



Marion County Hospital District Board of Trustees Meeting

2547 E. Silver Springs Blvd., Ocala, FL 34470

Date: September 28, 2026

Time: 5:00 PM

Mission Statement

We are committed to improving health outcomes for all residents of Marion County by enhancing access to care, expanding local capacity, and advancing innovations in health resources, prevention, and treatment.

Vision Statement

A future where Marion County's expanded health system, innovative education, and community partnerships ensure that every resident has the resources, knowledge, and access to live not only longer lives, but healthier, more vibrant ones.





**September 28, 2026
at 5:00 PM**

**Board of Trustees Meeting Agenda
Rusty Branson, Chairman**

1. Call to Order, Roll Call, Agenda, and Invocation

2. Public Comments

If you wish to address the board regarding any of the items on the agenda, you may do so when the Chairman opens the floor to public comment. Public comments will be limited to 3 minutes per speaker.

3. Approval of MCHD Previous Minutes

- August 31, 2026, Board Meeting.... Pages 3-6
- August 31, 2026, Alternative Investment Workshop.... Page 7

4. New Business

- **CEO Update....** Pages 8-9
- **Investments**
 - Wilshire Overview Pages 10-29
 - RFP 26-002: Alternative Investment Management Commonfund..... Pages 30
- **Operations**
 - Low Income Pool Funding SMA---Needs Approval.... Page 31
 - Finance Policy Update---Needs Approval..... Page 32
 - RFQ for Banking Services--Needs Approval.....Pages 33-41
 - RFQ for Buildout---Needs Approval..... Pages 42-56
 -
- **Strategic Initiatives**
 - AMP Recognition Event, October 15, 2026..... Page 57
 - Performance Measures FY2026-2027---Needs Approval..... Pages 58-78
 - CHP
 - FANS
 - AMP
 - First Rescue Alliance
 - Beacon Point
 - Health Projects
 - In-Kind
 - Match
 - Alzheimer's Study---Discussion..... Pages 79-81
- **Finance**
 - August 2026 Financials —Needs Approval..... Pages 82-95
 - Fiscal Year Budget 2026-2027—Needs Approval.....Pages 96

5. Old Business

6. Open Discussion

7. Adjournment



August 31, 2026
MCHD Board Minutes
Rusty Branson, Chairman

Call to Order

The Marion County Hospital District Board of Trustees regular monthly meeting was called to order by Rusty Branson on August 31, 2026, with a quorum present at 5:00 PM at 2547 E. Silver Springs Blvd. Ocala, FL.

5:00 PM Roll Call

Upon roll call the following Board Members were present in the office: Teresa Stephens, Rusty Branson, Ken Kirkpatrick, Loretha Tolbert-Rich, Harvey Vandeven, Stephanie Harrell

Absent

Mark Ortolani

Other Present in Office

Curt Bromund, Debra Velez, Matt White, Jessica Cole, Crystal Pfriendler, Brandi Glover, Kimberly Glancy, Kenneth (Mac) Mackay, Nathan Howes, Jadon Milton, Rich Bianculli, Brandon Richter, Sarah Ostreicher, Jessie Driggers, Dr. Danielle Brewer, Kristi Dixon, Christopher Roy, Charity Corneliussen, Nicole Shaffer, Dr. Jennifer Bizon, Dr. Ramon Sun, Katie Stewart, Bruce Ackerman

Invocation

The meeting opened with invocation by Matt White.

Public Comment (3 Minutes)

None.

ADOPTION OF PREVIOUS MINUTES

The MCHD July 27, 2026, Board Meeting Minutes were presented for approval. Teresa Stephens made a motion, seconded by Stephanie Harrell to adopt the previous minutes. With no further discussion or objections, the motion was unanimously approved.

The August 18, 2026, Strategic Planning Meeting Minutes were presented for approval. Loretha Tolbert-Rich made a motion, seconded by Teresa Stephens to adopt the previous minutes. With no further discussion or objections, the motion was unanimously approved.



New Business

CEO Update

FANS Presentation – Jessica Cole provided an overview of the FANS program and introduced the FANS staff. Dr. Danielle Brewer, Superintendent of Marion County Public Schools, spoke about the program and expressed appreciation to the Marion County Hospital District for its partnership and support.

UF McKnight Brain Institute Presentation – Trustees requested that representatives from the McKnight Brain Institute attend the Board meeting to provide information regarding their Alzheimer’s clinical study. Dr. Jennifer Bizon and Dr. Ramon Sun presented an overview of the study, including its potential significance and impact on the citizens of Marion County. The presenters also responded to questions from the Trustees regarding the study.

INVESTMENT REPORT

New Business

Teresa Stephens opened the Investment Report.

Wilshire Overview – Jadon Milton provided Wilshire’s investment overview.

RFP 26-002: Alternative Investment Management Services – Following the August 31, 2026, RFP 26-002 workshop, during which oral presentations were provided by GCM Grosvenor, Commonfund, and Aksia, the trustees discussed the OCIO firms with Nathan Howes and Jadon Milton, including each firm’s qualifications and potential fit with MCHD’s needs. After discussion and consideration of the presentations, the trustees recommended moving forward with Commonfund as the OCIO provider for MCHD.

Teresa Stephens made a motion, seconded by Loretha Tolbert-Rich, to close out RFP 26-002 and move forward with Commonfund. With no further discussion or objections, the motion was unanimously approved.

Old Business

None.



OPERATIONS REPORT

Rusty Branson opened the Operations Report.

New Business

Balanced Scorecard Update Q3 – Crystal reviewed the Quarter 3 Balanced Scorecard update included in the board packet.

Resolution of Termination of Automobile Agreement with SMA – Kenneth (Mac) McKay discussed the proposed transfer of ownership to SMA of the vehicle leased by the Marion County Hospital District in 2023, which is now inoperable.

Teresa Stephens made a motion, seconded by Stephanie Harrell, to approve the transfer of title for the vehicle leased to SMA by the Marion County Hospital District to SMA. With no further discussion or objections, the motion was unanimously approved.

Legal:

Case Update – Kenneth (Mac) Mackay provided an update on two pending cases involving AdventHealth in which MCHD has been named as a party due to the Hospital District's ownership of the property.

Old Business

None.

STRATEGIC INITIATIVES REPORT

Stephanie Harrell opened the Strategic Initiatives Report.

New Business

Recovery Festival September 12, 2026 – The Recovery Festival will take place on September 12, 2026, at Tuscahill Park.

CHP Recognition Banquet September 10, 2026 – The CHP Recognition Banquet is being held on September 10, 2026, at 5:30 PM at the Mary Sue Rich Community Center.

FANS Garden Planting Dates – FANS Garden planting dates were provided in the board packet for any trustees who would like to attend a planting.



Quarterly Updates: Quarter 3 – Beacon Point, Health Projects, Match – The Quarter 3 updates for Beacon Point, Health Projects, and Match were provided for review in the board packet.

Old Business

None.

FINANCE REPORT

July 2026 Financials – Matt White reviewed the July 2026 financial statements, as presented in the board packet.

Harvey Vandeven made a motion, seconded by Teresa Stephens to approve the July 2026 financials. With no further discussion or objections, the motion was unanimously approved.

FANS Budget – Matt White shared that the fiscal year 26/27 budget for FANS was included in the board packet for review.

Teresa Stephens made a motion, seconded by Stephanie Harrell to approve the Fiscal Year 26/27 FANS Budget. With no further discussion or objections, the motion was unanimously approved.

Health Projects Budget – Matt White shared that the fiscal year 26/27 budget for Health Projects was included in the board packet for review.

Teresa Stephens made a motion, seconded by Stephanie Harrell to approve the Fiscal Year 26/27 Health Projects Budget. With no further discussion or objections, the motion was unanimously approved.

Beacon Point – Matt White shared that the fiscal year 26/27 budget for and Beacon Point was included in the board packet for review.

Teresa Stephens made a motion, seconded by Stephanie Harrell to approve the Fiscal Year 26/27 Beacon Point Budget. With no further discussion or objections, the motion was unanimously approved.

Old Business

None.

Rusty Branson adjourned the meeting at 6:39 PM.



**August 31, 2026
RFP 26-002 Workshop
Rusty Branson, Chairman**

Call to Order

The Marion County Hospital District RFP 26-002 Workshop was called to order by Rusty Branson on August 31, 2026, with a quorum present at 3:00 PM at 2547 E. Silver Springs Blvd. Ocala, FL.

3:00 PM Roll Call

Upon roll call the following Board Members were present in the office: Teresa Stephens, Rusty Branson, Loretha Tolbert-Rich, Harvey Vandeven, Ken Kirkpatrick

Absent

Stephanie Harrell, Mark Ortolani

Other Present in Office

Curt Bromund, Debra Velez, Matt White, Jessica Cole, Crystal Pfriender, Kimberly Glancy, Kenneth (Mac) MacKay, Nathan Howes, Jadon Milton, Mark Roman, Andy Prada, Nicole Ruff, Kyle Brennan, Brian Cahen, Julia Mord

Invocation

The meeting opened with invocation by Matt White.

Public Comment (3 Minutes)

None.

RFP Workshop

Nathan Howes of Wilshire introduced the OCIO representatives. Representatives from GCM Grosvenor, Commonfund, and Aksia provided overviews of their respective services and outlined what they could offer the Marion County Hospital District.

No formal actions were taken during this workshop.

Rusty Branson adjourned the meeting at 4:55 PM.

CEO Update September 28, 2026

9th Annual Recovery Festival

September is National Recovery Month, a time dedicated to celebrating individuals in recovery and increasing awareness that recovery is possible. In recognition of National Recovery Month, the 9th Annual Recovery Festival was held on September 12 from 10:00 a.m. to 3:00 p.m. at Tuscawilla Park, with more than 1,100 people in attendance.

MCHD continues to play an important role in supporting the Recovery Festival and recovery efforts throughout Marion County. All of our Beacon Point providers participated in this year's event, providing an opportunity for attendees to learn about treatment, recovery supports, and other resources available in our community.

Each year, the festival also recognizes a Recovery Champion in honor of the late Chief Graham, celebrating an individual who has made a meaningful contribution to recovery in our community. Debra assisted with announcing and recognizing this year's Recovery Champion during the event.



CHP Recognition Event

MCHD held its Community Home Project (CHP) Recognition Event on September 10, 2026, at 5:30 p.m. at the Howard Academy Community Center. The event provided an opportunity to celebrate the accomplishments of CHP participants and recognize the impact the program continues to have in our community. One of the most meaningful parts of the evening was hearing directly from individuals who shared personal testimonials about how CHP has changed their lives. Their stories highlighted the importance of the support, resources, relationships, and encouragement provided through the program.

Awards were presented to recognize participants for their achievements and milestones. The evening was a great reflection of what CHP was created to accomplish—helping individuals and families improve their health and wellness, become more self-sufficient, and connect with resources that can help them continue moving forward. The event also provided an opportunity to celebrate the continued growth and impact of CHP and the work our staff is doing in the community.

Collaborator of the month: Lotus Project

The Lotus Project was recognized as Collaborator of the Month for its work providing domestic violence and sexual assault services in Marion County.

Lotus Project assumed responsibility for these services on July 1, 2026, and MCHD has played an important role in supporting the transition and continued availability of services. MCHD wrote the state appropriation request on behalf of the community and manages the appropriation funding awarded to support domestic violence and sexual assault services in Marion County. In addition to funding support, MCHD provides Lotus Project with space at Beacon Point at no cost to provide domestic violence and sexual assault outreach services. This gives Lotus a presence within the Beacon Point campus and helps connect individuals with services in a setting where other behavioral health and community resources are already available.

YouTube video: <https://youtu.be/zNHC2wkNMLI?si=8S3XPk89U-9BEtGC>

Wilshire



Marion County Hospital District

Aug-2026

Monthly Investment Report

Executive Performance Summary

Wilshire

Total Fund Performance

	Since Inception ¹ (%)	3 Years (%)	1 Year (%)	YTD (%)
Total Fund	10.96	10.09	9.12	5.55
<i>CPI + 4%</i>	<i>6.95</i>	<i>6.55</i>	<i>6.82</i>	<i>5.45</i>
<i>Policy Benchmark</i>	<i>12.19</i>	<i>11.31</i>	<i>11.35</i>	<i>7.02</i>

Active Management Quartile Rank

Asset Class	3 Years	1 Year
U.S. Equity	3 rd	3 rd
Non-U.S. Equity ²	-	3 rd
Fixed Income	3 rd	3 rd
Public Real Assets	-	1 st

¹Since Inception date is October 1, 2022, due to a lack of aggregated portfolio return data prior to Wilshire's engagement.

²There are no actively-managed Non-U.S. Equity strategies with three years of performance data.

³As of 6/30/2026

⁴As of 6/30/2025

Asset Class Performance

Composite	Since Inception (%)	3 Years (%)	1 Year (%)	YTD (%)
U.S. Equity	20.79	18.83	18.50	12.85
Non-U.S. Equity	19.81	16.77	20.32	13.07
Private Equity	0.01	-0.49	3.00	0.96
Private Credit	4.78	-	5.93	2.43
Directional Marketable Alts.	2.82	-	1.20	-0.23
Fixed Income	4.14	4.19	1.72	-0.29
Public Real Assets	12.07	-	19.76	16.61
Diversifying Marketable Alts.	6.22	-	7.65	4.66

Total Fund Snapshot

	Expected Return ³ (%)	Annual Manager Fee ⁴ (%)	Liquidity Profile (Normal / Crisis)
Total Fund	6.91	1.23	69% / 33%
Cresset	-	1.37	-
Graystone	-	1.45	-

August 2026

Market Commentary

U.S. Economy and Markets

- The broad U.S. equity market was up in August as the Wilshire 5000 IndexSM returned 2.69%, with a return of 20.12% for the past 12 months.
- Large-cap stocks outperformed their small-cap counterparts for the month, with the Wilshire Large Cap IndexSM and the Wilshire Small Cap IndexSM returning 2.79% and 1.12%, respectively.
- Performance across GICS sectors was mixed during August. Energy was the best performing sector for the second straight month, while utilities and industrials were the main laggards.

International Economy and Markets

- Developed international equity markets, as measured by the MSCI EAFE Index, returned 1.99% this month. The MSCI Emerging Markets Index produced a gain in August, up 3.37%.
- The U.S. dollar weakened versus advanced foreign economies during the month, resulting in the developed markets' local currency return being lower than those converted back to dollars.

Fixed Income & Real Assets

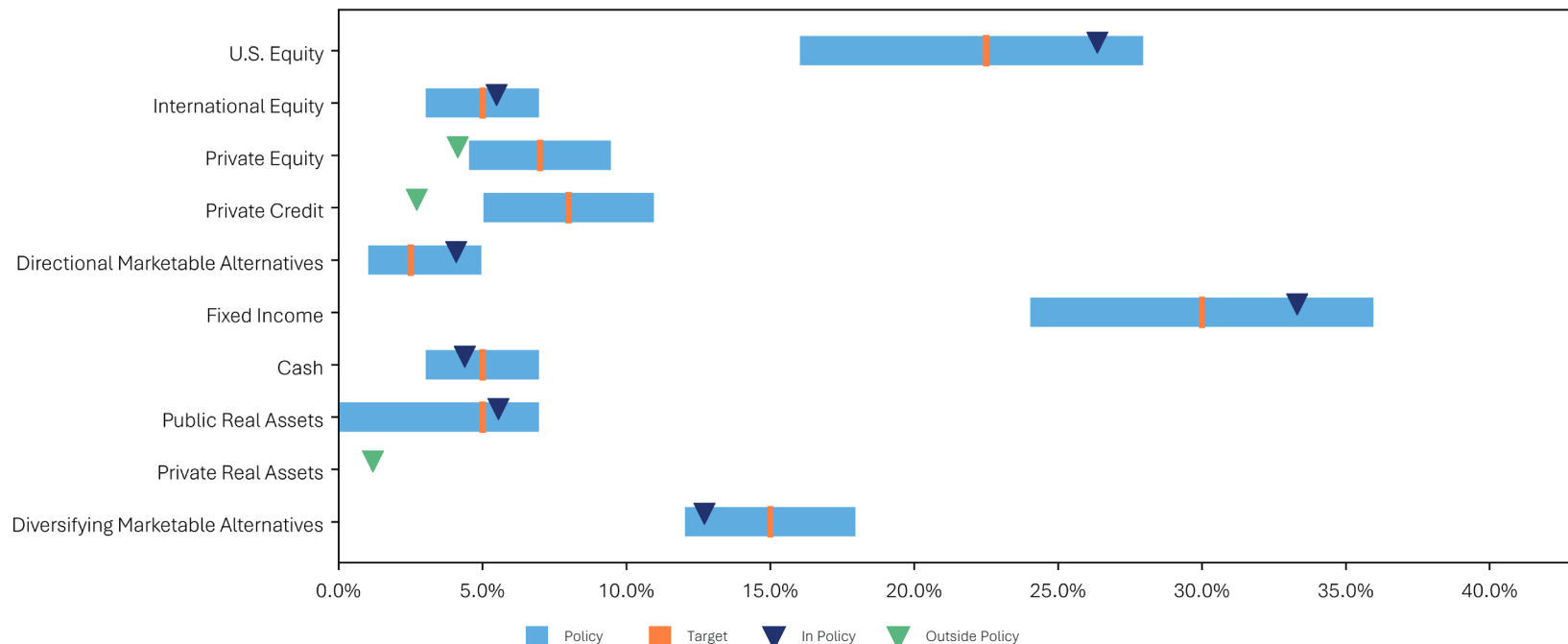
- Core bonds posted a gain of 0.39% in August as the 10-year U.S. Treasury yield rose by just 1 basis point.
- High yield corporate bonds were up 0.97% as credit spreads were down for the month, by 18 basis points in the high yield market. Leveraged loans were up for the month at 0.93%, similar to the longer-duration high yield bonds.
- Listed real estate markets were down in August with the Wilshire Global Real Estate Securities IndexSM returning -2.18% and the FTSE Global Core Infrastructure Index down -1.74%.
- Commodities, as measured by the Bloomberg Commodity Index, were positive at 7.39% in August.

Monthly Index Performance - August 31, 2026

		Performance (%)					
	Month	QTD	CYTD	1Yr	3Yr	5Yr	10Yr
U.S. Equity							
Wilshire 5000 Total Market Index	2.69	2.17	13.45	20.12	20.63	11.95	14.98
S&P 500 Index	2.72	2.66	13.14	20.38	21.04	12.79	15.37
Wilshire 4500 Completion Index	1.80	-0.16	16.96	18.94	18.60	7.39	12.55
MSCI USA Minimum Volatility Index	3.70	5.29	8.65	9.57	12.49	7.29	10.33
U.S. Equity by Size/Style							
Wilshire U.S. Large-Cap Index	2.79	2.44	12.92	19.72	20.91	12.35	15.49
Wilshire U.S. Large-Cap Growth Index	2.85	2.66	9.97	16.66	22.55	13.10	17.95
Wilshire U.S. Large-Cap Value Index	2.48	1.91	15.46	20.61	17.59	10.70	12.02
Wilshire U.S. Small-Cap Index	1.12	-1.71	21.26	25.53	16.86	7.48	10.76
Wilshire U.S. Small-Cap Growth Index	1.90	-2.87	23.28	25.99	16.50	6.59	11.50
Wilshire U.S. Small-Cap Value Index	0.21	-0.33	19.39	25.33	17.31	8.50	9.80
Wilshire U.S. Micro-Cap Index	5.23	-4.46	18.52	34.55	19.88	3.22	8.73
Non-U.S. Equity (USD)							
MSCI AC World ex USA (Net)	2.57	2.92	17.01	27.35	20.22	9.37	9.64
MSCI ACWI ex USA Minimum Volatility Index (Net)	0.97	5.01	7.47	10.78	13.20	6.03	6.58
MSCI EAFE (Net)	1.99	3.99	13.81	21.62	18.25	9.35	9.54
MSCI Emerging Markets (Net)	3.37	0.19	24.08	39.25	23.23	8.18	9.29
MSCI AC World ex USA Small Cap (Net)	5.97	4.98	14.52	20.45	17.48	6.68	9.06
U.S. Fixed Income & Real Assets							
Blmbg. U.S. Aggregate Index	0.39	-0.92	-0.31	1.89	4.08	-0.29	1.40
Blmbg. U.S. Treasury: Long	0.84	-3.20	-2.77	0.18	0.13	-6.85	-1.78
Blmbg. U.S. Long Corporate Index	0.82	-3.15	-2.10	0.89	3.67	-3.26	1.51
Blmbg. U.S. TIPS Index	0.04	-0.64	0.51	1.08	4.03	0.39	2.47
Blmbg. U.S. Credit Index	0.43	-1.18	-0.34	1.98	4.92	-0.07	2.21
Blmbg. U.S. Corp: High Yield Index	0.97	0.72	2.69	4.88	8.52	4.13	5.39
Morningstar LSTA U.S. Leveraged Loan	0.93	1.74	3.07	4.79	7.29	6.28	5.45
Wilshire Global Real Estate Securities Index	-2.18	0.53	7.85	6.79	9.75	2.29	4.73
FTSE Global Core Infrastructure 50/50 Index	-1.74	-1.19	9.79	13.12	14.02	7.49	8.25
Bloomberg Commodity Index Total Return	7.39	15.48	32.06	42.79	15.13	12.22	8.12

As of August 31, 2026

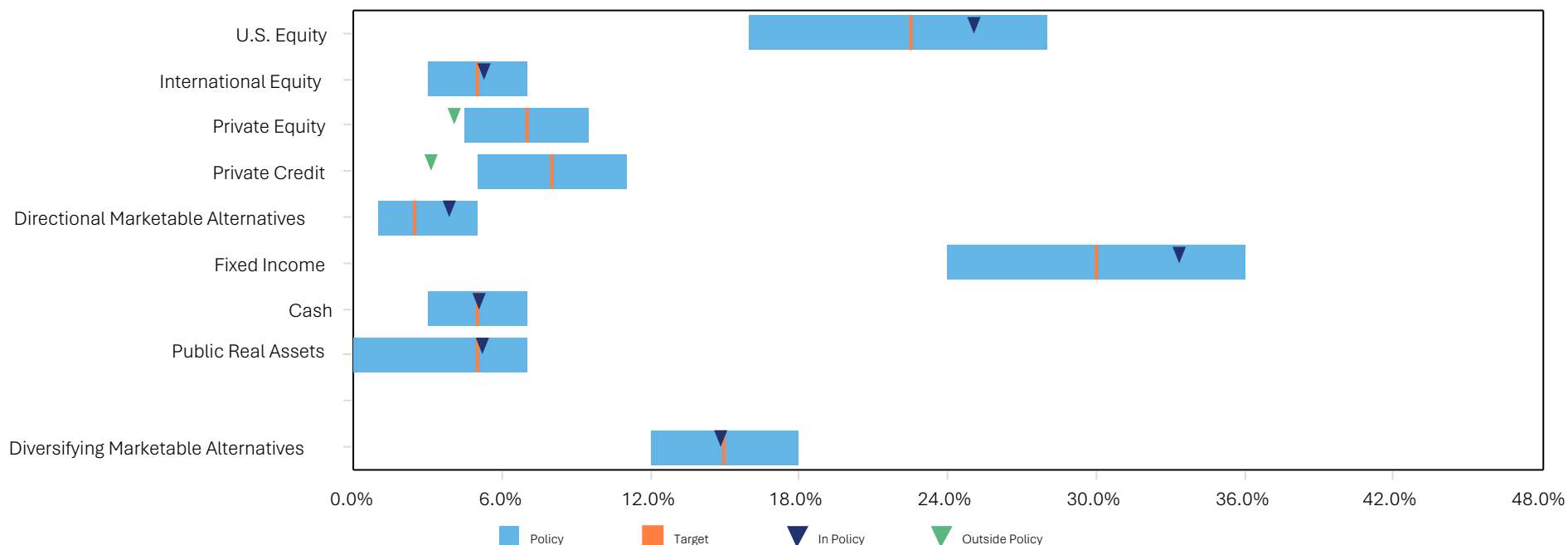
Total Fund Asset Allocation & Compliance



