cm0 6/4/19

AGREEMENT BETWEEN

THE CITY OF VENICE POLICE DEPARTMENT
And
VENICE REGIONAL BAYFRONT HEALTH
For
THE TACTICAL FIRST-IN TEAMS, (TFIT)

THIS AGREEMENT is made and entered into this _____ day of _____ 2019, effective June 1, 2019, by and between **THE CITY OF VENICE POLICE DEPARTMENT of VENICE, FLORIDA,** (hereinafter referred to as the "Venice Police Department" and Venice Regional Bayfront Health.

I. PURPOSE

The City of Venice has two Tactical First-In Teams (TFIT's), teams 7a and 7b, which operate under Sarasota County Emergency Management Operations. TFIT consists of employees from Venice Public Works, Venice Police Department, Venice Fire Department, and the Sarasota County Fire Department. The primary purpose of the TFIT is to open the main artery roadways (as designated by the Sarasota County Emergency Management Operations) and Venice Airport to allow access to the community for responding recovery and support teams, and Venice Regional Bayfront Health to provide medical assistance to those in need.

II. TERMS

During a hurricane activation, Team 7a is staged at the Venice Police Department and team 7b is staged at Venice Regional Bayfront Health. Teams are staged at least 12-hours prior to the arrival of sustained winds of 45 mph or greater (hereafter referred to as high winds) and will remain until the high winds subside.

The staging period is the time of arrival of TFIT Members to Venice Regional Bayfront Health to the time of deployment of TFIT Members into the field.

The operational period is the time that TFIT deploys and until the end of the TFIT operation. The length of an operational period is dependent upon the amount of destruction a hurricane creates and the amount of time it takes to adequately clear the designated route. Although many operational periods are concluded within

one-day, a standard operational period is designed to last up to 72-hours. This standard operational time period could be extended by the Sarasota County Emergency Management Operations, if needed.

Because every storm event is different, the start of the staging time can vary depending on when arrival of high winds is expected. The TFIT 7b team leader and the Venice Regional Bayfront Health Facilities Director will be in contact with one another at least 72-hours prior to an anticipated storm arrival to coordinate the staging operation. The TFIT team will consist of a maximum of 18 personnel.

In addition to the TFIT members, the Venice Police Department will provide a minimum of two (2) officers per 12-hour shift to assist with security and serve as liaisons after the declaration of a hurricane warning. When general police operations cease because of high winds, a minimum of 2 officers and maximum of 4 officers will remain locked-in at the hospital until the high winds subside to continue security and liaison assistance.

There are several reasons why the TFIT members arrive 12-hours in advance of the arrival of high winds:

TFIT members need time to arrange and account for necessary personnel and equipment, conduct team meetings, and to provide the team with a period of rest before deployment. Because of this, the TFIT members will not be called upon to assist with hospital security needs, unless there is a life threatening emergency. Hospital security personnel and officers assigned to the hospital for security and liaison purposes will resolve all security needs.

During the staging and operational periods, the Venice Regional Bayfront Health will provide sleeping space, and adequate food and beverages for all assigned Venice Police Department and TFIT personnel.

A minimum of 10 parking garage spaces will be set aside for the Venice Police Department and TFIT member's official vehicles and equipment. The designated parking spaces will be selected by the team 7b team leader and the Venice Regional Bayfront Health Facilities Director. These spaces will not be used for parking personal vehicles of any Venice Police Department or TFIT members.

III. TERMINATION

The Agreement may not be terminated during official Hurricane Season, June 1 – November 30. Outside of that designated timeframe, the Agreement may be terminated by either party at any time, for cause or without cause, upon receipt of written notice to the signatory below.

IV. SIGNATURES

The person signing on behalf of the Venice Police Department and Venice Bayfront Regional Health hereby represents and warrants that he/she has the power and authority to execute this Agreement.

ATTEST:

By: _____
Lori Stelzer, MMC
City Clerk, City of Venice

CITY OF VENICE POLICE DEPARTMENT

By: _____
John W. Holic, Mayor
City of Venice

Date: _____

Approved as to form and content:

By: _____

(continued, next page...)

