



KEY LARGO FIRE RESCUE & EMERGENCY MEDICAL SERVICES DISTRICT

Seat 1: Tony Allen; Seat 2: Frank Conklin; Seat 3: Kenny Edge; Seat 4: George Mirabella; Seat 5: Michael Jenkins

DISTRICT MEETING AGENDA

MAY 18, 2026

Members of the public who wish to comment on matters before the District Board may do so in person at 1 East Drive, Key Largo, Florida.

1. **AGENDA**

1a. *Call to Order*

1b. *Pledge of Allegiance*

1c. *Roll Call*

2. **APPROVAL OF AGENDA & MINUTES**

2a. *Approval of May 18, 2026 District Meeting Agenda*

2b. *Approval of May 4, 2026 District Meeting Minutes*

3. **PUBLIC COMMENT**

4. **CHAIRMAN REPORT**

5. **SECRETARY REPORT**

6. **OLD BUSINESS**

7. **NEW BUSINESS**

7a. **DISCUSSION/APPROVAL:** *Purchase Narcotic Safes [Jones]*

7b. **DISCUSSION/APPROVAL:** *New District Logo [Jones]*

7c. **DISCUSSION/APPROVAL:** *Meeting to Interview/Choose Fire/EMS DM [Lombardo]*

7d. **DISCUSSION/APPROVAL:** *Employee Benefits Agreement [Lombardo]*

7e. **DISCUSSION/APPROVAL:** *Ambulance Billing [Lombardo]*

7f. **DISCUSSION/APPROVAL:** *Form Land Acquisition Committee [Lombardo]*

7g. **DISCUSSION/APPROVAL:** *Authorize Legal to Draft Resolution for FRS [Lombardo]*

7h. **DISCUSSION/APPROVAL:** *New Medical Director Agreement – Post Consolidation [Hicks]*

7i. **DISCUSSION/APPROVAL:** *Resolution Designating FBMC Benefits Management, Inc. as the District's Health Care Program Consultant [Hicks]*

7j. **DISCUSSION/APPROVAL:** *Business Associate Agreement with FBMC [Hicks]*



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8. LEGAL REPORT

9. FINANCE REPORT

10. AMBULANCE CORPS REPORT

11. FIRE DEPARTMENT REPORT

12. COMMISSIONER ITEMS

13. DISTRICT MANAGER ITEMS

1. Fire/EMS Chief Hiring Process: The Fire-EMS/District Manager hiring process is progressing well. The virtual interviews were completed on May 12. I am requesting we schedule a special meeting on either May 27 or June 3 for the Board to interview the top scoring candidates and select a new Fire-EMS Chief. Pending legal direction, it is my understanding that full Board interviews and the hiring decision by the Board must be done in the legal "sunshine". Accordingly, I am requesting approval to schedule and advertise for one of the dates listed herein.
2. Land Acquisition Committee: I am seeking approval to establish a land acquisition committee to research potential land options for a fourth station in the area of MM 103. While this is still very speculative, there are several homes and businesses in this area that are impacted negatively due to their distance from a fire station. According to the Insurance Services Office (ISO) these properties receive the best possible insurance costs (based upon our ISO rating) if (among other things) they are located within 5 road miles of a fire station. Conceptually, this station could serve as a District headquarters. If the Board is agreeable to the idea, it could be built as a public safety facility with fire and ambulances along with potential space and offices for other public safety agencies such as MCSO, FHP, State Park Rangers, and/or FWC.
3. Benefits Agreement: The draft employee benefits agreement is included as part of my report and is listed on the agenda for discussion/approval. This agreement is very similar to the current language in the agreements the Board currently has with the KLVAC and the KLVFD. The benefits have been merged into one document. However, there are some changes the personnel are asking the Board to consider. The proposed changes include: the inclusion of the verified years of service, a sick leave policy that mirrors the MCFD policy, a vacation leave policy that mirrors MCFD and eliminates the "use it or lose it" policy, the District's step plan, supplemental compensation from the State of Florida on college degrees, and language on the Family Medical Leave Act (FMLA). This document should be adopted prior to July 1; therefore, I am requesting your review and direction so that changes can be made prior to placing this on the agenda for discussion/approval, along with a resolution, at the first meeting in June.
4. Implementation Status: On June 13, 2026 we discussed with legal the final phases and items that need to be completed prior to full "merger" implementation. The following items remain to be completed and implemented prior to July 1:
 - a. Ambulance Billing: The total cost of an ambulance billing service is based on the number of calls and percentage of amount collected, but it is estimated to be under \$15,000; therefore, a formal bidding process is not



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required. Nonetheless, we have obtained quotes from four ambulance billing services. The billing company that is currently being used by the Ambulance Corps is PPS Billing. PPS has provided billing for the Ambulance Corps for several years and is currently providing their services for Marathon and Islamorada as well. They work well with our personnel and know our system. They also assist in finding missing information on reports, which allows for a better return to the agency. Additionally, they were extremely helpful in setting up the District National Provider Identifier so we can receive funds from Medicare and Medicaid billing. Below are the quoted fees from various billing companies, the percentage listed is a percent of the amount collected:

- i. 247 medical billing services: 5.5%
- ii. Swift Medical Billing: 7.5% to 8% depending on revenue
- iii. Resilient Medical Billing Services: 3.5% up to 6.99% depending on the monthly amount of collections potential and pending accounts receivable collections
- iv. PPS Billing: 6.5%

While some of the quotes from other billing services are less, given the level of customer service and familiarity with our system, I recommend we continue with PPS Billing. Their history with Key Largo is notable, and their customer service is outstanding. Additionally, keeping the same billing company will allow for a smoother transition of billing and collections from the KLVAC to the District. As a reminder, PPS Billing reduced their fee for services from 8.65% to 6.5%.

I am requesting you authorize me to enter into a contractual agreement with PPS Billing (with assistance from Legal) to provide ambulance billing for the District.

- b. Organizational Policies: The following policies have been completed or adopted by the Board with the remaining items to be completed:
 - i. Fair Labor Standards Act 7(k) exemption pay cycle adoption: adopted as part of the pay scale resolution at the May 4, 2026 meeting and detailed in the Benefits agreement presented to the Board at this meeting.
 - ii. Obtaining workers compensation and general insurance: Documents have been signed and we are awaiting the binding coverage documents from our agent.
 - iii. Health, vision, dental and disability insurance: Aetna (health), Humana (dental and vision), and The Standard (disability) have confirmed with us that the merger of all employee benefits from the KLVFD and the KLVAC is possible prior to July 1. However, we are still working on piggyback bidding for Insurance Brokerage services.
- c. Hiring District Employees: In accordance with the approved resolution on employee pay, specifically Article 6 – Transition and Step Placement, step placement for the majority of future District employees has been determined. In



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accordance with the adopted policy, I am making final step placement decisions and will present a spreadsheet to the Board for your review prior to the July 1, 2026 effective date.

5. Vessel Grant Invitation to Bid Update: The Invitation to Bid for the vessel has been posted on Demand Star. The closing date for the bids is May 28, 2026 at 2:00 PM. We plan to present the recommended bid award to the District Commission at the June 8, 2026 meeting.
6. Stryker Medical Equipment: As directed at the last meeting, we have completed the inventory of all current Stryker Equipment. As a reminder, Stryker currently provides our heart monitors, stretchers/power loads, stair chairs, and LUCAS chest compression systems. I hope to have a proposal for the Board to consider at the June 8 meeting. This does not need to be completed prior to July 1; however, if there is interest in upgrading and replacing all (or some) of our medical equipment, we will seek direction on adding this to the proposed budget.
7. Station 23 Disposition Update: A letter requesting the Key Largo Ambulance Corps (KLVAC) intentions with Station 23 was emailed to all KLVAC Board members on May 6, 2026.
8. EMS Ambulances Update: The Horton ambulances have officially been cancelled. At the direction of the Board, an ambulance committee has been created to research, plan, and seek approval for two new ambulances.

14. NEXT MEETING

June 8, 2026 District Meeting
June 22, 2026 District Meeting

15. ADJOURN

DOCUMENTS

- AI 2b. *May 8, 2026 District Meeting Minutes*
- AI 6a. *Command Vehicle Proposals*
- AI 7a. *Purchase Narcotic Safes*
- AI 7d. *Employee Benefits Agreement*
- AI 7g. *Authorize Legal to Draft Resolution for FRS*
- AI 7h. *New Medical Director Agreement*
- AI 7i. *Resolution Designating FBMC Benefits Management, Inc. as the District's Health Care Program Consultant*
- AI 7j. *Business Associate Agreement with FBMC*
- AI 10a. *KLVAC February 2026 Minutes/Treasurer Report*
- AI 10b. *KLVAC March 18 2026/March 21, 2026 Special Minutes/Treasurer Report*
- AI 10c. *KLVAC April 2026 Treasurer Report*
- AI 11. *KLVFD April 2026 Statistics*
- AI 13. *District Manager Report*

2b.



DISTRICT MEETING MINUTES

MAY 4, 2026

Members of the public who wish to comment on matters before the District Board may do so in person at 1 East Drive, Key Largo, Florida.

1. AGENDA

1a. *Call to Order*

Chairman Allen called to order the District Meeting at 6:00 PM.

Chairman Allen led a discussion to modify the Agenda to add Item 1c Remote Attendance and Participation of Commissioners Mirabella and Jenkins.

1b. *Pledge of Allegiance*

Commissioner Conklin led the Pledge of Allegiance

1c. *Remote Attendance and Participation*

Commissioner Edge made a **Motion to Allow the Remote Attendance and Participation of Commissioners Mirabella and Jenkins**. Commissioner Conklin seconded, and the Board unanimously passed the motion.

1d. *Roll Call*

Carol Greco called the roll. The following Commissioners were present: Chairman Allen, Commissioner Conklin, Commissioner Edge, Commissioner Mirabella and Commissioner Jenkins appeared via . There was a quorum.

Also present in person were Carol Greco, Legal Counsel Jim Hicks District Manager William Lombardo, Battalion Chief Garrido and Jennifer Johnson. Battalion Chief/Acting Fire Chief Jones and Lt. Mumper appeared remotely.

2. APPROVAL OF AGENDA & MINUTES

2a. *Approval of May 4, 2026 District Meeting Agenda*

Commissioner Edge made a **Motion to Approve the May 4, 2026 District Meeting Agenda as Modified to add Item 1c**. Commissioner Conklin seconded, and the Board unanimously passed the motion.

2b. *Approval of April 20, 2026 District Meeting Minutes*

Commissioner Mirabella made a **Motion to Approve the April 20, 2026 District Meeting Minutes**. Commissioner Conklin seconded, and the Board unanimously passed the motion.



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3. PUBLIC COMMENT

None

4. CHAIRMAN REPORT

None

5. SECRETARY REPORT

None

6. OLD BUSINESS

6a. DISCUSSION/APPROVAL: Command Vehicles [Jones]

Acting Fire Chief Jones led a continued discussion from the last meeting regarding the purchase of Command Vehicles, which was approved not to exceed \$240K. Chief Jones provided additional information regarding a new quote for the purchase of the vehicles at the 2027 model year with a price increase of \$517.00; therefore, asking the board to approve the purchase of the vehicles at the increased price.

Commissioner Conklin made a **Motion to Approve the Purchase of Command Vehicles at new quote of \$240,517.00**. Commissioner Edge seconded, and the Board unanimously passed the motion.

6b. DISCUSSION/APPROVAL: Station 25 Bay Door Repair/Replacement [Mumper]

Lt. Mumper led a discussion regarding the bay doors 1 and 3 at Station 25 for a total of \$22,500 to replace both, inclusive of the tracks; at a minimum replace door 3 at the cost of \$11k. Door 3 will likely need replacing at or around October at a minimum of \$13k.

Commissioner Edge made a **Motion to Approve the Bay Door Repair/Replacement at Station 25**. Commissioner Conklin seconded, and the Board unanimously passed the motion.

7. NEW BUSINESS

7a. DISCUSSION/APPROVAL: Remote Board Attendance and Participation Policy [Hicks]

At the direction of the Board at the last meeting, Attorney Hicks prepared a remote board attendance and participation policy for those members who are out of town or unable to attend in person. Remote participation requires the individual(s) to participate in the meeting in its entirety as well as be able to hear the meeting.

Commissioner Conklin made a **Motion to Remote Board Attendance and Participation Policy**. Commissioner Edge seconded, and the Board unanimously passed the motion.



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7b. DISCUSSION/APPROVAL: Piggyback Contract with Duval Ford, LLC via Bradford County Sheriff Office for Purchase of Vehicles [Hicks]

Attorney Hicks led a discussion regarding the piggyback off of a Bradford County Sheriff's Office contract for the purchase of vehicles; verified this was correctly prepared. We would have the same purchasing rights to be able to purchase something under their contract.

Commissioner Edge made a **Motion to Approve the Piggyback Contract with Duval Ford, LLC via Bradford County Sheriff Office for Purchase of Vehicles**. Commissioner Conklin seconded, and the Board unanimously passed the motion.

7c. DISCUSSION/APPROVAL: ITB 2026 Parker 257 Explorer Boat and Trailer [Hicks]

Attorney Hicks prepared an ITB explicitly for a 2026 Parker 257 explorer boat (outfitted) and trailer in concert with input from staff.

Commissioner Conklin made a **Motion to Approve the ITB for the 2026 Parker 257 Explorer Boat and Trailer**. Commissioner Edge seconded, and the Board unanimously passed the motion.

7d. DISCUSSION/APPROVAL: Proposed Resolution No. 2026-005: A Resolution of the Board of Commissioners of the Key Largo Fire Rescue & EMS District Adopting the District Employee Compensation and Pay Plan Policy (Policy No. HR-2026-01) and Providing for Related Matters [Lombardo/Jones]

DM Lombardo led regarding Resolution 2026-005, which was presented at the last meeting, with some revisions regarding a four year limit, super majority votes; vested rights; labor issues, wages.

Commissioner Conklin made a **Motion to Accept Proposed Resolution No. 2026-005: A Resolution of the Board of Commissioners of the Key Largo Fire Rescue & EMS District Adopting the District Employee Compensation and Pay Plan Policy (Policy No. HR-2026-01) and Providing for Related Matters**. Commissioner Jenkins seconded, Commissioner Edge voted no, and the Board passed the motion.

Commissioner Mirabella commented on issues surrounding wages/step advancement and annual reviews particularly with respect to anniversary dates and reviews, which were addressed by Chief Jones.

Attorney Hicks commented on the FLSA and future employees meeting certain criteria where FLSA may not be applicable. Additionally, many organizations elect to exempt District Managers and certain administrative employees who work a 40 hour week.

7e. DISCUSSION/APPROVAL: General Liability Insurance and Workers' Compensation [Lombardo]

DM Lombardo presented the Board with a quote from Brown & Brown for General Liability and Worker's Compensation coverage through Piget (sp.) Piget is a preferred governmental insurance. This package saves the District approximately \$100k in the next year; allows for the direct negotiation for worker's comp and general liability insurance. DM



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Lombard is seeking approval to execute the paperwork to allow for an effective date of July 1, 2026.

Commissioner Conklin made a **Motion to Accept the General Liability Insurance and Worker's Compensation Quote from Brown & Brown**. Commissioner Edge seconded, and the Board unanimously passed the motion.

7f. DISCUSSION/APPROVAL: *Community Leasing for Ambulances*

A discussion regarding the cancellation of the Community Leasing Contract to Cancel the two Horton ambulances and allow for the purchase/negotiation of other units. It is recommended to keep the Horton terms open and pay the interest only.

Commissioner Conklin made a **Motion to Cancel the Horton Ambulance Order to Maintain the Terms Associated with the Horton Ambulances through Community Leasing Partners**. Commissioner Edge seconded, and the Board unanimously passed the motion.

7g. DISCUSSION/APPROVAL: *EMS Radio Purchase Delay [Lombardo]*

DM Lombardo addressed the November, 2025 approval of new EMS radios requesting the Board delay same due to concerns they may not be NFDA approved.

Commissioner Edge made a **Motion to Delay the Purchase of EMS Radios**. Commissioner Conklin seconded, and the Board unanimously passed the motion.

7h. DISCUSSION/APPROVAL: *Station 23 Disposition [Lombardo]*

DM Lombardo is seeking direction regarding the status of Station 23 and the consolidation transition, which is currently owned by the Ambulance Corps. on a quit claim deed, which also lists the County. This deed has a revision clause that requires them to maintain the building as a public safety facility. If same is not maintained, the building goes back to DOT. If this transpires, we could ask DOT to consider quit claiming the building to the District. Alternatively, the EMS units could be moved to Station 24; potentially reconfiguring the Station 24 training room to living quarters to house the personnel assigned to the EMS vehicles. DM Lombardo suggests sending correspondence to the Corps. to determine their intentions of use of the building once the consolidation is finalized.

The Board gave DM Lombardo direction to correspond with KLVAC regarding their future use the building.

7i. DISCUSSION/APPROVAL: *Establishment of an Ambulance Committee [Lombardo]*

DM Lombardo would like to establish an ambulance committee comprised of both Fire/EMS personnel for the purpose of identifying the specific requirement of new vehicles given the cancellation of the Horton ambulances.

Commissioner Edge made a motion to **Establish an Ambulance Committee**. Commissioner Conklin seconded, and the Board unanimously passed the motion.



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7j. **DISCUSSION/APPROVAL: Employee Retirement Plans [Lombardo]**

DM Lombardo is seeking direction from the Board regarding FRS in line with a new budget to coincide with the new fiscal year commencing October. If so, provide Legal with direction to draft a resolution regarding same. The FRS application process takes 90 days; Chief Jones suggests starting the application process in June. DM Lombardo commented that if FRS starts October 1, employees will not have any retirement benefits. Further, suggests the District contribute/matching 10% to the 457(b) until such time as FRS is established.