	Asset Allocation \$	Asset Allocation (%)	Minimum Allocation (%)	Maximum Allocation (%)	Target Allocation (%)	Target Rebalance \$
Total Fund	338,529,259	100.0			100.0	
U.S. Equity	89,268,611	26.4	16.0	28.0	22.5	-13,099,528
International Equity	18,601,546	5.5	3.0	7.0	5.0	-1,675,083
Private Equity	14,036,140	4.1	4.5	9.5	7.0	9,660,908
Private Credit	9,210,922	2.7	5.0	11.0	8.0	17,871,419
Directional Marketable Alternatives	13,848,445	4.1	1.0	5.0	2.5	-5,385,214
Core Fixed Income	112,777,790	33.3	24.0	36.0	30.0	-11,219,012
Cash	14,859,191	4.4	3.0	7.0	5.0	2,067,272
Public Real Assets	18,821,869	5.6	0.0	7.0	5.0	-1,895,406
Private Real Assets	4,055,895	1.2	0.0	0.0	0.0	-4,055,895
Diversifying Marketable Alternatives	43,048,850	12.7	12.0	18.0	15.0	7,730,539

Total Fund - Cresset

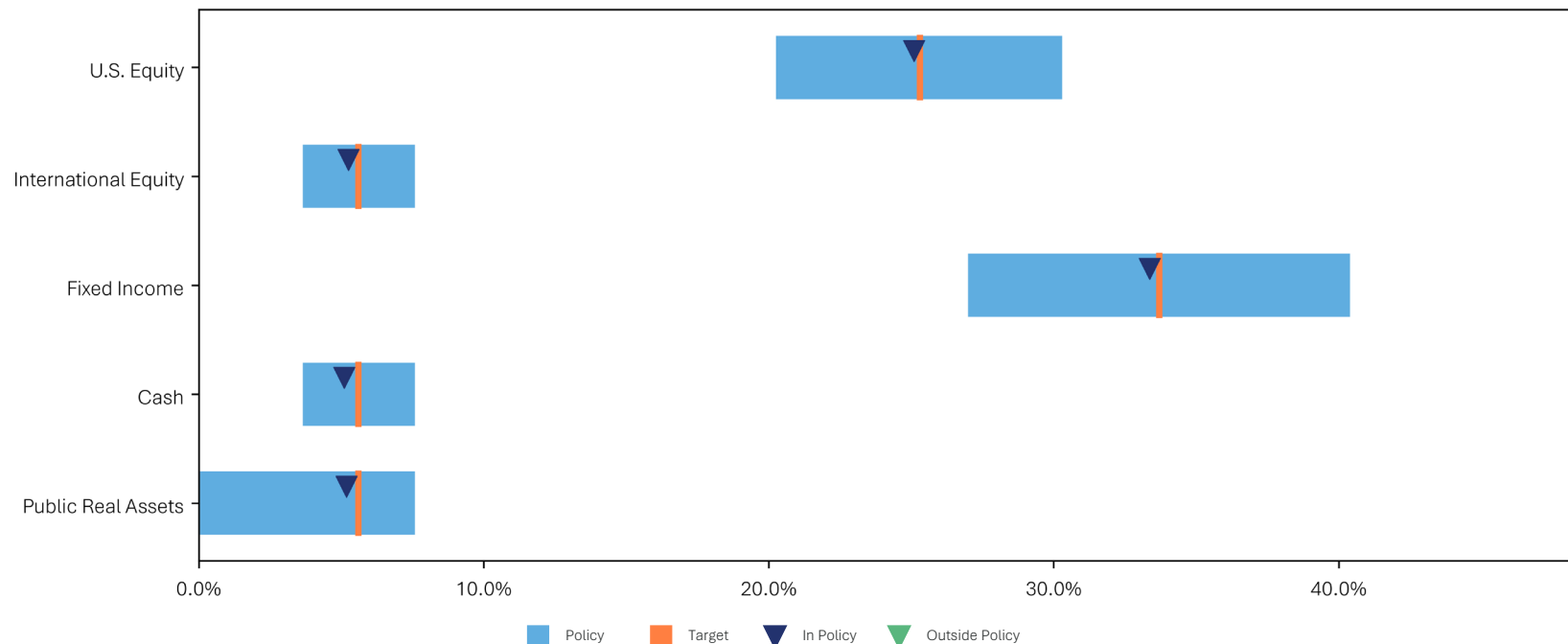
Asset Allocation vs. Policy



	Asset Allocation \$	Asset Allocation (%)	Minimum Allocation (%)	Maximum Allocation (%)	Target Allocation (%)	Target Rebalance \$
Total Fund - Cresset	165,496,592	100.0			100.0	
U.S. Equity	41,543,344	25.1	16.0	28.0	22.5	-4,306,611
International Equity	8,698,349	5.3	3.0	7.0	5.0	-423,519
Private Equity	6,790,394	4.1	4.5	9.5	7.0	4,794,367
Private Credit	5,220,221	3.2	5.0	11.0	8.0	8,019,506
Directional Marketable Alternatives	6,412,825	3.9	1.0	5.0	2.5	-2,275,410
Fixed Income	55,224,788	33.4	24.0	36.0	30.0	-5,575,810
Cash	8,450,720	5.1	3.0	7.0	5.0	-175,890
Public Real Assets	8,583,627	5.2	0.0	7.0	5.0	-308,797
Diversifying Marketable Alternatives	24,572,324	14.8	12.0	18.0	15.0	252,165

As of August 31, 2026

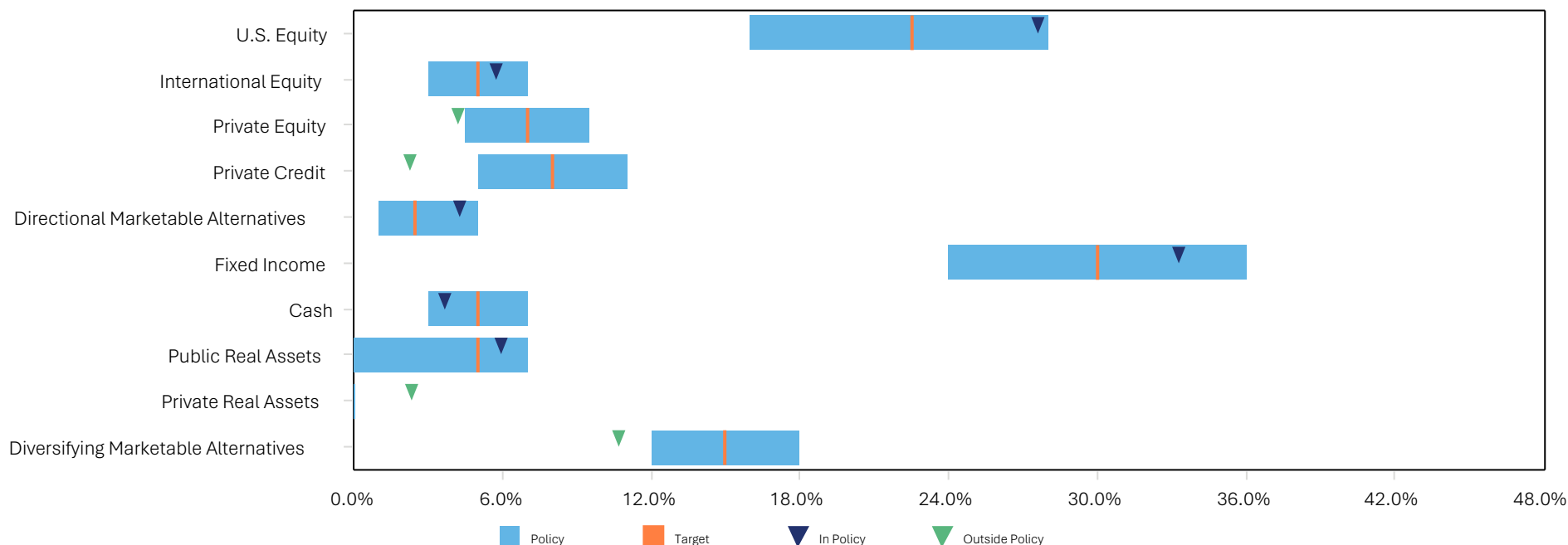
Cresset – Traditional Asset Allocation & Compliance



	Asset Allocation \$	Asset Allocation (%)	Minimum Allocation (%)	Maximum Allocation (%)	Target Allocation (%)	Target Rebalance \$
Total Fund	165,496,592	100.0			75.8	
U.S. Equity	41,543,344	25.1	20.2	30.3	25.3	327,294
International Equity	8,698,349	5.3	3.6	7.6	5.6	569,461
Core Fixed Income	55,224,788	33.4	27.0	40.4	33.7	547,563
Cash	8,450,720	5.1	3.6	7.6	5.6	817,089
Public Real Assets	8,583,627	5.2	0.0	7.6	5.6	684,182

Total Fund - Graystone

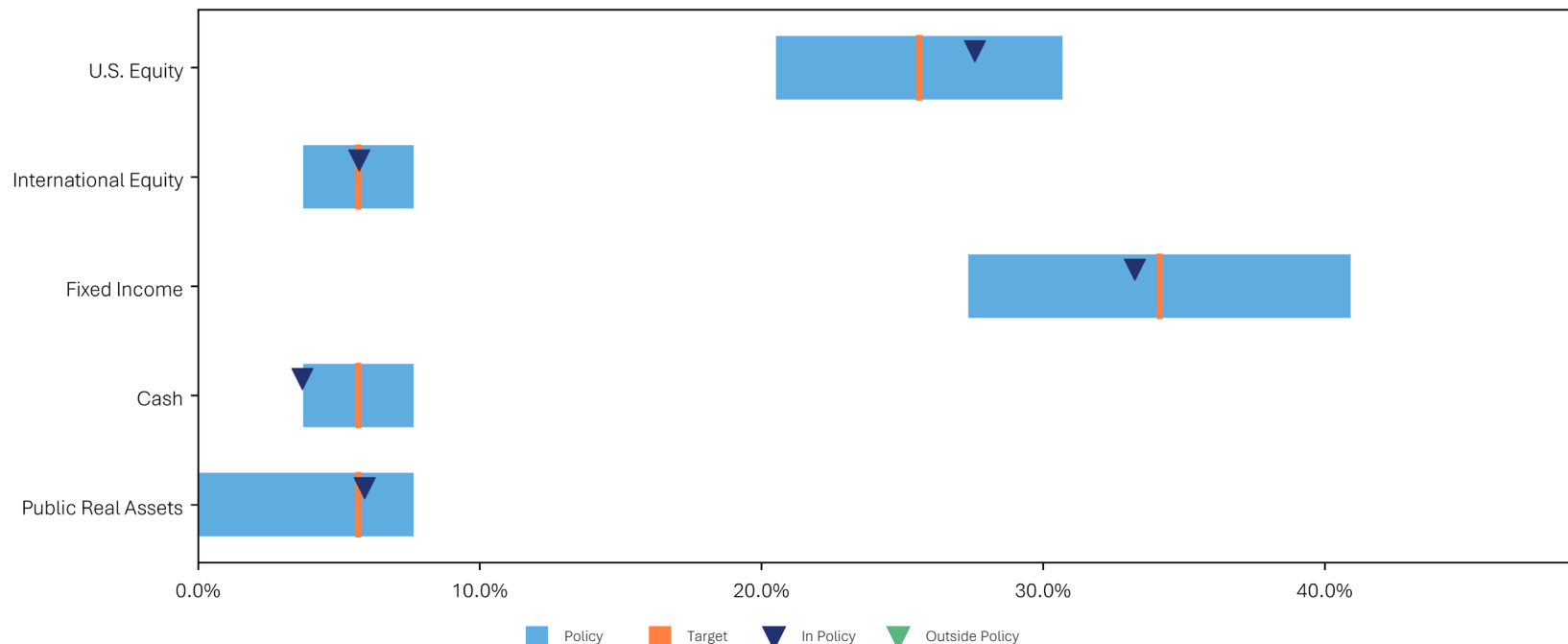
Asset Allocation vs. Policy



	Asset Allocation \$	Asset Allocation (%)	Minimum Allocation (%)	Maximum Allocation (%)	Target Allocation (%)	Target Rebalance \$
Total Fund - Graystone	173,032,669	100.0			100.0	
U.S. Equity	47,725,268	27.6	16.0	28.0	22.5	-8,792,917
International Equity	9,903,198	5.7	3.0	7.0	5.0	-1,251,565
Private Equity	7,245,746	4.2	4.5	9.5	7.0	4,866,541
Private Credit	3,990,701	2.3	5.0	11.0	8.0	9,851,913
Directional Marketable Alternatives	7,435,620	4.3	1.0	5.0	2.5	-3,109,803
Fixed Income	57,553,002	33.3	24.0	36.0	30.0	-5,643,201
Cash	6,408,471	3.7	3.0	7.0	5.0	2,243,162
Public Real Assets	10,238,242	5.9	0.0	7.0	5.0	-1,586,609
Private Real Assets	4,055,895	2.3	0.0	0.0	0.0	-4,055,895
Diversifying Marketable Alternatives	18,476,526	10.7	12.0	18.0	15.0	7,478,374

As of August 31, 2026

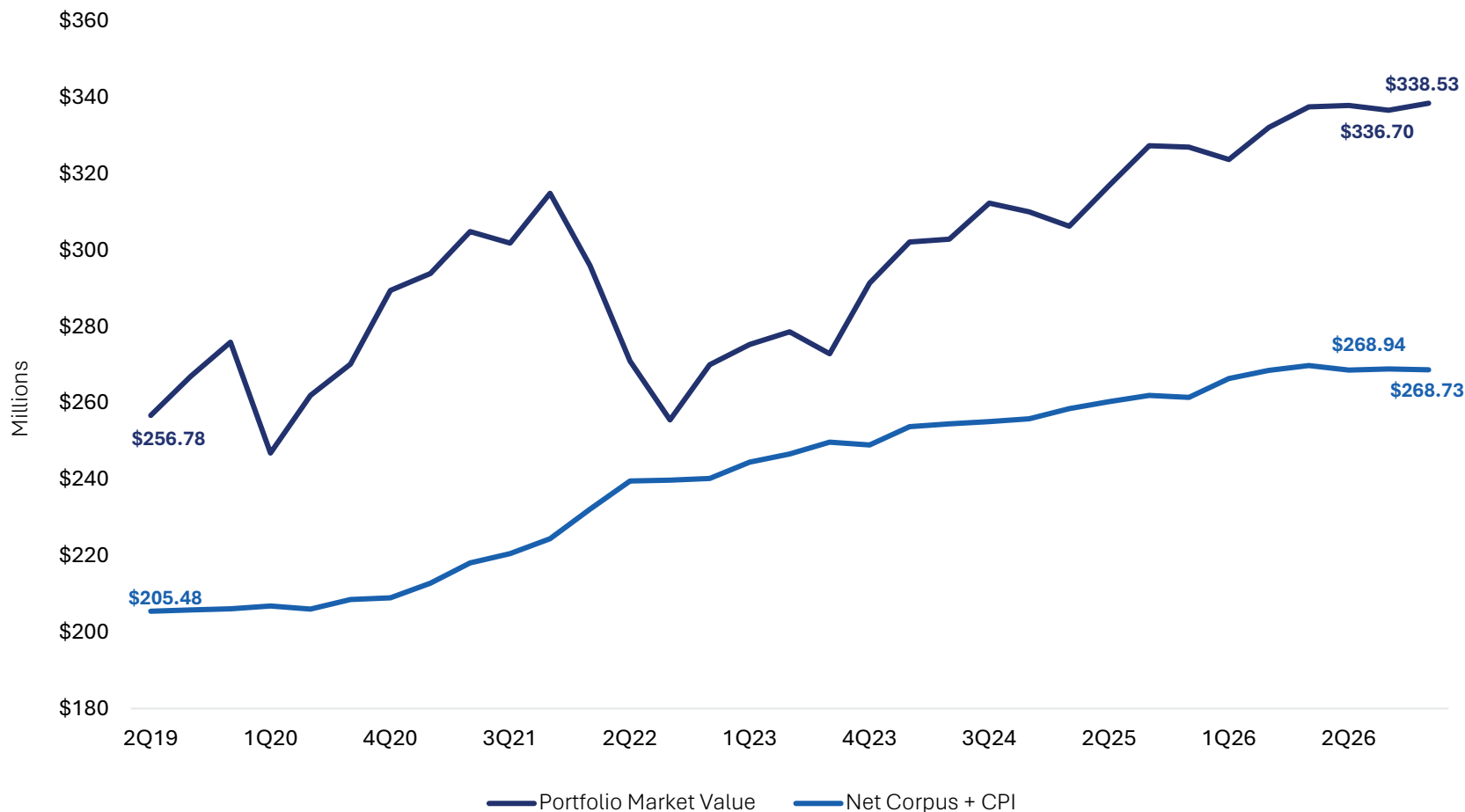
Graystone – Traditional Asset Allocation & Compliance



	Asset Allocation \$	Asset Allocation (%)	Minimum Allocation (%)	Maximum Allocation (%)	Target Allocation (%)	Target Rebalance \$
Total Fund	173,032,669	100.0			76.8	
U.S. Equity	47,725,268	27.6	20.5	30.7	25.6	-3,421,190
International Equity	9,903,198	5.7	3.7	7.7	5.7	-57,847
Core Fixed Income	57,553,003	33.3	27.3	41.0	34.1	1,519,100
Cash	6,408,471	3.7	3.7	7.7	5.7	3,436,880
Public Real Assets	10,238,242	5.9	0.0	7.7	5.7	-392,891

As of August 31, 2026

Portfolio Value vs. Inflation-Adjusted Corpus



The original value of the corpus, net of all legacy expenses, is \$192,839,933.

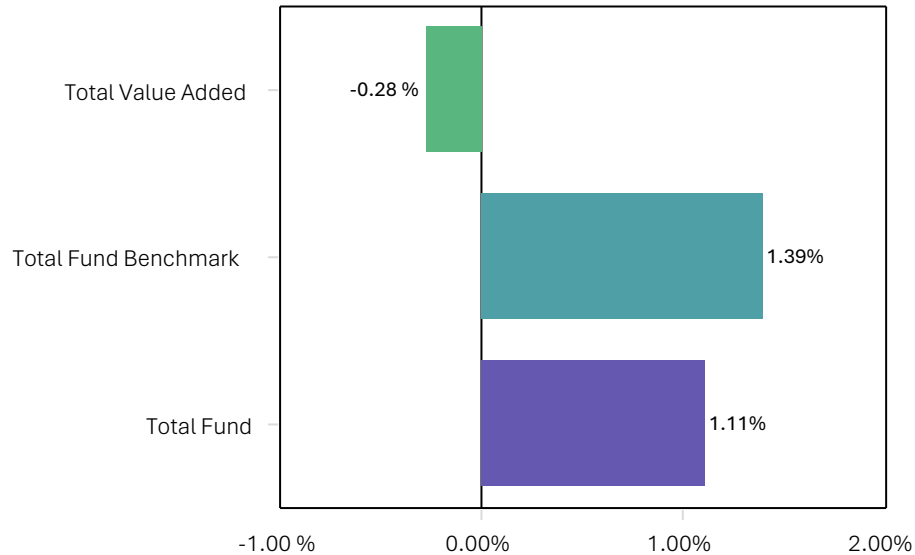
Portfolio market value is net of all historical drawdowns.

Inflation is the Southeast CPI measured cumulatively since April 2014.

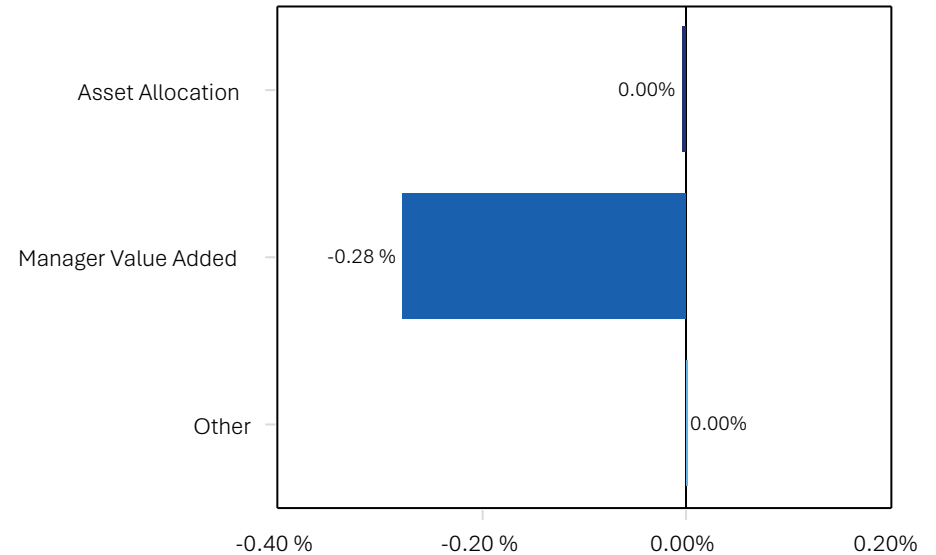
Total Fund Attribution - 1 Month Ending August 31, 2026

MCHD Total Fund Composite

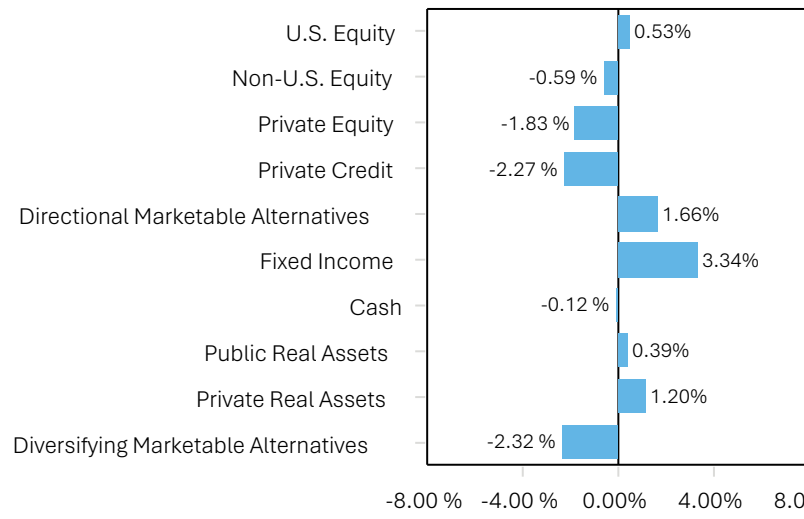
Total Fund Performance



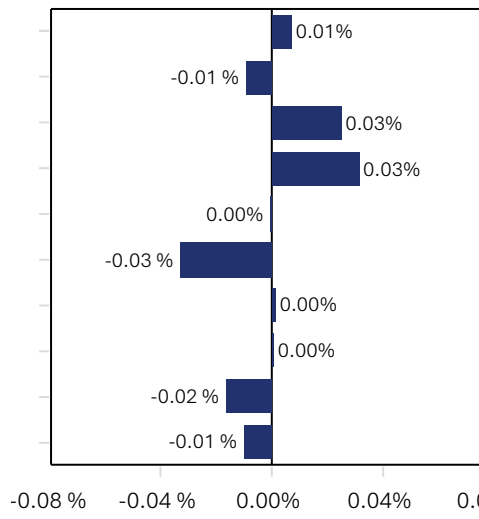
Total Value Added:-0.28 %



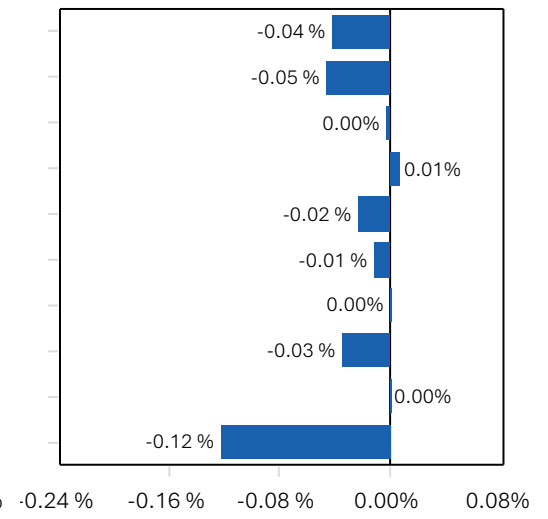
Total Asset Allocation:



Asset Allocation Value Added:0.00 %



Total Manager Value Added:-0.28 %



Average Active Weight

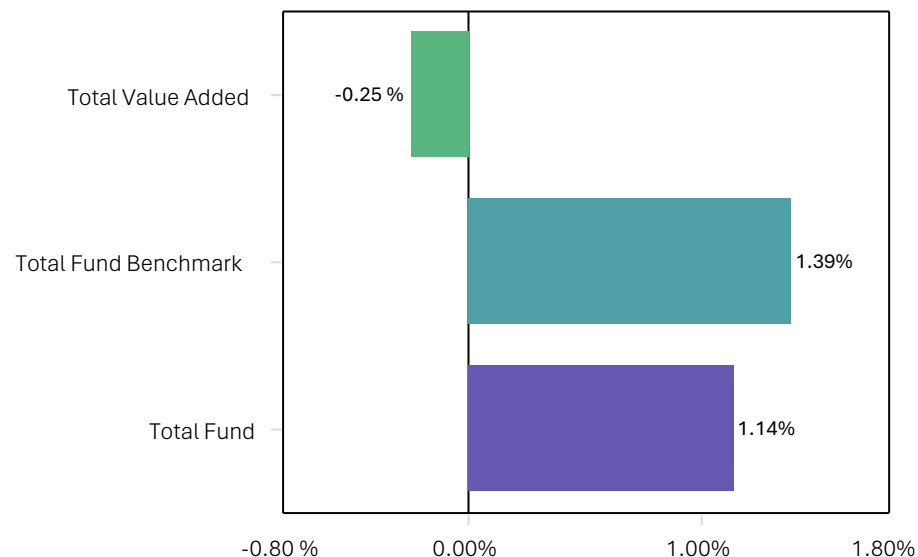
Asset Allocation Value Added

Manager Value Added

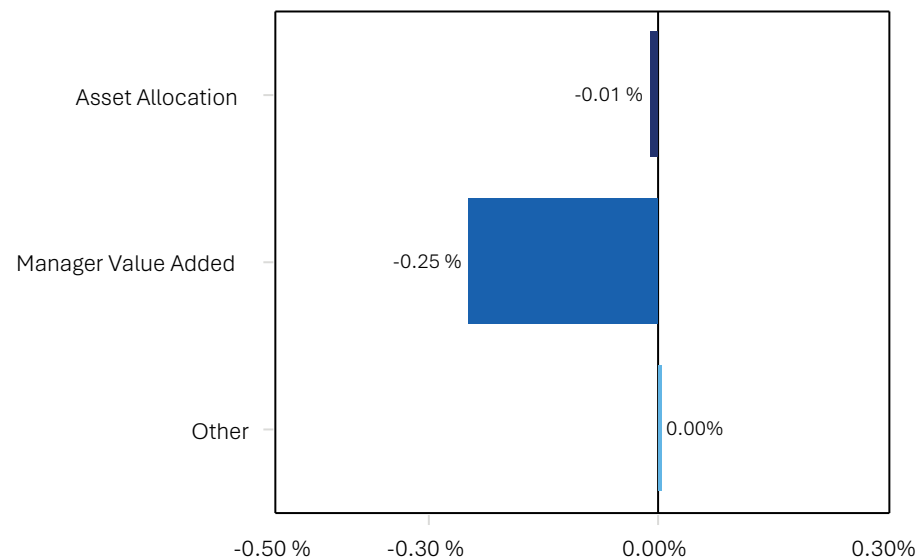
Total Fund Attribution - 1 Month Ending August 31, 2026

Cresset Total Fund Composite

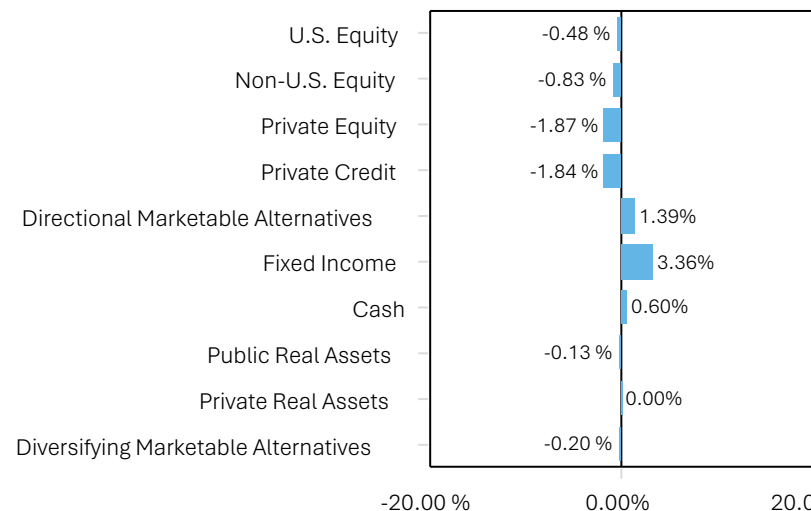
Total Fund Performance



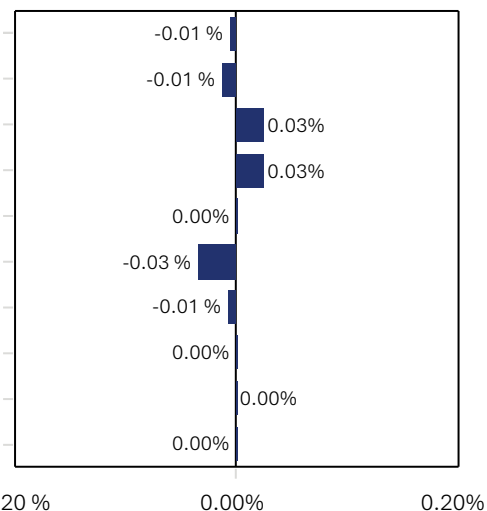
Total Value Added:-0.25 %



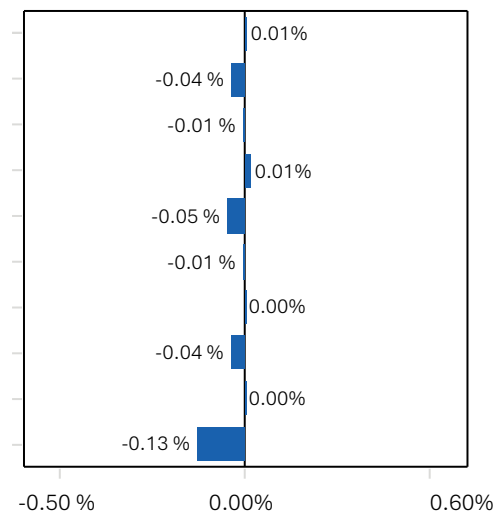
Total Asset Allocation:



Asset Allocation Value Added:-0.01 %



Total Manager Value Added:-0.25 %



Average Active Weight

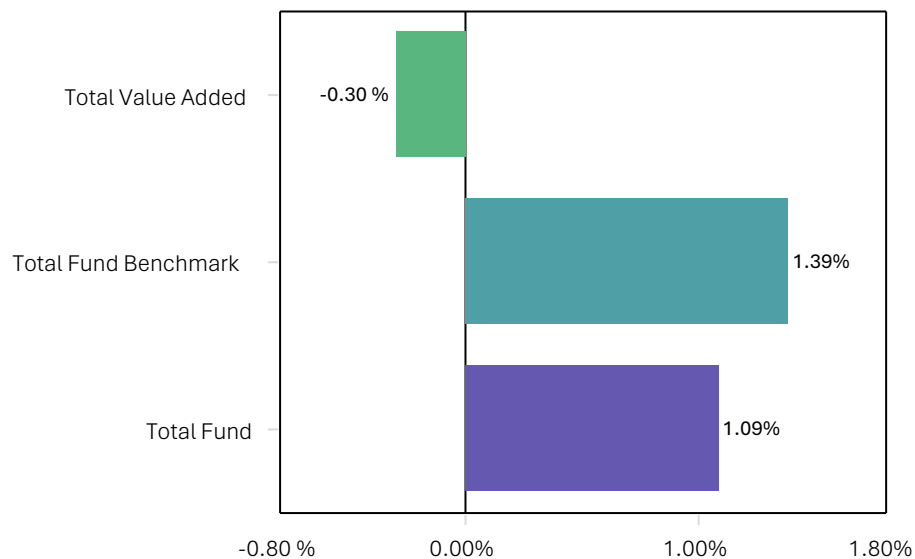
Asset Allocation Value Added

Manager Value Added

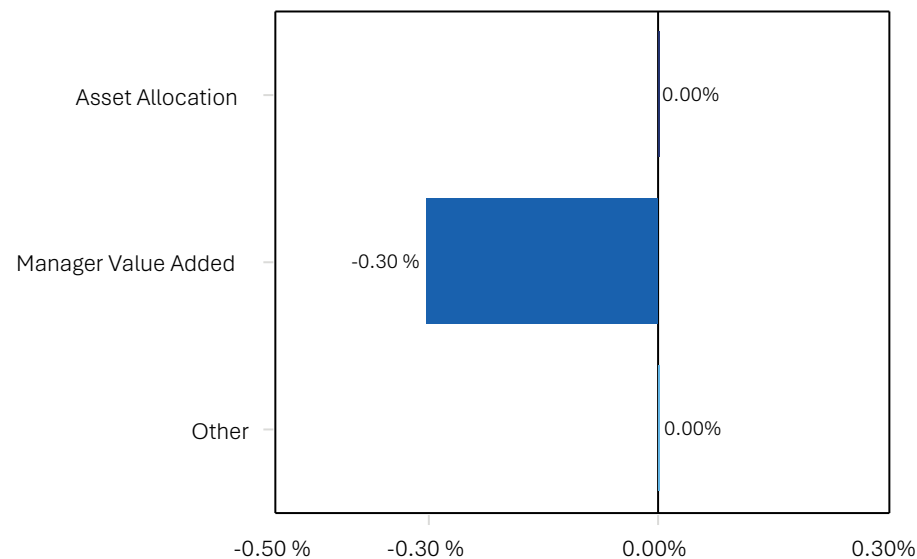
Total Fund Attribution - 1 Month Ending August 31, 2026

Graystone Total Fund Composite

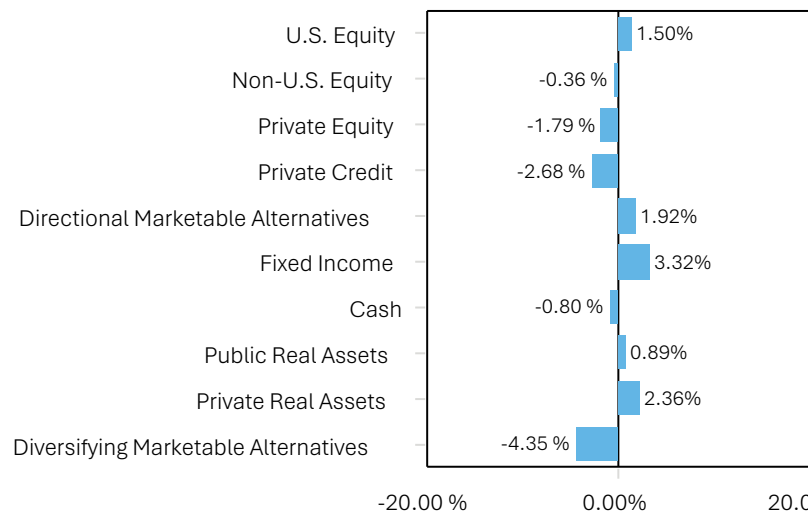
Total Fund Performance



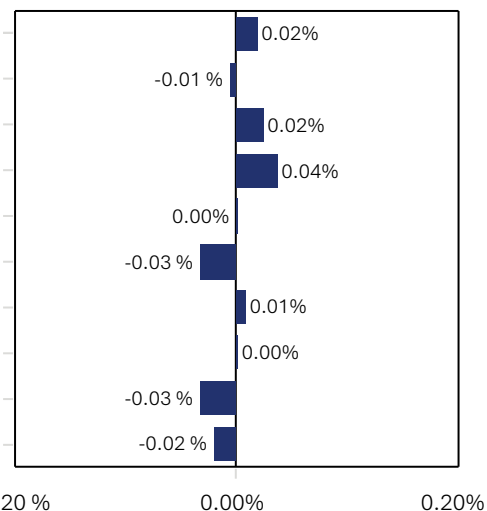
Total Value Added:-0.30 %



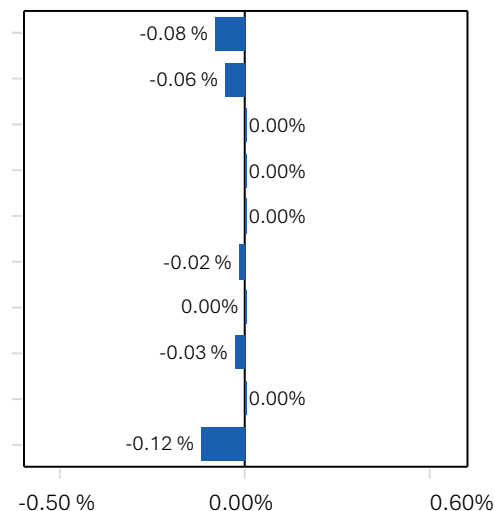
Total Asset Allocation:



Asset Allocation Value Added:0.00%



Total Manager Value Added:-0.30 %



Average Active Weight

Asset Allocation Value Added

Manager Value Added

Asset Allocation & Performance - August 31, 2026

Marion County Hospital District

	Allocation		Performance (%) Net of Fees								
	Market Value \$	%	S/I	3 Years	2 Years	1 Year	FYTD	6 Months	YTD	Month	Inception Date
MCHD Total Fund Composite	338,529,261	100.00	10.96	10.09	8.06	9.12	7.33	2.90	5.55	1.11	10/1/2022
MCHD Total Fund Policy			12.19	11.31	9.73	11.35	9.01	3.95	7.02	1.39	
Value Added			-1.23	-1.22	-1.66	-2.24	-1.69	-1.06	-1.47	-0.28	
U.S. Equity Composite	89,268,612	26.37	20.79	18.83	15.81	18.50	15.23	10.49	12.85	2.53	10/1/2022
Wilshire 5000 Total Market Index			22.61	20.63	17.96	20.12	16.11	12.19	13.45	2.69	
Value Added			-1.82	-1.81	-2.15	-1.62	-0.88	-1.70	-0.60	-0.16	
Non-U.S. Equity Composite	18,601,547	5.49	19.81	16.77	16.42	20.32	17.11	3.32	13.07	2.16	10/1/2022
MSCI AC World ex USA IMI (Net)			21.41	19.85	20.89	26.37	22.22	4.72	16.67	3.01	
Value Added			-1.61	-3.07	-4.47	-6.04	-5.11	-1.40	-3.59	-0.86	
Private Equity Composite	14,036,140	4.15	0.01	-0.49	0.78	3.00	1.93	0.93	0.96	-0.06	10/1/2022
Private Equity Policy Index			4.99	6.41	6.67	7.03	4.39	3.16	3.16	0.00	
Value Added			-4.98	-6.90	-5.89	-4.03	-2.46	-2.23	-2.20	-0.06	
Private Credit Composite	9,210,922	2.72	4.78		4.40	5.93	5.03	2.14	2.43	0.24	4/1/2024
Private Credit Policy Index			6.98		7.06	6.51	4.70	1.19	1.19	0.00	
Value Added			-2.20		-2.66	-0.58	0.33	0.95	1.25	0.24	
Directional Marketable Alternatives Composite	13,848,445	4.09	2.82		3.10	1.20	0.33	-0.73	-0.23	0.80	4/1/2024
Directional Marketable Alts Policy Index			12.54		13.36	13.57	11.26	4.95	8.35	1.37	
Value Added			-9.71		-10.26	-12.36	-10.92	-5.67	-8.59	-0.57	
Fixed Income Composite	112,777,790	33.31	4.14	4.19	2.57	1.72	0.72	-2.10	-0.29	0.35	10/1/2022
Blmbg. U.S. Aggregate Index			3.96	4.08	2.51	1.89	0.79	-2.02	-0.31	0.39	
Value Added			0.18	0.11	0.06	-0.17	-0.07	-0.08	0.01	-0.04	
Cash Composite	14,859,191	4.39	4.40	4.47	4.09	3.62	3.26	1.80	2.27	0.31	10/1/2022
FTSE 3 Month T-Bill			4.73	4.76	4.32	3.95	3.58	1.91	2.53	0.32	
Value Added			-0.33	-0.29	-0.23	-0.33	-0.32	-0.10	-0.26	-0.01	

Marion County Hospital District

	Allocation		Performance (%) Net of Fees								Inception Date
	Market Value \$	%	S/I	3 Years	2 Years	1 Year	FYTD	6 Months	YTD	Month	
Public Real Assets Composite	18,821,869	5.56	12.07		12.60	19.76	18.37	4.81	16.61	1.02	4/1/2024
Public Real Assets Policy Index			14.98		15.15	21.52	19.84	6.70	17.29	1.66	
Value Added			-2.91		-2.55	-1.76	-1.47	-1.89	-0.68	-0.64	
Private Real Assets Composite	4,055,895	1.20	17.05	-4.81	-4.30	-2.99	-2.60	-0.32	-0.32	0.00	10/1/2021
Private Real Assets Policy Index			5.90	7.40	10.78	10.11	8.82	5.04	6.59	-1.24	
Value Added			11.15	-12.21	-15.08	-13.10	-11.42	-5.35	-6.91	1.24	
Diversifying Marketable Alternatives Composite	43,048,850	12.72	6.22		6.61	7.65	6.33	3.20	4.66	0.86	4/1/2024
Diversifying Marketable Alts Policy Index			6.05		7.92	13.52	10.89	1.97	7.85	1.83	
Value Added			0.17		-1.30	-5.87	-4.56	1.23	-3.20	-0.97	

Cresset Total Fund

	Allocation		Performance (%) Net of Fees							Inception Date
	Market Value \$	%	S/I	3 Years	1 Year	FYTD	6 Months	CYTD	Month	
MCHD Total Fund Composite	338,529,261		10.96	10.09	9.12	7.33	2.90	5.55	1.11	10/1/2022
Total Fund	165,496,592	100.00	6.59	10.78	8.86	7.43	3.48	5.57	1.14	10/1/2017
MCHD Total Fund Policy			7.93	11.31	11.35	9.01	3.95	7.02	1.39	
Value Added			-1.34	-0.53	-2.49	-1.59	-0.48	-1.44	-0.25	
U.S. Equity	41,543,344	25.10	13.54	19.44	18.36	16.05	11.88	13.48	2.72	10/1/2017
Wilshire 5000 Total Market Index			14.69	20.63	20.12	16.11	12.19	13.45	2.69	
Value Added			-1.15	-1.20	-1.77	-0.05	-0.31	0.02	0.03	
Non - U.S. Equity	8,698,349	5.26	6.20	17.77	25.32	20.73	4.16	15.21	2.29	10/1/2017
MSCI AC World ex USA IMI (Net)			8.42	19.85	26.37	22.22	4.72	16.67	3.01	
Value Added			-2.22	-2.08	-1.05	-1.48	-0.56	-1.45	-0.72	
Private Equity	6,790,394	4.10	11.41	5.93	2.53	0.99	0.55	0.62	-0.13	11/20/2017
Private Equity Policy Index			12.97	6.41	7.03	4.39	3.16	3.16	0.00	
Value Added			-1.55	-0.48	-4.50	-3.40	-2.61	-2.54	-0.13	
Private Credit	5,220,221	3.15	7.76	10.13	5.23	4.73	1.90	2.38	0.43	11/1/2017
Private Credit Policy Index			8.27	8.11	6.51	4.70	1.19	1.19	0.00	
Value Added			-0.51	2.02	-1.28	0.03	0.72	1.19	0.43	
Directional Marketable Alternatives	6,412,825	3.87	7.48	7.77	0.07	0.00	0.26	0.92	0.07	11/1/2017
Directional Marketable Alts Policy Index			7.90	13.23	13.57	11.26	4.95	8.35	1.37	
Value Added			-0.42	-5.46	-13.50	-11.26	-4.69	-7.43	-1.30	
Fixed Income	55,224,788	33.37	0.83	4.27	1.94	0.91	-1.79	-0.11	0.37	10/1/2017
Blmbg. U.S. Aggregate Index			1.57	4.08	1.89	0.79	-2.02	-0.31	0.39	
Value Added			-0.74	0.19	0.05	0.12	0.23	0.19	-0.02	
Cash	8,450,720	5.11	3.87	4.26	3.63	3.22	1.73	2.23	0.33	10/1/2017
FTSE 3 Month T-Bill			2.69	4.76	3.95	3.58	1.91	2.53	0.32	
Value Added			1.17	-0.50	-0.32	-0.36	-0.18	-0.30	0.00	

Cresset Total Fund

	Allocation		Performance (%) Net of Fees							Inception Date
	Market Value \$	%	S/I	3 Years	1 Year	FYTD	6 Months	CYTD	Month	
Public Real Assets	8,583,627	5.19	12.62		15.85	14.03	-0.13	10.90	0.83	3/21/2024
Public Real Assets Policy Index			15.98		21.52	19.84	6.70	17.29	1.66	
Value Added			-3.36		-5.67	-5.81	-6.84	-6.39	-0.83	
Diversifying Marketable Alternatives	24,572,324	14.85	8.44		10.01	8.84	5.32	5.94	0.97	3/21/2024
Diversifying Marketable Alts Policy Index			6.79		13.52	10.89	1.97	7.85	1.83	
Value Added			1.65		-3.52	-2.06	3.35	-1.92	-0.86	

Graystone Total Fund

	Allocation		Performance (%) Net of Fees							
	Market Value \$	%	S/I	3 Years	1 Year	FYTD	6 Months	CYTD	Month	Inception Date
MCHD Total Fund Composite	338,529,261		10.96	10.09	9.12	7.33	2.90	5.55	1.11	10/1/2022
Total Fund - Graystone	173,032,669	100.00	6.03	9.27	9.03	7.15	2.89	5.51	1.09	10/1/2021
MCHD Total Fund Policy			6.54	11.31	11.35	9.01	3.95	7.02	1.39	
Value Added			-0.51	-2.04	-2.32	-1.86	-1.07	-1.51	-0.30	
U.S. Equity	47,725,268	27.58	11.90	18.48	17.71	13.84	9.40	11.99	2.39	10/1/2021
Wilshire 5000 Total Market Index			13.21	20.63	20.12	16.11	12.19	13.45	2.69	
Value Added			-1.30	-2.16	-2.41	-2.27	-2.79	-1.46	-0.30	
Non - U.S. Equity	9,903,198	5.72	7.68	16.36	16.72	14.40	2.16	9.37	2.03	10/1/2021
MSCI AC World ex USA IMI (Net)			9.87	19.85	26.37	22.22	4.72	16.67	3.01	
Value Added			-2.19	-3.49	-9.64	-7.81	-2.57	-7.30	-0.98	
Private Equity	7,245,746	4.19	0.60	-1.30	5.29	3.78	1.95	1.95	0.00	9/30/2021
Private Equity Policy Index			8.83	6.41	7.03	4.39	3.16	3.16	0.00	
Value Added			-8.22	-7.72	-1.74	-0.61	-1.21	-1.21	0.00	
Private Credit	3,990,701	2.31	8.41	9.37	6.28	4.52	2.05	2.04	0.00	10/1/2021
Private Credit Policy Index			7.91	8.11	6.51	4.70	1.19	1.19	0.00	
Value Added			0.49	1.26	-0.24	-0.18	0.86	0.85	0.00	
Directional Marketable Alternatives	7,435,620	4.30	10.78		12.40	10.44	6.74	8.92	1.40	7/1/2024
Directional Marketable Alternatives Policy Index			13.64		13.57	11.26	4.95	8.35	1.37	
Value Added			-2.85		-1.16	-0.82	1.79	0.56	0.03	
Fixed Income	57,553,002	33.26	0.29	4.26	1.62	0.55	-2.39	-0.62	0.34	10/1/2021
Blmbg. U.S. Aggregate Index			-0.11	4.08	1.89	0.79	-2.02	-0.31	0.39	
Value Added			0.40	0.18	-0.27	-0.24	-0.37	-0.31	-0.05	
Cash	6,408,471	3.70	3.68	4.59	3.84	3.49	1.83	2.47	0.29	9/1/2021
FTSE 3 Month T-Bill			3.82	4.76	3.95	3.58	1.91	2.53	0.32	
Value Added			-0.14	-0.17	-0.11	-0.09	-0.07	-0.06	-0.03	

Graystone Total Fund

	Allocation		Performance (%) Net of Fees							
	Market Value \$	%	S/I	3 Years	1 Year	FYTD	6 Months	CYTD	Month	Inception Date
Public Real Assets	10,238,242	5.92	10.38		16.28	15.39	7.67	15.73	1.16	4/1/2024
Public Real Assets Policy Index			14.98		21.52	19.84	6.70	17.29	1.66	
Value Added			-4.60		-5.25	-4.44	0.97	-1.56	-0.50	
Private Real Assets	4,055,895	2.34	17.05	-4.81	-2.99	-2.60	-0.32	-0.32	0.00	10/1/2021
Private Real Assets Policy Index			5.90	7.40	10.11	8.82	5.04	6.59	-1.24	
Value Added			11.15	-12.21	-13.10	-11.42	-5.35	-6.91	1.24	
Diversifying Marketable Alternatives	18,476,526	10.68	6.79		9.82	8.48	2.64	5.48	0.71	7/1/2024
Diversifying Marketable Alternatives Policy Index			6.86		13.52	10.89	1.97	7.85	1.83	
Value Added			-0.07		-3.71	-2.42	0.66	-2.38	-1.12	

Cash Flow Summary - One Month Ending August 31, 2026

Marion County Hospital District

	Begin Value	Contributions	Distributions	Fees	Expenses	Capital Apprec./ Deprec.	End Value
MCHD Total Fund Composite	336,703,066	724,027	-2,522,812	-1,458		3,626,438	338,529,261
Total Fund - Cresset	164,564,098	722,569	-1,675,542			1,885,467	165,496,592
Total Fund - Graystone	172,138,968	1,458	-847,270	-1,458		1,740,971	173,032,669

RFP 26-002: Alternative Investment Management Commonfund

Wilshire, MCHD staff, and legal are currently working with Commonfund to finalize the investment management agreement. As part of this process, the Investment Policy Statement (IPS) is also being updated. Both the Commonfund agreement and the revised IPS are expected to be ready for Board review and approval at the October 26 meeting.

