



**Office of Management and Budget  
Division of Purchasing  
Non-Competitive Contract Request Form**

|               |                                  |                    |                 |
|---------------|----------------------------------|--------------------|-----------------|
| Department    | Public Health and Wellness       | Department Contact | Chrissy Hazelip |
| Contact Email | chrissy.hazelip@louisvilleky.gov | Contact Phone      | 502-574-6759    |

|                                       |              |                  |                |       |
|---------------------------------------|--------------|------------------|----------------|-------|
| Contract Type: check one              | <b>New</b>   | <b>Amendment</b> |                |       |
|                                       |              | Additional Funds | Time Extension | Scope |
| Professional Service                  | ✓            |                  |                |       |
| Sole Source (goods/services)          |              |                  |                |       |
|                                       | <b>Start</b> | <b>End</b>       |                |       |
| Requested Contract Dates (MM/DD/YYYY) | 4/01/2021    | 12/31/2021       |                |       |

**VENDOR INFORMATION**

|  |                                   |                                |                         |
|--|-----------------------------------|--------------------------------|-------------------------|
| Vendor Legal Name  | GOBile MD, PLLC/Giavonne Rondo    |                                |                         |
| DBA  |                                   |                                |                         |
| Point of Contact   | Giavonne Rondo                    | Email                          |                         |
| Street   |                                   |                                |                         |
| Suite/Floor/Apt  |                                   | Phone                          |                         |
| City   |                                   | State                          |                         |
| Federal Tax ID#  |                                   | SSN# (If sole proprietor)      |                         |
| Louisville Revenue Commission Account #                      |                                   |                                |                         |
| <a href="#">Human Relations Commission Certified Vendors</a> | Certified Minority Owned Business | Certified Woman Owned business | Disabled Owned business |
| Select if applicable   | ✓                                 | ✓                              |                         |

**FINANCIAL INFORMATION**

|                               |                 |   |      |                            |             |
|-------------------------------|-----------------|---|------|----------------------------|-------------|
| Not to Exceed Contract Amount | <b>\$58,000</b> | (including reimbursement expenses, if applicable) |      |                            |             |
| Fund Source: General Fund     |                 |   |      |                            |             |
| Federal Grant                 |                 | Federal Granting Agency                           |      |                            |             |
| Other                         |                 | Describe:   |      |                            |             |
| Account Code String #         | 1101            | 605   | 4140 | 411665                     | 521344      |
| Payment Rate                  | \$150.00        | per hour  |      | per day                    | per service |
|                               |                 | per month   |      | Other                      |             |
| Payment Frequency             | ✓               | Monthly   |      | Upon Completion / Delivery |             |
|                               |                 | Quarterly   |      | Other                      |             |



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**CONTRACT SCOPE and PURPOSE** (Attach additional documentation if necessary)

**Amendments:** Describe the circumstances under which a time extension or scope change is needed.

**New:** Be specific about the work to be performed / product to be purchased including but not limited to: scope of work; description of service; work product created; why the service / product is necessary; and benefit to Louisville Metro Government.

This contract would be to add additional physician coverage at the MORE Center. We will be initiating an office-based opioid treatment program mid-April and need additional medical oversight for this clinic and program. Dr. Rondo would be assisting approximately 12 hours per week. She will work in collaboration with Dr. Jorrich. She will assist with Intake process, physical examinations, and ordering prescription medication for clients.

**JUSTIFICATION FOR NON-COMPETITIVE GOOD/SERVICE** (Attach additional documentation if necessary)

Provide justification including but not limited to: a description of the unique features that prohibit competition; research conducted to verify the vendor as the only known source (sole source); why the service (PSC) is not feasible to be provided by LMG staff or expertise does not exist; known compatibility, proprietary and/or timing issues.

Dr. Rondo already has required waiver to prescribe Buprenorphine and Naltrexone. She has shadowed at MORE Center and has the availability needed to assist with physician coverage at MORE Center. She has experience with public health and treating this population of clients. Internal expertise and capacity does not exist.