Commissioner Edge made a motion **For the District to Contribute 10% to the Current 457(b) Plan Until Such Time as FRS is Established.** Commissioner Conklin seconded, and the Board unanimously passed the motion.

8. **LEGAL REPORT**

None

9. **FINANCE REPORT**

None

10. **AMBULANCE CORPS REPORT**

None

11. **FIRE DEPARTMENT REPORT**

Chief Jones commented on a structure fire; fully staffed engines and command on scene which made for a flawless call; good job to all who attended. Volunteer academy completed. BC Garrido commented on upcoming driver operated state certified classes. Update on ISO training; current staff of 29 people; required hours 6924 at 3792 which puts us at 54.7% completed.

12. **COMMISSIONER ITEMS**

Commissioner Conklin commented that June 8, 2026 is the 21st Anniversary of the District; would like to publicize so that the public could attend the District Meeting to provide information on the consolidation; provide refreshments.

May 7, 2026 is the National Day of Prayer. There will be a community gathering at the Fire Museum; Chaplin commented that it is the 75th Anniversary of the National Day of Prayer.

DM Lombardo commented on International Firefighter Day; 207 firefighters were placed on the National Fallen Firefighters Memorial in Emmitsburg, Maryland. Additionally, suicide is now being considered as a line of duty death as a result of PTSD.

13. **DISTRICT MANAGER ITEMS**

6:49PM – Commissioner Jenkins left meeting.

DM Lombardo commented that the ALS license received; major milestone; now hold in both corporations; thank you Chief Jones for all your hard work on this project. Station 23 bay doors



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repaired. Commented on structure fire; major change since DM Lombardo started; incident command staff on scene; battalion chief running the scene; lines out and fire nearly out upon arrival. DM Lombardo proud of everyone and the fantastic job they performed.

1. **Fire/EMS Chief Hiring Process:** The Fire-EMS/District Manager hiring process is progressing well. We have scheduled the virtual interviews. I will provide further details to the Board at the May 4 meeting.

All candidate applications reviewed; narrowed down to 5; virtual interview 5/12/26. From there will get with the Board on moving forward.

2. **EMS Captain Position:** For discussion purposes, and seeking direction from the Board. The organizational structure chart that was approved by the board on April 20, 2026 is a functionable illustration of how the structure appears with the merger of current personnel and current positions. I am requesting direction from the Board on changing the rank of the two current EMS Lieutenant positions to EMS Captains, and creating a third Captain for the shift that is currently missing a supervisor. This would provide for adequate supervision, span of control, leadership, medical quality assurance, logistical support, and training for medical personnel. The EMS Captains would have the primary responsibility to manage medical issues related to the daily operations and needs of the ambulances. The EMS Captains would have no fireground authority. If so directed, I will research the cost and create job descriptions for EMS Captains. I am proposing that the job descriptions “grandfather” the two EMS Lieutenants with their current Paramedic certifications, but require ICS courses to be completed within a year. If approved, the *new* EMS Captain position (and any officer positions moving forward) would be required to be dual certified as a paramedic and a firefighter.

Need Board direction regarding budget regarding future promotional opportunities. Currently the 2 EMS lieutenants, Roxy and Adam, who are performing well at EMS. Would like to see if Board would be amenable or interested in the future to promote these two individuals to either Capt. or Managing EMS Supervisor (unsure on title); create a third position for the shift that does not have one. Commissioner Edge believes this is a good idea. Commissioner Mirabella has concerns regarding qualifications of promoting individuals; testing, certifications. Chairman Allen further commented that this is just a discussion/direction matter for the future to have the budget to support such promotional opportunities, as well as identify what certifications, education, etc. would be required.

3. **Field Training Officers:** For discussion purposes, and seeking direction from the Board. EMS Field Training Officers (FTOs) are key components in many EMS organizations to assure training of new paramedics is provided with quality and consistency. In my experience, these training personnel are appointed to serve in this capacity after completing a FTO training program, and they generally receive an incentive in their pay to be an FTO. An FTO would serve as a paramedic, but is given the additional duties of training new paramedics to meet the requirements of the medical director. I suggest limiting the number of FTO positions to six (two per shift). It is important to note, these are not officers in the sense of supervision of personnel; rather, these are field training officers. Please let me know if you would like me to pursue the development of an FTO program.



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Discussion/Direction regarding researching to the potential to add Field Training Officers to the department (“FTO”) and to budget for same; would be trained by medical director. Not suggesting this be a ranked position; incentive. Chairman Allen believes this is something to be considered in the future.

4. **Implementation Status:** The implementation team continues working to address the items necessary for a smooth transition. As we grow closer to the implementation date, we are prioritizing items that must be in place by July 1. Other items should be considered for implementation after July 1 by the new Fire-EMS Chief. An update on the more critical items is provided below:
 - a. **Ambulance Billing:** The cost of an ambulance billing service is estimated to be under \$15,000; therefore, a formal bidding process is not required. Nonetheless, we are obtaining quotes from various ambulance billing companies so we meet our procurement policies.
 - b. **Organizational Policies:** As noted, the implementation committee is identifying and prioritizing the critical items that must be completed prior to July 1. Anything that can be implemented after July 1 will be included in a transition report for the new Fire-EMS Chief/District Manager to consider implementing.
 - i. **Policies and items that need to be adopted or implemented before July 1:** A Fair Labor Standards Act 7(k) exemption pay cycle adoption (note, this is included in the pay scale resolution). Adopt current job descriptions or create new job descriptions for all personnel as needed. Obtaining workers compensation, general insurance, health, vision, dental and disability insurance, and assuring employee benefits are in place. Formally hire personnel with a projected start date of July 1, 2026.
 - ii. **Policies that can be evaluated and implemented after July 1:** There are several policies the Board might consider adopting, but I suggest waiting until my replacement is onboard. These recommended policies include: 1. A policy to reduce overtime costs by changing the response model for ambulances, 2. establishing district wide volunteer ride requirements, 3. creation of a Standard Operating Procedure committee to evaluate and consider implementation of the GAP analysis being completed as part of my contract with the District, 4. implement minimum driver training requirements, 5. adopt a risk management policy, 6. adopt a new mission, vision, and values statement, 7. develop and implement a critical incident stress management program, 8. adopt a succession plan, 9. complete an annual report and post to the website, 10. complete a facilities report and post to the website, 11. appoint a district wide Safety Officer (this responsibility is typically assigned to someone who already serves in a high ranking officer capacity).
 - c. **Hiring District Employees:** The hiring process continues. The physicals for EMS employees has been completed along with background checks and E-Verify checks. With the adoption of recent hiring, pay scale, and background check policies, I plan to process



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the transition applicants and make formal offers within the next two months, with a projected start date of July 1, 2026.

- d. **Stryker Medical Equipment:** For discussion and to seek direction on purchasing new medical equipment. We met with Stryker medical equipment to obtain a quote on replacing and upgrading our medical equipment. Stryker currently provides our heart monitors, stretchers/power loads, stair chairs, and Lucas chest compression systems. They are a sole source provider and are on a national bid. EMS Lt. Adam Schussheim is currently researching our current equipment to determine what needs to be replaced (based upon manufacturer recommendations). The quote from Stryker is to replace all equipment for ambulances and fire apparatus, and includes a maintenance contract. The total quote is for \$909,052.41 and can be divided equally over 7 annual payments of \$189,955 or the first-year payment can be as little as \$1 with higher payments in subsequent years. This does not need to be completed prior to July 1; however, if there is interest in upgrading and replacing all (or some) of our medical equipment, we will add this to the proposed budget.

Needs direction on looking into budgeting for new equipment. Stryker provides new all new equipment. Currently equipment, some equipment is good; outdated over 11-12 years old. Chairman Allen agreed that this should be addressed in the new budget coming up. DM Lombardo will work with Adam regarding equipment and provide additional information to the Board.

- e. **Insurance:**

i. **Health Insurance:** To ensure health, dental, vision, and disability insurance is provided to all employees on July 1, we need to have an Insurance Broker in place as soon as possible. If we go through the normal Request for Proposal Process (RFP), it would be impossible to provide coverage by July 1. Accordingly, the Insurance Broker that provides these services for the Fire Department and the Ambulance Corps is FMBC. They provide brokerage services for the Monroe County Mosquito Control District. We hope to be able to “piggyback” on their contract. This would allow us to meet the obligations of the procurement process and allow us enough time to ensure coverage. Legal is working to have the piggyback documents completed and we hope to bring this to the Board for your approval at the May 18 meeting.

ii. **General liability and workers compensation:** We have received a quote for workers compensation, general liability, and related services from Preferred Government Insurance Trust (PGIT). PGIT is a governmental trust designed to pool resources of government entities which allows reduced premiums on workers' compensation coverage and general liability and casualty coverage. This coverage was not previously available to the private corporations. The quote saves the District approximately \$100,000 when compared to our current costs. However, we are still required to purchase flood insurance for Station 24. This is estimated to cost \$10,000 annually. I am requesting the Board grant me authority to sign the PGIT documents for these services so we can bind coverage. A copy of the quote and contract is included for your review.



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Contacted Aetna. Legal is working on RFP re same. Potentially piggybacking on another agency.

- f. **Employee Benefits:** If the Board chooses to adopt the Florida Retirement System (FRS) for employees, you will be required to pass a Resolution indicating your desire. The resolution will be included in the application to the State of Florida. We have been advised it will take approximately 60 days to process the FRS application; therefore, if you wish to move in that direction, I ask that you direct legal to draft the resolution to be presented for discussion/approval at the May 18 District Board Meeting.

If the Board chooses to implement FRS for district employees, it is recommended that the implementation date coincide with the FY 26/27 fiscal year so it can be budgeted appropriately. As such, there could be a gap in retirement benefits for employees between July 1 and October 1. At the April 20 meeting, the Board moved to implement two separate 457(b) plans. During the discussion a question was asked regarding the District costs. While there is no cost for the plans, the Board may consider funding the plan the same method you fund the current 401(k) until such a time that you consider adopting the Florida Retirement System. As such, I am requesting the board move to fund the 457(b) plan beginning July 1 in the same manner the District currently funds the 401(k) plan until such as time as the Board may decide to implement the FRS.

- g. **Advanced Life Support (ALS) License:** The ALS application has been completed and submitted to the State of Florida Department of Health. The application review process generally takes 60 days. Pending any unforeseen issues or events, we expect to have the ALS license prior to July 1, 2026.

- h. **District Website:** Work on the website continues. We hope to have our website ready to go "live" within the next few weeks.

5. **Vessel Grant:** At the direction of legal, and to meet the requirements of the vessel grant, the District must follow our procurement policy and state law to purchase the vessel. Because we know the type and design of the Boat, we can post an Invitation to Bid (ITB) instead of a Request for Proposals (RFP). With the assistance from members of the boat committee, this is being completed by legal. The ITB will meet the legal obligations of procurement and still allow us to meet the grant deadline of June 30.

6. **EMS Radios:** Replacement of EMS Radios were approved for purchase in November; however, the purchase of these items was pending research to assure there was a sole source vendor. As we fast approach the merger, I recommend we wait to purchase these radios to make sure they meet the NFPA requirements for fireground operations. I have confirmed with EMS that the radio replacement is not critical before July 1. As I understand the current status, these radios have not yet been ordered. I request you move to delay the EMS radio purchase until after July 1, 2026.

7. **District Manager Deliverables:** May 2, 2026 is the 60-day mark to the end of my contract with the District. Within the contract are deliverables and reports that are in progress and will be completed prior to my departure. These include a policy gap analysis, a transition report along with actionable recommendations for the incoming Fire-EMS Chief/District Manager, and a document



KEY LARGO FIRE RESCUE & EMERGENCY MEDICAL SERVICES DISTRICT

Seat 1: Tony Allen; Seat 2: Frank Conklin; Seat 3: Kenny Edge; Seat 4: George Mirabella; Seat 5: Michael Jenkins

with final recommendations for strategic improvement, including a high-level review of district strengths, gaps, and opportunities.

8. **Station 23 Disposition:** I am requesting your direction on the disposition of Station 23 after the contract ends with the Key Largo Volunteer Ambulance Corps (KLVAC). Currently, the building is owned by the KLVAC on a quit claim deed with a reversion clause that requires the building to be used for public safety facilities. If the building ceases to be used for public safety facilities, the property rights revert back to Florida DOT and Monroe County. It is unlikely that we can have a determination on this building by July 1. Therefore, we have other temporary options available to us:

- a. Send a letter to the KLVAC requesting their intentions with the building after July 1. There is the potential of negotiating a short-term lease for the building.
- b. Plan to house Station 23 personnel at Station 24 on a temporary basis. This could be done by using portable room dividers to divide the training room into bunk rooms. This would require the Board meetings to be held at the Murray Nelson Government Center, or other suitable location within the District.
- c. Research lease options for other locations to house EMS personnel and equipment.
- d. If Station 23 reverts back to Florida DOT and Monroe County, we will formally request a quit claim deed in the name of the District.

9. **International Firefighter Day and National EMS Week:** International Firefighter Day is May 4 and is held in conjunction with the Firefighter Memorial Weekend at the grounds of the National Fire Academy in Emmitsburg, MD. On the memorial weekend, the names of firefighters who died in the line of duty in previous years are placed on the national memorial. 204 names will be added to the Memorial this year, which includes 97 firefighters who died in the line of duty in 2025 and 107 firefighters who died in previous years whose names were recently approved for inclusion.

May 16-23 is also National EMS Week. During this week, we honor the EMTs and Paramedics who provide essential, 24/7 lifesaving care. The National EMS Weekend of Honor is held July 17-19 in Arlington, VA to honor those EMS personnel who made the ultimate sacrifice. This year, the service will honor 37 fallen EMS and air medical professionals.

10. **EMS Ambulances:** We found that the Purchase Order with ETR, LLC for the Horton Ambulances was made between the District and ETR and not the Ambulance Corps and ETR. Accordingly, we can unilaterally cancel the order. A letter to cancel the order must accompany the minutes from the meeting where the order was canceled. I drafted a letter for the signature of Board Chair Allen and will forward to ETR, along with the approved minutes. A copy of the cancellation letter is included with my report. I have confirmed through several emails with ETR, there is no charge to cancel the order.



KEY LARGO FIRE RESCUE & EMERGENCY MEDICAL SERVICES DISTRICT

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Chief Jones commented on potentially creating a committee to research land acquisition for station expansion; i.e. property near Pennekamp, Rowell's.

DM Lombardo requested a letter be drafted to officially cancel the Horton ambulances.

14. NEXT MEETING

May 18, 2026 District Meeting
May 18, 2026 Strategic Planning Workshop

15. ADJOURN

Gm/ke @7:08 PM

Commissioner Edge made a **Motion to Adjourn** the meeting at 7:08PM. Commissioner Edge seconded, and the Board unanimously passed the motion.

7a.



CompX Fort
 715 Center Street
 Grayslake, IL 60030
 Telephone 847 / 752-2424
 Facsimile 847 / 752-2417

Lock QUOTATION

Page 1 of 1

To: Key Largo Fire Department
 1 East Drive
 Key Largo, FL 33037

Quote No: 19546

Date: 5/8/2026

Attn: Chris "CJ" Jones
 954-234-8077

All prices are F.O.B. Grayslake, Illinois unless otherwise noted.

Quote Expiration date: 7/8/2026

We are pleased to submit the following quotation for your consideration:

Part No.	CompX Fort Reference No. and Lock Description	Quantity	Unit Price	Total
WS-PRKP-NARC-ID	Wifi Prox/Keypad Narc iD With Small Tote	4	\$4,025.67	\$16,102.68
Note: Freight will be determined at time of shipment				
7929-02-A1-W				\$16,102.68

Delivery: TBD is based on our present workload. Actual scheduling is subject to our workload at the time your order is placed.

We thank you for the opportunity to quote on this work and hope we may be of service to you.

Respectfully submitted,
COMPX FORT

 Chris Lattanze

7d.

KEY LARGO FIRE RESCUE & EMS DISTRICT

Employee Work Schedule & Benefits Agreement

Effective Date: July 1, 2026

1. Statement

1.1 This Employee Work Schedule and Benefits Agreement (“WSBA”) is adopted by the Board of Commissioners of the Key Largo Fire Rescue & EMS District (“District”) pursuant to the District’s authority under Chapter 191, Florida Statutes, and is designated Policy No. HR-2026-0002. It operates in conjunction with the District’s Employee Compensation and Pay Plan (Policy No. HR-2026-0001); in the event of any conflict regarding base salary, step progression, longevity pay, or promotional differentials, HR-2026-0001 shall control.

1.2 This policy is not a contract of employment. Career employees of the District serve at-will unless otherwise provided by law. Nothing in this policy creates or implies a property interest in continued employment. This policy applies to all career (full-time) personnel employed directly by the District, including those transitioning from KLVFD and KLEMS. It does not apply to volunteer personnel, part-time employees, temporary staff, or independent contractors unless specifically incorporated by separate Board action.

1.3 All compensation, benefits, and obligations herein are contingent upon District funding availability and shall be provided only to the extent permitted by the District’s budget. Modifications to this policy outside the triennial review cycle are subject to the majority vote requirement and ninety (90) day advance written notice protections established in the adopting Board Resolution No. 2026-____. No provision of this policy creates a financial obligation beyond funds actually appropriated and allocated for the specified purposes, and no amendment shall be applied retroactively to reduce leave balances already accrued or benefits already earned.