Low Income Pool Funding SMA

MCHD currently provides \$1.4 million annually in matching funds for SMA Healthcare. SMA is requesting that \$1.25 million of those existing funds be utilized through the Low Income Pool (LIP) program for FY 2027 to maximize the amount of federal matching funds available. This request does not require additional funding from MCHD.

For FY 2026, MCHD provided a \$1 million for LIP for SMA to AHCA, which generated \$1,336,995 in matching funds, resulting in a total payment of \$2,336,995 to SMA.

For FY 2027, SMA is requesting that the MCHD increase to \$1.25 million for LIP funding for SMA. The proposed \$1.25 million transfer is expected to generate approximately \$1,671,243 in matching funds, resulting in a total payment of \$2,921,243 to SMA. By directing an additional \$250,000 of MCHD's existing \$1.4 million commitment through the LIP process, SMA would receive approximately \$334,248 in additional matching funds, with no increase to MCHD's overall \$1.4 million commitment.

Finance Policy Update

Current:

The COO may initiate intra-bank fund transfers (checking to checking) only at the approval of the CEO. Deposits are received and logged by staff other than the COO. This information is provided to the Accounting Firm for other accounting functions.

Updated to:

Intra-bank fund transfers under \$200,000 initiated by the Accounting Firm (checking to checking) require approval from the COO or the CEO. Intra-bank fund transfers \$200,000 or more initiated by the Accounting Firm (checking to checking) require approval from the COO or the CEO and the Treasurer. Intra-bank fund transfers initiated by the COO (checking to checking) require approval of the CEO and the Treasurer and, in their absence, the Chair or Vice Chair. Intra-bank fund transfers initiated by the CEO (checking to checking) require approval of the COO and the Treasurer and in their absence the Chair or Vice Chair. Deposits are received and logged by staff other than the COO. In the event the CEO and COO are unavailable for approval, the Treasurer and, in their absence, the Chair or Vice Chair can authorize intra-bank fund transfers. This information is provided to the Accounting Firm for other accounting functions.

Request for Qualifications: Banking Services (“RFQ”)

**Marion County Hospital District
September __, 2026**

RFQ 26-03

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Section 1: Administrative Information

Section 2: Background, Overview and Goals

Section 3: Scope of Services

Section 4: Required Proposal Information

Section 5: Evaluation Criteria

Section 6: Instructions to Respondents

SECTION 1: ADMINISTRATIVE INFORMATION

A. Introduction

The Marion County Hospital District (“MCHD” or the “District”) is soliciting proposals from qualified financial institutions to provide various banking services. Through this RFQ the District intends to minimize banking costs and improve operational efficiency. The District’s needs are outlined in the following Request for Qualifications (“RFQ”).

B. Schedule of Pertinent Dates

Activity	Date
RFQ Issue Date	
Inquiries Due	
Responses to Inquiries Posted	
Proposal Submission Deadline	
Selection of Finalists	
Oral Presentations, if needed	
Approval by District Board of Trustees	
Anticipated Contract Start Date	

C. Official Means of Communication

All official communication regarding this RFQ will be posted on the Marion County Hospital District website at <https://www.mchdt.org/>. Notices may include addenda, revisions, answers to inquiries, clarifications, schedule changes, finalist information, and the notice of intended award. Respondents are responsible for regularly monitoring the District website for all such postings.

From the release of this RFQ until the end of the seventy-two (72) hour period following the posting of the notice of intended award, excluding Saturdays, Sundays, and state holidays, respondents and persons acting on their behalf may not contact any employee, officer, trustee, committee member, or representative of MCHD regarding any aspect of this solicitation, except by written inquiry to RFQ@mchdt.org. Violation of this provision may be grounds for rejecting a proposal.

D. Submission Requirements

To be considered responsive, proposals must be received by MCHD on or before the proposal submission deadline stated in the Schedule of Activities. Proposals received after the deadline will not be considered. Electronic submission is permitted and preferred. Respondents may submit a complete proposal electronically by email to RFP@mchdt.org. If file size limits prevent email transmission, respondents should request written instructions through RFP@mchdt.org before the submission deadline. The email subject line should read: RFQ 26-03: Banking Services.

Hard-copy submission is also permitted. Respondents submitting by mail, courier, or hand delivery must provide one (1) hard-copy, and one (1) electronic PDF copy on a USB drive. The sealed package must be clearly marked in the lower left corner: RFQ 26-03: Banking Services.

Deliver the hard-copy and PDF copy on USB to:

Marion County Hospital District
Attn: Debra Velez, Chief Operating Officer
2547 East Silver Springs Boulevard
Ocala, Florida 34470

All submitted materials will become part of the official public records of MCHD and will not be returned. Respondents are solely responsible for ensuring timely receipt of their proposals. MCHD is not responsible for delays caused by mail, courier, electronic transmission, file-size limitations, internet service interruptions, or any other delivery issue.

E. Oral Presentations

Respondents deemed most qualified by the District after initial evaluation may be asked to make oral presentations to the District. Presentations will be at the firms' expense. If presentations are deemed necessary, the date, time, format, and instructions will be posted on the District's website and provided by email to the applicable respondents.

F. Award of Contract

The District will review and score responsive proposals and may recommend a firm for award. The proposal selected will be the proposal determined to be most advantageous to the District, taking into account the evaluation criteria and the District's best interests. A contract must be completed and signed by all parties before services begin. If the District and the selected firm are unable to enter into a contract, the District may cancel the award and negotiate with the next-ranked respondent, reject all proposals, or take any other action permitted by this RFQ and applicable law.

SECTION 2: BACKGROUND, OVERVIEW AND GOALS

A. Organization

MCHD was established in 1965 to provide healthcare for the citizens of Marion County. Since that time, the District has leased the hospital it operated and has invested its assets while reinvesting in the community. Today, the District manages approximately \$335,000,000 in invested assets and seeks a banking partner capable of providing secure depository, treasury management, and cash management services supporting daily operations.

MCHD is governed by a Board of Trustees comprised of community leaders who volunteer their time and talents to help ensure the District achieves its mission. The District supports health programs for the citizens of Marion County and works closely with community partners to address priorities including dental health, diabetes and obesity, substance use and behavioral health, unintentional injuries, and prevention and early detection of chronic disease.

The District is a dependent special district of the State of Florida and retains fiduciary responsibility for the investment of the funds entrusted to it. More information about the District can be found at <https://www.mchdt.org/>. The District is a governmental entity of the State of Florida and is subject to Florida public records and open government requirements. All materials submitted and all communications with proposing firms may be subject to public disclosure.

B. Contract Term

The District seeks to enter into an indefinite contract, subject to any applicable re-bid requirements pursuant to Florida law, terminable at will by either party upon thirty (30) days' written notice, and to establish a long-term relationship with the selected financial institution.

SECTION 3: SCOPE OF SERVICES

A. The District seeks proposals to provide banking services for the following accounts:

1. The Primary Checking Account - which is used for paying bills, payroll, credit card payments, miscellaneous expenses and deposits. This account has 100+ transactions per month, on average. A copy of statements for the Primary Checking Account from the two months prior to the issuance of this RFQ are attached hereto as ***Exhibit "1."***
2. Department of Children and Families Account – Public Fund Money Rate Savings Account – this account receives appropriation funds from the Department of Children and Families to fund local organizations that perform domestic violence services and support. This account typically sees less than five transactions per month. A copy of statements for the Department of Children and Families Account from the two months prior to the issuance of this RFQ are attached hereto as ***Exhibit "2."***
3. The Opioid Abatement Funds Account – This account is a Public Fund Money Rate Savings Account and serves as a repository for money received by Marion County as part of the opioid settlement agreement. The account is used to manage, oversee and distribute funds to organizations designated by the County as qualifying for the Opioid Settlement Funds. A copy of statements for the Opioid Abatement Funds Account from the two months prior to the issuance of this RFQ are attached hereto as ***Exhibit "3."***

SECTION 4: REQUIRED PROPOSAL INFORMATION

Proposals must specifically address and include the information requested in this section. Respondents should organize their proposals using the headings below and should provide direct, complete answers. Where the response is "yes" or "no," respondents should state the answer clearly and provide supporting detail where requested.

The qualification criteria are divided into Mandatory Qualifications and Preferred Qualifications. Mandatory Qualifications are minimum requirements. Preferred Qualifications will be considered during evaluation but are not minimum requirements unless expressly stated otherwise.

A. Mandatory Qualifications

To be considered for selection, financial institutions must meet at least the following minimum qualifications:

1. The financial institution must be a Qualified Public Depositor (QPD) as defined in Florida Statutes, Chapter 280 as well as a Federal Withholding Tax Depository. A proposing financial institution shall provide evidence of ability to protect public funds through the adequate collateralization of deposits. Evidence will include a copy of the most recent QPD Report filed with the State of Florida.
2. The financial institution must be organized for the purpose of providing commercial banking services and have three (3) years previous experience with proven effectiveness in administering the specified services for governmental institutions and have a proven ability for immediate contract start-up.
3. The financial institution must furnish a complete and comprehensive response to the Written Questionnaire at Section (4)(B) of the RFQ.
4. The financial institution must maintain at least one physical office branch located within Marion County, Florida.
5. The financial institution must have the ability to provide various electronic banking services that should include, but not be limited to; wire transfers, online services, positive pay, reverse positive pay validation, direct deposit and ACH.
6. The financial institute shall provide a local contact with decision-making authority and the ability to resolve issues and answer operational inquiries in a timely manner.
7. A list of three local references with whom the financial institution does business.
8. The financial institution must provide evidence of financial strength through industry accepted ratings of the following factors:
 - i. Capital adequacy
 - ii. Asset quality
 - iii. Management quality
 - iv. Earnings
 - v. Liquidity
 - vi. Sensitivity to market risk
9. The financial institution must furnish copies of fraud control policies that would be applicable to the District's account.

10. The financial institution shall furnish a proposed fee arrangement for each of the District's accounts to include fees applicable to the initial term, renewal options, a guaranteed pricing period, and advance notice requirements for fee changes.

B. Written Questionnaire

1. Summarize the financial institution's competitive advantages over competing proposals.
2. Describe any unique additional or alternative services offered by the financial institution that may benefit MCHD.
3. Describe all available sweep options (ICS/CDARS, government money market, repo, or other public-funds compliant alternatives), associated yields, and collateral requirements.
4. Describe the financial institution's fraud-control policies including but not limited to:
 - i. Check Positive Pay with payee verification;
 - ii. ACH Positive Pay or debit filters/blocks;
 - iii. Dual approval for ACH and wire transactions;
 - iv. Multifactor authentication and out-of-band verification;
 - v. User entitlement controls and audit reporting; and
 - vi. Fraud-notification and incident-response procedures.
5. Provide a clear written summary of the financial institution's proposed Fee Structure which shall include:
 - i. All-in fees for the requested services, including initial, ongoing, custodial, management, and other applicable fees. Copies of the District's bank statements from the two months prior to the issuance of this RFQ are attached hereto as ***Exhibits 1, 2 and 3*** to assist Respondents in responding to this RFQ.
 - ii. A complete banking fee schedule including monthly account maintenance, ACH origination, ACH receipt, domestic wires, Positive Pay, Remote Deposit Capture, lockbox (if offered), merchant services, online treasury management, deposit supplies, and any implementation or conversion fees. This information should include applicable benchmark, spread, reset frequency, fees, liquidity, collateralization, and any balance requirements.

6. Provide a summary of the financial institution's customer service philosophy.

SECTION 5: EVALUATION CRITERIA

The District will select a firm based on evaluation of responsive proposals according to the criteria below. Qualified proposals must meet the Mandatory Qualifications and show that the firm and engaged personnel have all authorizations, permits, licenses, and certifications required by law to perform the services specified in this RFQ.

Category	Weight
Fees	30%
Responses to the Written Questionnaire	25%
Qualifications	25%
Customer Service	10%
Local Presence & References	10%

The District reserves the right to be the sole judge as to the overall acceptability of any proposal and the individual merits of specific provisions within competing offers. The District's decision will be final. The District reserves the right to reject any and all proposals in whole or in part, withdraw the RFQ, waive informalities, obtain new proposals, and take any other action in the best interests of the District. This RFQ does not obligate the District to accept or contract for any services or pay any costs incurred by respondents in preparing or submitting a proposal.

SECTION 6: INSTRUCTIONS TO RESPONDENTS

- A. Respondents shall thoroughly examine and be familiar with the specifications. Failure to receive or examine this document shall not relieve the respondent of obligations pertaining to this RFQ or any subsequent contract.
- B. Any unauthorized changes or modifications to the RFQ specifications may result in rejection of the proposal as nonresponsive.
- C. The responsibility for submitting the proposal to MCHD on or before the specified date and time rests solely with the respondent. MCHD is not responsible for delays caused by transmission, delivery, or any other occurrence.
- D. The response deadline will be strictly observed. Under no circumstances will a proposal delivered after the deadline be considered.
- E. Respondents may not withdraw or modify proposals for ninety (90) days after the opening time and date, unless MCHD agrees otherwise in writing.

F. MCHD reserves the right to reject the proposal of any respondent that has previously failed to properly perform a contract, failed to deliver timely on similar contracts, or is not in a position to perform properly under this contract.

G. Federal, state, county, and local laws, ordinances, rules, and regulations that affect the services covered herein apply. Lack of knowledge by the respondent will not relieve the respondent from responsibility.

H. By submitting a proposal, the respondent warrants to MCHD that it will comply with all applicable federal, state, and local laws, regulations, and orders in providing the services under the proposed contract.

I. By submitting a proposal, the respondent certifies that its proposal is made without collusion, fraud, outside control, or other illegal action, and without any improper understanding, agreement, or connection with any other respondent.

J. Pursuant to Section 287.134(2)(a), Florida Statutes, an entity or affiliate placed on the discriminatory vendor list may not submit a bid or proposal on a contract to provide goods or services to a public entity and may not transact business with a public entity.

RFQ - Construction Manager

PART 1 - INTENT AND GENERAL INFORMATION

Thank you for your interest in working with the Marion County Hospital District. Please direct questions regarding the bid documents and specifications to Marion County Hospital District in writing. We look forward to working with you. Pertinent information and required documents regarding this solicitation as part of a responsive submittal are listed below:

Part 1 – Intent and General Information	Pages 1-5
Part 2 – Required Documents to be Returned.....	Pages 6-10
Part 3 – General Conditions.....	Pages 11-14
Part 4 – Scope of Work.....	Page 15

1.1 REQUEST FOR QUALIFICATIONS:

The Marion County Hospital District is soliciting letters of interest for statements of qualifications for this project (the “RFQ”). Marion County Hospital District expects interested individuals and Contractors will make every effort to assemble a team with the requisite expertise and qualifications to supply the product or service. Throughout this document the terms Respondent and Contractor are used interchangeably to refer to the Contractor submitting this RFQ.

OPERATIONS COMMITTEE APPOINTMENT AND SUBMITTAL EVALUATION PROCESS:

Proposals will be evaluated by the Marion County Hospital District Operations Committee. In all cases, Contractors will be evaluated based on the criteria herein. The Operations Committee may recommend some/all/none of the respondents qualified for the type of work.

PROHIBITION OF LOBBYING:

To ensure fair consideration for all Contractors, the Marion County Hospital District prohibits communication to or with any department, bureau or employee during the submission process, except as provided in this section. Additionally, the Marion County Hospital District prohibits communication initiated by a Contractor to any District Official or employee evaluating or considering the proposals (up to and including the Executive Director or the Marion County Hospital District Trustees) before the time an award decision has been made. Any communication between Contractor and the Marion County Hospital District will be initiated by the Marion County Hospital District staff in order to obtain information or clarification needed to develop a proper, accurate evaluation of the proposal. Such communications initiated by a Contractor may be grounds for disqualifying the offending Contractor from consideration for award of the proposal and/or any future proposal.

1.2 HOW TO SUBMIT A REQUEST FOR QUALIFICATIONS (RFQ):

Contractors are responsible for informing any commercial delivery service, if used, of all delivery requirements and for ensuring that the required previously stated information appears on the outer package or envelope used by such service. Include all required documents having authorized signatures; itemized and included herein, all must be received in a sealed package prominently marked on the outside with the contactor’s name, phone number, fax number, e-mail address (if applicable), company name, address along with the project number and title.

DEADLINE for receipt of submittals in response to this Request for Qualifications is listed on the Invitation’s Cover Page. Submittals should be mailed via certified mail or hand delivered to: **the Marion County Hospital District, 1121 SW 1st Avenue, Ocala, Florida 34471**. Submissions by fax or other electronic media will not be accepted *under any circumstances*. Contractors who fail to include the solicitation reference information on the face of the envelope may be deemed "non-responsive," and such Contractors shall have no grounds of protest in the event their submittals are opened in error. The District is not responsible for delays caused by any mail, package or courier service, including the US mail, or caused by any other occurrence. Any proposal received after the due date and time stated will not be opened, and will not be considered.

1.3 SUBMITTAL OPENING PROCESS:

Proposals will be opened on or as soon as reasonably feasible after the Due Date, after which time a Respondents’ List

will be prepared and uploaded to DemandStar. An Operations Committee Meeting will be set when the Committee has had sufficient time to review all submittals. The Operations Committee Meeting will be noticed on DemandStar (only), and after the Operations Committee makes its recommendation, all responding Contractors will be notified of intent.

1.4 SUBMITTAL REQUIREMENTS AND EVALUATION OF PROPOSALS:

Proposals will be reviewed, and evaluated by the Operations Committee based upon the criteria below, and as supported by the Contractor's documentation for the requirements within each tab. The Operations Committee will make a recommendation to short-list, accept, and/or negotiate with any, all, or none of the Contractors, or a selected group of Contractors may be required to make presentations. Such presentations may provide opportunity for the Contractors to clarify the information provided in their proposal. If presentations are given, the final decision of the Operations Committee will be based on the tabulation from the presentations. The Marion County Hospital District reserves the right to make selections based on the submittals only or to request presentations before determining final ranking. The Operations Committee will notify the Contractor(s) of recommendations and will present to the Board of Trustees who have the authority to make the final determination and award contracts.

SCORING GUIDELINES:

All submittals received in accordance with this solicitation will be evaluated using the following scoring guidelines (multiplied by weights when applicable) unless other scoring is specifically identified in the category:

- 0 *Non-Responsive – Included no information on subject criteria; blank; unacceptable*
- 1 *Poor - Indicated responses, but indecipherable or incomplete for subject criteria; unacceptable*
- 2 *Fair – Contained adequate information, but information is less than required of subject criteria; unacceptable*
- 3 *Average – Included minimum information requested in subject criteria; acceptable*
- 4 *Good – Response was thorough and complete for subject criteria; acceptable*
- 5 *Excellent – Response exceeds requested criteria; exceptional resources, staff, materials, etc; excellent*

- A. SCHEDULING AND COST CONTROL** – The Contractor's scheduling system and cost control system should be described. Methods for assuring subcontractors' adherence to schedule should be highlighted. A comparison of the Contractor's initial and final project schedules and budgets should indicate their ability to maintain original schedules and budgets. **Weight for this category is 40%**
- B. QUALIFICATIONS AND EXPERIENCE-** The ability to produce quality, cost effective, functional design. The experience and expertise of the Contractor on similar projects. Ability to communicate, work effectively in a group and build consensus with staff, elected officials, Non-profit agency partners, and the public. Experience regarding project budgets and schedules, and the demonstrated ability to meet both. References from clients on similar projects. **Weight for this category is 25%**
- C. PROPOSED TEAM – Office Staff** - Indicate the capabilities of the in-house staff and the depth and abilities of the organization, which the Contractor can draw upon as needed. This will include management, professional, technical and support staff. **On-Site Staff** – The ability and experience of the field staff will be evaluated with specific attention to project related experience. **Weight for this category is 20%**
- D. MARION COUNTY EXPERIENCE** – In order to receive the maximum number of points in this category, the Contractor must have experience working in Marion County, Florida during at least the past twelve (12) months. **Weight for this category is 15%**

Scores are per Committee Member (each member can apply zero points up to the maximum points as designated then multiplied by the weight for each category and then totaled); to gain maximum points, verify each item above is supported by all necessary and required documentation listed in the tabs below.

HOW TO ASSEMBLE YOUR PROPOSAL:

The following documents and forms must accompany any offer submitted in the order identified below and will be the basis for Operations Committee evaluation and scoring for the criteria listed in Section 1.4. A submittal returned without these documents may deem the offer non-responsive. The Marion County Hospital District reserves the right to request

additional information from any Contractor prior to award. * *shall signify that the Documents and/or Forms are included with this RFQ.*

Tab 1 - Contractor Qualifications to Perform the Work

- A. The Contractor Qualifications Statement/Introduction Letter shall include the following information:
 - 1. A detailed description of Contractor's qualifications to furnish the scope of work contained in this RFQ.
 - 2. Provide an outline identifying the organizational structure and the responsibilities of management and staff performing work on the Project; describe method employed to ensure prompt service, customer satisfaction, prompt complaint resolution, effective employee performance and training, and timely initiation and completion of all work.
 - 3. Explain how your Contractor is financially capable of performing it's obligations under this RFQ.
 - 4. Describe any prior or pending litigation or investigation, either civil or criminal, involving a governmental agency or which may affect the performance of the services to be rendered herein, in which the Contractor, any of its employees, or subcontractors intended for this project is, or has been involved within the last three (3) years.
- B. Letter from a financial institution with which the Contractor has conducted business for at least the last 12 months stating the Contractor is in good standing (this should be generic enough to not be considered confidential).

Tab 2 - Minimum Standards for Working with The Marion County Hospital District

- A. The submittal shall contain *proof of insurability* issued by a company authorized to do business in the State of Florida and with an A.M. Best Company rating of at least B+ for the required insurance(s) listed below:
 - Workers Compensation Insurance- for all employees of the Contractor as required by Florida Statute 440, and Employer's Liability limits of not less than \$1,000,000 per accident.
 - Commercial General Liability Insurance- on a comprehensive basis in an amount not less than \$1,000,000 per occurrence, and \$2,000,000 annual aggregate, the Marion County Hospital District must be shown as an additional insured.
 - Business Auto Liability- shall be provided by the Contractor with combined single limits of not less than \$1,000,000 per occurrence and is to include bodily injury and property damage liability arising out of operation, maintenance or use of any auto, including owned, non-owned and hired automobiles.
- B. Proof of required license when applicable (Contractor is responsible for knowing which license is required for work under this RFQ).
- C. Proof of Contractor entity location (tangible tax listing, Contractor license or registration on www.sunbiz.org, or other type of location documentation).
- D. Proof of Contractor's ability to do business in the State of Florida.
- E. W-9.
- F. Conflict of Interest Statement(*2.5)

Tab 3 - Qualifications of the Contractor's Personnel

- A. Resumes of key individuals and personnel assigned to project(*2.2)
- B. Similar Work Detail(*2.4)
- C. Letters of Reference for Similar Projects [in conjunction with Tab 3 (B)]

Tab 4 - Remaining Required Forms and Documents

- A. Contractor Certification Page/Addenda Acknowledgement/Cover Page(*2.1)
- B. Disclosure of Subcontractors(*2.3)

PROPOSAL SPECIFICATIONS AND ASSEMBLY:

Proposal requirements

- **One (1) Original Document** – shall have original signatures and be clearly noted as **ORIGINAL** on the cover. *Double sided printing is encouraged when appropriate.*
- **Plus EIGHT (8) Copies of Original Document** – (copies of original submittal including any additional materials/enclosures provided) clearly noted **COPY** on the cover. *Double sided printing is encouraged whenever appropriate for the submittal.*
- **One (1) Electronic Copy of Original Document** – one (1) CD (or thumb/jump drive) shall be provided which includes all required documents, and as a single .pdf document.
- **Page Limit** – None, if not otherwise specified herein this document.

