completed – including Provider Name, Address, TIN, Signature*
2. *Banking Information is provided – including Bank Account # and Bank Transit (routing) #*
3. *Name, TIN, and address on ACH/EFT form matches W-9*

4. **Banking Verification Document – Letter from the bank or voided check**

1. *If letter from the bank is provided, please ensure the following:*
 1. *Bank Name, Bank Account # and Bank Transit (routing) # matches ACH/EFT form.*
 2. *Provider Name referenced on letter matches ACH/EFT form & W-9*
 3. *Letter must be dated within 90 days of submission*
 4. *Letter is on bank letterhead and includes bank authorizer name, title, physical address, email address, and phone number*
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 1. *Bank Name, Bank Account # and Bank Transit (routing) # matches ACH/EFT form.*
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Once we receive your complete packet of information we will execute the LOA and send you a copy. It is our policy that we DO NOT execute agreements without all information required being received.

Regards

William J. Warthen | Network Programs Manager C&S

SE Government Programs | United Health Networks

(office) 952.202.8943 | (email) william_j_warthen@uhc.com |

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CITY MANAGER'S OFFICE

DOCUMENT ROUTING FORM

Rev: 3 | Revision Date: 9/1/2022

16

TODAY'S DATE: 10/04/2022

DOCUMENT TITLE: Letter of Agreement (LOA) – City of Fort Lauderdale – United Health Care of Florida, Inc. - PENT

COMM. MTG. DATE: 07/07/2020 CAM #: 20-0505 ITEM #: CM-2 CAM attached: ☒ YES ☐ NO

Routing Origin: Fire-Rescue Router Name/Ext: PCVB, X6807 Action Summary attached: ☒ YES ☐ NO

CIP FUNDED: ☐ YES ☒ NO

Capital Investment / Community Improvement Projects defined as having a life of at least 10 years and a cost of at least \$50,000 and shall mean improvements to real property (land, buildings, or fixtures) that add value and/or extend useful life, including major repairs such as roof replacement, etc. Term "Real Property" include land, real estate, realty, or real.

2) City Attorney's Office: Documents to be signed/routed? ☐ YES ☐ NO # of originals attached: _____

Is attached Granicus document Final? ☐ YES ☐ NO Approved as to Form: ☐ YES ☐ NO

Date to CCO: _____ Attorney's Name: Rhonda Montoya Huser Initials: RMA

3) City Clerk's Office: # of originals: 1 Routed to: _____ Ext: _____ Date: 10/13/22

4) City Manager's Office: CMO LOG #: Oct 20 Document received from: _____

Assigned to: GREG CHAVARRIA ☐ ANTHONY FAJARDO ☐ SUSAN GRANT ☐

GREG CHAVARRIA as CRA Executive Director ☐

☐ APPROVED FOR G. CHAVARRIA'S SIGNATURE ☐ N/A G. CHAVARRIA TO SIGN

PER ACM: A. FAJARDO _____ (Initial) S. GRANT _____ (Initial)

☐ PENDING APPROVAL (See comments below)

Comments/Questions: _____

Forward _____ originals to ☐ Mayor ☐ CCO Date: _____

5) Mayor/CRA Chairman: Please sign as indicated.

Forward _____ originals to CCO for attestation/City seal (as applicable) Date: _____

INSTRUCTIONS TO CITY CLERK'S OFFICE

City Clerk: Retains _____ original and forwards _____ originals to: _____ (Name/Dept/Ext)

Attach _____ certified Reso # _____ ☐ YES ☐ NO Original Route form to CAO

Letter of Agreement

This Letter of Agreement ("LOA") is made and entered into on the 21st day of September, 2022 by and between **Fort Lauderdale Fire Rescue** (Government Owned Emergency Medical Service (EMS) Provider) and **UnitedHealthCare of Florida, Inc.** (Medicaid Managed Care Organization (MCO) (herein referred to collectively as "Parties").

WHEREAS, the Medicaid MCO has been awarded a contract by the Agency for Health Care Administration (AHCA) to deliver managed care services to Medicaid enrollees under an 1115 Managed Medical Assistance Waiver (the "Waiver") in Region 10, which includes Broward County where Government Owned EMS Provider is located and/or operates;

WHEREAS, AHCA has approved the Government Owned EMS Provider as a qualifying entity and provides out of network emergency medical services to MCO enrollees in Region 10 on an as needed basis, when the transport and treatment is appropriate; and

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3. Contact information for the parties is as follows:

Name: Paul Vanden Berge

Title: Public Safety Administrator

Phone: 954-828-6807

Email:
pvandenberge@fortlauderdale.gov

Name: William Warthen

Title: Network Programs Manager

Phone: 952-202-8943

Email: william_j_warthen@uhc.com

DATE _____



**CITY OF FORT LAUDERDALE
City Commission Agenda Memo
REGULAR MEETING**

#20-0505

TO: Honorable Mayor & Members of the
Fort Lauderdale City Commission

FROM: Chris Lagerbloom, ICMA-CM, City Manager

DATE: July 7, 2020

TITLE: Motion Authorizing the City Manager to Execute Letters of Agreement with the Managed Care Organizations under contract with the State of Florida's Agency for Health Care Administration - **(Commission Districts 1, 2, 3 and 4)**

Recommendation

It is recommended that the City Commission authorize the City Manager to execute Letters of Agreement (LOA's) with the Managed Care Organizations (MCO's) under contract with the State of Florida's Agency for Health Care Administration (AHCA). This program provides for supplemental payments for allowable costs in excess of other Medicaid revenues received for emergency medical transportation services to Medicaid eligible recipients.