1.4 **Verified Years of Service — KLVFD and KLVAC Transitioning Employees.** The District recognizes that career (full-time) personnel transitioning to direct District employment from the Key Largo Volunteer Fire Department (KLVFD) and Key Largo Volunteer Ambulance Corps (KLVAC) bring accumulated service that is integral to the continuity and institutional knowledge of the District’s operations. Accordingly, verified years of full-time career service with KLVFD and/or KLVAC shall be recognized by the District for the following purposes: (a) vacation leave accrual tier placement under Section 4; (b) longevity pay milestone eligibility under Section 20; and (c) step placement within the District’s Pay Plan under Policy No. HR-2026-0001, subject to the terms of that policy. Prior service credit applies only to continuous, verified full-time career employment and does not apply to volunteer service, part-time service, or periods of separation. Service verification is the responsibility of the transitioning employee and must be submitted to the Fire Chief with supporting documentation (e.g., pay records, employment verification letters, or official separation documents) no later than ninety (90) days following the employee’s District hire date. The Fire Chief shall make the final determination as to verified service credit in coordination with the District Administrator, and such determination shall be documented in the employee’s personnel file.

2. Work Schedule

2.1 Career shift personnel shall work a schedule consisting of forty-eight (48) hours on-duty and ninety-six (96) hours off-duty (48/96 rotation).

2.2 Personnel are compensated bi-weekly for all hours worked in a twenty-eight (28) day FLSA 7(k) work period in accordance with the Fair Labor Standards Act Section 7(k) exemption for fire protection employees.

2.3 The District designates a twenty-eight (28) day work period under the FLSA 7(k) exemption. Overtime is defined as any hours worked beyond two hundred twelve (212) hours in the twenty-eight (28) day work period, consistent with 29 U.S.C. § 207(k) and applicable regulations. Personnel have two (2) pay rates: Regular Time and Overtime. No premium overtime rates apply. All overtime must be authorized in advance by the scheduling officer or Fire Chief. Overtime offerings are managed through the District's online scheduling system. For overtime authorization procedures and staffing requirements, refer to KLFREMS-2026-002 — Overtime Authorization and Management and KLFREMS-2026-001 — Staffing & Leave Procedures.

3. Sick Leave

3.1 Sick leave is provided so that employees will not suffer financially due to illness or injury. Sick leave is a privilege, not an entitlement, and is to be used only in cases of actual illness or injury to the employee or immediate family.

~~3.2 "Sick leave" is approved for the following related purposes:~~

~~3.2.1 Physical or mental illness (including counseling) or injury.~~

~~3.2.2 Medical, mental, maternity, or dental care.~~

~~3.2.3 Exposure to a contagious disease that could endanger others by attendance on duty.~~

~~3.2.4 Critical illness or death of an immediate family member.~~

~~3.2.5 In the case of death, up to forty-eight (48) hours is allowed.~~

~~3.2.6 Physician or practitioner appointments for the employee or immediate family members that cannot be scheduled outside of working hours.~~

3.3 Employees will accrue four (4) hours of sick leave per pay period for a total of one hundred four (104) hours per year (26 pay periods x 4 hours).

3.4 Sick leave may carry over to the next calendar year up to a maximum of one thousand eight (1,008) hours. Hours exceeding this maximum will be forfeited.

3.5 Sick leave balances are not paid out upon separation from employment.

3.6 Sick leave pay does not count as "hours worked" for purposes of calculating overtime entitlement under the 7(k) work period.

4. Vacation Leave

4.1 The primary intent of vacation leave is to enable each eligible employee to return to work mentally and physically refreshed.

4.2 Employees on an authorized leave of absence do not accumulate vacation leave during such leave. Vacations must be scheduled and approved by the Scheduling Officer or Fire Chief at least thirty (30) days in advance.

4.3 The rate at which vacation leave is accrued increases with years of continuous service with the District.

4.4 Career personnel vacation accrual schedule:

Years of Service	Leave Allowance Per Fiscal Year
0 – 6 Months	0 Hours
6 Months – 1 Year	120 Hours
1 – 5 Years	168 Hours
6 – 10 Years	216 Hours
11 – 15 Years	264 Hours
16+ Years	312 Hours

4.5 Vacation hours for the year are awarded on January 1 of each year to calendar year.

4.6 Vacation time does not count as “hours worked” for purposes of calculating overtime entitlement under the 7(k)-work period.

4.7 Upon separation, employees will receive one hundred percent (100%) of their vacation bank balance, prorated based on the separation date within the fiscal year using a mathematical formula tied to the twenty-six (26) bi-weekly pay periods.

5. Vacation Rollover Policy

5.1 Personnel are encouraged to use their vacation time during the year.

5.2 Employees may accumulate a maximum of five hundred (500) vacation hours. Hours will not be earned or posted beyond the 500-hour maximum.

6. Vacation Buy Back

6.1 Annually, the District will offer a vacation buyback program. Employees may elect to sell back up to five (5) vacation days (120 hours) at seventy-five percent (75%) of the present dollar value of the accrued vacation time. To participate, employees must have at least the same number of hours in their vacation bank as they intend to sell back at the time of the buyback.

7. Holiday Pay

7.1 Each employee will receive twelve (12) hours of paid leave on the following recognized holidays:

- New Year's Day
- Martin Luther King, Jr. Day
- Presidents Day
- Memorial Day
- Easter / Good Friday
- Independence Day
- Labor Day
- Columbus Day
- Veterans Day
- Thanksgiving Day
- Day After Thanksgiving
- Christmas Day

7.2 Holiday pay does not count as "hours worked" for purposes of calculating overtime entitlement under the 7(k) work period.

7.3 To be paid holiday pay for an unworked holiday, an employee must be in active pay status.

7.4 If a recognized holiday falls while an employee is on approved vacation or sick leave, the employee shall be paid for the holiday and the day will not be charged against their accrued leave.

8. Bereavement / Emergency Leave

8.1 Bereavement leave will be granted to an employee in the event of the death of an immediate family member for a period of up to forty-eight (48) hours.

8.2 Immediate family includes only the following:

- 8.2.1 Spouse
- 8.2.2 Children
- 8.2.3 Stepchildren
- 8.2.4 Mother or father
- 8.2.5 Stepmother or stepfather
- 8.2.6 Sister or brother
- 8.2.7 Stepsister or stepbrother
- 8.2.8 Grandmother or grandfather
- 8.2.9 Grandchildren
- 8.2.10 Registered domestic partner
- 8.2.11 Child of a registered domestic partner
- 8.2.12 Any person whose familial ties would normally be considered immediate family and who resides within the same household (proof may be required)

8.3 The supervisor authorizing bereavement leave should obtain the following from the employee: name of deceased, relationship to the employee, and a copy of an obituary, memorial folder, or other documentation confirming the death and relationship.

8.4 Emergency bereavement leave provides leave with pay in the event of the death of an employee's mother-in-law, father-in-law, or the parents of a registered domestic partner.

9. Jury Duty Leave

9.1 Jury duty leave provides paid time off for employees called to serve on a jury upon presentation of an official notice and a certificate of jury duty attendance.

9.2 Employees dismissed from jury duty must report to work and complete their normal shift.

9.3 Jury duty leave is not authorized for testifying as a witness under subpoena or for principals or litigants in any legal action.

9.4 Jury duty leave shall be paid without limit. Employees shall be compensated for regularly scheduled work hours for which they participate in jury duty.

9.5 Employees on afternoon or night shift who participate in a full day of jury duty are not expected to report for work that day.

9.6 Jury fees shall be retained by the employee.

9.7 Court Witness: Employees required to serve as witnesses in court shall receive paid leave. Fees received shall be retained by the employee.

10. Leave Without Pay

10.1 Leave without pay is authorized time off without pay when no appropriate accrued leave is available. It is not intended to allow time off when appropriate leave exists, except under extenuating circumstances approved by the Fire Chief with proper documentation.

11. Military Leave

11.1 An employee granted extended military leave may elect to use any available accrued annual, holiday, or compensatory leave during the final pay period before departure.

11.2 The employee may continue group insurance coverage for up to one (1) year by paying the employee contribution, if any. The District will continue to pay the employer contribution during the approved military leave period.

11A. Family and Medical Leave / Parental Leave

11A.1 Federal FMLA Coverage and Eligibility

11A.1.1 The District shall administer leave in compliance with the Family and Medical Leave Act of 1993 (FMLA), 29 U.S.C. § 2601 et seq., and implementing regulations at 29 C.F.R. Part 825. FMLA entitles eligible employees to up to twelve (12) weeks of unpaid, job-protected leave per twelve (12)-month period for qualifying reasons.

11A.1.2 To be eligible for FMLA leave, an employee must: (a) have been employed by the District for at least twelve (12) months; (b) have worked at least 1,250 hours during the twelve (12)-month period immediately preceding the leave; and (c) work at a location where the District employs fifty (50) or more employees within seventy-five (75) miles. For purposes of the 1,250-hour threshold, only hours actually worked count — paid leave, holiday pay, and sick leave hours do not count as hours worked under FMLA.

11A.1.3 Special rule for fire suppression personnel: Under 29 U.S.C. § 2611(2)(C) and 29 C.F.R. § 825.205(b), employees engaged in fire suppression activities who work a 48/96 schedule are subject to a modified hours-of-service calculation. Twelve (12) weeks of FMLA leave is calculated as the equivalent of the number of shifts the employee would have worked during that period. For personnel on the District's standard 48/96 rotation, twelve (12) weeks of FMLA equates to approximately 672 hours (twelve weeks × the average hours per week based on the 28-day FLSA 7(k) work period). The District shall apply this calculation consistently and document it in the employee's leave record.

11A.2 Qualifying Reasons for FMLA Leave

11A.2.1 FMLA leave is available for the following qualifying reasons:

- (a) The birth of a child and to care for the newborn within the first twelve (12) months of birth;
- (b) The placement of a child with the employee for adoption or foster care and to care for the newly placed child within the first twelve (12) months of placement;
- (c) The care of a spouse, child, or parent with a serious health condition;
- (d) The employee's own serious health condition that renders the employee unable to perform the essential functions of their position; or
- (e) Any qualifying exigency arising out of the fact that a spouse, child, or parent is a covered military member on active duty or called to active duty in a foreign country.

11A.2.2 Military Caregiver Leave: Eligible employees who are the spouse, child, parent, or next of kin of a covered servicemember with a serious injury or illness incurred or aggravated in the line of duty are entitled to up to twenty-six (26) weeks of FMLA leave in a single twelve (12)-month period.

11A.3 Use of Paid Leave During FMLA

11A.3.1 The District requires employees to concurrently use all available accrued paid leave (sick leave, vacation leave, or other applicable paid leave) during any FMLA-qualifying absence. The substitution of paid leave runs concurrently with FMLA leave and does not extend the total twelve (12)-week entitlement. Paid leave used under this provision is subject to the applicable paid leave rules set forth in this Agreement.

11A.3.2 If an employee has exhausted all accrued paid leave balances, the remainder of the FMLA period shall be unpaid leave without pay, subject to Section 10 (Leave Without Pay) of this Agreement.

11A.4 Maternity and Paternity Leave (Parental Leave)

11A.4.1 Maternity Leave. A pregnant employee is entitled to use accrued sick leave for pregnancy-related medical conditions, prenatal care, and recovery from childbirth in accordance with Section 3 of this Agreement. Pregnancy-related disability qualifies as a serious health condition under FMLA and the leave shall run concurrently with the employee's FMLA entitlement.

11A.4.2 Paternity and Bonding Leave. Any eligible employee — including fathers, same-sex spouses or partners, and adoptive or foster parents — is entitled to up to twelve (12) weeks of FMLA leave for the birth, adoption, or foster placement of a child, to be taken within the first twelve (12) months following the birth or placement. This leave shall run concurrently with the employee's FMLA entitlement. The District encourages employees to coordinate bonding leave scheduling with their Battalion Chief and the Fire Chief as early as practicable to facilitate staffing continuity.

11A.4.3 Intermittent Leave for Bonding. FMLA bonding leave for the birth or placement of a healthy child may be taken intermittently only if the District agrees. The District encourages employees to discuss scheduling needs with their supervisor and the Fire Chief at least thirty (30) days in advance of any anticipated intermittent leave.

11A.5 Notice and Certification Requirements

11A.5.1 Foreseeable Leave: When the need for FMLA leave is foreseeable, the employee must provide at least thirty (30) days advance written notice to their supervisor and the Fire Chief. If thirty (30) days is not practicable, notice must be given as soon as practicable.

11A.5.2 Unforeseeable Leave: When the need for FMLA leave is not foreseeable, the employee (or a family member acting on their behalf) must notify the District as soon as practicable under the circumstances, generally within one to two business days of learning of the need for leave.

11A.5.3 Medical Certification: The District may require a completed medical certification from the employee's healthcare provider to support a request for FMLA leave. The employee shall have fifteen (15) calendar days to provide the certification. The District reserves the right to request recertification at appropriate intervals and to require a second opinion at the District's expense.

11A.6 Benefits Continuation and Return to Work

11A.6.1 During FMLA leave, the District shall maintain the employee's group health insurance coverage under the same terms and conditions as if the employee had continued working. The employee remains responsible for paying their share of premiums, if any, on the same schedule as if actively working. If the employee fails to return from FMLA leave for reasons other than a serious health condition or circumstances beyond the employee's control, the District may recover the cost of health insurance premiums paid on the employee's behalf during the leave period.

11A.6.2 Upon return from FMLA leave, the employee shall be restored to the same position held when leave began or to an equivalent position with equivalent pay, benefits, and other terms and conditions of employment, consistent with 29 U.S.C. § 2614 and applicable regulations. Employees returning from FMLA leave related to a serious health condition of their own may be required to provide a fitness-for-duty certification from their healthcare provider prior to return.

11A.6.3 Seniority, step placement, longevity milestones, and FRS service credit accrual shall be governed by applicable law and the respective program rules during FMLA leave.

11A.7 Interaction with Other Leave and Workers' Compensation

11A.7.1 FMLA leave shall run concurrently with any Workers' Compensation leave for a serious health condition caused by a work-related injury or illness, to the extent permitted by applicable law and regulations. The District shall notify the employee in writing within five (5) business days of learning that the reason for Workers' Compensation leave may qualify as an FMLA-qualifying reason.

11A.7.2 FMLA leave shall also run concurrently with Military Leave under Section 11 of this Agreement where the qualifying reason meets the definition of a qualifying military exigency or military caregiver leave as defined under FMLA.

11A.8 Non-Interference and Non-Retaliation

11A.8.1 The District shall not interfere with, restrain, or deny the exercise of any right provided under the FMLA, and shall not discharge or discriminate against any employee for opposing any practice made unlawful by the FMLA or for exercising any right under the FMLA. Questions regarding FMLA rights or the administration of this section shall be directed to the Fire Chief or the District's designated HR Administrator.

12. On-the-Job Injury

12.1 Any employee disabled in the course of duty shall be compensated under the Workers' Compensation provisions as set forth in F.S. Chapter 440. Workers' Compensation shall be notified immediately of any on-the-job injury.

12.2 An employee shall be paid their full salary during the first average firefighter work week of absence resulting from a work-related injury, including time lost on the date or shift during which the injury occurred.

12.3 If the employee cannot return after the first week, Workers' Compensation benefits will take effect and be paid directly to the employee. Any remaining portion may be supplemented by the District's insurance coverages, if applicable and subject to District Budget, until the employee returns to work, terminates, or retires. Accrued leave may not be used while supplemental payments are being received.

12.4 When an injured employee becomes physically able to perform light duty work, the District may require such work as a condition of receiving benefits. Light duty will be consistent with medical limitations and primarily sought within the District. Light duty assignments shall normally consist of five (5) eight-hour days. Outside employment while receiving Workers' Compensation requires Fire Chief approval.

12.5 A member presenting with chest pain, cardiac symptoms, respiratory issues, or other potentially serious medical emergency during duty will have carbon monoxide levels assessed in the field as early as practicable, in addition to all other assessments per local protocols. A member no longer on duty who responded to an emergency incident within the prior 24 hours is authorized and encouraged to have carbon monoxide levels assessed as well.

13. Health & Medical Coverage Program

13.1 The District shall provide group health insurance to career employees at one hundred percent (100%) of the employee's individual premium, subject to the following:

13.1.1 The District may establish, change, supplement, and implement its health insurance program, including changes to carrier, benefits, and costs. The District will provide reasonable advance notice and include career employees in the selection process for any such changes.

13.2 The District shall contribute fifty percent (50%) of the dependent premium cost for eligible dependents enrolled in the District's group health insurance plan. Dependent coverage is subject to the same carrier, benefit, and cost terms as Section 13.1, including the District's right to modify the plan upon reasonable advance notice.

13.3 Any career employee on Workers' Compensation for an on-the-job injury who is not on light duty and carries family coverage must either pay the employee's out-of-pocket portion on a bi-weekly basis or cancel family coverage by contacting the District's Benefits Administrator and completing the required forms.

13.4 Retirees may continue participation in the District's medical insurance program subject to District requirements, including full premium payment (employee and employer portions) pursuant to COBRA.

13.5 In the event a member is killed in the line of duty or suffers a catastrophic injury as defined in F.S. 440.02, the District's insurance provider will compensate the member and/or surviving spouse and dependent children in accordance with F.S. 112.191.

14. Firefighter Cancer Coverage

14.1 The District shall provide all employed firefighters cancer coverage as required by Florida Statute 112.1816. Refer to F.S. 112.1816 for further information, definitions, and eligibility requirements. Additionally, eligible firefighters are covered under Florida's Heart/Lung Bill (F.S. 112.18), which creates a presumption that heart disease, hypertension, and tuberculosis incurred by a firefighter arose out of and in the course of employment, subject to the conditions set forth in that statute.

15. Florida Retirement System (FRS) — Special Risk Class

15.1 Effective October 1, 2026, all career District employees in qualifying positions shall be enrolled in the Florida Retirement System (FRS) under the Special Risk Class, in accordance with applicable Florida Statutes and FRS requirements.

15.2 The District shall remit required employer FRS contributions in accordance with the rates established by the Florida Legislature for each fiscal year. Employees shall contribute in accordance with applicable FRS statutes.

15.3 Service credit for transitioning personnel from KLVFD and KLEMS will be evaluated in accordance with FRS rules regarding prior service credit and employer eligibility. Employees are encouraged to review their FRS account and contact the Division of Retirement with questions

regarding their individual service credit. The Division of Retirement can be reached at (850) 488-6491, Monday through Friday, 8:00 a.m. to 5:00 p.m. Eastern Time.