- **Page Size** – 8 ½ x 11; oversized or pullout pages must be folded down to meet this size.
- **Binding** – It is preferred that all physical submittals be submitted using comb binders that shall be neat and appropriate for the document's thickness. **NO 3-RING BINDERS.**

1.5 DISCUSSIONS AND NEGOTIATIONS

The Marion County Hospital District, in its sole discretion, may do any or all of the following:

1. Evaluate proposals and award a contract with or without discussions with any or all of the Contractors.
2. Discuss and negotiate anything and everything with any Contractor or Contractors at any time.
3. Request additional information from any or all Contractors.
4. Request one or more best and final offers from any or all Contractors.
5. Accept any Proposal in whole or in part.
6. Require a Contractor to make modifications to their initial Proposals.
7. Make a partial award to any or all Contractors.
8. Make a multiple award to any or all of Contractors.
9. Terminate this RFQ, and reissue an amended RFQ.

NEGOTIATIONS FOR PROJECTS:

Negotiations will be held with the most qualified Contractor for compensation which the Marion County Hospital District determines is fair, competitive, and reasonable. Should the Marion County Hospital District be unable to negotiate a satisfactory contract with the Contractor considered to be the most qualified at a price the Marion County Hospital District determines to be fair, competitive, and reasonable, negotiations with that Contractor will be formally terminated. The Marion County Hospital District will then undertake negotiations with the second most qualified Contractor. Failing accord with the second most qualified Contractor, the Marion County Hospital District will terminate negotiations. The Marion County Hospital District will then undertake negotiations with the third most qualified Contractor. Should the Marion County Hospital District be unable to negotiate a satisfactory contract with one of the top three Contractors, the Marion County Hospital District shall select additional Contractors in the order of their competence and qualification and continue negotiations until an agreement is reached.

1.6 BILLING COMPLIANCE:

Contractor should be able to provide a variety of options for invoice and statement formats to accommodate the specific needs of the Marion County Hospital District.

1.7 ACKNOWLEDGEMENT OF CONTRACTOR RESPONSIBILITIES:

Contractor shall review and acknowledge all addenda issued to date on the Acknowledgement and Acceptance Form and shall acknowledge that "I understand timely commencement may be considered in award of this Request for Qualifications (RFQ), and cancellation of award will be considered if commencement time is not met, and that untimely commencement may be cause for assessment of liquidated damages claims. I further certify services will meet or exceed RFQ requirements. I, the undersigned, declare that I have carefully examined the RFQ, specifications, terms and conditions as applicable, and that I am thoroughly familiar with all provisions and the quality and type of coverages and services specified. I further declare that I have not divulged, discussed or compared this RFQ with any other Offeror and have not colluded with any Offerors or parties to an RFQ whatsoever for any fraudulent purpose."

1.8 PUBLIC RECORDS COMPLIANCE SERVICES/CONSTRUCTION IF NO AGREEMENT

CONTRACTOR'S RESPONSIBILITY FOR COMPLIANCE WITH CHAPTER 119, FLORIDA STATUTES. Pursuant to Section 119.0701, F.S., CONTRACTOR agrees to comply with all public records laws, specifically to:

1. Keep and maintain public records required by the Marion County Hospital District to perform the service.
 - a. The timeframes and classifications for records retention requirements must be in accordance with the General Records Schedule GS1-SL for State and Local Government Agencies. (See <http://dos.dos.state.fl.us/library-archives/records-management/general-records-schedules/>).

- b. Records include all documents, papers, letters, maps, books, tapes, photographs, films, sound recordings, data processing software, or other material, regardless of the physical form, characteristics, or means of transmission, made or received pursuant to law or ordinance or in connection with the transaction of official business with the District. CONTRACTOR'S records under this Agreement include but are not limited to, supplier/subcontractor invoices and contracts, project documents, meeting notes, emails and all other documentation generated during this Agreement.

Upon request from the Marion County Hospital District's custodian of public records, Contractor shall provide the Marion County Hospital District with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided for by law. If a CONTRACTOR does not comply with the Marion County Hospital District's request for records, the Marion County Hospital District shall enforce the provisions in accordance with the contract.

Contractor shall ensure that project 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 contract term and following completion of the contract if the CONTRACTOR does not transfer the records to Marion County Hospital District.

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

IF CONTRACTOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE CONTRACTOR'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT Marion County Hospital District Attorney at (352) 579-6627, BY MAIL AT 1531 Southeast 36th Ave., OCALA, FL 34471 OR BY EMAIL AT kmackay@lawyersocala.com.

A CONTRACTOR who fails to provide the public records to the Marion County Hospital District within a reasonable time may also be subject to penalties under Section 119.10, Florida Statutes.

PART 2 – REQUIRED DOCUMENTS TO BE RETURNED

2.1 COVER PAGE

LAST DAY FOR QUESTIONS: (15 Days)

DUE DATE: (30 Days)

For questions relating to this solicitation, contact: Kimberly Glancy via e-mail at kimberly@mchdt.org or via telephone at (352) 619-4302.

It is the responsibility of contractors who receive this Solicitation from sources other than the Marion County Hospital District or DemandStar to contact the Marion County Hospital District prior to the due date to ensure any updates/addenda are received in order to submit a responsible and responsive offer. Not submitting a complete and accurate document may deem the offer non-responsive and have your RFQ rejected.

ADDENDA ACKNOWLEDGMENT: Prior to submitting my response to this RFQ, I have verified that all addenda issued to date are considered as part of my offer:

Addenda received (list all) # _____

Company Name: _____

Printed Name: _____ Title: _____

E-mail address: _____ FEIN: _____

Street Address: _____

Mailing Address (if different): _____

Telephone: (_____) _____ Fax: (_____) _____

By signing this form, I acknowledge I have read and understand, and my Contractor complies with all General Conditions and requirements set forth herein:

SIGNATURE OF AUTHORIZED REPRESENTATIVE _____

DATE SUBMITTED _____

This document must be completed and returned with your Submittal

2.2 - RESUMES OF KEY INDIVIDUALS

Use one page per individual - use additional pages as necessary

Name of Individual: _____

Title and/or Position: _____

Indicate if individual is authorized to sign contracts on behalf of the Contractor: _____

Name of Company	Office Location	City of Residence	Years of Experience in Field	Years with this Contractor
Education / Certifications / Registration				
Describe Related Experience Within the Last 5 Years and your SPECIFIC ROLE ☐ This Contractor ☐ Previous Contractor				
Project Descriptions –				
Project Descriptions –				
Project Descriptions –				
Description of Equipment/Hardware Software Familiarity and Significant Accomplishments				

This document must be completed and returned with your Submittal

2.3 - DISCLOSURE OF SUBCONTRACTORS

Name of Contractor Submitting Proposal

(Printed or Typed)

Please list all Subcontractors to be used in connection with your performance of the Contract. The District reserves the right to accept or reject any subcontractor based on past performance, location, or any other grounds that may conflict with the best interests of Marion County Hospital District. (*Use additional pages, if necessary*):

Sub Name: _____

Point of Contact: _____ Phone Number _____

Physical Office Address: _____

Email Address _____

County in which business is registered as an entity: _____

Contractor's % of Workload/Responsibility under this project _____

Contractor is a ☐ Joint Venturer (partner in this project) ☐ Subcontractor

If above is a Subcontractor, the Prime intends to use the proposed Contractor for the following task(s):

Sub Name: _____

Point of Contact: _____ Phone Number _____

Physical Office Address: _____

Email Address _____

County in which business is registered as an entity: _____

Contractor's % of Workload/Responsibility under this project _____

Contractor is a ☐ Joint Venturer (partner in this project) ☐ Subcontractor

If above is a Subcontractor, the Prime intends to use the proposed Contractor for the following task(s):

Sub Name: _____

Point of Contact: _____ Phone Number _____

Physical Office Address: _____

Email Address _____

County in which business is registered as an entity: _____

Contractor's % of Workload/Responsibility under this project _____

Contractor is a ☐ Joint Venturer (partner in this project) ☐ Subcontractor

If above is a Subcontractor, the Prime intends to use the proposed Contractor for the following task(s):

This document must be completed and returned with your Submittal

2.4 - SIMILAR WORK DETAIL

(do not list the same client twice)

If the contractor has completed similar work for Marion County or The City Of Ocala in the past 24 months and has not had any unfavorable final project evaluations, list the County's or City's project manager's name and the title of the project in the first box. Additional references or letters are not required.

Company Name:	
How this detail is similar to scope under the RFQ:	
Address:	
City, State, ZIP:	Phone Number:
Point of Contact:	E-mail:
<i>A Letter of Reference is REQUIRED from this contact to deem this a complete and responsive submittal</i>	

Company Name:	
How this detail is similar to scope under the RFQ:	
Address:	
City, State, ZIP:	Phone Number:
Point of Contact:	E-mail:
<i>A Letter of Reference is REQUIRED from this contact to deem this a complete and responsive submittal</i>	

Company Name:	
How this detail is similar to scope under the RFQ:	
Address:	
City, State, ZIP:	Phone Number:
Point of Contact:	E-mail:
<i>A Letter of Reference is REQUIRED from this contact to deem this a complete and responsive submittal</i>	

This document (including corresponding Letters of Reference) must be completed and returned with your Submittal

2.5 CONFLICT OF INTEREST STATEMENT

Florida Statute §112.313 places limitations on public officers (including advisory board members) and employees' ability to contract with the Marion County Hospital District either directly or indirectly. Therefore, please indicate if the following applies:

PART 1.

- ☐ I am an employee, public officer, or an advisory board member of the Marion County Hospital District (LIST).
NAME: _____
- ☐ I am the spouse or child of an employee, public officer or board member of the Marion County Hospital District.
NAME: _____
- ☐ An employee, public officer, or board member of the Marion County Hospital District, or their spouse or child, is an officer, partner, director, or proprietor of Respondent or has a material interest in Respondent. "Material interest" means direct or indirect ownership of more than five percent (5%) of the total assets or capital stock of any business entity. For the purposes of FS §112.313, indirect ownership does not include ownership by a spouse or minor child.
NAME: _____
- ☐ Respondent employs or contracts with an employee, public officer, or board member of the Marion County Hospital District.
NAME: _____
- ☐ Principal or Agent is former employee of Marion County Hospital District with less than one (1) year of inactive service.
NAME _____
- ☐ NONE OF THE ABOVE

The District shall review any relationship which may be prohibited under the Florida Ethics Code and will disqualify any Contractor whose conflicts are not waived or exempt.

COMPANY _____

PRINTED NAME _____

SIGNATURE _____

This document must be completed and returned with your Submittal

RFQ

Construction Manager

PART 3 - GENERAL CONDITIONS

3.1 PUBLIC ENTITY CRIME: A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a Bid on a contract to provide goods or services to a public entity, for the construction or repair of a public building or public work, may not submit Bids on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list.

3.2 INDEMNIFICATION : The Contractor agrees to defend, indemnify and hold harmless the Marion County Hospital District and its officials, employees and volunteers from and against all claims, losses and expenses, including legal costs, arising out of or resulting from, the performance of the contract referenced herein. This obligation to defend, indemnify and hold harmless shall extend to causes of action arising solely from the sole and direct negligence of the Marion County Hospital District. The obligations set forth under this Section shall include but not be limited to any claims, damage, loss of expenses is attributed to bodily injury, sickness, disease, personal injury or death, or to injury to or destruction of tangible property including the loss or loss of use resulting there from and is caused in whole or in part by any negligent act or omission of the Contractor.

3.3 ANTI TRUST LAWS: By submission of a signed RFQ, the successful Contractor acknowledges compliance with all antitrust laws of the United States and the State of Florida, in order to protect the public from restraint of trade, which illegally increases prices.

3.4 DOCUMENT RE-CREATION: Contractor may choose to re-create any document(s) required for this solicitation, but must do so at his own risk. All required information in the original Marion County Hospital District format must be included in any re-created document. Submittals may be deemed non-responsive if required information is not included in any re-created document, or is altered from its originally distributed format/content.

3.5 FUNDING: The obligation of the Marion County Hospital District for payment to a Contractor is limited to availability of funds appropriated in a current fiscal period, and continuation of contract into a subsequent fiscal period is subject to appropriation of funds, unless otherwise authorized by law.

3.6 INTERPRETATION, CLARIFICATIONS AND ADDENDA: No oral interpretations will be made to any Contractor as to the meaning of the RFQ Contract Documents. Any inquiry or request for interpretation received by the Marion County Hospital District before the date listed herein will be given consideration. All such changes or interpretations will be made in writing in the form of an addendum and, if issued, will be distributed at or after the Pre-RFQ Conference, mailed or sent by available or electronic means to all attending prospective Contractors prior to the established RFQ opening date. Each Contractor shall acknowledge receipt of such addenda in the space provided. In case any Contractor fails to acknowledge receipt of such addenda or addendum, his RFQ will nevertheless be construed as though it had been received and acknowledged and the submission of his RFQ will constitute acknowledgment of the receipt of same. All addenda are a part of the RFQ FORMS and each Contractor will be bound by such addenda, whether or not received by him. It is the responsibility of each Contractor to verify that he has received all addenda issued before RFQs are opened.

In the case of unit price items, the quantities of work to be done and materials to be furnished under this RFQ Contract are to be considered as approximate only and are to be used solely for the comparison of RFQs received. The Marion County Hospital District and/or the Contractor do not expressly or by implication represent that the actual quantities involved will correspond exactly therewith; nor shall the Contractor plead misunderstanding or deception because of such estimate or quantities of work performed or material furnished in accordance with the Specifications and/or Drawings and other RFQ/proposal Documents, and it is understood that the quantities may be increased or diminished as provided herein without in any way invalidating any of the unit or lump sum prices.

3.7 GOVERNING LAWS AND REGULATIONS: The Contractor is required to be familiar with and shall be responsible for complying with all federal, state and local laws, ordinances, rules and regulations that in any manner affect the work. Notwithstanding the foregoing, this Agreement shall be construed in accordance with the laws of the state of Florida.

3.8 PROPRIETARY/CONFIDENTIAL INFORMATION: Contractors are hereby notified that all information submitted as part of, or in support of RFQs, will be available for public inspection ten days after opening of the RFQs or until a short list is recommended whichever comes first, in compliance with Chapter 119, 287 and 255.10 of the Florida Statutes. Any person wishing to view the RFQs must make an appointment by calling the Marion County Hospital District at (352) 622-3662. All RFQs submitted in response to this solicitation become the property of the Marion County Hospital District. Unless information submitted is proprietary, copyrighted, trademarked, or patented, the Marion County Hospital District reserves the right to utilize any or all information, ideas, conceptions, or portions of any RFQ, in its best interest.

3.9 TAXES: The Marion County Hospital District, is exempt from sales and excise taxes imposed by the State and/or Federal Government. Exemption certificates will be provided upon request.

3.10 NON-COLLUSION DECLARATION: By signing this RFQ, all Contractors shall certify that they shall not collude, conspire, connive or agree, directly or indirectly, with any other Contractor, Contractor, or person to submit a collusive or sham RFQ in connection with the work for which their RFQ has been submitted; or to refrain from Bidding in connection with such work; or have in any manner, directly or indirectly, sought by person to fix the price or prices in the RFQ or of any other Contractor, or to fix any overhead, profit, or cost elements of the RFQ price or the RFQ price of any other Contractor, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against any other Contractor, or any person interested in the proposed work.

3.11 CONTRACTOR RESPONSIBILITY: Invitation by the Marion County Hospital District to Contractors is based on the recipient's specific request and application to DemandStar by Onvia at www.DemandStar.com [(800) 711-1712] or as the result of response by the public to the legal advertisements required by State and County law. Contractors or individuals submit their responses on a voluntary basis, and therefore are not entitled to compensation of any kind.

3.12 OWNERSHIP OF SUBMITTALS: All responses, inquiries or correspondence relating to or in reference to this RFQ, and all other reports, charts, displays, schedules, exhibits and other documentation submitted by the Contractors will become the property of the Marion County Hospital District. Reference to literature submitted with a

previous RFQ will not relieve the Contractor from including any required documents with this RFQ.

3.13 EXAMINATION OF RFQ DOCUMENTS: Each Contractor shall carefully examine the RFQ Document to ensure all pages have been received, all drawings and/or Specifications and other applicable documents are included, and shall inform themselves thoroughly regarding any and all conditions and requirements that may in any manner affect cost, progress or performance of the work to be performed under the Contract. Ignorance on the part of the CONTRACTOR will in no way relieve them of the obligations and responsibilities assumed under the Contract.

3.14 CONTRACTOR RESPONSIBILITY: Contractors are fully and completely responsible for the labeling, identification and delivery of their submittals. The Marion County Hospital District will not be responsible for any mislabeled or misdirected submissions, nor those handled by delivery persons, couriers, or the U. S. Postal Service.

3.15 LONG TERM CONTRACT AND ECONOMIC CHANGE: During the life of the contract, if circumstances (e.g.: fuel costs) arise beyond the Contractor's control creating a need for a price adjustment, the Contractor may submit a request for such adjustment. Requests may only be submitted once per calendar year and will be considered a temporary adjustment. Temporary shall mean price adjustments are monitored in association with market fluctuations. All price adjustments are subject to Board approval. If approved, price adjustments would only be in effect until reasonable market stability has occurred. At that time, all pricing would revert to original contract pricing.

3.16 Marion County Hospital District, a political subdivision of the State of Florida, reserves the right to reject any and/or all submittals, waive any informalities or irregularities in the RFQ process, and to award the contract contemplated herein to the Respondent whose proposal is in the best interest of the Marion County Hospital District as determined in its sole and absolute discretion. Submittals not meeting stated minimum terms and qualifications may be rejected by the Marion County Hospital District as non-responsive. The Marion County Hospital District reserves the right to reject any or all submittals without cause. The Marion County Hospital District reserves the right to reject the submission of any Contractor in arrears or in default upon any debt or contract to the Marion County Hospital District, or who has failed to perform faithfully any previous contract with the County or with other governmental agencies.

3.17 PUBLIC RECORDS LAW: Correspondence, materials and documents received pursuant to this RFQ become public records subject to the provisions of Chapter 119, Florida Statutes. **DETAILS OF SUBMITTALS/PUBLIC RECORDS EXEMPTION:** §119.07, F.S., the Public Records Law. Florida law provides that municipal records shall at all times be open for personal inspection by any person. Information and materials received by the Marion County Hospital District in connection with any solicitation response shall be deemed to be public records subject to public inspection upon award, recommendation for award, or thirty (30) days after opening, whichever occurs first. However, certain exemptions to the public records law are statutorily provided for in §119.07, F.S. If the Contractor believes any of the information contained in his or her response is exempt from the Public Records Law, then the Contractor, must in his or her response, specifically identify the material which is deemed to be exempt and cite the legal authority for the exemption. The Marion County Hospital District's determination of whether an exemption applies shall be final, and the Contractor agrees to defend, indemnify, and hold harmless the Marion County Hospital District and the Marion County Hospital District's officers, employees, and agents, against any loss or damages incurred by any person or entity as a result of the Marion County Hospital District's treatment of records as public records. §286.0113, F.S. Provides that meetings of persons appointed to evaluate RFQs or proposals and negotiate contracts shall be closed to the public during oral presentations made by a Contractor, or where a Contractor answers questions. Neither

Contractors, nor the public will be permitted to sit in on meetings wherein their competitors are making presentations or discussing their RFQ or proposal with the committee members. The portions of these meetings are subject to disclosure at the time of an intended award decision or within thirty (30) days of the RFQ or proposal opening, whichever is earlier.

3.18 VERIFICATION OF TIME: Atomic time is hereby established as the Official Time for Marion County Hospital District Solicitations. All times stated herein and any other solicitation generated by the Marion County Hospital District will refer to atomic time.

3.19 PREPARATION OF RFQS: Signature of the Contractor: The Contractor must sign the RFQ FORMS in the space provided for the signature. If the Contractor is an individual, the words "doing business as _____," must appear beneath such signature. In the case of a partnership, the signature of at least one of the partners must follow the Contractor name and the words, "Member of the Contractor" should be written beneath such signature. If the Contractor is a corporation, the title of the officer signing the RFQ on behalf of the corporation must be stated and evidence of his authority to sign the RFQ must be submitted. The Contractor shall state in the RFQ FORMS the name and address of each person interested therein.

3.20 TABULATION: Those wishing to receive an official tabulation of the results of the opening of this RFQ shall request a copy of the tabulation in accordance with public records policy.

3.21 OBLIGATION OF WINNING CONTRACTOR: The contents of the RFQ of the successful Contractor will become contractual obligations if an agreement ensues. Failure of the successful Contractor to accept these obligations in a contract may result in cancellation of the award and such Contractor may be removed from future participation.

3.22 AWARD OF RFQ: It is the Marion County Hospital District's intent to select a Contractor within **sixty (60) calendar days** of the deadline for receipt of RFQs. However, RFQs must be Contractor and valid for award for at least **ninety (90) calendar days** after the deadline for receipt of RFQs.

3.23 ADDITIONAL REQUIREMENTS: The Contractors shall furnish such additional information as Marion County Hospital District may reasonably require. This includes information which indicates financial resources as well as ability to provide the services. The Marion County Hospital District reserves the right to make investigations of the qualifications of the Contractor as it deems appropriate.

3.24 PREPARATION COSTS: The Marion County Hospital District shall not be obligated or be liable for any costs incurred by Contractors prior to issuance of a contract. All costs to prepare and submit a response to this RFQ shall be borne by the Contractor.

3.25 TIMELINESS: All work will commence upon authorization from the Marion County Hospital District. All work will proceed in a timely manner without delays. The Contractor shall commence the work UPON RECEIPT OF NOTICE TO PROCEED and/or ORDER PLACED (PURCHASE ORDER PRESENTED), and shall deliver in accordance to the terms and conditions outlined and agreed upon herein.

3.26 DELIVERY: All prices shall be FOB Destination, Ocala, Florida, inside delivery unless otherwise specified.

3.27 PLANS, FORMS & SPECIFICATIONS: RFQ Packages are available from the Marion County Hospital District. These packages are available for pickup or email at no additional charge. NO RFQ FORMS will be faxed. If requested to mail, the Contractor must supply a courier account number (UPS, FedEx, etc). Contractors are required to use the official RFQ FORMS, and all attachments itemized herein, are to be submitted as a single document. RFQ FORM documents for this project are free of charge and are available on-line and are downloadable (Contractor must pay DemandStar fees or shipping), unless otherwise noted.

3.28 MANUFACTURER'S NAME AND APPROVED EQUIVALENTS: Any manufacturer's names, trade names, brand

names, information and/or catalog numbers listed in a specification are for information and not intended to limit competition unless otherwise indicated. The Contractor may Bid any brand for which he is an authorized representative, which meets or exceeds the Bid specification for any item(s). If RFQs are based on equivalent products, indicate on the RFQ FORM the manufacturer's product name and literature, and/or complete specifications. Reference to literature submitted with a previous RFQ will not satisfy this provision. The Contractor shall explain in detail the reason(s) why the proposed equivalent will meet the specifications and not be considered an exception thereto. RFQs which do not comply with these requirements are subject to rejection. RFQs lacking any written indication of intent to quote an alternate brand will be received and considered in complete compliance with the specifications as listed on the RFQ FORM. The Marion County Hospital District is to be notified, in writing, of any proposed changes in materials used, manufacturing process, or construction. However, changes shall not be binding upon the District unless evidenced by a Change Notice issued and signed by the Marion County Hospital District, or designated representative.

3.29 QUANTITIES: Quantities specified in this RFQ are estimates only and are not to be construed as guaranteed minimums.

3.30 SAMPLES: Samples of items, when called for, shall be furnished free of expense, and if not destroyed may, upon request, be returned at the Contractor's expense. Each sample shall be labeled with the Contractor's name, manufacturer brand name and number, RFQ number and item reference. Samples of successful Contractor's items may remain on file for the term of the contract. Request for return of samples shall be accompanied by instructions which include shipping authorization and must be received at time of opening. Samples not returned may be disposed of by the District within a reasonable time as deemed appropriate.