VENICE REGIONAL BAYFRONT HEALTH

By: _____

Date: _____

STATE OF FLORIDA
COUNTY OF SARASOTA

The foregoing instrument was acknowledged before me this ___ day of _____, 2019 by _____ who is the CEO of the Venice Regional Bayfront Health and who is personally known _____ or produced _____ as identification.

(SEAL)

_____
Notary Public

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
CITY OF VENICE

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☑ Other (see instructions) ▶ GOVERNMENTAL ENTITY

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
401 W. VENICE AVENUE

Requester's name and address (optional)

6 City, state, and ZIP code
VENICE, FL 34285

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number
			–			–				

or

Employer identification number
5	9	–	6	0	0	0	4	4	3

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ Linda Senne, Finance Director Date ▶ 1/28/19

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

Referral Source Vendor Questionnaire

As a regulated health care provider, we require all new or renewing vendors/contractors to provide the following information before an agreement can be finalized, services provided, or invoices paid. Thank you for your cooperation in providing this information.

Legal Name of Vendor: City of Venice, Police Dept.

Definitions

For the purposes of answering these questions, the following definitions apply:

"Physician" means: Any M.D., D.O., D.C., O.D, dentist, medical intern, resident, fellow, or group medical practice.

"Physician Family Member" means: husband, wife, birth or adoptive parent, child or sibling, stepparent, stepchild, stepbrother or stepsister, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, grandparent, grandchild, and spouse of a grandparent or grandchild of a Physician.

"Source of Health Care Business or Referrals" means: any individual or entity that refers, recommends, arranges for, orders, leases, or purchases any good, facility, item, or service for which payment may be made in whole or in part by a Federal health care program.

Ownership by a Physician or Physician Family Member:

a. Is your company a Physician Family Member, or a Physician who may refer patients to or treat patients at a CHS Affiliated Hospital, **OR**

b. Is your company owned in whole or in part (shareholders of publicly traded companies are excluded) by a Physician who may refer patients to or treat patients at a CHS Affiliated Hospital, or by a Physician's Family Member?

☐ Y or ☒ N

Compensation Paid to a Physician or Physician Family Member:

Does your company employ, contract with, or compensate (i.e. wages, salary, independent contractor fees, dividends, distributions, consulting fees, professional fees, etc.) a Physician Family Member or a Physician who may refer patients to or treat patients at a CHS Affiliated Hospital?

If your company is a manufacturer of drugs, devices, equipment, biologicals, or medical supplies and reports to the Secretary of Health and Human Services certain payments or other transfers of value to physicians and teaching hospitals, please answer N/A.

☐ Y or ☒ N ☐ N/A

Compensation Paid on Behalf of a Physician or Physician Family Member:

Does your company remit to or receive payment from any company on behalf of a Physician Family Member, or a Physician who may refer patients to or treat patients at a CHS Affiliated Hospital?

☐ Y or ☒ N

Ownership by a Source of Healthcare Business or Referrals:

a. Is your company a source of health care business or referrals to a CHS Affiliated Hospital (defined above), **OR**

b. Is your company owned in whole or in part by any person (other than a Physician or Physician Family Member) who may refer to or treat patients at a CHS Affiliated Hospital?

☐ Y or ☒ N

REFERRAL SOURCE VENDOR QUESTIONNAIRE

Compensation Paid to a Source of Healthcare Business or Referrals:

Does any source of health care business or referrals to the Hospital (other than a Physician or Physician Family Member) receive compensation from your company (i.e., wages, salary, independent contractor fees, dividends, distributions, consulting fees, professional fees, etc.?) (Shareholders of publicly traded companies are excluded).

☐ Y or ☒ N

Vendor Attestation:

I certify the answers provided herein are truthful and accurate as of the date of my signature. I agree to immediately notify the hospital of any changes to the information provided.

Vendor/Contractor Signature

5/29/19
Date

Tom Matthews
Print Name

Police Chief
Title