15.4 Additional information is available through the FRS Member Handbook and the Division of Retirement at myfrs.com.

16. Promotional Rank Differentials and Incentive Pay

16.1 Rank Differentials

The following percentage increases are applied to base pay upon promotion to the next rank and are reflected in the District's formal Pay Plan:

Promotion	Rank Differential
Firefighter/EMT to Driver Engineer	+7%
Driver Engineer to Lieutenant	+10%
Lieutenant to Captain	+10%
Captain to Battalion Chief	+10%
Battalion Chief to Deputy Chief	+10%

16.2 Incentive Pay

The following certifications qualify for incentive pay in addition to base pay at any rank:

Certification/Specialty	Incentive
EMS Field Training Officer (FTO)	+7%
Paramedic	+10%
Hazmat Technician	+5%
Tech Rescue (TRT)	+5%

17. Step-Up Pay — Acting in a Position of Higher Authority

17.1 Step-Up Pay may be authorized for any career employee who is assigned, with Fire Chief approval, to serve in a position of higher authority than their permanently assigned rank due to operational need.

17.2 Step-Up Pay is compensated at a rate differential equal to ten percent (10%) above the employee's own current base hourly rate for the actual hours worked in the higher-authority position. This differential reflects the additional responsibilities assumed during the step-up assignment and is applied only to the hours worked in that capacity during the assignment.

17.3 Step-Up Pay applies only to recognized rank positions within the District's Pay Plan. Step-Up Pay does not apply to assignments that do not involve a rank differential.

17.4 Step-Up Pay is in addition to the employee's regular rate of pay for those hours and is subject to applicable FLSA 7(k) overtime calculations for the work period in which it is earned.

17.5 Step-Up assignments require advance written authorization by the Fire Chief or designee. Authorization shall be documented in the scheduling system and payroll records for each applicable pay period.

17.6 Step-Up Pay does not constitute a permanent promotion, does not affect the employee's base step placement, and does not confer any permanent entitlement to the higher position.

18. Cost of Living Adjustments (COLAs)

18.1 Eligible employees may receive a Cost of Living Adjustment (COLA) subject to the conditions set forth in this Article. No COLA shall take effect without a formal recommendation from the Fire Chief/District Manager and approval by a majority vote of the Board of Commissioners. Nothing in this Article shall be construed to create an automatic entitlement to a COLA in any fiscal year. The Board shall consider the District's adopted pay plan, which provides annual step increases, when evaluating any COLA recommendation.

18.1.1 Annual Review: The District shall conduct an annual review of the Consumer Price Index (CPI) as published by the U.S. Bureau of Labor Statistics for the applicable region. The Fire Chief/District Manager shall present the results of this review to the Board of Commissioners during the annual budget process, along with a recommendation as to whether a COLA is warranted. The CPI data shall inform, but not compel, any such recommendation.

18.1.2 Implementation: If the Fire Chief/District Manager determines that a COLA is appropriate based on CPI data, budget conditions, the existing pay plan structure, and other relevant factors, the Fire Chief/District Manager shall bring a formal COLA request to the Board of Commissioners for consideration. A COLA shall only be implemented upon approval by a majority vote of the Board. If approved, the following parameters shall apply:

18.1.2.1 The adjustment shall not exceed five percent (5%) in any single fiscal year.

18.1.2.2 A negative CPI result shall not reduce employee wages.

18.1.2.3 Employees must have completed at least six (6) months of continuous service prior to the COLA implementation date to be eligible.

18.2 Budget Contingency: Any approved COLA is contingent upon District funding availability. The Board of Commissioners reserves the right to rescind or defer an approved COLA with thirty (30) days written notice to affected personnel if financial constraints make implementation impracticable.

19. District Step Progression Plan

19.1 The District's Step Progression Plan is part of the formally adopted Pay Plan and is contingent upon funding from the Key Largo Fire Rescue & EMS District. Step advancement occurs annually on the employee's anniversary date, contingent upon satisfactory performance evaluation.

19.2 The Step Plan consists of fifteen (15) steps at three percent (3%) compounded annual increase per step within each rank. Step salary tables for all ranks are set forth in the District’s adopted Pay Plan document.

19.3 All step increases are contingent upon District funding availability and shall be provided only to the extent permitted by the District’s budget.

20. Longevity Pay

20.1 Longevity pay rewards career employees for continuous service to the District. Longevity pay is awarded as a percentage of the employee’s current annual base salary upon reaching the following continuous service milestones:

Years of Continuous Service	Longevity Percentage	Cumulative Add to Base Pay
5 Years	+2%	2% above base
10 Years	+2%	4% above base
15 Years	+2%	6% above base
20 Years	+2%	8% above base
25 Years	+2%	10% above base (maximum)

20.2 Longevity pay is cumulative — each milestone adds an additional two percent (2%) to base pay for a maximum total of ten percent (10%) at twenty-five (25) years. For example, an employee at fifteen (15) years of service receives six percent (6%) above their base salary.

20.3 Longevity pay is added to the employee’s annual base salary and is pensionable under the Florida Retirement System Special Risk Class.

20.4 Longevity eligibility is determined based on total verified continuous service with KLVFD, KLEMS, or the District. Breaks in service may affect longevity milestone calculations as determined by the Fire Chief in coordination with the District Administrator.

20.5 All longevity pay is contingent upon District funding availability and shall be provided only to the extent permitted by the District’s budget.

21. Certification Incentive Pay

21.1 The District provides certification incentive pay to recognize career employees who hold and actively maintain specialized certifications that enhance the District’s operational capability. Incentive pay is calculated as a percentage of the employee’s current annual base salary at their assigned step and is added to base pay for all compensation purposes, including FLSA 7(k) overtime calculations and FRS Special Risk Class reporting.

21.2 The following certification incentives are authorized:

21.2.1 Paramedic / Medic Certification: +10% of annual base pay. Applicable to any rank upon verified Florida Paramedic licensure. Incentive is removed if the license lapses and not reinstated within ninety (90) days.

21.2.2 EMS Field Training Officer (FTO) Designation: +7% of annual base pay. Applicable upon verified designation as an active EMS Field Training Officer by the District Medical Director, actively maintained and in current status.

21.2.3 Hazmat Technician Certification: +5% of annual base pay. Applicable upon verified NFPA 472 Hazmat Technician certification or equivalent, actively maintained and in current status.

21.2.4 Technical Rescue Technician (TRT) Certification: +5% of annual base pay. Applicable upon verified technical rescue technician-level certification in a recognized discipline (e.g., VMR Extrication, Confined Space, Structural Collapse, or Rope Rescue Technician), actively maintained and in current status.

21.3 Certification incentives are stackable. An employee holding more than one qualifying certification shall receive the applicable incentive percentage for each. For example, a Firefighter/Paramedic holding both Paramedic and Hazmat Technician certifications shall receive a combined incentive of fifteen percent (15%) above base pay.

21.4 Certification incentive pay shall be implemented at the beginning of the pay period following written verification and approval by the Fire Chief. It is the employee's responsibility to notify the District and provide current documentation upon initial certification, recertification, and upon any lapse or change in certification status. The Fire Chief or designee shall maintain a current record of all active certification incentives for payroll and FRS reporting purposes.

21.5 All certification incentive pay is contingent upon District funding availability and shall be provided only to the extent permitted by the District's budget, subject to the amendment protections of Resolution No. 2026-___, Section ___.

21A. Florida Firefighters' Supplemental Compensation Program

21A.1 Pursuant to Florida Statute § 633.422, the District shall pay state-mandated supplemental compensation to all eligible career firefighters employed full-time by the District. This compensation is funded through the Firefighters' Supplemental Compensation Trust Fund administered by the Florida Division of State Fire Marshal and is paid by the District, with reimbursement from the state, in accordance with applicable law.

21A.2 Eligibility Requirements

21A.2.1 To be eligible to receive supplemental compensation under F.S. § 633.422 and Florida Administrative Code Rule 69A-37.085, a career employee must meet all three of the following requirements:

- (a) Be currently certified as a firefighter pursuant to F.S. § 633.35;
- (b) Be employed full-time as a firefighter by the District; and
- (c) Hold an eligible associate or bachelor's degree from an accredited college or university in a field of study that is directly applicable to fire department duties, as defined by the Division of State Fire Marshal by rule. Qualifying fields include, but are not limited to: Fire Science, Emergency Management, Emergency Medical Services, Public Safety, Business

Administration, and Public Administration, or other field of study that relates in a meaningful way to fire department duties as determined by the Division.

21A.2.2 An employee shall not receive supplemental compensation for more than one degree. If an employee holds both an eligible associate degree and an eligible bachelor's degree, compensation shall be paid for the bachelor's degree only.

21A.3 Compensation Amounts

21A.3.1 Supplemental compensation is paid monthly as a flat-dollar amount in addition to the employee's regular base salary and is not included in base pay for purposes of step progression, rank differentials, incentive pay, longevity, or FRS contribution calculations. The amounts established by F.S. § 633.422(2) are as follows:

- (a) Associate Degree: \$50.00 per month; or
- (b) Bachelor's Degree: \$110.00 per month.

21A.3.2 The amounts set forth above are established by state statute and may be adjusted by the Florida Legislature. Any statutory change to supplemental compensation amounts shall take effect automatically without requiring amendment to this Agreement.

21A.4 Ineligibility and Reporting

21A.4.1 A firefighter becomes ineligible for supplemental compensation upon: loss of firefighter certification under F.S. § 633.35; separation from full-time employment with the District; or any other circumstance that disqualifies the employee under F.S. § 633.422 or applicable Division rules. The District shall submit Form DFS-K4-1055 (Notice of Ineligibility) to the Division of State Fire Marshal within ten (10) business days of the date ineligibility occurs. The District shall not be responsible for reimbursement of supplemental compensation paid to an ineligible employee if the employee failed to timely notify the District of a change in eligibility status.

21A.4.2 The District shall submit quarterly reports to the Division of State Fire Marshal on Form DFS-K4-1065 on March 31, June 30, September 30, and December 31 of each year as required by F.A.C. Rule 69A-37.089. It is the employee's responsibility to provide the District with current and accurate degree documentation and to promptly notify the District of any change in certification or eligibility status. Questions regarding eligibility determinations shall be submitted to the Division of State Fire Marshal, Bureau of Fire Standards and Training, whose determination shall be final subject to Chapter 120, Florida Statutes.

22. Educational Benefits

22.1 The District is committed to supporting the professional development of its employees through the Key Largo Fire Rescue & EMS District Educational Scholarship Program. The program provides financial assistance to eligible employees pursuing Paramedic School or Fire Academy certification through accredited training programs, subject to the eligibility requirements, service obligations, and repayment terms established in the District's Educational Scholarship Program Policy.

22.2 Paramedic School Scholarship. The District may award up to three (3) Paramedic School Scholarships per calendar year, with a maximum value of \$15,000 per recipient. Scholarship funds cover tuition, required textbooks, certification exam fees, and required course materials. Recipients must remain employed with the District for a minimum of three (3) years following date of certification. Failure to complete the service obligation will result in prorated repayment of scholarship funds as outlined in the Educational Scholarship Program Policy.

22.3 Fire Academy Scholarship. The District may award up to four (4) Fire Academy Scholarships per calendar year, with a maximum value of \$10,000 per recipient. Scholarship funds cover tuition, required textbooks, certification exam fees, and required course materials. Recipients must remain employed with the District for a minimum of two (2) years following date of certification. Failure to complete the service obligation will result in prorated repayment of scholarship funds as outlined in the Educational Scholarship Program Policy.

22.4 Application and Approval. Employees seeking scholarship assistance must submit a completed application to the Training Division Coordinator. Applications are reviewed quarterly by the Scholarship Review Committee, with final approval authority resting with the Fire Chief. Full application requirements and review criteria are set forth in the Educational Scholarship Program Policy.

22.5 Employees may attend Continuing Education Unit (CEU) classes while on duty to maintain fire and EMS certifications. Members will be approved for one (1) CEU class per semester.

----- END OF BENEFITS AGREEMENT -----

7g.

RESOLUTION NO. 2026-0006

**A RESOLUTION OF THE KEY LARGO FIRE RESCUE AND
EMERGENCY MEDICAL SERVICES DISTRICT**

**DESIGNATION OF FBMC BENEFITS MANAGEMENT, INC. AS
HEALTH CARE PROGRAM CONSULTANT; AND PROVIDING FOR AN
EFFECTIVE DATE.**

WHEREAS, the Key Largo Fire Rescue and Emergency Medical Services District (the “District”) is an independent special fire district located within Monroe County, Florida; and

WHEREAS, the District is currently in the process of employing a substantial number of new employees, effective July 1, 2026; and

WHEREAS, the District recognizes its limited internal staffing to conduct health care benefits program solicitations, evaluations, and procurement; and

WHEREAS; the District desires to appoint FBMC Benefits Management, Inc. as its Health Care Program Consultant to conduct health care benefits program solicitations, evaluations and procurement.

NOW THEREFORE, BE IT RESOLVED BY THE BOARD OF COMMISSIONERS OF THE KEY LARGO FIRE RESCUE AND EMERGENCY MEDICAL SERVICES DISTRICT, AS FOLLOWS:

Section 1. Recitals. The above recitals are true and correct and incorporated into this Resolution by this Reference.

Section 2. Designation of Health Care Program Consultant. The District designates FBMC Benefits Management, Inc. as its Health Care Program Consultant. Nothing herein entitles FBMC Benefits Management, Inc. to payment, compensation or reimbursements, of any nature or kind whatsoever, from the District.

Section 3. Termination. This designation and appointment may be terminated for convenience by the District at any time.

Section 4. Effective Date. This Resolution shall become effective immediately upon its adoption.

PASSED AND ADOPTED this 18th day of May, 2026.

Chairman

ATTEST:

District Clerk

**APPROVED AS TO FORM AND LEGALITY
FOR THE USE AND BENEFIT OF KEY LARGO FIRE RESCUE AND
EMERGENCY MEDICAL SERVICES DISTRICT ONLY:**

DISTRICT ATTORNEY

Motion to adopt by _____, Seconded by _____

FINAL VOTE AT ADOPTION

Chairman Tony Allen _____

Vice-Chair George Mirabella _____

Commissioner Frank Conklin _____

Commissioner Kenny Edge _____

Commissioner Michael Jenkins _____

7h.

AGREEMENT FOR MEDICAL DIRECTOR SERVICES

This Agreement for Medical Director Services is made and entered into as of the date last written below, and effective as of July 1, 2026 unless otherwise agreed in writing by the parties (“Effective Date”), by and between the **Key Largo Fire Rescue and Emergency Medical Services District** (“DISTRICT”), and **TGM Medical, Corp.**, 105030 Overseas Highway, Key Largo, FL 33037 (“DOCTOR”), licensed to practice medicine in the State of Florida with a principle location of Monroe County.

In exchange for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto agree as follows:

WITNESSETH:

1. Provision of Service. DISTRICT provides emergency services in the Key Largo area through its DISTRICT charter under Florida Law. DOCTOR is a medical doctor licensed and insured to practice medicine in the State of Florida. DISTRICT desires to enter into this Agreement with DOCTOR to serve as Medical Director and provide medical supervision and control for the DISTRICT, and DOCTOR is willing to accept such engagement upon the terms set forth in this Agreement.
2. Designation and Duties as Medical Director. By execution hereof, DISTRICT hereby designates DOCTOR as the Medical Director for DISTRICT operations within DISTRICT’S jurisdiction. In that capacity, DOCTOR will be responsible for providing all necessary and appropriate medical authority and direction for the Medical Teams operating in the area. DOCTOR shall be responsible for all medical aspects of, and all medical decisions and directions relating to, Basic Life Support, Advanced Life Support, and immunizations. DOCTOR shall meet at least once each month with the DISTRICT and

appropriate Medical Team(s) personnel on site to review, among other things, patient records for appropriateness of transport, patient care, and other areas of quality improvement. DOCTOR shall carry out training pursuant to the Proposed Training Program attached hereto as **Attachment “A.”** DOCTOR shall meet all standards of the Florida Department of Health and the Commission on the Accreditation of Medical Transport Systems (CAMTS) for a Medical Director. DOCTOR will also be responsible for compliance with federal, state and other governmental requirements pertaining to the operation and provision of the emergency medical care services. DOCTOR shall also serve as liaison between DISTRICT and the various health care facilities or other health care providers for whom DISTRICT provides service in the area covered by this Agreement. Such liaison shall include coordinating the medical operations of DISTRICT to comply with the by-laws, policies, rules and regulations applicable to any such health care facility or health care provider for whom DISTRICT is providing services. DOCTOR shall also assist in evaluating the technical medical aspects of DISTRICT medical personnel working for DISTRICT who may assist in providing emergency medical assistance. DOCTOR will carry out and put into effect its improvement plan entitled Commitment to Clinical Performance and attached hereto as **Attachment “B.”**

3. a. Insurance Requirements. The Parties shall provide, during the term of this Agreement, the following minimum insurance coverage and provide appropriate certificates of insurance to the other Party:
 - i. DISTRICT will provide all risk insurance, as provided herein.
 - ii. DISTRICT has liability insurance and to the extent that its existing policy will allow it, will provide coverage to DOCTOR.

iii. DISTRICT will provide liability insurance to DOCTOR acting within the scope of his duties to the extent that its present policy allows.

iv. Both Parties agree to provide workers' compensation insurance for their employees as required by law.

b. Communications Equipment. DISTRICT will provide all necessary communication equipment, upon approval of written request(s) presented to DISTRICT for review; including but not limited to: cellular phone, two-way radio, or pager.