3.31 ADDITIONAL SERVICES/PURCHASES BY OTHER PUBLIC AGENCIES ("PIGGYBACK"): The Contractor by submitting a RFQ/proposal acknowledges that other Public Agencies may seek to "Piggy-Back" under the same terms and conditions, during the effective period of any resulting contract – services and/or purchases being proposed in this RFQ/proposal, for the same prices and/or terms proposed. Contractor has the option to agree or disagree to allow contract Piggy-Backs on a case-by-case basis. Before a Public Agency is allowed to Piggy-Back any contract, the Agency must first obtain the Contractor's approval – without the Contractor's approval, the seeking Agency cannot Piggy-Back.

3.32 PAYMENT TERMS: If payment terms are not indicated, terms of NET 30 DAYS shall be applied by the Marion County Hospital District. Payment terms to apply after receipt of invoice or final acceptance of the product/service, whichever is later. Payment terms offering less than 20 days for payment will not be considered.

3.33 DRUG FREE WORKPLACE CERTIFICATION: As part of the submittal for this project, and authorization on the Acknowledgement and Acceptance Form, and in accordance with Florida Statute 287.087, the person submitting for this RFQ attests this Contractor:

- Publishes a written statement notifying the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace named above, and specifying actions will be taken against violations of such prohibition.
- Informs employees about dangers of drug abuse in the workplace, the Contractor's policy of maintaining a drug free working environment, and available drug counseling, rehabilitation, and employee assistance programs, and penalties may be imposed upon employees for drug use violations.
- Gives each employee engaged in providing commodities or contractual services under RFQ or proposal, a copy of the statement specified above.
- Notifies the employees as a condition of working on the commodities or contractual services under RFQ or proposal, the employee will abide by the terms of the statement and will notify

the employer of any conviction or pleas of guilty or nolo contendere to, any violation of Chapter 893, or of any controlled substance law of the State of Florida or the United States, for a violation occurring in the workplace, no later than five (5) days after such conviction, and requires employees to sign copies of such written statement to acknowledge their receipt.

- Imposes a sanction on, or requires the satisfactory participation in, a drug abuse assistance or rehabilitation program, if such is available in the employee's community, by any employee who is so convicted.
- Makes a good faith effort to continue to maintain a drug free workplace through the implementation of the Drug Free Workplace program.

3.34 EMPLOYEE ELIGIBILITY VERIFICATION: For projects funded with State or Federal dollars, the Marion County Hospital District adheres to practices set forth under the e-verification (EV) system, which is outlined in the clauses below. Information provided by the Contractor is subject to review for the most current version of the State or Federal policies at the time of award. Contractor has agreed to perform in accordance with these requirements and agrees:

1. To enroll and participate in the federal EV Program for Employment Verification under terms provided in the "Memorandum of Understanding" governing the program.
1. To provide to the Marion County Hospital District, within thirty (30) days of the effective date of this contract, documentation of such enrollment in the form of a copy of the EV "Edit Company Profile" screen, containing proof of enrollment in the EV Program (*this page can be accessed from the "Edit Company Profile" link on the left navigation menu of the employer's home page*).
2. To require each subcontractor that performs work under this contract to enroll and participate in the EV Program within ninety (90) days of the effective date of this contract/amendment/extension or within ninety (90) days of the effective date of the contract between the Contractor and the subcontractor, whichever is later. Contractor shall obtain from the subcontractor(s) a copy of the "Edit Company Profile" screen indicating enrollment in the EV Program and make such record(s) available to the District upon request.
3. To maintain records of its participation and compliance with the provisions of the EV program, including participation by its subcontractors as provided above, and to make such records available to the Marion County Hospital District or other authorized state entity consistent with the terms of the Memorandum of Understanding.
4. To comply with the terms of this Employment Eligibility Verification provision is made an express condition of this contract and the Marion County Hospital District may treat a failure to comply as a material breach of the contract.

3.35 EVALUATION, ACCEPTANCE OR REJECTION OF PROPOSAL: The Marion County Hospital District may, at its sole and absolute discretion reject any and all, or part of any and all, responses; readvertise this RFQ; postpone or cancel at any time this RFQ process; or waive any irregularities in this RFQ or in any responses received as a result of this RFQ. The Marion County Hospital District may reject a RFQ based on past performance of Contractor.

3.36 FOR FEDERAL AND/OR FDOT FUNDING – TITLE VI/ NONDISCRIMINATION POLICY STATEMENT –

APPENDIX A & E: During the performance of this contract, the contractor, for itself, its assignees and successors in interest (hereinafter referred to as the "Contractor") agrees as follows:

- (1.) **Compliance with Regulations:** The Contractor shall comply with the Regulations relative to nondiscrimination in Federally-assisted programs of the U.S. Department of Transportation (hereinafter, "USDOT") Title 49, Code of Federal Regulations, Part 21, as they may be amended from time to time, (hereinafter referred to as the Regulations), which are herein incorporated by reference and made a part of this Agreement.

(2) **Nondiscrimination:** The Contractor, with regard to the work performed during the contract, shall not discriminate on the basis of race, color, national origin, sex, age, disability, religion or family status in the selection and retention of subcontractors, including procurements of materials and leases of equipment. The Contractor shall not participate either directly or indirectly in the discrimination prohibited by section 21.5 of the Regulations, including employment practices when the contract covers a program set forth in Appendix B of the Regulations.

(3) **Solicitations for Subcontractors, including Procurements of Materials and Equipment:** In all solicitations made by the Contractor, either by competitive bidding or negotiation for work to be performed under a subcontract, including procurements of materials or leases of equipment; each potential subcontractor or supplier shall be notified by the Contractor of the Contractor's obligations under this contract and the Regulations relative to nondiscrimination on the basis of race, color, national origin, sex, age, disability, religion or family status.

(4) **Information and Reports:** The Contractor shall provide all information and reports required by the Regulations or directives issued pursuant thereto, and shall permit access to its books, records, accounts, other sources of information, and its facilities as may be determined by the *Florida Department of Transportation*, the *Federal Highway Administration*, *Federal Transit Administration*, *Federal Aviation Administration*, and/or the *Federal Motor Carrier Safety Administration* to be pertinent to ascertain compliance with such Regulations, orders and instructions. Where any information required of a Contractor is in the exclusive possession of another who fails or refuses to furnish this information the Contractor shall so certify to the *Florida Department of Transportation*, the *Federal Highway Administration*, *Federal Transit Administration*, *Federal Aviation Administration*, and/or the *Federal Motor Carrier Safety Administration* as appropriate, and shall set forth what efforts it has made to obtain the information.

(5) **Sanctions for Noncompliance:** In the event of the Contractor's noncompliance with the nondiscrimination provisions of this contract, the *Florida Department of Transportation* shall impose such contract sanctions as it or the *Federal Highway Administration*, *Federal Transit Administration*, *Federal Aviation Administration*, and/or the *Federal Motor Carrier Safety Administration* may determine to be appropriate, including, but not limited to:

- a. withholding of payments to the Contractor under the contract until the Contractor complies, and/or
- b. cancellation, termination or suspension of the contract, in whole or in part.

Compliance with Nondiscrimination Statutes and Authorities: Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq., 78 stat. 252), (prohibits discrimination on the basis of race, color, national origin); and 49 CFR Part 21; The Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, (42 U.S.C. § 4601), (prohibits unfair treatment of persons displaced or whose property has been acquired because of Federal or Federal-aid programs and projects); Federal-Aid Highway Act of 1973, (23 U.S.C. § 324 et seq.), (prohibits discrimination on the basis of sex); Section

504 of the Rehabilitation Act of 1973, (29 U.S.C. § 794 et seq.), as amended, (prohibits discrimination on the basis of disability); and 49 CFR Part 27; The Age Discrimination Act of 1975, as amended, (42 U.S.C. § 6101 et seq.), (prohibits discrimination on the basis of age); Airport and Airway Improvement Act of 1982, (49 USC § 471, Section 47123), as amended, (prohibits discrimination based on race, creed, color, national origin, or sex); The Civil Rights Restoration Act of 1987, (PL 100-209), (Broadened the scope, coverage and applicability of Title VI of the Civil Rights Act of 1964, The Age Discrimination Act of 1975 and Section 504 of the Rehabilitation Act of 1973, by expanding the definition of the terms "programs or activities" to include all of the programs or activities of the Federal-aid recipients, subrecipients and contractors, whether such programs or activities are Federally funded or not); Titles II and III of the Americans with Disabilities Act, which prohibit discrimination on the basis of disability in the operation of public entities, public and private transportation systems, places of public accommodation, and certain testing entities (42 U.S.C. §§ 12131 -- 12189) as implemented by Department of Transportation regulations at 49 C.F.R. parts 37 and 38; The Federal Aviation Administration's Non-discrimination statute (49 U.S.C. § 47123) (prohibits discrimination on the basis of race, color, national origin, and sex); Executive Order 12898, Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations, which ensures non-discrimination against minority populations by discouraging programs, policies, and activities with disproportionately high and adverse human health or environmental effects on minority and low-income populations; Executive Order 13166, Improving Access to Services for Persons with Limited English Proficiency, and resulting agency guidance, national origin discrimination includes discrimination because of limited English proficiency (LEP). To ensure compliance with Title VI, you must take reasonable steps to ensure that LEP persons have meaningful access to your programs (70 Fed. Reg. at 74087 to 74100); Title IX of the Education Amendments of 1972, as amended, which prohibits you from discriminating because of sex in education programs or activities (20 U.S.C. 1681 et seq.).

(6) **Incorporation of Provisions:** The Contractor shall include the provisions of paragraphs (1) through (5) in every subcontract, including procurements of materials and leases of equipment involving Federal or FDOT funds, unless exempt by the Regulations, or directives issued pursuant thereto. The Contractor shall take such action with respect to any subcontract or procurement as the *Florida Department of Transportation*, the *Federal Highway Administration*, *Federal Transit Administration*, *Federal Aviation Administration*, and/or the *Federal Motor Carrier Safety Administration* may direct as a means of enforcing such provisions including sanctions for noncompliance. In the event a Contractor becomes involved in, or is threatened with, litigation with a subcontractor or supplier as a result of such direction, the Contractor may request the *Florida Department of Transportation* to enter into such litigation to protect the interests of the *Florida Department of Transportation*, and, in addition, the Contractor may request the United States to enter into such litigation to protect the interests of the United States.

THE CONDITIONS HEREIN ARE ACKNOWLEDGED BY YOUR SIGNATURE ON THE COVER PAGE AND INCORPORATED BY REFERENCE HEREIN

RFQ
Construction Manager For District's
Interior Office Project
PART 4 - SCOPE OF SERVICE

4.1 DESCRIPTION

The purpose of this Solicitation is to contract for the services specified herein, from a qualified Contractor that will provide licensed Construction Manager ("CM") Services. This shall be a single purpose contract, requiring the CM to have the ability to manage a single Commercial Project. The selected Contractor(s) shall contract with the Marion County Hospital District to provide construction services related to the Project as contemplated herein. There shall be no renewal options. The Marion County Hospital District reserves the right to award this contract to multiple contractors. The scope of work consists of constructing interior office improvements as set forth in the plans and specifications prepared by the Marion County Hospital District's Architect/Engineer Partin Architecture Co. (the "Architect/Engineer"), A copy of the Project Plans are attached hereto as *Exhibit "1."*

4.2 CONSTRUCTION MANAGEMENT SERVICES

These services will be performed unilaterally for the Marion County Hospital District, or in close coordination and cooperation with the Architect/Engineer. Services will apply to both Preconstruction, Bidding and Construction phases of each Project, and will include services related to all Architectural, Engineering, and Construction disciplines as well as all aspects of Project construction. CM Services will apply to all Project phases: Programming and Conceptual Design, Schematic Design, Design Development, Construction Documents, Bidding (Subcontract), and Construction until occupation by the District and completion of Final Punch list .

4.3 CONSTRUCTION MANAGER SCOPE OF SERVICES

In general, services will consist of the following (to be further defined in the Contract) for this project.

1. Preliminary evaluation of Owner's program, Project budget, and schedule requirements.
2. Consultation and recommendations on construction feasibility, time requirements, value engineering (VE), and budgeting.
3. Preliminary Project scheduling
4. Phased Construction planning
5. Preliminary Cost Estimates
6. Development of subcontractor interest in the Project
7. Long-lead and Direct Purchase Item identification, scheduling and ordering
8. All Federal Labor Standards compliance as required by the Marion County Hospital District funding sources.
9. Control Estimate and Contract Time and provision of a Guaranteed Maximum Price (GMP) to the Owner.
10. Construction of the Project.
11. Construction Administration of the Project.
12. Coordination of all testing, surveys, and reports; scheduling and analysis of same.
13. Perform any and all services as are customary with the Construction Management process.
14. May be required to do non-binding tests bids to ensure project is on budget.
15. Able to familiarize themselves and adhere to the policies and procedure of Community Services and HUD.

4.4 FEES

Fees for services will be negotiated and mutually acceptable by both Contractor and District on an individual basis for this Project. There is no cap on the total fees payable under this Agreement.

4.5 QUALIFICATIONS

In addition to the qualifications contained in other sections of this RFQ, submittals must include documentation of the Company having at least five (5) years of experience for principals assigned to the work under this agreement in Contractor services. All staff on project site, including all staff of subs shall have legal ability to work in the United States (citizenship or green card). *The CM MUST meet all state and local licensing requirements as a general contractor in order to obtain any and all required building permits.*



You are cordially invited to

HARVESTING HEALTH

ACTIVE MARION PROJECT'S RECOGNITION
BANQUET

THURSDAY OCT 15 5:30-7:30PM
2026

WEBBER CENTER
COLLEGE OF CENTRAL FLORIDA
3001 SW COLLEGE RD.
OCALA, FL 34474

Dinner provided

RSVP BY AUGUST 28TH TO AMP@MCHDT.ORG

CHP Performance Measures & Objectives 2026-27

Healthy Families (target area: case management)

Goal: Create and sustain healthy families by providing case management and implementing programs which promote cohesion and stability of the family unit.

Performance Measures and Objectives:

1. Provide case management to address the collective needs of the family.
 - Target- all families and individuals receiving services will complete the assessment and service plan process to identify realistic goals to achieve self-sufficiency.
Target Goal: 150 new families
**This goal last fiscal year was 140 new families.*
2. Enhance self-sufficiency of individuals receiving case management services.
 - **Target Goal: 75% of cases will close successfully**
**This goal was the same last fiscal year.*
3. Conduct Life Skills Classes and utilize pre and post surveys to demonstrate knowledge gained.
 - **Target Goal: 90% of participants will report knowledge gained**
**This goal was the same last fiscal year.*

Fitness & Nutrition (target areas: obesity and food insecurity)

Goal: Provide access to resources to reduce obesity and chronic diseases by providing fitness and nutrition education and healthy eating options in the community.

Performance Measures and Objectives:

1. Provide educational classes on fitness and nutrition (i.e., Strong People Living Well classes, cooking demonstrations, nutrition classes, step challenges).
 - **Target Goal: 200 participants**
**The goal last fiscal year was 150 participants.*
2. Utilize pre and post surveys at educational classes.
 - **Target Goal: Knowledge gained, and lifestyle behavioral changes are demonstrated in 90% of participants.**
**The goal was 85% last fiscal year.*
3. Assist families with food insecurity through the CHP produce program (vegetables harvested from the onsite gardens and partnership with local farmers).
 - **Target Goal: 175 families**
**The goal last fiscal year was the same.*

CHP Performance Measures & Objectives 2026-27

Education (target areas: income stabilization and educational attainment)

Goal: Improve the opportunities for educational attainment and mentoring for residents and youth in the community.

Performance Measures and Objectives:

1. Provide assistance with educational attainment pertaining to GEDs and trade certifications to enhance employability.
 - **Target Goal: 50% of individuals referred for assistance will successfully obtain their certification.**
**The goal was the same last fiscal year.*
2. Provide after-school tutoring for children in the community.
 - **Target Goal: provide weekly tutoring sessions during the school year (30 children)**
**The goal last fiscal year was 25 children.*
3. Provide mentoring programs for youth in the community.
 - **Target Goal: provide monthly mentoring opportunities for youth (30 children)**
**The goal last fiscal year was 25 children.*

Employment (target area: income stabilization)

Goal: Improve the opportunities for economic stability for residents encountering multiple barriers to employment including transportation, criminal backgrounds, long-term poverty, lack of skills and/or formal education.

Performance Measures and Objectives:

1. Facilitate educational classes to improve employment outcomes and income stabilization (including soft skills education- resume writing, communication, interviewing, computer skills).
 - **Target Goal: Provide assistance to 100 individuals.**
**The goal last fiscal year was 85.*
2. Enhance successful employment outcomes.
 - **Target Goal: 80% of individuals requesting assistance successfully gain employment**
**The goal was the same last fiscal year.*
3. Partner with local organizations to conduct hiring events to expand employment opportunities in the community.
 - **Target goal: 25 individuals gain employment.**
**This goal was the same last fiscal year*

**Note: Career Source is no longer conducting onsite career assistance or job fairs- CHP staff will be providing these services.*

CHP Performance Measures & Objectives 2026-27

Medical & Dental (target areas: access to healthcare, chronic disease prevention)

Goal: Provide access to health services and chronic disease prevention training.

Performance Measures and Objectives:

1. Facilitate diabetes education via DEEP, Pre-Diabetes Classes, and Wellness Continuation Groups.
 - **Target Goal: 40 participants**
**The goal last fiscal year 30 DEEP graduates.*
2. Conduct pre and post clinical biometric screenings at educational classes
 - **Target Goal: 80% of participants see a positive change in clinical screenings**
**The goal was the same last fiscal year.*
3. Partner with dental providers to provide access to onsite dental care (Freedom Clinic) and medical providers (Estella Byrd Whitman) for referrals.
 - **Target Goal: 250 individuals assisted**
**The goal was the same last fiscal year.*

Data Collection Tools:

- Data from mindshare database
- Data from partnering agencies providing onsite services
- Clinical screenings data from AdventHealth

FANS Performance Measures & Objectives 2026-27

Health Education:

Performance Measures and Objectives:

1. Increase the number of students exposed to health education presentations utilizing Too Good for Drugs curriculum in elementary schools.
 - **Target Goal:** 1100 students (80% of 3rd grade students at elementary schools with alcohol, drug, and tobacco disciplinary infractions last school year).
11 schools/ 1376 students enrolled
**The goal last fiscal year was 1049 students (80% of enrolled 3rd graders at 9 schools).*
2. Increase the number of students exposed to vaping and health education presentations in middle schools.
 - **Target Goal:** 1690 students (80% of 8th grade students at middle schools with alcohol, drug, and tobacco disciplinary infractions).
6 schools/ 2113 students enrolled
**The goal last year was 1333 students (80% of enrolled 8th graders at 5 schools).*
3. Utilize pre and post knowledge assessments in the Too Good for Drugs program to demonstrate knowledge gained and behavioral change (to include a 3-month follow-up).
 - **Target Goal:** Knowledge gained, and lifestyle behavioral changes are demonstrated in 70% of student participants.
**The goal last year was 60% of student participants.*
4. Provide targeted education to high school students with first time level three drug infractions through the Supportive Enforcement Program.
 - **Target Goal:** 80% of all students in the MCPS Supportive Enforcement Program.
New cohorts will start weekly.
**The goal last fiscal year was 80% of enrolled students.*
5. Utilize data provided by the MPCS Discipline Department and Support Enforcement Liaisons to demonstrate behavior change of students successfully completing the Supportive Enforcement Program.
 - **Target Goal:** 80% of students will demonstrate behavior change evidenced by improvement in behavior and no additional disciplinary infractions 3 months after program completion.
**The goal last fiscal year was 80% of students.*

Note: The Too Good for Drugs curriculum is delivered over a six-week period at each school. Priority schools were selected based on disciplinary infraction data from MCPS.

FANS Performance Measures & Objectives 2026-27

Fitness:

Performance Measures and Objectives:

1. Ensure that all elementary FANS schools maintain an average of 60% MVPA in PE Sessions.
 - **Target Goal:** Average MVPA- 60%
 - *The goal is the same as last fiscal year and is based upon PE standards for MVPA.
2. Utilize PACER data to determine if cardiovascular endurance is within designated health fitness zone.
 - **Target Goal:** 15% increase on post-tests from pre-tests.
 - *The goal last fiscal year was 10%.
3. Ensure that all secondary FANS schools maintain an average of 60% MVPA in PE Sessions.
 - **Target Goal:** Average MVPA- 60%
 - * The goal is the same as last fiscal year and is based upon PE standards for MVPA.
4. Distribute a parent survey to assess changes in home behaviors influenced by FANS programming.
 - **Target Goal:** 50% response rate among participating schools' parents.
Survey Topics: Changes in family eating habits, student physical activity at home, and attitudes toward health education.
 - **Outcome Goal:** At least 40% of responding parents report noticing a positive change in their child's health behavior.
 - *The goal was the same last fiscal year.

Horticulture:

Performance Measures and Objectives:

1. Increase the produce yield with hydroponic systems at secondary schools.
 - **Target Goal:** 8,500 pounds of produce harvested.
 - *The goal last fiscal year was 7,500 pounds.
2. Increase utilization of harvested produce in secondary school cafeterias.
 - **Target Goal:** 50% of harvested produce (4250 pounds)
 - *The goal last fiscal year was 3750 pounds.
3. Increase utilization of learning landscapes by Ambassadors for elementary student education (curriculum guides, STEM etc.)
 - **Target Goal:** At least 80% of Ambassadors will submit monthly utilization reports documenting student engagement with and exposure to healthy lifestyle options.
 - *The goal last fiscal year was 70%.

FANS Performance Measures & Objectives 2026-27

Data Collection Tools:

- Pre and post tests/surveys utilized by FANS staff
- Data from PACER pre/post tests; MVPA data
- Produce yield and utilization data
- Data from the MCPS Supportive Enforcement Program

FANS Private Schools

Performance Measures & Objectives 2026-27

Capacity building in schools helps exposure to healthy food options, knowledge of where healthy food comes from, and enhanced physical education.

Performance Measures and Objectives:

1. Increase the produce yield with hydroponic systems at private schools and therapeutic locations.

- **Target Goal:** 1,500 pounds of produce harvested.

**This is a new goal.*

Locations:

St. John Lutheran

Blessed Trinity

Trinity Catholic

Dunnellon Christian Academy

Transitions Life Center (TLC)

2. Increase utilization of learning landscapes by Ambassadors for elementary student education (curriculum guides, STEM etc.)

- **Target Goal:** At least 80% of Ambassadors will submit monthly utilization reports documenting student engagement with and exposure to healthy lifestyle options.

**The goal last year was 70%.*

Schools:

St. John Lutheran

Grace Christian

Blessed Trinity

Redeemer Christian

The Cornerstone

Building Bridges

Capstone Academy

Dunnellon Christian Academy

Graceway Academy

Ocala Adventist Academy

Crossroads Academy

Bellevue Christian Academy

Gracepoint Academy

AMP Performance Measures & Objectives 2026-27

Workplace Wellness:

Performance Measures and Objectives:

1. Increase the number of new worksites to engage in AMP.
 - **Target Goal 1:** Engage 18 new worksites for the fiscal year.
 - **Target Goal 2:** Increase participation by engaging **at least 1,000 employees** who actively participate in one or more workplace wellness activities, challenges, or educational sessions during the program year.

**The goal last fiscal year was to engage 18 new worksites.*
2. Conduct monthly workplace wellness education.
 - **Target Goal:** 10 classes per month.

**The goal last fiscal year was 9 classes per month. Note: wellness education is offered to all worksites; however, not all sites engage in this program component.*
3. Utilize pre and post surveys at workplace wellness trainings.
 - **Target Goal:** Knowledge gained, and lifestyle behavioral changes are demonstrated in 90% of session participants.

**This goal last fiscal year was 90%.*
4. Increase participation at workplace wellness sessions (on-site and virtual).
 - **Target Goal:** 1700 participants will attend trainings (142 per month).

**The goal last fiscal year was 1600.*

Application:

Performance Measures and Objectives:

1. Increase the number of participants in workplace wellness step challenges.
 - **Target Goal:** 2,500 participants

**The goal last fiscal year was to 2,200 participants.*
2. Increase the number worksites that continue to use the app after the initial step challenge.
 - **Target Goal:** 70% of participating worksites

**The goal last fiscal year was 60%.*
3. Increase number of new app users.
 - **Target Goal:** add 1,500 new active users.