Background

Fort Lauderdale Fire Rescue transports approximately 26,000 patients annually to local hospital emergency rooms, generating approximately \$6.6 million per year from Medicare/Medicaid, private commercial insurance companies, and individual payers. Of the total patients transported to the hospital approximately 20% are covered by Medicaid.

There are two (2) types of Medicaid transports. The "Fee for Service" transports are billed and collected directly from AHCA. The second type of transports are billed and collected from the MCO's. The average reimbursement for the services per Medicaid patient is \$168 per transport. This amount is significantly lower when compared to the average reimbursements for Medicare and private health insurance patients and the actual costs associated with Emergency Medical Transports. The average reimbursements for Medicare and private health insurance patients are \$396 and \$663, respectively.

In 2016, the State authorized the creation of a Certified Public Expenditure (CPE) program to provide supplemental payments to publicly owned and operated emergency medical transportation providers for Medicaid "Fee for Service" patients transport to local hospitals. This program leverages the approximately 61.47% share of Federal Medicaid reimbursement by allowing the State to certify the public expenditure incurred by the Fort

Lauderdale Fire Rescue as the State share. Fort Lauderdale Fire Rescue currently receives supplemental payments for Medicaid “Fee for Service” patients through the CPE program and has generated an additional \$2.3 million since 2017. The Fire Rescue Department submits an annual report to the State of Florida relating to the actual costs associated with Emergency Medical Transports. The associated supplemental payment is a proportional reimbursement from the State of Florida for net costs for “Fee for Service” Medicaid transports. The CPE program, also known as the PEMT (Public Emergency Medical Transportation) program, helps close the gap between the cost incurred and the revenue received for each emergency medical transport provided to a Medicaid “Fee for Service” patient. Medicaid “Fee for Service” patients make up less than 14% of all Medicaid transports provided by Fort Lauderdale Fire Rescue, with the rest receiving services under a Medicaid Managed Care arrangement.

In the 2019 General Appropriations Act, the State Legislature directed ACHA to make directed payments to qualifying PEMT providers for services under the Statewide Medicaid Managed Care (SMMC) program. (State Bill, 2500, signed by the Governor on 6/21/2019). The Agency submitted the proposal to the Centers for Medicare and Medicaid Services (CMS) on August 30, 2019 and received approval from CMS on April 8, 2020. To be eligible for this reimbursement program, the qualifying agency must have been a participant in the most recent PEMT reimbursement program and be a “non-Medicaid” governmental agency.

Unlike the “Fee for Service” Medicaid transports, current transport fee revenues are billed and collected through the MCO’s. The supplemental payment program will require agreements with AHCA and the contracted MCO’s subject to future City Commission approval. Unlike the current PEMT program which required no appropriation for the State share, these revenue and expense submissions for Medicaid Managed Care transports are funded through an IGT (Intergovernmental Transfer) cash match with a federal fund contribution. The reimbursement of submitted expenses will be through AHCA via the MCO’s. There are currently sixty-five (65) eligible governmental agencies that can participate in this program.

In order to leverage the approximate 61.47 % federal share in future years, the Fort Lauderdale Fire Rescue Department will provide the State share through an IGT, and later be reimbursed by the Medicaid Managed Care providers. In FY2021, the City will realize an approximate \$744,154.45 in net revenue, reflecting the approximate 61.47% Federal Share and the 38.53% percent State share of the program. This authorization will be brought to the City Commission for approval later.

There is no current fiscal year obligation to submit the required IGT contributions to receive the approved reimbursements. There is a current year obligation to sign the Letter of Agreements with the MCO’s.

The City Manager will also execute a professional services agreement with the City's contract vendor for Emergency Medical Services Billing and Electronic Patient Care Reporting Services, R1 Advanced Data Processing, Inc. d/b/a Intermedix to provide support during the implementation of this program.

R1 Advanced Data Processing will provide, but not be limited to, the following scope of services:

- Gather applicable data from the City and associated City vendors for the completion of all applicable cost reports.
- Fully complete the required cost reports to the Agency of Health Care Administration (AHCA) within the time frame prescribed by AHCA.
- PCG will provide support and analysis for all future audits as required by AHCA.
- Continue to advise the City on any program changes, updates, and revisions of the program.

For these services, R1 Advanced Data Processing, Inc. will receive compensation for contracted services on a contingency basis. This compensation will be 6% of net reimbursements from payments from the MCO's.

Pursuant to Section 2-181(f)(5)(b), Code or Ordinances of the City of Fort Lauderdale Florida, the City intends to piggyback on a Volusia County Agreement for these services. The Chief Procurement Officer (CPO) has determined it would be practicable and advantageous for the City to use this method of procurement for this agreement. This agreement is being processed administratively under the City Manager's authority.