4. Indemnification. DISTRICT shall indemnify and hold DOCTOR and his employees and agents harmless from and against claims, damages, liabilities and expenses (including reasonable attorneys' fees and costs) (collectively, "Losses") arising directly from DISTRICT'S performance of emergency services to the extent such Losses arise out of negligent or intentional act of omission of DISTRICT or its officers, directors, employees or agents, except and to the extent such Losses directly result from DOCTOR's failure to perform his duties as outlined in this agreement. DOCTOR shall indemnify and hold DISTRICT and its officers, directors, employees and agents harmless from and against Losses arising directly from DOCTOR'S performance of services hereunder to the extent such Losses arise out of negligent or intentional acts or omissions of DOCTOR, except and to the extent such Losses directly result from DISTRICT'S failure to comply with DOCTOR'S directives hereunder. DISTRICT and DOCTOR shall promptly notify the other of any event or circumstance that may lead to a request for indemnification hereunder, provided that, no failure to provide such notice shall prevent either party from obtaining

indemnification hereunder unless and only to extent that the indemnifying party was demonstrably prejudiced by such failure to provide notice.

5. Relationship of the Parties. The relationship between DISTRICT and DOCTOR will be that of contractor and independent contractor. Nothing in this Agreement is intended or shall be construed as creating any kind of partnership, joint venture, employer-employee relationship or any other agency relationship between DOCTOR and DISTRICT. The parties shall be solely responsible for the method and manner in which they or their respective employees carry out the duties imposed by this Agreement, and neither party shall exercise any control or direction over the methods by which the other party performs their respective functions hereunder, except as may otherwise be provided in this Agreement. DOCTOR specifically acknowledges that he is not an employee of DISTRICT.
6. Compensation for Medical Director Services. DISTRICT agrees to pay to DOCTOR the sum of \$69,680.00 per year during the term of this Agreement. A cost-of-living adjustment of 4 (four) percent as determined by the DISTRICT will be added to the annual fee each year at the beginning of the respective budget year. Payment shall be made biweekly.
7. Payment of Expenses. DISTRICT agrees to reimburse DOCTOR for DOCTOR's reasonable and necessary travel and business expenses in accordance with state and federal law, and further, pursuant to any DISTRICT travel policies. Any conflict between requirements set out by law and a DISTRICT travel policy shall result in the provisions created by law controlling resolution of the conflict. A copy of any DISTRICT travel policy, whenever created if not already in existence at the time of this Agreement, will be provided to DOCTOR. DOCTOR may also be reimbursed for expenditures made on behalf of the DISTRICT program, with the prior approval of the DISTRICT. Bills or invoices for

fees or compensation under this Agreement shall be submitted in detail sufficient for a proper pre-audit and post-audit thereof

8. Term of Agreement. This Agreement shall commence on July 1, 2026 (“Effective Date”), and shall continue for a period of three (3) years, and will automatically renew an additional three (3) years, unless terminated by either party as contained in this paragraph. This Agreement may be terminated by either party by giving ninety (90) days written notice to the other party, termination effective upon the other party’s receipt of the notice of termination, said receipt of the notice being documented by a return receipt other than via electronic mail. DOCTOR shall be entitled to compensation through the effective date of termination of this Agreement, provided services continue to be provided through such date as contained herein.
9. Limitation of Liability. In no event, whether as a result of contract, tort, strict liability or otherwise, shall either Party be liable to the other for any punitive, special, indirect, incidental or consequential damages, including without limitation, loss of profits, loss of use or loss of contract.
10. Severability. In the event that any provision of this Agreement is determined to be unlawful or contrary to public policy, such provision shall be severed here from and shall be deemed null and void but shall in no way affect the remaining provisions outlined herein.
11. Complete Agreement. This Agreement, inclusive of attachments, sets forth the complete understanding of the parties hereto and any modification of the terms hereof must be in a writing signed by both parties hereto.
12. Termination of Prior Agreements. Upon the effective date of this Agreement, all prior agreements between the parties relating to DOCTOR serving as the Medical Director shall

terminate, and be of no further force or effect except as to those terms therein which expressly survive termination

13. Governing Law. The terms of this Agreement shall be governed by and interpreted in accordance with the laws of the State of Florida, with exclusive venue agreeably set in Monroe County, Florida.
14. Contract Records Retention. DOCTOR agrees to comply with all state and federal regulations governing contracts with public entities, including but not limited to cooperation with public records requests as provided by law, and cooperation with comptrollers and auditors as provided by law.
15. Waiver. Any act or lack thereof that is determined to be a waiver by either party of a breach or failure to perform hereunder shall not constitute a waiver of any subsequent breach or failure to perform.
16. Representations and Warranties. DOCTOR represents and warrants to DISTRICT, upon execution and throughout the term of this Agreement that:
 - a. DOCTOR is not bound by any contract or arrangement which would preclude him from entering into, or from fully performing the services required under this Agreement;
 - b. None of DOCTOR'S agents, employees or officers have ever had his or her professional license or certification in the State of Florida, or of any other jurisdiction, denied, suspended, revoked, terminated and/or voluntarily relinquished under threat of disciplinary action, or restricted in any way;
 - c. DOCTOR has not been convicted of a public entity crime as provided in Florida Statute § 287.133; and

- d. DOCTOR and DOCTOR'S agents, employees and officers have, and shall maintain throughout the term of this Agreement, all appropriate licenses, certifications and insurance coverage that are required in order for DOCTOR to perform the functions assigned to him in connection with the provisions of this Agreement.
17. Assignment. Neither DISTRICT nor DOCTOR may assign or transfer any interest in this Agreement without the prior written consent of both parties. Should an assignment occur upon mutual written consent, this Agreement shall inure to the benefit of and be binding upon the parties hereto and their respective heirs, representatives, successors and assigns.
18. Sovereign Immunity. Nothing in this Agreement shall be construed so as to waive, negate or otherwise affect the immunities, exemptions, and limitations of liability of DISTRICT provided under Florida law, including but not limited to Florida Statute § 768.28, and other applicable state laws.
19. E-Verify. Pursuant to Florida Statute § 448.095, DOCTOR shall be required to register with and use the United States Department of Homeland Security's E-Verify system to verify the work authorization status of all employees hired after January 1, 2021. If DOCTOR enters into any contract with a subcontractor, DOCTOR shall be required to obtain an affidavit from the subcontractor confirming that the subcontractor does not employ, contract with, or subcontract with any person who is not authorized under federal law to be employed in the United States. DOCTOR shall be required to maintain a copy of said affidavit for the duration of the Contract Term and shall produce said affidavit to the DISTRICT upon request. Notwithstanding any other provision herein, DISTRICT reserves the right to immediately terminate this Contract upon notice to DOCTOR that the

DISTRICT has developed a good faith belief that DOCTOR has knowingly violated this section.

20. Public Records. Pursuant to Florida Statute § 119.0701, Florida Statutes, for any tasks performed by DOCTOR on behalf of the District, DOCTOR shall: (a) keep and maintain all public records, as that term is defined in Chapter 119, Florida Statutes ("Public Records"), required by the District to perform the work contemplated by this Agreement; (b) upon request from the District's custodian of public records, provide the District with a copy of the requested Public Records or allow the Public Records to be inspected or copied within a reasonable time at a cost that does not exceed the costs provided in Chapter 119, Florida Statutes, or as otherwise provided by law; (c) ensure that Public Records that are exempt or confidential and exempt from Public Records disclosure requirements are not disclosed except as authorized by law for the duration of the term of this Agreement and following completion or termination of this Agreement, if DOCTOR does not transfer the records to the District in accordance with (d) below; and (d) upon completion or termination of this Agreement, (i) if the District, in its sole and absolute discretion, requests that all Public Records in possession of DOCTOR be transferred to the District, DOCTOR shall transfer, at no cost, to the District, all Public Records in possession of DOCTOR within thirty (30) days of such request or (ii) if no such request is made by the District, DOCTOR shall keep and maintain the Public Records required by the District to perform the work contemplated by this Agreement. If DOCTOR transfers all Public Records to the District pursuant to (d)(i) above, DOCTOR shall destroy any duplicate Public Records that are exempt or confidential and exempt from Public Records disclosure requirements within thirty (30) days of transferring the Public Records to the District and provide the District with written confirmation that such records have been destroyed within

thirty (30) days of transferring the Public Records. If DOCTOR keeps and maintains Public Records pursuant to (d)(ii) above, DOCTOR shall meet all applicable requirements for retaining Public Records. All Public Records stored electronically must be provided to the District, upon request from the District's custodian of public records, in a format that is compatible with the information technology of the District. If DOCTOR does not comply with a Public Records request, or does not comply with a Public Records request within a reasonable amount of time, the District may pursue any and all remedies available in law or equity including, but not limited to, specific performance.

IF THE DOCTOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE DOCTOR'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE DISTRICT RECORDS CUSTODIAN AT:

Telephone number: 305-394-1719

E-mail address: clerk@klfremms.org

Mailing Address: P.O. Box 1023, Key Largo, FL 33037

21. Notices. All notices required by this Agreement, unless otherwise provided herein, by either party to the other shall be in writing, delivered personally, by certified or registered mail, return receipt requested, or by Federal Express or Express Mail, and shall be deemed to have been duly given when delivered personally or when deposited in the United States mail, postage prepaid, addressed as follows:

DISTRICT:

Key Largo Fire Rescue and Emergency Medical Services District
P.O. Box 371023
Key Largo, Florida 33037-1023
Attention: District Clerk

DOCTOR:

TGM Medical, Corp.
c/o Thomas Morrison, M.D.

105030 Overseas Highway
Key Largo, FL 33037

IN WITNESS WHEREOF, the parties hereto have executed this agreement, as of the day and year first written above.

Key Largo Fire Rescue and Emergency
Medical Services District

TGM Medical, Corp.

By: _____
Print: Anthony Allen Chairman

By: _____
Print: Thomas Morrison, MD

Dated: _____

Dated: _____

Attest: _____
District Clerk

Dated: _____

Approved as to form and sufficiency:

District Legal Counsel

Print: _____

Dated: _____

Affidavit Regarding the Use of Coercion for Labor and Services

Respondent Vendor Name:	TGM Medical, Corp.
Vendor FEIN:	46-0975448
Vendor's Authorized Representative Name and Title:	Thomas Morrison, President
Address:	105030 Overseas Hwy
City: State: ZIP:	Key Largo, FL 33037
Phone Number:	(305) 923-3061
Email Address:	tgmmedicalcorp@gmail.com

Section 787.06(13), Florida Statutes requires all non-governmental entities executing, renewing, or extending a contract with a governmental entity to provide an affidavit signed by an officer or representative of the non-governmental entity under penalty of perjury that the non-governmental entity does not use coercion for labor or services as defined in that statute. The Key Largo Fire Rescue and Emergency Medical Services District is a governmental entity for purposes of this statute.

As the person authorized to sign on behalf of Respondent, I certify that the company identified does not:

- Use or threaten to use physical force against any person;
- Restrain, isolate, or confine or threaten to restrain, isolate, or confine any person without lawful authority and against her or his will;
- Use lending or other credit methods to establish a debt by any person when labor or services are pledged as a security for the debt, if the value of the labor or services as reasonably assessed is not applied toward the liquidation of the debt, the length and nature of the labor or services are not respectively limited and defined;
- Destroy, conceal, remove, confiscate, withhold, or possess any actual or purported passport, visa, or other immigration document, or any other actual or purported government identification document, of any person;
- Cause or threaten to cause financial harm to any person;
- Entice or lure any person by fraud or deceit; or
- Provide a controlled substance as outlined in Schedule I or Schedule II of Section 893.03, F.S. to any person for the purpose of exploitation of that person.

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

By: _____
 AUTHORIZED SIGNATURE

 Print Name and Title:

 Date:

ATTACHMENT A

Attachment A: PROPOSED TRAINING PLAN

1. Introduction

This training plan outlines a comprehensive approach to meet re-certification requirements, offer refresher courses, evaluate newly certified personnel, and maintain proficiency for paramedics and EMTs. It integrates both in-person and electronic delivery formats to ensure thorough and accessible training. The plan also addresses protocol review and improvement, as well as quality assurance measures to maintain high standards of emergency medical services.

2. Training Components

2.1. In-House Training and Refresher Courses

Frequency: Monthly in-person sessions and ongoing electronic modules.

Content:

- Advanced cardiac life support (ACLS) procedures
- Pediatric Advanced Life Support (PALS)
- Prehospital Trauma Life Support (PHTLS)
- Basic life support (BLS) protocols
- Medical performance evaluations
- Emergency medical procedures for on-duty command personnel, on-call personnel, and volunteers

Format:

- In-Person: Hands-on simulations, scenario-based drills, and case studies.
- Electronic Delivery: Online modules with interactive content, quizzes, and video demonstrations.

2.2. Competency Review and Proficiency Maintenance

Evaluation Methods:

- Skill Assessments: Regular practical exams and simulations.
- Knowledge Tests: Online quizzes and written exams.
- Performance Reviews: Analysis of field performance and case reviews.

Proficiency Maintenance:

- Continuous monitoring and feedback on individual performance.
- Regular updates to training materials based on emerging practices and protocols.

2.3. EMS Protocols Review and Improvement

Annual Protocol Review:

- Ensure protocols are current with local, state, and federal standards.
- Review and revise ALS procedures, BLS procedures, and transport protocols.
- Evaluate the effectiveness and accuracy of protocols related to AEDs, esophageal intubation, and inter-facility monitoring.

Protocol Development:

- Develop and authorize new protocols for patient transport and care.
- Prepare written procedures and guidelines as needed.

Ensure protocols permit specified ALS procedures when communication with the medical director is not possible.

2.4. Quality Assurance Program

Performance Assessment:

Ongoing evaluation of medical performance for paramedics and EMTs.
Individual case reviews and feedback sessions.

Equipment and Medication Approval:

Recommend and approve equipment, medications, and protocols.
Continuously assess for updates to meet or exceed medical standards.

2.5. Continuing Education

Program Structure:

Develop a 40-hour continuing education program for EMTs and paramedics, split into two-hour sessions per shift, every month.
Ensure content covers essential updates and procedural changes.

Documentation and Compliance:

Track and verify completion of education credits.
Ensure compliance with biennial certification requirements.

2.6. Emergency Administrative Call Schedule

On-Call Coverage:

Establish a schedule for emergency administrative calls with appointed physicians during vacations, holidays, and other periods of absence.

2.7. Consultation and Meetings

Availability:

Remain available for consultation and meetings to address any immediate concerns or updates in protocols.

2.8. Protocol Elimination Review

Review and Update:

Assess and potentially eliminate outdated medicines, equipment, and treatment modalities that are no longer effective.

2.9. Relationships with Receiving Facilities

Agreements and Communication:

Maintain and review relationships and agreements with receiving facilities to ensure proper patient transport and care.

2.10. Staff Evaluation and Approval

In-House Representation:

Authorize an in-house representative to conduct staff evaluations.
Recommend approval of new staff for EMT or Paramedic positions based on performance and competency.

3. Implementation Timeline

Month 1-3:

Initial setup and review of training materials, protocol review, and familiarize and review utilization of electronic modules.

Month 4-6:

Begin monthly in-person training sessions and any changes that may have occurred with the review.

Month 7-12:

Implement ongoing evaluations, continue protocol reviews, and establish emergency administrative call schedules.

Ongoing:

Regular updates to protocols, continuous education, quality assurance assessments, and staff evaluations.

4. Evaluation and Feedback

Regular Review Meetings:

Schedule bi-monthly meetings to review progress, address challenges, and adjust the training plan as necessary.

Feedback Mechanisms:

Implement a feedback system for trainees to provide input on training effectiveness and areas for improvement.

This training plan is designed to ensure that all EMS personnel meet and exceed certification requirements while maintaining high standards of care and operational effectiveness

ATTACHMENT B

Attachment B: COMMITMENT TO CLINICAL PERFORMANCE

1. System Improvement and design

I anticipate capitalizing on the Fire Department's current merits as well as offer improvement by remaining centered on enhancing operational efficiency, optimizing patient care, and ensuring community safety. My plan encompasses:

Infrastructure Enhancement:

Technological Upgrades: Implement state-of-the-art medical equipment and electronic health record systems to streamline operations and improve patient data management.

Vehicle Modernization: Upgrade emergency response vehicles to ensure reliability and readiness, incorporating advanced diagnostic tools and communication systems.

Operational Efficiency:

Data-Driven Decision Making: Utilize analytics to monitor performance metrics and identify areas for improvement.

Resource Allocation: Optimize deployment strategies for personnel and equipment to ensure rapid response times and effective coverage throughout the Village of Islands.

2. EMS Protocols

The current EMS protocols will be reviewed and updated regularly to reflect best practices and comply with local, state, and federal guidelines.

Key aspects include:

Protocol Development and Review:

Custom Protocols: Develop and implement protocols tailored to the unique needs of the Village of Islands, including specific emergency scenarios and patient demographics.

Annual Reviews: Conduct comprehensive annual reviews of all EMS protocols to ensure accuracy and relevance. This includes ensuring that protocols align with current standards of care and integrate feedback from field personnel.

Advanced Cardiac and Basic Life Support:

ACLS Procedures: Ensure protocols for advanced life support are robust and up-to-date, with clear guidelines for when field paramedics cannot communicate with the medical director.

BLS Procedures: Maintain rigorous standards for basic life support procedures, including the use of AEDs and other critical interventions.

Transport Protocols:

Trauma Transport: Develop protocols for the appropriate transport of trauma patients to facilities equipped for their level of care.

Inter-Facility Transfers: Ensure protocols are in place for efficient and safe inter-facility transfers, including monitoring and documentation of patient conditions.

3. Safety and Security Regarding Narcotics

My plan includes stringent measures to ensure the safe handling, administration, and waste documentation for proper disposal of unused narcotics and controlled substances:

Controlled Substance Management:

Secure Storage: Ensure all narcotics are stored in secure, locked environments with restricted access.