**The goal last fiscal was 1,200 new active users.*

AMP Performance Measures & Objectives 2026-27

Community Health Education:

Performance Measures and Objectives:

1. Conduct Chronic Disease Education classes in the community.
 - **Target Goal:** 500 participants.
**The goal last fiscal year was 50 successful graduates.*
2. Participate in community events to provide health and wellness education.
 - **Target Goal:** 18 community events
**The goal last fiscal year was 16 community events.*
3. Conduct pre and post clinical biometric screenings at educational classes (Advent)
 - **Target Goal:** 80% of participants see a decrease in biometric screenings
**The goal last fiscal year was 80% of participants.*

Data Collection Tools:

- Pre and post surveys utilized by AMP staff
- Analytics from the AMP 2 app
- Pre and post data from clinical screenings performed by AdventHealth

First Rescue Alliance Performance Measures 2026-2027

First Rescue Alliance-Behavioral Health

Performance Measures & Objectives:

1. Patients successfully discharge from MCHD funded program.
 - **Target Goal: 80%**
*This goal is the same as last year. This goal is determined by discharge status entered in Mindshare. This includes all first responders without a timeframe.
2. At least 75% of clients identified as needing continued services or a higher level of care upon completion of the MCHD-funded program will be successfully connected to an appropriate provider, level of care, or alternative funding source to support continuity of care.
 - **Target Goal: 75%**
*This is goal is a new. This goal will be measured by intake date and discharge date entered in Mindshare.
3. Patients show a reduction in symptom severity based on assessment scores entered in Mindshare.
 - **Target Goal: 25%**
*This goal is the same as last year. This goal is determined by the assessment types and scores entered into Mindshare during the reportable quarter.
4. Patients report satisfaction with services using the MCHD Customer Satisfaction Survey.
 - **Target goal: 60%**
*This goal is the same as last year. This goal is determined by the customer satisfaction surveys completed using the QR Code linked to Mindshare.
5. Provider initiates treatment within seven days of the initial assessment.
 - **Target Goal: 100%**
*This goal is the same as last year. This goal is determined by the initial contact date and initial assessment date entered into Mindshare.

Beacon Point Performance Measures 2026-2027

SMA-DETOX

Performance Measures and Objectives:

1. 90% of discharged Beacon Point Detox clients will not be readmitted within 14 days of discharge.
 - **Target Goal:** 90%
 - *Same as last year
2. 80% of discharged Beacon Point Detox clients will not be re-admitted within 90 days of discharge.
 - **Target Goal:** 80%
 - *This was a new measure last year. This year we are increasing target goal from 75% to 80% based on last year's performance.
3. SMA will report the number of consumers who were admitted to the Beacon Detox program in Mindshare.
 - **Target Goal:** > 450
 - *this is a new goal based on utilization last fiscal year; the year will close out with close to 450 individuals served.
4. 80% successful discharge rate from Beacon Point Detox
 - **Target Goal:** 80%
 - * No change from last fiscal year
5. Percentage of clients discharged from Detox to Residential or Outpatient substance use treatment for continued care.
 - **Target Goal:** Report only
 - *This new measure will establish a baseline for tracking Detox clients who are discharged to another level of care appropriate to their needs.
5. Number of referrals received from on-campus providers
 - **Target Goal:** Report only
 - *This is an ongoing measure used to track on-campus utilization
6. Number of referrals received from on-campus providers
 - **Target Goal:** Report only
 - * This is an ongoing measure used to track on-campus utilization

SMA - Residential 1

Performance Measures and Objectives:

1. 100% of history and physicals will be completed within 3 calendar days of admission into the Beacon Point Res 1 program.
 - **Target Goal:** 100%
 - *This is an ongoing goal. They attained their goal in Q2, Q3 and Q4 of last fiscal year.
2. 70% of consumers will complete the Beacon Point Residential Level 1 episode of care.
 - **Target Goal:** 70%
 - *This is the same goal as last year, SMA should close the year at 70% successful discharge, which is at the high range of the National average of 60-70%.
3. Provide Residential 1 services to 96 consumers annually at the Beacon Point location.
 - **Target Goal:** >96
 - * Recommend maintaining the goal, SMA should close the year at 84-90 consumers served.
4. Percentage of clients discharged from Residential that have been referred to Outpatient Substance Abuse Treatment or another lower level of care.
 - **Target Goal:** Report Only
 - *This new measure will establish a baseline for tracking Detox clients who are discharged to another level of care appropriate to their needs.
5. Number of referrals received from on-campus providers.
 - **Target Goal:** Report only
 - * This is an ongoing measure used to track on-campus utilization
6. Number of referrals received from on-campus providers.
 - **Target Goal:** Report only
 - * This is an ongoing measure used to track on-campus utilization

SMA - ACCESS

Performance Measures and Objectives:

1. 90% of warm hand-offs were completed from Access Center to programs at Beacon Point: MAT Clinic, Detox, Residential Level 1, Peer Support, Counseling (Lifestream), Dental (Langley), and Medical (Heart of Florida).
 - **Target Goal:** 90%
 - * This is the same goal as last year

2. 95% of individuals will be referred to a program at Beacon Point.
 - **Target Goal:** 95%
 - * This is the same goal as last year
3. Total number of consumers accessing services will be reported quarterly.
 - **Target Goal:** >700
 - * This is an increase over last year's goal (469) due to utilization this fiscal year.

SMA - Peer Support

Performance Measures and Objectives:

1. The number of unique consumers made by peers, delineated by the point of engagement - hospital emergency departments, Beacon Point, and all other locations.
 - Target Goal: >3200**
 - *The new goal is based on the number of client contacts from the last fiscal year. Adding more PEERS and the expansion of the CORE program did lead to an increase in client contacts last fiscal year.
2. Report on the number of clients contacted by Peers who have been diagnosed with Substance Use Disorder.
 - **Target Goal: Report Only**
3. 20% of clients who have confirmed Substance Use Disorder, will engage in treatment (MAT, Detox, Res 1, etc.) following contact by the Peer program.
 - **Target Goal: 20%**
 - *New goal this year based off of last year's conversion rate. This measure captures how many clients that were contacted by the Peer Program had a substance abuse diagnosis and then engaged in treatment.
4. 80% of individuals engaged will access a less intensive level of care within 30 days of service.
 - **Target Goal: 80%**
 - *This goal is the same as last year
5. 60% of individuals will remain in care for at least 90 days
 - **Target Goal: 60%**
 - *This goal is the same as last year
6. Number of referrals received from on-campus providers
 - **Target Goal: Report only**
 - *This is a new goal
7. Number of referrals made to on-campus providers
 - **Target Goal: Report only**
 - *This is a new goal

SMA - Medication Assisted Treatment (MAT)

Performance Measures and Objectives:

1. SMA will engage 90% of outpatient clients in MAT treatment within 1 business day of referral.
 - **Target Goal:** 90%
 - *This goal is increased over last year (85%).
2. 80% of MAT clients will have a stay of 90 days or longer
 - **Target Goal:** 80%
 - *This goal is the same as last year.
3. SMA will report on the number of consumers engaged in MAT services.
 - **Target Goal:** >600
 - *New goal based on the number of clients last fiscal year (630)
4. Number of referrals received from on-campus providers
 - **Target Goal:** Report only
 - * This is an ongoing measure used to track on-campus utilization
5. Number of referrals made to on-campus providers
 - **Target Goal:** Report only
 - * This is an ongoing measure used to track on-campus utilization

SMA - Medication Management - Outpatient Psychiatric

Performance Measures and Objectives:

1. 90% of clients will receive a psychiatric evaluation within 2 business days of referral.
 - **Target Goal:** 90%
 - *Goal is the same as last year.
2. 75% of clients will keep their scheduled medication management appointments.
 - **Target Goal:** 75%
 - *Goal is the same as last year.
3. SMA will report on the number of consumers engaged in Medication Management - Outpatient Psychiatric Services.
 - **Target Goal:** >450
 - *Increased goal based on the number of clients last fiscal year (480).
4. Number of referrals received from on-campus providers
 - **Target Goal:** Report only
 - * This is an ongoing measure used to track on-campus utilization

5. Number of referrals made to on-campus providers
 - **Target Goal:** Report only
 - * This is an ongoing measure used to track on-campus utilization

LifeStream - Outpatient Therapy

Performance Measures and Objectives:

1. Initiate services within 7 days of intake for 95% of individuals served.
 - **Target Goal:** 95%
 - *Same goal as last year
2. 75% of individuals will have an intake within 7 days of treatment referral
 - **Target Goal:** 75%
 - *This is a new goal. It will track date of referral to intake date, taking out clients that reschedule appointments or request specific dates outside of 7 days.
3. Provide counseling to 550 consumers annually.
 - **Target Goal:** 550 clients.
 - *Same goal as last year.
4. Total number of individual, group, and family counseling services provided.
 - **Target Goal:** Report only
 - *This goal is the same as last year.
5. 95% of clients will have a DLA-20 assessment completed within 30 days of treatment initiation.
 - **Target Goal:** 95%
 - *This is a new goal based off of the newest assessment tool.
6. 90% of individuals served will show an increase in functioning utilizing the DLA-20.
 - **Target Goal:** 90%
 - * This is a new goal based off of the newest assessment tool.
7. 75% of consumers seeking Adult Mental Health therapy will be discharged successfully.
 - **Target Goal:** 75%
 - **This is a new goal based on the successes last fiscal year (71%). It should be noted that LSF holds a standard of 51% for successful completion of substance use treatment.
8. 80% of consumers seeking Substance Use Treatment therapy will be discharged successfully.
 - **Target Goal:** 80%
 - **This is a new goal based off successes last fiscal year (85%). It should be noted that LSF holds a standard of 51% for successful completion of substance use treatment.
9. Number of referrals received from on-campus providers
 - **Target Goal:** Report only

* This is an ongoing measure used to track on-campus utilization

10. Number of referrals made to on-campus providers

- **Target Goal:** Report only

* This is an ongoing measure used to track on-campus utilization

Heart of Florida - Primary Care

Performance Measures and Objectives:

1. Total number of consumers who received primary care services at Beacon Point

- **Target Goal:** 200

This is the same goal as last year

2. No-show rate

- **Target Goal:** <23%

*This is an increase over last year. An 18% no-show rate is the national average; the population served at Beacon has a much higher typical no-show rate (25%). This is a goal to aim for and is more realistic.

3. Total number of walk-in clients served.

- **Target Goal:** Report only

*This is the same goal as last year to achieve a benchmark.

4. Consumers will be seen at Beacon Point within 7 days of referral.

- **Target Goal:** 80%

*This is the same goal as last year.

5. Total number of visits to the primary care clinic.

- **Target Goal:** Report only

*This is a new goal.

6. Total number of referrals received from on-campus providers.

- **Target Goal:** Report only

*This is a new goal.

6. Number of referrals made to on-campus providers

- **Target Goal:** Report only

*This is a new goal

In-Kind Performance Measures 2026-2027

Lotus Marion - Outreach at Beacon Point and Sexual Assault Center Performance Measures and Objectives

1. Number of survivors referred to Beacon Point campus programs per year.
 - **Target Goal:** 100
*This goal increased from 20/quarter.
2. Total number of survivors served at Outreach locations per year.
 - **Target Goal:** 1000
*This goal increased from 100 per quarter.
3. Total number of services rendered at Outreach locations per year.
 - **Target Goal:** 2500
*This goal increased from 900.
4. A Trauma Informed Sexual Assault Victim Advocate will accompany a victim during a SANE exam. SANE exam secures evidence for future prosecution and provides limited medical treatment with any referrals needed will be provided.
 - **Target Goal:** 85
*This goal is the same as last year. This number is based on prior year utilization numbers.
5. Conduct community awareness and professional training events.
 - **Target Goal:** 60
*This goal increased from 12.
6. Number of survivors residing at the emergency shelter per quarter
 - **Target Goal:** 50/quarter; 200/year
*The goal has been increased to 50/quarter. Last fiscal year the goal was 35/quarter

Match Performance Measures 2026-2027

SMA - Detox

Performance Measures and Objectives:

1. 90% of clients will not be re-admitted within 14 days of successful discharge
 - **Target Goal:** 90%
*This goal increased over last year. Last year's target was 85%
2. SMA will report on total consumers served through the Detox program at 60th Ave.
 - **Target Goal:** > 400
*This is the same goal as last year

SMA - Crisis Stabilization Unit (CSU)

Performance Measures and Objectives:

1. 90% of clients will not be re-admitted within 14 days of successful discharge.
 - **Target Goal:** 90%
*This goal is the same as last year.
2. 92% of clients will not be re-admitted within 30 days of successful discharge.
 - **Target Goal:** 92%
*This goal a new goal this year.
3. SMA will report on total consumers served through the Crisis Stabilization Unit at 60th Ave.
 - **Target Goal:** >1300
*New goal based on number of clients last fiscal year (last year's client count: 1359)

SMA - Children's Crisis Stabilization Unit (Children's CSU)

Performance Measures and Objectives:

1. 90% of clients will not be re-admitted within 14 days of successful discharge.
 - **Target Goal:** 90%
*This goal is the same as last year.
2. SMA will report on total consumers served through the Children's Crisis Stabilization Unit at 60th Ave.
 - **Target Goal:** > 650
*New goal based on the number of clients last fiscal year (last year's client count: 647)

SMA - Addictions Receiving Center (Residential 2)

Performance Measures and Objectives:

1. 100% of master treatment plans are completed within 15 days of admission.
 - **Target Goal:** 100%
 - *Last year's goal was 95%*
2. 100% of H&P's (History and Physicals) will be completed within 3 days of admission.
 - **Target Goal:** 100%
 - *Last year's goal was 100%*
3. SMA will report on total consumers served through the Addictions Receiving Center at 60th Ave.
 - **Target Goal:** >285
 - *This is the same goal as last year*

SMA - Outpatient Counseling Adult

Performance Measures and Objectives:

1. 75% of clients will keep their appointments.
 - **Target Goal:** 75%
 - *Goal is the same as last year.*
2. 100% of Master treatment plans completed within 30 days of admission.
 - **Target Goal:** 100%
 - *Goal is the same as last year.*
3. 100% of clients closed within 60 days of last service.
 - **Target Goal:** 100%
 - *Last year's goal was 95%*
4. SMA will report on total consumers served through Outpatient Adult Counseling at 60th Ave.
 - **Target Goal:** >768
 - *Goal is the same as last year*

SMA - Outpatient Counseling Children

Performance Measures and Objectives:

1. 75% of clients will keep their appointments
 - **Target Goal:** 75%
 - *This goal is the same as last year.
2. 100% of Master Treatment plans are completed within 30 days of admission.
 - **Target Goal:** 100%
 - *This goal is the same as last year.
3. 100% of clients closed within 60 days of the last service
 - **Target Goal:** 100%
 - *Last year's goal was 95%
4. SMA will report on total consumers served through the Addictions Receiving Center at 60th Ave.
 - **Target Goal:** >700
 - *New goal based on the number of clients last fiscal year

SMA - Outpatient Medical Adult

Performance Measures and Objectives:

1. Maintain an overall rating of 4.5 or greater on client satisfaction surveys
 - **Target Goal:** 4.5 or greater
 - * This is the same goal as last year.
2. SMA will report on total consumers served through Outpatient Medical Adult at 60th Ave.
 - **Target Goal:** >3100
 - *New goal based on the number of clients last fiscal year (3160)

SMA - Outpatient Medical Children

Performance Measures and Objectives:

1. Maintain an overall rating of 4.5 or greater on client satisfaction surveys
 - **Target Goal:** 4.5 or greater
 - * This is the same goal as last year.
2. SMA will report on total consumers served through Outpatient Medical Children at the 60th Ave.
 - **Target Goal:** >1200
 - *This is a new goal based on last year's numbers (1205)

Heart of Florida - LIP

Performance Measures and Objectives:

1. Improve access to primary care
 - **Target Goal:** 77,000 visits
*This goal is decreased from 95,000 last year and is a better representation of actual numbers achieved. HFHC completes a total of 95,000 for all visit types (primary, dental, behavioral health, prenatal, etc.)
2. Improve access to dental services
 - **Target Goal:** 35,000 procedures
* This goal is an increase from 14,000 procedures last year and is a better representation of completed dental procedures.
3. Improve access to behavioral health services
 - **Target Goal:** 9,600 visits
This goal is an increase from 9,500 last year.
4. Improve access to health care
 - **Target Goal:** 25,000 patients
* This goal is the same as last year.
5. Improve access to primary care for uninsured/underinsured.
 - **Target Goal:** 20,000 visits
*This is goal is an increase from 18,000 visits last year.
6. Improve access to dental services for uninsured/underinsured clients
 - **Target Goal:** 15,000 procedures
* This is goal is an increase from 4,700 last year and is a better representation of completed dental procedures.
7. Improve access to behavioral health services for uninsured/underinsured clients
 - **Target Goal:** 2,800 visits
This is goal is an increase from 2,400 visits last year.
8. Improve access to health care for uninsured/underinsured patients
 - **Target Goal:** 12,000 patients
This is goal is an increase from 8,000 and is a better representation of services provided.

Marion County Hospital District — Response to the Three Data Points

Exercise-Conditioned Plasma for Early Memory Loss · University of Florida with LifeSouth Community Blood Centers · September 2026

1. Proposed payment schedule

We propose dividing the \$1.5M into three equal annual payments of \$500,000, aligned with a three-year program. Years 1 and 2 complete the human studies and product-development work the FDA requires before it will allow a first-in-human study (“IND-enabling” work). Year 3 completes the remaining product testing, prepares, and submits the Investigational New Drug (IND) application to the FDA. Our research protocol is written and ready to submit to the IRB as soon as funding is committed.

Payment 1: \$500,000 upon agreement execution (anticipated fall 2026).

Year 1 work: IRB approval; agreements with LifeSouth Community Blood Centers, our FDA-registered manufacturing partner; getting study staff up and running; qualification of the laboratory tests that measure the exercise signature; enrollment of young exercisers and healthy older adults; analysis of existing samples from older adults with memory concerns; an early advisory meeting with the FDA; and the start of development of a test that measures the biological activity of the plasma.

Payment 2: \$500,000 at approximately month 12 (fall 2027), upon completion of:

- IRB approval received and LifeSouth agreements executed
- Laboratory test qualification completed
- At least 50% of study participants enrolled
- Early FDA advisory meeting requested
- A written progress report provided

Year 2 work: complete participant enrollment; confirm that the exercise signature is consistent over time in the same donors and reduced in older adults with memory concerns; confirm that plasma collected through LifeSouth’s standard process carries the same signature; begin producing trial-grade plasma units and frozen storage testing; and request the formal pre-IND meeting with the FDA.

Payment 3: \$500,000 at approximately month 24 (fall 2028), upon completion of:

- All participant enrollment and specimen collection completed
- Primary analysis of the human signature completed
- Production of trial-grade plasma units initiated with LifeSouth
- Pre-IND meeting request submitted to the FDA
- A written progress report provided

Year 3 work: incorporate FDA feedback; finalize the biological activity test, product release standards, and storage stability data; prepare the first-in-human study protocol and supporting documents; and submit the IND to the FDA. Once the FDA completes its 30-day review, the program will be positioned to begin the first-in-human study, for which we will pursue federal, foundation, and industry funding.

Each payment is tied to milestones within our team’s control, and we will provide a written progress report with each request so the trustees can see what their investment has accomplished.

2. Investment to date

The program is already substantially de-risked. More than **\$2 million** in prior support, from University of Florida startup funds and NIH research grants, has carried the work to this stage. That investment paid for the animal studies that identified the transferable exercise signal in blood, the laboratory experiments that built and validated the tests measuring that signature, and the specialized equipment and reagents the discovery required. On that foundation we have written the human research protocol, informed consent, and IRB package, which are ready to submit as soon as funding is committed.

3. What the Hospital District gains from UF

The District’s support puts to work more than **\$12 million** in specialized research infrastructure at UF, at no additional cost. The figures below are the estimated value of the equipment and facilities the program draws on — not cash contributions, and separate from the more than \$2 million already invested to bring the program to this stage. The infrastructure includes CASBR, one of the largest spatial-biomolecule centers in the United States; Dr. Cruz-Almeida’s deep-phenotyping center, with research MRI, EEG, DEXA body-composition scanning, and immune and biomarker assay platforms; a first-of-its-kind laboratory test developed at UF that reads the molecular fingerprint of exercise in blood; the data and computing power behind it; and an FDA-registered manufacturing partner in LifeSouth. Two established principal investigators and a full clinical and laboratory team lead the work.

Infrastructure	What it does	Estimated value
CASBR spatial-biomolecule core	Four mass-spectrometry imaging instruments and a >5,000 sq ft facility serving 42 institutions across 8 countries. Measures the exercise signature in donors and tests each plasma lot.	\$6,000,000
Research MRI (3T)	Structural and functional brain imaging for the biomarker and brain-age work.	\$3,000,000
Immune and biomarker assay platforms	Multiplex immunoassay and flow cytometry for blood biomarker and immune profiling.	\$600,000
Deep-phenotyping and sensory-testing suite	Dr. Cruz-Almeida's phenotyping center: cognitive, brain-age, and quantitative sensory testing.	\$400,000
EEG system	Recording of brain electrical activity.	\$150,000
DEXA scanner	Body-composition and bone-density measurement.	\$150,000
Data and computing infrastructure	Mass-spectrometry data pipeline, storage, and high-performance computing.	\$400,000
LifeSouth manufacturing facility	FDA-registered blood center that produces the trial-grade plasma.	\$1,000,000
Biorepository and cold storage	Banked specimens and controlled-temperature storage.	\$250,000
Total estimated infrastructure value		\$11,950,000

Note. These are inferred asset values — the estimated worth of equipment and facilities the program draws on — not cash contributions. Final figures will be confirmed with UF Sponsored Programs.

Deep-Phenotyping Measures Supporting the Program

Instruments and assessments at Dr. Cruz-Almeida's UF phenotyping center, applied to donor, recipient, and biomarker measures in the plasma-transfusion program

Cognitive

- Global cognition (MoCA)
- Executive function
- Attention & processing speed
- Learning & memory (RAVLT, HVLT)
- Working memory (Digit Span)
- NIH Toolbox cognitive battery

Imaging

- Brain MRI — structural & functional
- MR spectroscopy (GABA, glutamate)
- EEG
- CASBR mass-spectrometry metabolomic imaging — profiles the exercise signature and characterizes each plasma lot

Biological

- Blood: inflammatory, immune, genetic, epigenetic panels
- Immune panel profiling — multiplex cytokine & immune-cell assays, flow cytometry
- Saliva: cortisol & biomarkers

Autonomic

- Heart rate variability
- Blood pressure
- Orthostatic response (lean/tilt test)

Physical Function

- Grip strength
- Gait speed
- Balance
- Physical activity (accelerometry)

Digital & Real-World

- Wearables: activity, sleep, heart rate
- Ecological momentary assessment
- Mobile / remote assessments

Psychosocial (PROs)

- Depression & anxiety
- Sleep quality
- Quality of life

Already counted in the District's ask

These instruments sit inside the \$11.95M UF infrastructure estimate already provided to the trustees — no additional cost to the program.

**MARION COUNTY HOSPITAL DISTRICT
OCALA, FLORIDA**

**INTERIM FINANCIAL REPORT
August 31, 2026**

Marion County Hospital District
Ocala, Florida

Management is responsible for the accompanying financial statements and required supplemental information of the governmental activities and the major fund of the Marion County Hospital District (the District) as of August 31, 2026, July 31, 2026, and September 30, 2025, and for the periods ended August 31, 2026 in accordance with accounting principles generally accepted in the United States of America. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the financial statements and supplementary information nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. We do not express an opinion, a conclusion, nor provide any assurance on these financial statements.

Management has elected to omit substantially all the disclosures, and schedules of proportionate share of net pension liability and contributions which are required supplementary information, required by accounting principles generally accepted in the United States of America. If the omitted disclosures and supplementary information were included in the financial statements, they might influence the user's conclusions about the District's financial position and results of operations. Accordingly, the financial statements are not designed for those who are not informed about such matters.

We are not independent with respect to the District.