The total funds to be received by the City of Fort Lauderdale is anticipated to be \$1,176,932. The consultant, R1 Advanced Data Processing, Inc. will receive a 6% consultant fee from the total revenues received ($\$1,176,932 \times 6\% = \$70,616$). The net fiscal impact to the City will be \$1,106,316 ($\$1,176,932 - \$70,616 = \$1,106,316$).

It is recommended that the City Commission authorize the City Manager to execute Letters of Agreement (LOA's – Exhibit 3) with the Managed Care Organizations (MCO's) under contract with the State of Florida's Agency for Health Care Administration (AHCA) in substantially in the form as attached.

Resource Impact

There will be a positive fiscal impact of approximately \$1,106,316 in the current fiscal year.

The associated expenditure of \$70,616 is derived from a consultant fee of 6% of the proceeds.

Source:

Funds available as of May 20, 2020					
ACCOUNT NUMBER	INDEX NAME (Program)	CHARACTER CODE/ SUB-OBJECT NAME	AMENDED BUDGET (Character)	AMOUNT RECEIVED (Character)	AMOUNT
001-FIR030101.J134	Fire Rescue Support	Charges for Service/ Public Emergency Transport – MCO Program	\$10,500,225	\$6,952,252	\$1,176,932
TOTAL AMOUNT ►				\$1,176,932.80	

Use:

Funds available as of May 20, 2020					
ACCOUNT NUMBER	INDEX NAME (Program)	CHARACTER CODE/ SUB-OBJECT NAME	AMENDED BUDGET (Character)	AVAILABLE BALANCE (Character)	AMOUNT
001-FIR030101.3199	Fire Rescue Support	Charges for Service/ Other Professional Services	\$3,781,572	\$583,077	\$70,616
TOTAL AMOUNT ►				\$70,616	

Strategic Connections

This item is a *Press Play Fort Lauderdale Strategic Plan 2024* initiative, included within the Public Safety Cylinders of Excellence, specifically advancing:

- The Public Safety Focus Area
- Goal 6: Build a safe and well-prepared community.
- Objective: Provide quick and exceptional fire, medical, and emergency response.

Attachments

Exhibit 1 – PEMT Uniform Increase Overview

Exhibit 2 – MCO Region Plans by Regions and MCO Contracts

Exhibit 3 – Letter of Agreement

Prepared by: Paul C. Vanden Berge, Public Safety Administrator
Athena Gilliam, Fire Rescue, Administrative Supervisor

Department Director: Rhoda Mae Kerr, Fire Chief



DOCUMENT ROUTING FORM

Rev: 3 | Revision Date: 9/1/2022

12

TODAY'S DATE: 03/22/2023

DOCUMENT TITLE: Letter of Agreement (LOA) – City of Fort Lauderdale – United Health Care of Florida, Inc. - PEMT

COMM. MTG. DATE: 07/07/2020 CAM #: 20-0505 ITEM #: CM-2 CAM attached: ☒ YES ☐ NORouting Origin: Fire-Rescue Router Name/Ext: PCVB, X6807 Action Summary attached: ☒ YES ☐ NOCIP FUNDED: ☐ YES ☒ NO

Capital Investment / Community Improvement Projects defined as having a life of at least 10 years and a cost of at least \$50,000 and shall mean improvements to real property (land, buildings, or fixtures) that add value and/or extend useful life, including major repairs such as roof replacement, etc. Term "Real Property" include land, real estate, realty, or real.

2) City Attorney's Office: Documents to be signed/routed? ☐ YES ☐ NO # of originals attached: _____Is attached Granicus document Final? ☐ YES ☐ NO Approved as to Form: ☐ YES ☐ NO

Date to CCO: 3/24/23 Attorney's Name: Rhonda Montoya Hasen Initials: JMA

3) City Clerk's Office: # of originals: 1 Routed to: _____ Ext: _____ Date: 03/27/23

4) City Manager's Office: CMO LOG #: MAR 15 Document received from: 3/28/23

Assigned to: GREG CHAVARRIA ☐ ANTHONY FAJARDO ☐ SUSAN GRANT ☐GREG CHAVARRIA as CRA Executive Director ☐☐ APPROVED FOR G. CHAVARRIA'S SIGNATURE ☐ N/A G. CHAVARRIA TO SIGN

PER ACM: A. FAJARDO _____ (Initial)

S. GRANT _____ (Initial)

☐ PENDING APPROVAL (See comments below)

Comments/Questions: _____

Forward ☒ originals to ☐ Mayor ☒ CCO Date: 3/29/23

5) Mayor/CRA Chairman: Please sign as indicated.

Forward _____ originals to CCO for attestation/City seal (as applicable) Date: _____

INSTRUCTIONS TO CITY CLERK'S OFFICE

City Clerk: Retains 1 original and forwards 1 originals to: Paul VandenBerge / Fire (Name/Dept/Ext)

Attach _____ certified Reso # _____ ☐ YES ☐ NO Original Route form to CAO