Tracking Systems: Implement electronic tracking systems to monitor the use, inventory, and disposal of narcotics, minimizing the risk of misuse or loss.

Regular Audits: Conduct routine audits and inspections to verify compliance with regulations and identify potential issues.

Training and Compliance:

Staff Training: Provide specialized training on narcotic handling, including protocols for administration, documentation, and security.

Regulatory Adherence: Ensure adherence to all relevant local, state, and federal regulations regarding narcotics.

4. Consistent Availability for Staff, Leadership, and Community

To ensure continuous support and availability for staff, leadership, and the community, we will implement the following measures:

Leadership Accessibility:

On-Call Coverage: Establish an emergency administrative call schedule with appointed physicians to provide support during the Medical Director's absences, including vacations and holidays.

Regular Consultations: Schedule regular meetings and consultations with leadership to address any emerging issues or updates.

Staff Support:

Developing or improving 24/7 Availability: Maintain a 24/7 support system for field personnel, ensuring that they have access to guidance and assistance at all times.

Feedback Mechanisms: Implement feedback channels for staff to report concerns or suggestions, ensuring prompt response and resolution.

Community Engagement:

Public Communication: Develop strategies for effective communication with the community to keep them informed about EMS services, protocols, and safety measures.

Partnerships: Foster relationships with local facilities and organizations to enhance collaborative efforts and ensure comprehensive care for patients.

By focusing on these areas, I remain committed to delivering a high-quality EMS system that meets the needs of the town, while upholding the highest standards of safety, efficiency, and community engagement.

7i.

RESOLUTION NO. 2026-0006

**A RESOLUTION OF THE KEY LARGO FIRE RESCUE AND
EMERGENCY MEDICAL SERVICES DISTRICT**

**DESIGNATION OF FBMC BENEFITS MANAGEMENT, INC. AS
HEALTH CARE PROGRAM CONSULTANT; AND PROVIDING FOR AN
EFFECTIVE DATE.**

WHEREAS, the Key Largo Fire Rescue and Emergency Medical Services District (the “District”) is an independent special fire district located within Monroe County, Florida; and

WHEREAS, the District is currently in the process of employing a substantial number of new employees, effective July 1, 2026; and

WHEREAS, the District recognizes its limited internal staffing to conduct health care benefits program solicitations, evaluations, and procurement; and

WHEREAS; the District desires to appoint FBMC Benefits Management, Inc. as its Health Care Program Consultant to conduct health care benefits program solicitations, evaluations and procurement.

NOW THEREFORE, BE IT RESOLVED BY THE BOARD OF COMMISSIONERS OF THE KEY LARGO FIRE RESCUE AND EMERGENCY MEDICAL SERVICES DISTRICT, AS FOLLOWS:

Section 1. **Recitals.** The above recitals are true and correct and incorporated into this Resolution by this Reference.

Section 2. **Designation of Health Care Program Consultant.** The District designates FBMC Benefits Management, Inc. as its Health Care Program Consultant. Nothing herein entitles FBMC Benefits Management, Inc. to payment, compensation or reimbursements, of any nature or kind whatsoever, from the District.

Section 3. **Termination.** This designation and appointment may be terminated for convenience by the District at any time.

Section 4. **Effective Date.** This Resolution shall become effective immediately upon its adoption.

PASSED AND ADOPTED this 18th day of May, 2026.

Chairman

ATTEST:

District Clerk

**APPROVED AS TO FORM AND LEGALITY
FOR THE USE AND BENEFIT OF KEY LARGO FIRE RESCUE AND
EMERGENCY MEDICAL SERVICES DISTRICT ONLY:**

DISTRICT ATTORNEY

Motion to adopt by _____, Seconded by _____

FINAL VOTE AT ADOPTION

Chairman Tony Allen _____

Vice-Chair George Mirabella _____

Commissioner Frank Conklin _____

Commissioner Kenny Edge _____

Commissioner Michael Jenkins _____

7j.

BUSINESS ASSOCIATE AGREEMENT

This Business Associate Agreement (the "Agreement"), effective as of _____(Effective Date), is entered into by and between Key Largo Fire Rescue and Emergency Medical Services District (the "Plan Sponsor" and "Covered Entity"), and FBMC Benefits Management, Inc. and its affiliates (the "Business Associate").

RECITALS

Whereas, the purpose of this Agreement is to comply with applicable requirements of the Health Insurance Portability and Accountability Act of 1996 and amendments thereto and regulations thereunder (hereinafter collectively referred to as "HIPAA Rules" and defined as the Privacy, Security, Breach Notification and Enforcement Rules at 45 CFR Part 160 and Part 164); and including amendments by (and regulations under) the "Health Information Technology for Economic and Clinical Health Act" ("HITECH Act") and by section 105 of Title I of the Genetic Information Nondiscrimination Act of 2008 ("GINA");

Whereas, Covered Entity and Business Associate have entered into, or may enter into, one or more agreements or arrangements under which Business Associate shall or may provide services to Covered Entity and may have access to, create and/or receive Protected Health Information in the performance of such services, or for or on behalf of Covered Entity;

Whereas, HIPAA allows a Covered Entity to disclose Protected Health Information to a Business Associate only pursuant to a Business Associate Agreement which provides satisfactory assurances that the Business Associate will appropriately safeguard the Protected Health Information;

Now, Therefore, in consideration of the parties' continuing obligations under this Agreement, compliance with HIPAA Privacy and Security rules, and other good and valuable consideration (the receipt of which is hereby acknowledged), the parties listed above hereby agree to the provisions of this Agreement in order to comply with the HIPAA requirements and to protect the interests of both parties.

1. DEFINITIONS

- 1.1 **Breach.** "Breach" shall have the same meaning as the term "breach" in 45 CFR §164.402, which is the acquisition, access, use, or disclosure of protected health information (PHI) in a manner not permitted, unless the Covered Entity demonstrates that there is a low probability the PHI has been compromised. The definition of Breach excludes the following uses and disclosures:
- (a) Unintentional access by a Covered Entity or Business Associate acting in good faith and within an employee's course and scope of employment;

- (b) Inadvertent one-time disclosure between Covered Entity or Business Associate work force members (including employee, volunteer, trainees, etc. whether paid or unpaid); and
- (c) The Covered Entity or Business Associate has a good faith belief that an unauthorized person to whom the disclosure was made would not reasonably have been able to retain the information.

For purposes of the HITECH requirements to notify Individuals of Breaches of PHI, a "Breach" will not be deemed to have occurred if the data accessed or disclosed is encrypted or otherwise secured using a technology or methodology specified by the Secretary of HHS which renders the data unusable, unreadable, or indecipherable to unauthorized individuals who access it.

- 1.2 **Breach Notification Rule.** "Breach Notification Rule" shall mean the Standards and Implementation Specifications for Notification of Breaches of Unsecured Protected Health Information under 45 CFR Parts 160 and 164, subparts A and D.
- 1.3 **Business Associate.** "Business Associate" shall have the same meaning as the term "business associate" at 45 CFR §160.103, and is the entity named as Business Associate in the opening paragraph of this Agreement. Generally, a Business Associate is a person who, on behalf of a Covered Entity (and not as a member of the Covered Entity's workforce):
 - (a) performs (or assists in the performance of) a function or activity involving the use or disclosure of individually identifiable health information, including claims processing or administration, data analysis, processing or administration, utilization review, quality assurance, billing, benefit management, practice management and repricing; or any other function or activity regulated by 45 CFR Part 160; or
 - (b) provides legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation or financial services to or for a Covered Entity.
- 1.4 **Covered Entity.** "Covered Entity" shall have the same meaning as the term "covered entity" at 45 CFR §160.103, and in reference to the party to this agreement, shall mean the entity named as Covered Entity in the opening paragraph of this Agreement. Generally, a Covered Entity may be a health plan, health care clearinghouse, or health care provider who transmits any health information in electronic form in connection with a transaction covered by 45 CFR Part 160.
- 1.5 **Electronic Protected Health Information or ePHI.** "Electronic Protected Health Information" or "ePHI" shall have the same meaning as the term "electronic protected health information" in 45 CFR §160.103, which is individually identifiable Protected Health Information that is maintained in or transmitted by electronic media.
- 1.6 **Electronic Transactions Rule.** "Electronic Transactions Rule" shall mean the final regulations issued by HHS concerning standard transactions and code sets under 45 CFR Parts 160 and 162.
- 1.7 **Genetic Information.** "Genetic Information" shall have the same meaning as the term "genetic information" in 45 CFR §160.103.
- 1.8 **HHS.** "HHS" shall mean the Department of Health and Human Services.
- 1.9 **HIPAA Rules.** "HIPAA Rules" shall mean the Privacy Rule, Security Rule, Breach Notification Rule, and Enforcement Rule.

- 1.10 **HITECH Act.** "HITECH Act" shall mean the Health Information Technology for Economic and Clinical Health Act, enacted as part of the American Recovery and Reinvestment Act of 2009.
- 1.11 **Privacy Rule.** "Privacy Rule" shall mean the Privacy Standards and Implementation Specifications at 45 CFR Part 160 and 45 CFR Part 164, subparts A and E.
- 1.12 **Protected Health Information of PHI.** "Protected Health Information" or "PHI" shall have the same meaning as the term "protected health information" in 45 CFR §160.103, which is any individually identifiable health information, whether oral or recorded in any form or medium:
- (a) that is created or received by a health care provider, health plan, employer, or health care clearinghouse; and
 - (b) that relates to the past, present, or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and
 - (c) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual.
 - (d) Except that PHI excludes employment records held by the Covered Entity in its role as employer.
- For purposes of this Agreement, the term shall be limited to PHI created or received by Business Associate (or a Subcontractor) from or on behalf of Covered Entity.
- 1.13 **Required by Law.** "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR §164.103.
- 1.14 **Security Incident.** "Security Incident" shall have the same meaning as the term "security incident" in 45 CFR §164.304, which is the unauthorized access to, use, disclosure, modification or destruction of, or interference with, Electronic Protected Health Information (ePHI) or interference with system operations in an information system containing ePHI.
- 1.15 **Security Rule.** "Security Rule" shall mean the Security Standards and Implementation Specifications at 45 CFR Part 160 and 45 CFR Part 164, subparts A and C.
- 1.16 **Subcontractor.** "Subcontractor" shall have the same meaning as the term "subcontractor" in 45 CFR §160.103.
- 1.17 **Unsecured Protected Health Information or PHI.** "Unsecured Protected Health Information or PHI" shall have the meaning given the term "unsecured protected health information" in 45 CFR §164.402, which is PHI that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals using a technology or methodology specified by the Secretary of HHS.

II. Privacy and Security of Protected Health Information

2.1 **Permitted Uses and Disclosures.** Business Associate is permitted to use and disclose Protected Health Information only as set forth below:

2.1.1 **Functions and Activities on Covered Entity's Behalf.** Business Associate may use and disclose Protected Health Information to provide services to the Covered Entity. The specific services may be listed in a service agreement, broker of record letter or by other written or verbal agreement. Business Associate is authorized to use Protected Health Information to de-identify it and to use or disclose the de-identified information as agreed to by the parties.

2.1.2 **Business Associate's Operations.** Business Associate may use or disclose Protected Health Information for the proper management and administration of Business Associate or to carry out the legal responsibilities of the Business Associate, provided that, for any *disclosure* of PHI:

(A) The disclosure is Required by Law; or

(B) Business Associate obtains reasonable assurance from any person or entity to which Business Associate will disclose Protected Health Information that the person or entity will:

(1) Hold the Protected Health Information in confidence and use or further disclose the Protected Health Information only for the purpose for which Business Associate disclosed Protected Health Information to the person or entity or as Required by Law; and

(2) Promptly notify Business Associate of any instance of which the person or entity becomes aware in which the confidentiality of Protected Health Information was breached.

2.2 **Minimum Necessary.** Business Associate will, in its performance of the functions, activities, services, and operations specified above, make reasonable efforts to use, to disclose, and to request only the minimum amount of Protected Health Information reasonably necessary to accomplish the intended purpose of the use, disclosure, or request, except that Business Associate will not be obligated to comply with this minimum-necessary limitation if neither Business Associate nor Covered Entity is required to limit its use, disclosure, or request to the minimum necessary under the HIPAA Rules. Business Associate and Covered Entity acknowledge that the phrase "minimum necessary" shall be interpreted in accordance with the HITECH Act and the HIPAA Rules.

2.3 **Prohibition on Unauthorized Use or Disclosure.** Business Associate will neither use nor disclose Protected Health Information, except as permitted or required by this Agreement or in writing by Covered Entity or as Required by Law. This Agreement does not authorize Business Associate to use or disclose Covered Entity's Protected Health Information in a manner that would violate the HIPAA Rules if done by Covered Entity, except as permitted for Business Associate's proper management and administration, as described above.

2.4 Information Safeguards.

- 2.4.1 Privacy of Protected Health Information.** Business Associate will develop, implement, maintain, and use appropriate administrative, technical, and physical safeguards to protect the privacy of Protected Health Information. The safeguards must reasonably protect Protected Health Information from any intentional or unintentional use or disclosure in violation of the Privacy Rule and limit incidental uses or disclosures made pursuant to a use or disclosure otherwise permitted by this Agreement. To the extent the parties agree that the Business Associate will carry out directly one or more of Covered Entity's obligations under the Privacy Rule, the Business Associate will comply with the requirements of the Privacy Rule that apply to the Covered Entity in the performance of such obligations.
- 2.4.2 Security of Covered Entity's Electronic Protected Health Information.** Business Associate will comply with the Security Rule and will use appropriate administrative, technical, and physical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of Electronic Protected Health Information that Business Associate creates, receives, maintains, or transmits on Covered Entity's behalf. Business Associate will identify and protect against reasonably anticipated impermissible uses or disclosures of – or threats to the security or integrity of -- Covered Entity's Electronic Protected Health Information.
- 2.5 Subcontractors.** Business Associate will require each of its Subcontractors to agree, in a written agreement with Business Associate, to comply with the provisions of the Security Rule; to appropriately safeguard Protected Health Information created, received, maintained, or transmitted on behalf of the Business Associate; and to apply the same restrictions and conditions that apply to the Business Associate with respect to such Protected Health Information. If a Subcontractor violates such restrictions or conditions, Business Associate will impose appropriate sanctions against the Subcontractor and will mitigate the effects of any such violations.
- 2.6 Prohibition on Sale of Protected Health Information.** Business Associate shall not sell Covered Entity's Protected Health Information (as defined in the HIPAA rules), nor use it for marketing purposes.
- 2.7 Prohibition on Use or Disclosure of Genetic Information.** Business Associate shall not use or disclose Genetic Information for underwriting purposes in violation of the HIPAA rules.
- 2.8 Penalties for Noncompliance.** Business Associate acknowledges that it is subject to civil and criminal enforcement for failure to comply with the HIPAA Rules, to the extent provided by the HITECH Act and the HIPAA Rules.

III. Compliance with Electronic Transactions Rule.

If Business Associate conducts in whole or part electronic Transactions on behalf of Covered Entity for which HHS has established standards, Business Associate will comply, and will require any Subcontractor it involves with the conduct of such Transactions to comply, with each applicable requirement of the Electronic Transactions Rule and of any operating rules adopted by HHS with respect to Transactions.

IV. Individual Rights.

- 4.1 **Access.** Business Associate will, within fifteen (15) calendar days following Covered Entity's request, make available to Covered Entity (or, at Covered Entity's written direction, to an individual or the individual's designee) for inspection and copying Protected Health Information about the individual that is in a Designated Record Set in Business Associate's custody or control, so that Covered Entity may meet its access obligations under 45 CFR §164.524 (which provides for 30 days). If Covered Entity requests an electronic copy of Protected Health Information that is maintained electronically in a Designated Record Set in the Business Associate's custody or control, Business Associate will provide an electronic copy in the form and format specified by the Covered Entity if it is readily producible in such format; if it is not readily producible in such format, Business Associate will work with Covered Entity to determine an alternative form and format that enable Covered Entity to meet its electronic access obligations under 45 CFR §164.524.
- 4.2 **Amendment.** Business Associate will, upon receipt of written notice from Covered Entity, promptly amend or permit Covered Entity access to amend any portion of an individual's Protected Health Information that is in a Designated Record Set in the custody or control of the Business Associate, so that Covered Entity may meet its amendment obligations under 45 CFR §164.526.
- 4.3 **Disclosure Accounting.** To allow Covered Entity to meet its obligations to account for disclosures of Protected Health Information under 45 CFR §164.528, Business Associate will record the "Disclosure Information" specified below for each disclosure of Protected Health Information that Business Associate makes to Covered Entity or to a third party, except that Business Associate will not be obligated to record Disclosure Information or otherwise account for disclosures of Protected Health Information if Covered Entity need not account for such disclosures under the HIPAA Rules.
- 4.4 **Disclosure Information.** Business Associate will record the following information if required:
- (A) For non-repetitive disclosures: (i) the disclosure date, (ii) the name and (if known) address of the entity to which Business Associate made the disclosure, (iii) a brief description of the Protected Health Information disclosed, and (iv) a brief statement of the purpose of the disclosure.
 - (B) For repetitive disclosures (made for a single purpose to the same person or entity, including to Covered Entity: (i) the Disclosure Information specified above for the first of the repetitive accountable disclosures; (ii) the frequency, periodicity, or number of the repetitive accountable disclosures; and (iii) the date of the last of the repetitive accountable disclosures.
- 4.5 **Availability of Disclosure Information.** Business Associate will maintain the Disclosure Information for at least 6 years following the date of the accountable disclosure to which the Disclosure Information relates. Business Associate will make the Disclosure Information available to Covered Entity within thirty (30) calendar days following Covered Entity's request for such Disclosure Information to comply with an individual's request for disclosure accounting. *Covered Entity has up to 60 days to provide accounting to an individual.*
- 4.6 **Restriction Agreements and Confidential Communications.** Covered Entity shall notify Business Associate of any limitations in the notice of privacy practices of Covered Entity under 45 CFR §164.520,

to the extent that such limitation may affect Business Associate's use or disclosure of Protected Health Information. Business Associate will comply with any notice from Covered Entity to (1) restrict use or disclosure of Protected Health Information pursuant to 45 CFR §164.522(a), or (2) provide for confidential communications of Protected Health Information pursuant to 45 CFR §164.522(b), provided that Covered Entity notifies Business Associate in writing of the restriction or confidential communications obligations that Business Associate must follow. Covered Entity will promptly notify Business Associate in writing of the termination of any such restriction or confidential communications requirement and, with respect to termination of any such restriction, instruct Business Associate whether any of the Protected Health Information will remain subject to the terms of the restriction agreement.