Crippen & Co., LLP

Ocala, Florida
September 22, 2026

MARION COUNTY HOSPITAL DISTRICT
STATEMENTS OF NET POSITION - GOVERNMENTAL ACTIVITIES
August 31, 2026

	August 31, 2026	July 31, 2026	September 30, 2025
Assets:			
Cash and Cash Equivalents	\$ 1,294,148	\$ 856,762	\$ 552,995
Investments			
Graystone	172,927,821	172,050,240	112,697,209
Truist	-	-	108,487,637
Cresset	165,456,175	164,557,176	106,236,770
Accounts Receivable	10,000	-	-
Accrued Interest on Investments	133,262	118,918	182,859
Investment in Cooperative	290,707	290,707	290,707
Assets Limited as to Use			
Board Designated Cash	81,788	66,604	85,636
Cash, Cash Equivalents, and Prepayments			
DCF/Appropriations	187,846	311,914	125,001
Cash, Cash Equivalents, and Prepayments			
Opioid	405,602	631,578	3,338,960
Restricted Investments and Beneficial			
Interest in Gift Annuities	310,480	310,480	310,480
Prepaid Expenses and Other Current Assets	86,539	182,684	378,298
Capital Assets - Non-Depreciable	437,625	437,625	437,625
Capital Assets - Depreciated/Amortized (Net)	3,152,399	3,165,631	2,977,223
ROU Asset - Vehicle	7,407	8,307	17,010
Total Assets	344,781,799	342,988,626	336,118,410
Deferred Outflow of Resources:			
Deferred Outflow - Pension	553,389	553,389	553,389
Total Deferred Outflow of Resources	553,389	553,389	553,389

MARION COUNTY HOSPITAL DISTRICT
STATEMENTS OF NET POSITION - GOVERNMENTAL ACTIVITIES
August 31, 2026

	August 31, 2026	July 31, 2026	September 30, 2025
Liabilities:			
Accounts Payable, Net of Grants	\$ 501,186	\$ 1,320,199	\$ 855,216
DCF Appropriations	112,680	124,071	-
Opioid Funds	-	219,734	-
Accrued Payables	226,794	148,585	341,259
Unearned AdventHealth Gift Agreement	10,000	-	-
Unearned DCF Appropriation Funds	75,166	187,844	70,231
Unearned Opioid Funds	411,848	411,844	2,794,294
ROU Liability - Vehicle	6,031	6,759	13,741
Self-Insured Liabilities	46,495	-	15,314
Net Pension Liability	1,201,944	1,201,944	1,201,944
Unearned Lease Revenue	30,158,899	30,250,013	31,161,153
Total Liabilities	32,751,043	33,870,993	36,453,152
Deferred Inflow of Resources			
Deferred Inflow - Pension	227,849	227,849	227,849
Total Deferred Inflow of Resources	227,849	227,849	227,849
Net Position:			
Net Investment in Capital Assets	3,591,400	3,604,804	3,418,117
Restricted:			
For Donor Purposes - Capital, Scholarships, and Community Outreach Program	310,480	310,480	310,480
Unrestricted	308,454,416	305,527,889	296,262,201
Total Net Position	312,356,296	309,443,173	299,990,798

MARION COUNTY HOSPITAL DISTRICT
STATEMENTS OF ACTIVITIES - GOVERNMENTAL ACTIVITIES
Period Ended August 31, 2026

Functions/Programs	Month Ended			Year to Date		
	Expenses	Lease and Other Revenue	Total	Expenses	Lease and Other Revenue	Total
Governmental activities:						
General and Administrative	\$ 103,146	\$ 91,114	\$ (12,032)	\$ 963,893	\$ 1,002,254	\$ 38,361
Health Improvement Initiatives	179,483	-	(179,483)	2,096,097	-	(2,096,097)
Grant Programs	425,520	112,679	(312,841)	13,161,044	3,015,017	(10,146,027)
Opioid Management	-	-	-	99,030	179,105	80,075
Depreciation and Amortization	13,232	-	(13,232)	137,936	-	(137,936)
Total Governmental Activities	<u>721,381</u>	<u>203,793</u>	<u>(517,588)</u>	<u>16,458,000</u>	<u>4,196,376</u>	<u>(12,261,624)</u>
General Revenues (Expenditures):						
Interest and Dividend Income			450,676			7,049,483
Investment Income			2,980,035			17,579,726
Miscellaneous Expenditure			-			(2,087)
Total General Revenues (Expenditures)			<u>3,430,711</u>			<u>24,627,122</u>
Change in Net Position			2,913,123			12,365,498
Net Position, Beginning			<u>309,443,173</u>			<u>299,990,798</u>
Net Position, End			<u><u>\$ 312,356,296</u></u>			<u><u>\$ 312,356,296</u></u>

Read accountant's compilation report.

MARION COUNTY HOSPITAL DISTRICT
BALANCE SHEETS - GOVERNMENTAL FUND
August 31, 2026

	August 31, 2026	July 31, 2026	September 30, 2025
Assets:			
Cash and Cash Equivalents	\$ 1,294,148	\$ 856,762	\$ 552,995
Investments			
Graystone	172,927,821	172,050,240	112,697,209
Truist	-	-	108,487,637
Cresset	165,456,175	164,557,176	106,236,770
Accounts Receivable	10,000	-	-
Accrued Interest on Investments	133,262	118,918	182,859
Investment in Cooperative	290,707	290,707	290,707
Assets Limited as to Use			
Board Designated Cash	81,788	66,604	85,636
Cash, Cash Equivalents, and Prepayments			
DCF/Appropriations	187,846	311,914	125,001
Cash, Cash Equivalents, and Prepayments			
Opioid	405,602	631,578	3,338,960
Restricted Investments and Beneficial			
Interest in Gift Annuities	310,480	310,480	310,480
Prepaid Expenses and Other Current Assets	86,539	182,684	378,298
Total Assets	341,184,368	339,377,063	332,686,552
Liabilities:			
Accounts Payable, Net of Grants	\$ 501,186	\$ 1,320,199	\$ 855,216
Accrued Liabilities:			
DCF Appropriations	112,680	124,071	-
Opioid Funds	-	219,734	-
Accrued Payables	226,794	148,585	341,259
Unearned AdventHealth Gift Agreement	10,000	-	-
Unearned DCF Appropriation Funds	75,166	187,844	70,231
Unearned Opioid Funds	411,848	411,844	2,794,294
Self-Insured Liabilities	46,495	-	15,314
Unearned Lease Revenue	30,158,899	30,250,013	31,161,153
Total Liabilities	31,543,068	32,662,290	35,237,467

MARION COUNTY HOSPITAL DISTRICT
BALANCE SHEETS - GOVERNMENTAL FUND
August 31, 2026

	<u>August 31, 2026</u>	<u>July 31, 2026</u>	<u>September 30, 2025</u>
Fund Balance:			
Non-Spendable:			
Prepaid Expenses and Other Current Assets	86,539	182,684	378,298
Restricted:			
For Donor Purposes - Capital, Scholarships, and Community Outreach Program	310,480	310,480	310,480
Unassigned	309,244,281	306,221,609	296,760,307
Total Fund Balance	<u>309,641,300</u>	<u>306,714,773</u>	<u>297,449,085</u>
 Total Liabilities and Fund Balance	 <u>341,184,368</u>	 <u>339,377,063</u>	 <u>332,686,552</u>

**MARION COUNTY HOSPITAL DISTRICT
RECONCILIATION OF THE BALANCE SHEETS OF GOVERNMENTAL FUND
TO THE STATEMENTS OF NET POSITIONS
August 31, 2026**

	<u>August 31, 2026</u>	<u>July 31, 2026</u>	<u>September 30, 2025</u>
Total Fund Balance - Governmental Fund	\$ 309,641,300	\$ 306,714,773	\$ 297,449,085
Amounts Reported for Governmental Activities in the Statement of Net Position are Different Because:			
Capital Assets used in Governmental Activities are not financial resources and, therefore, are not reported in the Fund.	3,597,431	3,611,563	3,431,858
Deferred outflows and inflows of resources related to pensions are applicable to future period and not reported in governmental funds.			
Deferred Outflows of Resources for Pensions	553,389	553,389	553,389
Deferred Inflows of Resources for Pensions	(227,849)	(227,849)	(227,849)
Long-term liabilities are not due and payable in the current year and, accordingly, are not reported as fund liabilities. All liabilities, both current and long-term are reported in the statement of net position. Long-term liabilities consist of:			
Net Pension Liability	(1,201,944)	(1,201,944)	(1,201,944)
Lease Payable	(6,031)	(6,759)	(13,741)
Total Net Position of Governmental Activities	<u><u>\$ 312,356,296</u></u>	<u><u>\$ 309,443,173</u></u>	<u><u>\$ 299,990,798</u></u>

MARION COUNTY HOSPITAL DISTRICT
STATEMENTS OF REVENUES, EXPENSES, AND CHANGES IN FUND
BALANCE - GOVERNMENTAL FUND
Period Ended August 31, 2026

	Month Ended August 31, 2026	Year to Date August 31, 2026
Revenues		
DCF Appropriation Revenue	\$ 112,679	\$ 328,412
Opioid Revenue	-	2,686,605
Lease Revenue	91,114	1,002,254
Management Fee Income	-	179,105
Investment Income	2,980,035	17,579,726
Interest and Dividend Income	450,676	7,049,483
Total Revenues	3,634,504	28,825,585
Expenditures		
Operating Expenditures		
Salaries and Benefits	51,014	441,368
Purchased Services and Other	51,232	532,120
Total Operating Expenses	102,246	973,488
Opioid Management Expenses		
Salaries and Benefits	-	83,714
Purchased Services and Other	-	15,316
Total Opioid Management Expenses	-	99,030
FANS Project		
Salaries and Benefits	19,183	189,223
Purchased Services and Other	22,800	364,649
Project Expense	33,089	477,670
Total FANS Project	75,072	1,031,542
AMP Project		
Salaries and Benefits	25,799	254,511
Purchased Services and Other	9,647	142,239
Total AMP Project	35,446	396,750
Beacon Point Project		
Salaries and Benefits	9,960	89,375
Purchased Services and Other	13,266	416,624
Total Beacon Point Project	23,226	505,999

MARION COUNTY HOSPITAL DISTRICT
STATEMENTS OF REVENUES, EXPENSES, AND CHANGES IN FUND
BALANCE - GOVERNMENTAL FUND
Period Ended August 31, 2026

	Month Ended August 31, 2026	Year to Date August 31, 2026
Community Home Project		
Salaries and Benefits	31,859	320,341
Purchased Services and Other	13,880	137,466
Total Community Home Project	<u>45,739</u>	<u>457,807</u>
Grants Expenses		
Salaries and Benefits	18,030	169,733
Programmatic Outreach	1,045	13,794
Behavioral Health Grants	-	3,079,669
Strategic Initiative Grants	406,445	5,723,501
Opioid Grant	-	2,686,605
Match Grants	-	1,487,742
Total Grants Expenses	<u>425,520</u>	<u>13,161,044</u>
Total Expenditures	<u>707,249</u>	<u>16,625,660</u>
Other Financing Sources		
Issuance of Leases	<u>(728)</u>	<u>(7,710)</u>
Net Change in Fund Balance	2,926,527	12,192,215
Fund Balance, Beginning of Period	<u>306,714,773</u>	<u>297,449,085</u>
Fund Balance, End of Period	<u><u>\$ 309,641,300</u></u>	<u><u>\$ 309,641,300</u></u>

**MARION COUNTY HOSPITAL DISTRICT
RECONCILIATION OF THE STATEMENTS OF REVENUES, EXPENDITURES, AND
CHANGES IN FUND BALANCE OF GOVERNMENTAL FUND TO THE
STATEMENTS OF ACTIVITIES**

	Month Ended August 31, 2026	Year to Date August 31, 2026
Net Change in Fund Balance - Governmental Fund	\$ 2,926,527	\$ 12,192,215
Amounts Reported for Governmental Activities in the Statement of Activities are Different Because:		
Governmental fund reported capital purchases as expenditures. However, in the statement of activities, the cost of those assets is depreciated over their estimated useful lives and reported as depreciation expense.		
ROU Asset	(900)	(9,603)
Expenditures for Capital Assets	-	313,112
Depreciation Expense	(13,232)	(137,936)
Net Effect	(14,132)	165,573
The issuance of long-term debt provides current financial resources to governmental funds and thus contributes to the change in fund balance. In the statement of net position, however issuing debt increases long-term liabilities and does not affect the statement of activities.		
Debt Issued or Incurred:		
Issuance of Leases	728	7,710
Total Net Position of Governmental Activities	\$ 2,913,123	\$ 12,365,498

REQUIRED SUPPLEMENTAL INFORMATION

MARION COUNTY HOSPITAL DISTRICT
BUDGET TO ACTUAL - TARGET AREAS - AUGUST 2026

	Total	Behavioral (Co-occurring)	Dental	Diabetes (Obesity)	Unintentional Injuries	Prevention	Community Outreach	Other	Operations	Year to Date Spent	Remaining
MCHD Programs and Operations:											
MCHD Operations	\$ 1,816,380	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,816,380	\$ 985,942	\$ 830,438
Active Marion Project	521,660	-	-	521,660	-	-	-	-	-	396,750	124,910
Fitness and Nutrition in Schools	1,195,750	119,575	-	1,076,175	-	-	-	-	-	1,031,543	164,207
Community Home Project	564,550	225,820	-	338,730	-	-	-	-	-	457,806	106,744
	4,098,340	345,395	-	1,936,565	-	-	-	-	1,816,380	2,872,041	1,226,299
Beacon Point Programs and Operations:											
Beacon Point Operations	380,470	380,470	-	-	-	-	-	-	-	267,520	112,950
Beacon Point SMA Residence (Detox and Residential)	750,000	750,000	-	-	-	-	-	-	-	750,000	-
Beacon Point SMA Grant (Peer Program)	703,000	703,000	-	-	-	-	-	-	-	588,934	114,066
Beacon Point SMA (MAT)	135,000	135,000	-	-	-	-	-	-	-	135,000	-
Beacon Point SMA (Beacon Point Access Center)	300,000	300,000	-	-	-	-	-	-	-	300,000	-
Beacon Point SMA Behavioral Health (APRN)	482,416	482,416	-	-	-	-	-	-	-	408,878	73,538
Beacon Point HoF Primary Care	49,200	49,200	-	-	-	-	-	-	-	32,361	16,839
Beacon Point LifeStream Grant	757,031	757,031	-	-	-	-	-	-	-	699,454	57,577
	3,557,117	3,557,117	-	-	-	-	-	-	-	3,182,147	374,970
Strategic Initiatives Grants:											
Strategic Initiatives Grants Operations	189,000	33,800	33,800	33,800	43,800	43,800	-	-	-	183,527	5,473
Interfaith Emergency Services	140,989	140,989	-	-	-	-	-	-	-	135,118	5,871
Kimberly's Center Trauma Intervention & Advocacy Program	157,225	157,225	-	-	-	-	-	-	-	157,225	-
Kimberly's Center Abuse Prevention Program	144,700	144,700	-	-	-	-	-	-	-	144,700	-
Marion County Children's Alliance	97,000	97,000	-	-	-	-	-	-	-	96,903	97
United Hands, Inc.	678,067	-	678,067	-	-	-	-	-	-	638,124	39,943
United Hands, Inc. - Denture Program	80,495	-	80,495	-	-	-	-	-	-	71,592	8,903
First Responder Program	520,350	520,350	-	-	-	-	-	-	-	463,227	57,123
Transitions Life Center Navigator	70,000	-	-	70,000	-	-	-	-	-	67,095	2,905
SMA Community Counselors (HoM, OAV, Wear Gloves)	396,663	396,663	-	-	-	-	-	-	-	292,103	104,560
SMA (Amnesty)	100,000	100,000	-	-	-	-	-	-	-	38,509	61,491
Estella Byrd Whitman	185,000	-	-	185,000	-	-	-	-	-	185,000	-
HoF Adult Dental	217,000	-	217,000	-	-	-	-	-	-	217,000	-
Vet Resource Center	402,000	-	-	-	-	402,000	-	-	-	402,000	-
Look-up Marion Program	5,000	-	-	-	5,000	-	-	-	-	5,000	-
Unintentional Injury Projects	75,000	-	-	-	75,000	-	-	-	-	7,669	67,331
Well Florida	175,000	175,000	-	-	-	-	-	-	-	158,441	16,559
Florida Department of Health Swim Vouchers	25,000	-	-	-	25,000	-	-	-	-	425	24,575
Trustee Developmental Funds (Requires Trustee Approval)	133,784	-	-	-	-	-	-	133,784	-	-	133,784
	3,792,273	1,765,727	1,009,362	288,800	148,800	445,800	-	133,784	-	3,263,658	528,615
Match Grants:											
SMA Campus Grant Match	1,400,000	1,400,000	-	-	-	-	-	-	-	1,400,000	-
HoF LIP	187,742	75,097	37,548	75,097	-	-	-	-	-	187,742	-
	1,587,742	1,475,097	37,548	75,097	-	-	-	-	-	1,587,742	-
Long-term Pledges and Reimbursed Grants:											
Trustee Developmental Funds (2024-2025 Carryforward)	593,513	-	-	-	-	-	-	593,513	-	-	593,513
Shady Hill Elementary Playground	60,000	-	-	-	-	-	60,000	-	-	60,000	-
Beacon Point Parking Lot	220,000	220,000	-	-	-	-	-	-	-	207,796	12,204
CF Plan B MOU #1	1,424,251	-	-	-	-	-	-	1,424,251	-	-	1,424,251
CF Plan B MOU #2	2,320,000	-	-	-	-	-	-	2,320,000	-	2,320,000	-
	4,617,764	220,000	-	-	-	-	60,000	4,337,764	-	2,587,796	2,029,968
Total	\$ 17,653,236	\$ 7,363,336	\$ 1,046,910	\$ 2,300,462	\$ 148,800	\$ 445,800	\$ 60,000	\$ 4,471,548	\$ 1,816,380	\$ 13,493,384	\$ 4,159,852
	100%	42%	6%	13%	1%	3%	0%	25%	10%		

Read accountant's compilation report.

**MARION COUNTY HOSPITAL DISTRICT
BUDGET TO ACTUAL - OPIOID MANAGEMENT - AUGUST 2026**

	Budget	FY 2024-25	FY 2025-26	FY 2026-27	Total	Remaining to Receive/(Pay)
Opioid Income						
Marion County Opioid Funds	\$ 5,492,181	\$ 3,709,750	\$ 463,771	\$ -	\$ 4,173,521	\$ 1,318,660
	5,492,181	3,709,750	463,771	-	4,173,521	1,318,660
Opioid Abatement Service Providers						
Centralized Receiving System - SMA Healthcare	2,550,000	544,666	1,755,334	-	2,300,000	250,000
CORE & Peer Programs	1,575,000	-	608,471	-	608,471	966,529
Transitional Housing	1,130,676	500,000	193,800	-	693,800	436,876
	5,255,676	1,044,666	2,557,605	-	3,602,271	1,653,405
Opioid Management Expenses						
Salaries, Taxes, FRS and Health Ins.	181,271	77,122	60,239	-	137,361	43,910
Accounting Fees	32,864	18,927	6,277	-	25,204	7,660
Insurance/Legal Fees/Other Purch Serv.	6,071	918	3,738	-	4,656	1,415
Consulting Fees	16,299	7,200	5,300	-	12,500	3,799
	236,505	104,167	75,554	-	179,721	56,784
Surplus/(Deficit)	\$ -	\$ 2,560,917	\$ (2,169,388)	\$ -	\$ 391,529	\$ (391,529)

Summarized Fiscal Year 2026-27 Draft Budget:	FY 2025-26 Budget	FY 2025-26 Est. Actual	DRAFT FY 2026- 27 Budget	% Budget Change	Behavioral (Co-occurring)	Dental	Diabetes (Obesity)	Unintentional Injuries	Prevention	Community Outreach	Other	Operations
MCHD Programs and Operations:												
MCHD Operations	\$ 1,091,380	\$ 1,042,636	\$ 1,198,000	9.8%	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,198,000
MCHD Capital Projects	625,000	10,000	200,000	-68.0%	-	-	-	-	-	-	-	200,000
Programmatic Innovation Research and Treatment	100,000	100,000	100,000	0.0%	-	-	-	-	-	-	100,000	-
Active Marion Project	521,660	445,900	483,500	-7.3%	-	-	483,500	-	-	-	-	-
Fitness and Nutrition in Schools	1,195,750	1,139,900	1,219,500	2.0%	121,950	-	1,097,550	-	-	-	-	-
Community Home Project	564,550	515,170	586,000	3.8%	234,400	-	351,600	-	-	-	-	-
Beacon Point Operations & Grants	3,557,117	3,494,247	3,783,700	6.4%	3,783,700	-	-	-	-	-	-	-
Healthy Ocala	-	-	18,300	100.0%	-	-	-	-	-	-	18,300	-
First Responder Program	520,350	520,350	520,400	0.0%	520,400	-	-	-	-	-	-	-
Strategic Initiatives Grants:												
Strategic Initiatives Grants Operations	189,000	192,100	218,300	15.5%	43,660	43,660	43,660	43,660	43,660	-	-	-
Kimberly's Center Trauma Intervention & Advocacy Progr	157,225	157,225	157,225	0.0%	157,225	-	-	-	-	-	-	-
Kimberly's Center Abuse Prevention Program	144,700	144,700	153,700	6.2%	153,700	-	-	-	-	-	-	-
Marion County Children's Alliance	97,000	96,903	134,000	38.1%	134,000	-	-	-	-	-	-	-
United Hands, Inc.	678,067	637,735	607,084	-10.5%	-	607,084	-	-	-	-	-	-
United Hands, Inc. - Denture Program	80,495	71,592	133,851	66.3%	-	133,851	-	-	-	-	-	-
Transitions Life Center Navigator	70,000	67,095	66,500	-5.0%	-	-	66,500	-	-	-	-	-
SMA Community Counselors (HoF, OAV, Wear Gloves)	396,663	396,663	396,664	0.0%	396,664	-	-	-	-	-	-	-
Estella Byrd Whitman	185,000	185,000	185,000	0.0%	-	-	185,000	-	-	-	-	-
HoF Adult Dental	217,000	217,000	217,000	0.0%	-	217,000	-	-	-	-	-	-
Vet Resource Center	402,000	402,000	300,000	-25.4%	-	-	-	-	300,000	-	-	-
Unintentional Injury Projects	75,000	15,000	90,000	20.0%	-	-	-	90,000	-	-	-	-
Well Florida	175,000	175,000	178,000	1.7%	178,000	-	-	-	-	-	-	-
Florida Department of Health Swim Vouchers	25,000	500	40,000	60.0%	-	-	-	40,000	-	-	-	-
Trustee Developmental Funds (Requires Trustee Approval)	133,784	-	-	-	-	-	-	-	-	-	-	-
Concluded Grants	245,989	245,989	-	-	-	-	-	-	-	-	-	-
Match Grants:												
SMA Campus Grant Match	1,400,000	1,400,000	1,400,000	0.0%	1,400,000	-	-	-	-	-	-	-
HoF LIP	187,742	187,742	520,456	177.2%	208,182	104,091	208,182	-	-	-	-	-
Total 2026-27 Budget	13,035,472	11,860,447	12,907,180		7,331,881	1,105,686	2,435,992	173,660	343,660	-	118,300	1,398,000
Long-term Pledges:												
Trustee Developmental Funds Roll Over, Net	593,513	-	1,049,097		-	-	-	-	-	-	1,049,097	-
MCHD Second Suite Buildout	-	-	565,000		-	-	-	-	-	-	565,000	-
Elementary School Playground	60,000	60,000	-		-	-	-	-	-	-	-	-
Carryforward 2025-26 Swim vouchers	25,000	500	24,500		-	-	-	-	24,500	-	-	-
Beacon Point Parking Lot	220,000	217,769	-		-	-	-	-	-	-	-	-
CF Plan B MOU #1	1,424,251	-	-		-	-	-	-	-	-	-	-
CF Plan B MOU #2	2,320,000	2,320,000	-		-	-	-	-	-	-	-	-
	4,642,764	2,598,269	1,638,597		-	-	-	-	24,500	-	1,614,097	-
\$ 17,678,236	\$ 14,458,716	\$ 14,545,777			\$ 7,331,881	\$ 1,105,686	\$ 2,435,992	\$ 173,660	\$ 368,160	\$ -	\$ 1,732,397	\$ 1,398,000
Available Spend Calculation:					50.4%	7.6%	16.7%	1.2%	2.5%	0.0%	11.9%	9.6%
Asset value per Wilshire	\$ 310,290,732											
Less LT Pledges Before Balancing Factor	2,394,466											
Reserve for Future Community Projects (.5%)	1,551,000											
Net Asset Value	306,345,266											
4% of Asset Value	12,253,811											
Carryforward Balancing Factor	653,369											
Available for 2026-27 Budget	12,907,180											
CY Budget Total	12,907,180											
(Over)Under	(0)											
Estimated 2025-26 budget carryforward	1,702,466											
Add (Remove) Balance Factor	(653,369)											
Adjusted LT Pledge Carryforward	1,049,097											
Project for Consideration:												
UF McKnight Brain Institute	\$ 500,000											