V. Breaches and Security Incidents.

5.1 Reporting.

- 5.1.1 **Impermissible Use or Disclosure.** Business Associate will report to Covered Entity any use or disclosure of Protected Health Information not permitted by this Agreement not more than fifteen (15) calendar days after Business Associate discovers such non-permitted use or disclosure.
- 5.1.2 **Breach of Unsecured Protected Health Information.** Business Associate will report to Covered Entity any Breach of Unsecured Protected Health Information impacting the Plan not more than fifteen (15) calendar days after discovery of such Breach. Covered Entity then has sixty (60) days to provide required notifications to individuals if a breach occurred, and, in appropriate cases, to the media and HHS. Business Associate will treat a Breach as being discovered in accordance with 45 CFR §164.410. Business Associate will make the report to Covered Entity's Privacy Officer. If a delay is requested by a law-enforcement official in accordance with 45 CFR §164.412, Business Associate may delay notifying Covered Entity for the applicable time period. Business Associate's report will include at least the following, where absence of any information will not be cause for Business Associate to delay the report:
- (A) Identify the nature of the Breach, which will include a brief description of what happened, including the date of any Breach and the date of the discovery of any Breach;
 - (B) Identify the types of Protected Health Information that were involved in the Breach (e.g., name, Social Security number, date of birth, home address, account number, diagnosis);
 - (C) Identify who made the non-permitted use or disclosure and who received it;
 - (D) Identify what corrective or investigational action Business Associate took or will take to prevent further non-permitted uses or disclosures, to mitigate harmful effects, and to protect against any further Breaches;
 - (E) Identify what steps the individuals who were subject to a Breach should take to protect themselves;
 - (F) Provide such other information, including a written report and risk assessment under 45 CFR §164.402, as Covered Entity may reasonably request.

5.1.3 **Security Incidents.** Business Associate will report to Covered Entity any Security Incident of which Business Associate becomes aware where the Covered Entity may be affected except if any such Security Incident resulted in a disclosure not permitted by this Agreement or Breach of Unsecured Protected Health Information, Business Associate will make the report in accordance with the provisions set forth above.

Although the following technically *are* security incidents, these and other trivial, unsuccessful attempts to bypass BA's or subcontractor's security system need NOT be reported to CE: any unsuccessful attempt to bypass Business Associate's (or a Subcontractor's) security system including, but not limited to, pings, password-based attacks, unsuccessful log-on attempts and other common attacks on Business Associate's (or a Subcontractor's) firewall, as long as such incident does not result in unauthorized use or disclosure of ePHI or significantly compromise Business Associate's (or a Subcontractor's) security safeguards.

5.2 **Mitigation.** Business Associate shall mitigate, to the extent practicable, any harmful effect known to the Business Associate resulting from a use or disclosure in violation of this Agreement.

5.3 **Breach Notification to Third Parties.** Covered Entity is responsible to notify third parties if a breach of Unsecured Protected Health Information occurs. Business Associate will notify Covered Entity as provided above.

VI. Term and Termination.

6.1 **Term.** This Agreement shall be effective as of the Effective Date specified above in the first paragraph, and shall terminate upon termination of the underlying services agreement or Broker of Record letter between Business Associate and plan sponsor of the Covered Entity, subject to the provisions regarding return or destruction of PHI (in section 6.3 below).

6.2 **Right to Terminate for Cause.** If Covered Entity determines that Business Associate has breached a material provision of this Agreement, it may terminate this Agreement if it provides written notice to Business Associate of the alleged breach and gives Business Associate an opportunity to cure the breach. Any such termination will be effective immediately or at such other date specified in Covered Entity's notice of termination. If neither termination nor cure is feasible, Covered Entity shall report the breach to the Secretary of HHS.

6.3 Treatment of Protected Health Information on Termination.

6.3.1 **If Return or Destruction of Covered Entity's Protected Health Information is Feasible.** Upon termination of this Agreement, Business Associate will, if feasible, return to Covered Entity or destroy all Protected Health Information in whatever form or medium, including all copies thereof and all data derived therefrom that allow identification of any individual who is a subject of the Protected Health Information. This provision shall apply to Protected Health Information that is in the possession of any Subcontractors of Business Associate. Further, Business Associate shall require any such Subcontractor to certify to Business Associate that it has returned or destroyed all

such information which could be returned or destroyed. Business Associate will complete these obligations as promptly as possible.

- 6.3.2 Procedure When Return or Destruction Is Not Feasible.** Business Associate will identify any Protected Health Information, including any Protected Health Information that Business Associate has disclosed to Subcontractors, that cannot feasibly be returned to Covered Entity or destroyed and explain why return or destruction is infeasible. Business Associate will require all Subcontractors to return any such Protected Health Information to Business Associate and will limit its further use or disclosure of such information to those purposes that make return or destruction of such information infeasible. Business Associate will complete these obligations as promptly as possible.
- 6.3.3 Continuing Privacy and Security Obligation.** Business Associate's obligation to protect the privacy and safeguard the security of Protected Health Information as specified in this Agreement will be continuous and survive termination or other conclusion of this Agreement.

VII. General Provisions.

- 7.1 Definitions.** All terms that are used but not otherwise defined in this Agreement shall have the meaning specified under HIPAA, including its statute, regulations, and other official government guidance.
- 7.2 Inspection of Internal Practices, Books, and Records.** Business Associate will make its internal practices, books, and records relating to its use and disclosure of PHI and ePHI available to Covered Entity and to HHS to determine compliance with the HIPAA Rules.
- 7.3 Amendment to Agreement.** This Agreement may be amended only by a written instrument signed by the parties, except that if there is a change in applicable law or guidance and the parties have not timely adopted an appropriate amendment, this Agreement shall be amended automatically and deemed to incorporate such new or revised provisions as are necessary to comply with the change in the law or guidance. The parties agree to negotiate in good faith to adopt such amendments as are necessary to comply with changes in the law or guidance.
- 7.4 No Third-Party Beneficiaries.** Nothing in this Agreement shall be construed as creating any rights or benefits to any third parties.
- 7.5 Interpretation.** Any ambiguity in the Agreement shall be resolved to permit Covered Entity and Business Associate to comply with the applicable requirements under the HIPAA Rules.
- 7.6 Indemnification.**

Business Associate agrees to defend, indemnify, and hold harmless Covered Entity, its officers, agents, and employees from and against any and all claims, liabilities, demands, damages, losses, costs, and

expenses (including costs and reasonable attorney's fees) arising from a Breach by Business Associate, its officers, agents or employees, of Business Associate's obligations under this Agreement.

Covered Entity agrees to defend, indemnify, and hold harmless Business Associate, its officers, agents, and employees from and against any and all third-party claims, liabilities, demands, damages, losses, costs, and expenses (including costs and reasonable attorney's fees) arising from a Breach by Covered Entity, its officers, agents or employees, of Covered Entity's obligations under this Agreement.

- 7.7 **Severability.** The invalidity or unenforceability of any provisions of this Agreement shall not affect the validity or enforceability of any other provision of this Agreement, which shall remain in full force and effect.
- 7.8 **Construction and Interpretation.** The section headings contained in this Agreement are for reference purposes only and shall not in any way affect the meaning or interpretation of this Agreement. This Agreement has been negotiated by the parties at arm's-length and each of them has had an opportunity to modify the language of the Agreement. Accordingly, the Agreement shall be treated as having been drafted equally by the parties, and the language shall be construed as a whole and according to its fair meaning. Any presumption or principle that the language is to be construed against any party shall not apply. This Agreement may be executed in counterparts, each of which shall be deemed to be an original, but all of which, taken together, shall constitute one and the same agreement.
- 7.9 **Notices.** All notices and communications required by this Agreement shall be in writing. Such notices and communications shall be given in one of the following forms: (a) by delivery in person, (b) by a nationally-recognized, next-day courier service, (c) by first-class, registered or certified mail, postage prepaid; or (d) by electronic mail to the address that each party specifies in writing.
- 7.10 **Entire Agreement.** This Agreement constitutes the entire agreement between the parties with respect to its subject matter and constitutes and supersedes all prior agreements, representations and understandings of the parties, written or oral, with regard to this same subject matter.

In Witness Whereof, the Parties hereto have duly executed this Agreement as of the Effective Date as defined in the initial paragraph.

Plan Sponsor: Key Largo Fire Rescue and Emergency Medical Services District

Signature: _____

Printed Name _____

Title _____

Date _____

Business Associate: FBMC Benefits Management, Inc.

Signature  _____

Printed Name Richard Farris _____

Title President _____

Date 5/14/2026 _____

10a.



KEY LARGO VOLUNTEER AMBULANCE CORPS, INC.

98600 Overseas Highway Key Largo, Florida 33037 Phone: 305-451-2766 Fax: 305-451-1562

Business Meeting
Date: February 10, 2026

Board members in attendance were Dawn DeBrule, Tina Wyatt, Danny Powers, Tess Marra and Scott Robinson. A quorum was present. Chief Don Bock was also in attendance.

1. Meeting was called to order at 6:02 pm by President Scott Robinson.
2. **Approval of Agenda**
Danny Powers seconded by Tess Marra moved approval of the agenda. Motion carried unanimously.
3. **Announcements**
 - The Chief updated the Board regarding the fire department's actions.
 - Tess Marra reported that two volunteers have now become paid medics.
4. **Public Comment** - No public comment.
5. **Approval of Minutes**
Danny Powers seconded by Dawn DeBrule moved approval of the January 2026 minutes. Motion carried unanimously.
6. **Treasurer's Report**
Dawn DeBrule seconded by Tina Wyatt moved approval of the treasurer's report. Motion carried unanimously.
7. **Committee Reports** - No report.
8. **Legal Report** - No Report
9. **Membership Review** - None
10. **Old Business** – None
11. **New Business**
The Chief updated the Board regarding the latest District actions,
12. **Membership Discussion** - None
13. **Adjournment**
There being no further business, Tina Wyatt seconded by Dawn DeBrule moved adjournment. Motion carried. Meeting adjourned at 6:36 pm.

Kay Cullen
Recording Secretary

Key Largo Volunteer Ambulance Corp Inc.
Treasurer's Report
FEBRUARY 2026

	Billing Account	Corp Account	Building Account	CPR Account	Total
Beginning Balance	\$99,485.71	\$3,268.79	\$40,444.13	\$585.08	\$143,783.71
<u>Revenues</u>					
Interest	58.88	1.25	15.51	0.22	75.86
Medical Fees	33,406.72				33,406.72
Medical Transcripts					0.00
KL Fire Rescue & EMS Reimb	175,328.33				175,328.33
Donations					0.00
Educational Income					0.00
Uncollected Income/Adjustmts *	-76,642.98				-76,642.98
Misc Income- Insurance Refund					0.00
Total Revenues	\$132,150.95	\$1.25	\$15.51	\$0.22	\$132,167.93
<u>Expenditures</u>					
Background Checks	77.99				77.99
Postage	26.52				26.52
Payroll Expenses	113,905.44	11,505.77			125,411.21
Licenses & Permits					0.00
Drug Testing	45.00				45.00
Supplies	223.65				223.65
Bank Service Charges	115.40				115.40
Information Technology	571.35				571.35
Dues & Memberships					0.00
Total Expenditures	\$114,965.35	\$11,505.77	\$0.00	\$0.00	\$126,471.12
Ending Balance	\$116,671.31	-\$8,235.73	\$40,459.64	\$585.30	\$149,480.52
TRANSFERS	0.00	0.00	0.00	0.00	0.00
Vol Reimb paid with Billing Acct	(11,505.77)	11,505.77	0.00	0.00	0.00
Balance before Adjustment	105,165.54	3,270.04	40,459.64	585.30	149,480.52
Adjustment to arrive at Actual *	76,642.98	0.00	0.00	0.00	76,642.98
ACTUAL BALANCE @ MO END	\$181,808.52	\$3,270.04	\$40,459.64	\$585.30	\$226,123.50

76,642.98 *

0.00 Fixed Asset Purchases

0.00 PAYROLL LIAB (FL UNEMPL TAX)

\$76,642.98 *

10b.



KEY LARGO VOLUNTEER AMBULANCE CORPS, INC.

98600 Overseas Highway Key Largo, Florida 33037 Phone: 305-451-2766 Fax: 305-451-1562

Special Meeting
Date: March 18, 2026

Board members in attendance were Dawn DeBrule, Tina Wyatt, Danny Powers, Tess Marra and Scott Robinson. A quorum was present. Chief Don Bock was also in attendance.

1. Meeting was called to order at 6:41 pm by President Scott Robinson.

2. **New Business**

Discussion was held concerning the District's request to approve a contract between the Corps and the District to last until July 1, 2026, since the existing contract had expired. Questions to which there were no available answers were raised. Therefore, the Board decided to request answers from the District Chair, Tony Allen at a time convenient for him to attend. The continuation of this meeting is set for Saturday, March 21st at 2 PM. Adjournment at 7:15 pm by unanimous consent of the Board.

Kay Cullen
Recording Secretary



KEY LARGO VOLUNTEER AMBULANCE CORPS, INC.

98600 Overseas Highway Key Largo, Florida 33037 Phone: 305-451-2766 Fax: 305-451-1562

Special Meeting
Date: March 21, 2026

Board members in attendance were Dawn DeBrule, Tina Wyatt, Danny Powers, Tess Marra and Scott Robinson. A quorum was present. Chief Don Bock and District Chair Tony Allen were also in attendance.

1. Meeting was called to order at 2:04 pm by President Scott Robinson.

2. **New Business**

This is a continuation of the March 18, 2026 meeting wherein discussion was held concerning the District's request to approve a contract between the Corps and the District to last until July 1, 2026, since the existing contract had expired. During the March 18th meeting, questions arose to which answers could not be determined by the Board and it was requested that District Chair Tony Allen be present at this meeting to address such questions.

After Chairman Tony Allen answered questions posed to him by the Board, Dawn DeBrule, seconded by Tina Wyatt, moved approval of the contract. The voice vote is as follows:

Dawn DeBrule	Yes
Tina Wyatt	Yes
Tess Marra	Yes
Danny Powers	Yes
Scott Robinson	yes

3. **Adjournment**

There being no further business, Tina Wyatt seconded by Tess Marra moved adjournment. Motion carried. Meeting adjourned at 2:40 pm.

Kay Cullen
Recording Secretary

Key Largo Volunteer Ambulance Corp Inc.
Treasurer's Report
MARCH 2026

	Billing Account	Corp Account	Building Account	CPR Account	Total
Beginning Balance	\$181,808.52	\$3,270.04	\$40,459.64	\$585.30	\$226,123.50
<u>Revenues</u>					
Interest	80.35	1.39	17.18	0.25	99.17
Medical Fees	33,861.68				33,861.68
Medical Transcripts					0.00
KL Fire Rescue & EMS Reimb	129,229.52				129,229.52
Donations					0.00
Educational Income					0.00
Uncollected Income/Adjustmts *	93,887.46				93,887.46
Misc Income- Insurance Refund					0.00
Total Revenues	\$257,059.01	\$1.39	\$17.18	\$0.25	\$257,077.83
<u>Expenditures</u>					
Background Checks					0.00
Postage					0.00
Payroll Expenses	131,615.59	7,674.68			139,290.27
Licenses & Permits					0.00
Drug Testing					0.00
Supplies	111.60				111.60
Bank Service Charges	115.07				115.07
Information Technology	169.37				169.37
Dues & Memberships					0.00
Total Expenditures	\$132,011.63	\$7,674.68	\$0.00	\$0.00	\$139,686.31
Ending Balance	\$306,855.90	-\$4,403.25	\$40,476.82	\$585.55	\$343,515.02
TRANSFERS	0.00	0.00	0.00	0.00	0.00
Vol Reimb paid with Billing Acct	(7,674.68)	7,674.68	0.00	0.00	0.00
Balance before Adjustment	299,181.22	3,271.43	40,476.82	585.55	343,515.02
Adjustment to arrive at Actual *	-93,898.18	0.00	0.00	0.00	-93,898.18
ACTUAL BALANCE @ MO END	\$205,283.04	\$3,271.43	\$40,476.82	\$585.55	<u>\$249,616.84</u>

-93,887.46 *

0.00 Fixed Asset Purchases

-10.72 PAYROLL LIAB (FL UNEMPL TAX)

-93,898.18 *

10c.

Key Largo Volunteer Ambulance Corp Inc.
Treasurer's Report
APRIL 2026

	Billing Account	Corp Account	Building Account	CPR Account	Total
Beginning Balance	\$205,283.04	\$3,271.43	\$40,476.82	\$585.55	\$249,616.84
<u>Revenues</u>					
Interest	73.60	1.84	16.63	0.24	92.31
Medical Fees	47,229.50				47,229.50
Medical Transcripts		185.00			185.00
KL Fire Rescue & EMS Reimb	135,421.66				135,421.66
Donations					0.00
Educational Income					0.00
Uncollected Income/Adjustmts *	-48,251.62				-48,251.62
Misc Income- Shirt Sales		1,460.00			1,460.00
Total Revenues	\$134,473.14	\$1,646.84	\$16.63	\$0.24	\$136,136.85
<u>Expenditures</u>					
Background Checks					0.00
Postage					0.00
Payroll Expenses	120,474.98	9,909.54			130,384.52
Licenses & Permits					0.00
Training	1,622.25				1,622.25
Supplies	286.47				286.47
Bank Service Charges	115.18				115.18
Information Technology	847.98				847.98
Dues & Memberships					0.00
Total Expenditures	\$123,346.86	\$9,909.54	\$0.00	\$0.00	\$133,256.40
Ending Balance	\$216,409.32	-\$4,991.27	\$40,493.45	\$585.79	\$252,497.29
TRANSFERS	0.00	0.00	0.00	0.00	0.00
Vol Reimb paid with Billing Acct	(9,909.54)	9,909.54	0.00	0.00	0.00
Balance before Adjustment	206,499.78	4,918.27	40,493.45	585.79	252,497.29
Adjustment to arrive at Actual *	48,251.65	0.00	0.00	0.00	48,251.65
ACTUAL BALANCE @ MO END	\$254,751.43	\$4,918.27	\$40,493.45	\$585.79	<u>\$300,748.94</u>

-48,251.62 *

0.00 Fixed Asset Purchases

-0.03 PAYROLL LIAB (FL UNEMPL TAX)

-48,251.65 *

11.

Filters: Incident onset: 4/1/26 to 4/30/26
 Incident status: Locked

Fire Incidents YTD (NERIS)

Fire Incidents by month, category, sub category, station, personnel, and shift

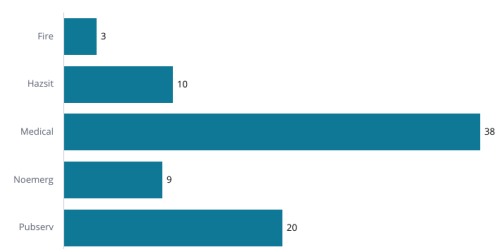
Total Incident Count YTD

Count of Incidents
80

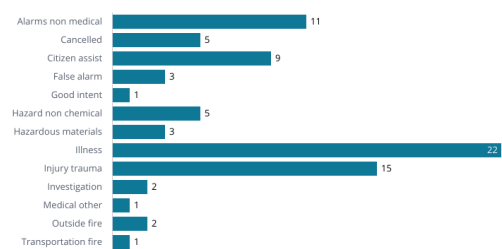
Incident Count by Month



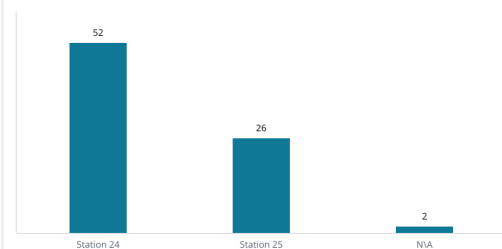
Count of Incidents by Incident Category



Count of Incidents by Incident Type Subcategory



Count of Incidents by Station



Count of Incident Responses by Personnel

Personnel Name	04/2026		%	#
	%	#		
ABILLEIRA, ENRIQUE 406	22.5%	18	22.5%	18
Alvarez, Andres 465	21.3%	17	21.3%	17
BAEZ, MICHAEL 386	13.8%	11	13.8%	11
BOHL, ANDREW 190	17.5%	14	17.5%	14
Belgiovine, Gabriel 464	27.5%	22	27.5%	22
Cabrera, Roldofo 470	5.0%	4	5.0%	4
Diaz, Frank 466	13.8%	11	13.8%	11
FERREIRA, CARLOS 450	26.3%	21	26.3%	21
FISCHMAN, CHRISTOPHER 457	25.0%	20	25.0%	20
GALVIN, BRADLEY 387	21.3%	17	21.3%	17
GARCIA, FERNANDO 197	16.3%	13	16.3%	13
GARCIA, SERGIO 179	6.3%	5	6.3%	5
GARRIDO, DAVID 88	10.0%	8	10.0%	8
GONZALES, MARCOS 413	16.3%	13	16.3%	13
Garcia, Nick R 473	17.5%	14	17.5%	14
Gonzalez, Giuliano 468	6.3%	5	6.3%	5
HANNA, JOSEPH 456	6.3%	5	6.3%	5
HUTTIG, SAMUEL 412	8.8%	7	8.8%	7
JONES, CHRIS 83	1.3%	1	1.3%	1
Lombardo, William (Bill)	3.8%	3	3.8%	3
MIRABELLA, THOMAS 330	33.8%	27	33.8%	27
MUMPER, JASON 271	3.8%	3	3.8%	3
Martinez, Christian 476	2.5%	2	2.5%	2
Moreno, Sebastian 474	1.3%	1	1.3%	1
Mussman, Thomas 475	2.5%	2	2.5%	2
Grand Total	100.0%	80	100.0%	80

1-25 of 29 Results

Count of Incident Responses by Shift

Core shift	04/2026		%	#
	%	#		
AA	30.0%	24	30.0%	24
BB	32.5%	26	32.5%	26
CC	37.5%	30	37.5%	30
Grand Total	100.0%	80	100.0%	80

Count of Incident Responses by Unit

Unit name	04/2026		%	#
	%	#		
AR24	10.0%	8	10.0%	8
E24	71.3%	57	71.3%	57
E25	37.5%	30	37.5%	30
LA25	1.3%	1	1.3%	1
Rescue 23	3.8%	3	3.8%	3
TA24	10.0%	8	10.0%	8
Grand Total	100.0%	80	100.0%	80

Source: Fire Incident (NERIS)
 Filters: Days in Core incident onset date/time: 4/1/26 to 4/30/26
 Incident status: Unsettled
 Days in Incident times dispatch call creation date/time: Include all
 Day: Include all

Fire Incident Count (NERIS)

Count of incidents by month, day, hour of day, station, shift, and unit

Count of Total Incidents

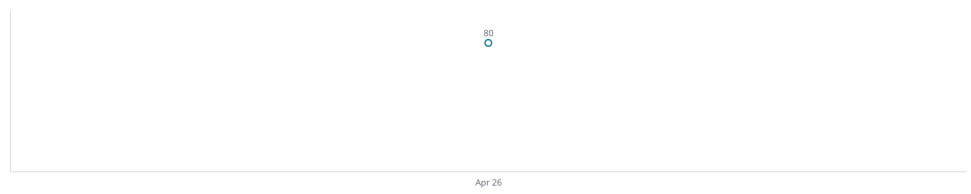
Count of Incidents

80

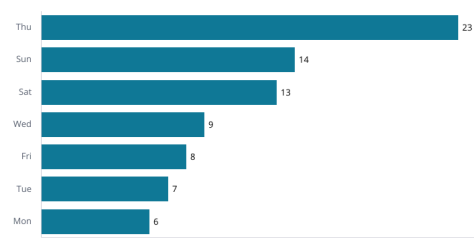
Incident Count By Month (This Year)

Months in Core incident onset date/time	Count of Incidents
04/2026	80
Count of Incidents	80

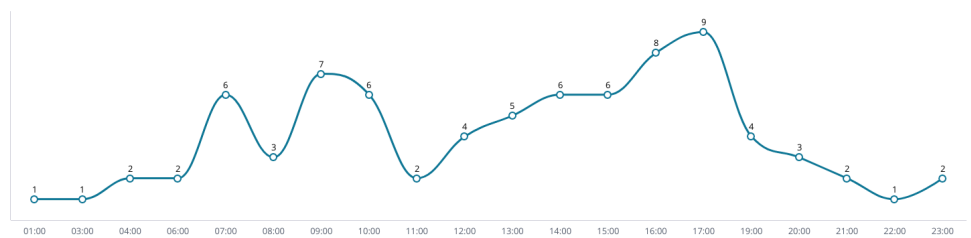
Incident Count By Month (This Year)



Incident Count by Day of Week



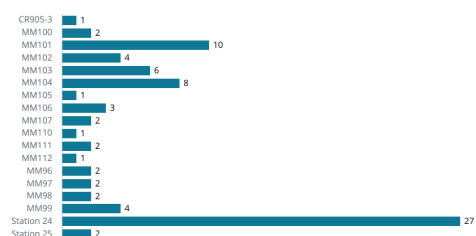
Incident Count by Hour of Day



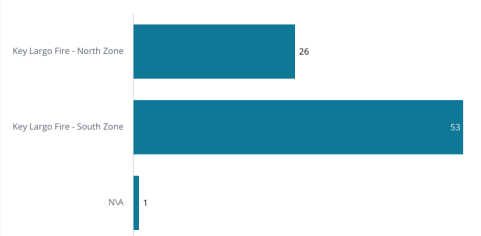
Incidents by Shift



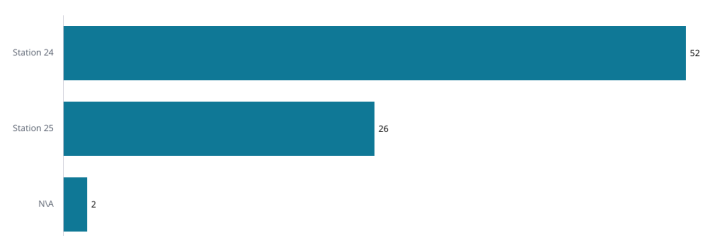
Incidents by Zone



Incidents by District



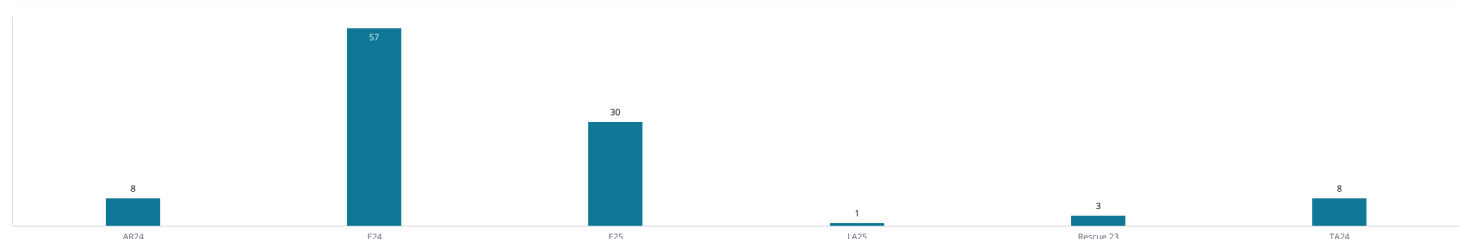
Incidents by Station



Incidents by Battalion



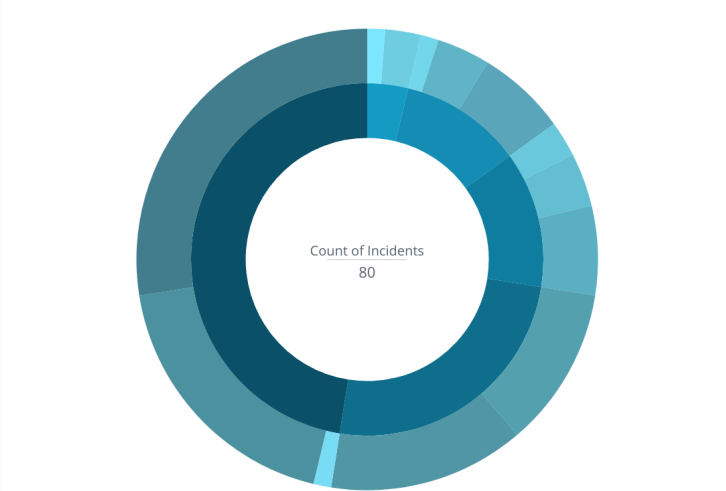
Incident Count by Unit



Count of Incident Responses

Station	Shift	Unit	Incidents	
			2026	
Station 24	AA	AR24	2	
		E24	19	
		E25	1	
		Rescue 23	3	
	BB	TA24	4	
		AR24	5	
		E24	18	
		E25	2	
CC	TA24	4		
	E24	15		
	E25	1		
	LA25	1		
Station 25	AA	E25	4	
		E24	1	
	BB	E25	7	
		CC	AR24	1
			E24	2
N/A	AA	E24	1	
		E25	15	
BB	E24	1		

Percent of Incident Responses by Incident Type



13.

District Manager Report

For May 18, 2026

1. **Fire/EMS Chief Hiring Process:** The Fire-EMS/District Manager hiring process is progressing well. The virtual interviews were completed on May 12. I am requesting we schedule a special meeting on either May 27 or June 3 for the Board to interview the top scoring candidates and select a new Fire-EMS Chief. Pending legal direction, it is my understanding that full Board interviews and the hiring decision by the Board must be done in the legal “sunshine”. Accordingly, I am requesting approval to schedule and advertise for one of the dates listed herein.
2. **Land Acquisition Committee:** I am seeking approval to establish a land acquisition committee to research potential land options for a fourth station in the area of MM 103. While this is still very speculative, there are several homes and businesses in this area that are impacted negatively due to their distance from a fire station. According to the Insurance Services Office (ISO) these properties receive the best possible insurance costs (based upon our ISO rating) if (among other things) they are located within 5 road miles of a fire station. Conceptually, this station could serve as a District headquarters. If the Board is agreeable to the idea, it could be built as a public safety facility with fire and ambulances along with potential space and offices for other public safety agencies such as MCSO, FHP, State Park Rangers, and/or FWC.
3. **Benefits Agreement:** The draft employee benefits agreement is included as part of my report and is listed on the agenda for discussion/approval. This agreement is very similar to the current language in the agreements the Board currently has with the KLVAC and the KLVFD. The benefits have been merged into one document. However, there are some changes the personnel are asking the Board to consider. The proposed changes include: the inclusion of the verified years of service, a sick leave policy that mirrors the MCFD policy, a vacation leave policy that mirrors MCFD and eliminates the “use it or lose it” policy, the District’s step plan, supplemental compensation from the State of Florida on college degrees, and language on the Family Medical Leave Act (FMLA). This document should be adopted prior to July 1; therefore, I am requesting your review and direction so that changes can be made prior to placing this on the agenda for discussion/approval, along with a resolution, at the first meeting in June.
4. **Implementation Status:** On June 13, 2026 we discussed with legal the final phases and items that need to be completed prior to full “merger” implementation. The following items remain to be completed and implemented prior to July 1:
 - a. **Ambulance Billing:** The total cost of an ambulance billing service is based on the number of calls and percentage of amount collected, but it is estimated to be under \$15,000; therefore, a formal bidding process is not required. Nonetheless, we have obtained quotes from four ambulance billing services. The billing company that is currently being used by the Ambulance Corps is PPS Billing. PPS has provided billing for

the Ambulance Corps for several years and is currently providing their services for Marathon and Islamorada as well. They work well with our personnel and know our system. They also assist in finding missing information on reports, which allows for a better return to the agency. Additionally, they were extremely helpful in setting up the District National Provider Identifier so we can receive funds from Medicare and Medicaid billing. Below are the quoted fees from various billing companies, the percentage listed is a percent of the amount collected:

- i. 247 medical billing services: 5.5%
- ii. Swift Medical Billing: 7.5% to 8% depending on revenue
- iii. Resilient Medical Billing Services: 3.5% up to 6.99% depending on the monthly amount of collections potential and pending accounts receivable collections
- iv. PPS Billing: 6.5%

While some of the quotes from other billing services are less, given the level of customer service and familiarity with our system, I recommend we continue with PPS Billing. Their history with Key Largo is notable, and their customer service is outstanding. Additionally, keeping the same billing company will allow for a smoother transition of billing and collections from the KLVAC to the District. As a reminder, PPS Billing reduced their fee for services from 8.65% to 6.5%.

I am requesting you authorize me to enter into a contractual agreement with PPS Billing (with assistance from Legal) to provide ambulance billing for the District.

- b. **Organizational Policies:** The following policies have been completed or adopted by the Board with the remaining items to be completed:
 - i. Fair Labor Standards Act 7(k) exemption pay cycle adoption: adopted as part of the pay scale resolution at the May 4, 2026 meeting and detailed in the Benefits agreement presented to the Board at this meeting.
 - ii. Obtaining workers compensation and general insurance: Documents have been signed and we are awaiting the binding coverage documents from our agent.
 - iii. Health, vision, dental and disability insurance: Aetna (health), Humana (dental and vision), and The Standard (disability) have confirmed with us that the merger of all employee benefits from the KLVFD and the KLVAC is possible prior to July 1. However, we are still working on piggyback bidding for Insurance Brokerage services.
- c. **Hiring District Employees:** In accordance with the approved resolution on employee pay, specifically *Article 6 – Transition and Step Placement*, step placement for the majority of future District employees has been determined. In accordance with the adopted policy, I am making final step placement decisions and will present a spreadsheet to the Board for your review prior to the July 1, 2026 effective date.

5. **Vessel Grant Invitation to Bid Update:** The Invitation to Bid for the vessel has been posted on Demand Star. The closing date for the bids is May 28, 2026 at 2:00 PM. We plan to present the recommended bid award to the District Commission at the June 8, 2026 meeting.
6. **Stryker Medical Equipment:** As directed at the last meeting, we have completed the inventory of all current Stryker Equipment. As a reminder, Stryker currently provides our heart monitors, stretchers/power loads, stair chairs, and LUCAS chest compression systems. I hope to have a proposal for the Board to consider at the June 8 meeting. This does not need to be completed prior to July 1; however, if there is interest in upgrading and replacing all (or some) of our medical equipment, we will seek direction on adding this to the proposed budget.
7. **Station 23 Disposition Update:** A letter requesting the Key Largo Ambulance Corps (KLVAC) intentions with Station 23 was emailed to all KLVAC Board members on May 6, 2026.
8. **EMS Ambulances Update:** The Horton ambulances have officially been cancelled. At the direction of the Board, an ambulance committee has been created to research, plan, and seek approval for two new ambulances.

On a related note, Jennifer Johnson, BC Jones, and I have been in communication with Community Leasing to determine the most cost-effective way to proceed with the leases on the ambulances.