**AUTHORIZATIONS:** Per KRS 45A.380, I have determined that competition is not feasible for the above described good / service and there is a single source within a reasonable geographical area of the good / service to be procured; or the resulting contract is for the services of a licensed professional, technician, artist, or other non-licensed professional service.

Department Director Sarah Moyer Date March 31, 2021  
Signature Sarah Moyer

Purchasing Director Joel Neaveill Date 4/12/2021  
Printed Name  
DocuSigned by:  
Signature Joel Neaveill  
B3A42D...  
Joel Neaveill

## Hazelip, Chrissy L.

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**From:** Giavonne Rondo [REDACTED]  
**Sent:** Wednesday, March 24, 2021 4:10 PM  
**To:** Hazelip, Chrissy L.  
**Subject:** Giavonne Rondo, MD resume

**CAUTION:** This email came from outside of Louisville Metro. Do not click links or open attachments unless you recognize the sender and know the content is safe

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## Giavonne Rondo, MD

### EDUCATION:

[REDACTED]  
duPont Manual H.S. Louisville, KY Magna Cum Laude 1989  
Spelman College Atlanta, GA Cum Laude 1994  
University of Louisville School of Medicine Louisville, KY 1999

### TRAINING:

New York University Downtown Hospital, New York, NY- Internal Medicine Internship and Residency 1999-2002

### BOARD CERTIFICATION:

Internal Medicine with American Board of Internal Medicine 2003-present

### EMPLOYMENT:

Norton Community Medical Associates- Jeffersonville, Jeffersonville, IN Internal Medicine Physician 2002-2020  
YUM Center/Cardinal Stadium-Louisville, KY First Aid Directing Physician 2010-2020  
Shawnee Christian Healthcare Center, Louisville, KY Interim Chief Medical Officer/Supervising Physician 2018-2019  
GOmobile MD, PLLC- CEO/Founder January 2019-present  
Park DuValle Community Health Center-August 2020-present

### VOLUNTEER WORK:

Co-Founder/Medical Director St. Stephen Baptist Church Emergency Medical Response Team  
Volunteer Habitat for Humanity  
Delivery Coordinator Food Not Bombs  
Volunteer Children's Ministry St. Stephen Baptist Church  
Coordinator Kentuckiana Hypertension Campaign  
Founder of Kentuckiana African American Women Physician's Group  
Volunteer Hope Clinic Response Team for Hurricane Katrina Survivors  
Utica Elementary Library

### PRESENTATIONS:

Heart Disease in African American Women

How to Live to 100  
Hypertension in the African American community  
Holiday Eating  
Fit After 50  
Health & Wellness for men and women  
Cervical Cancer  
Women's Health  
Your Health is Your Wealth  
Colorectal Cancer Screening  
How to Live to 102  
Tobacco use in the Kentuckiana African American community  
Covid-19 vaccines

**MEMBERSHIPS:**

Louisville Jack & Jill Foundation  
National Medical Association  
Falls City Medical Society  
American Medical Association  
Biohaven Pharmaceuticals Advisory Group  
Spelman College Alumnae Association  
Indiana State Medical Association-District 3 President  
Kentucky Science Center Board Member  
B.R.U.H. Board Member  
Kentucky Medical Association

**MEDICAL LICENSES:**

Kentucky  
Indiana

**OTHER CERTIFICATIONS: CPR/BLS 2020-2022**

**REFERENCES:**

Upon Request

Sent from my iPhone

## AGREEMENT

**THIS PROFESSIONAL SERVICE CONTRACT**, made and entered into by and between the **LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT**, by and through its **LOUISVILLE METRO HEALTH DEPARTMENT** herein referred to as **“METRO GOVERNMENT”** or **“LMHD”**, and **GOBILEMD, LLC**, with offices located at 3131 MacKenzie Drive, Jeffersonville, Indiana 47130, herein referred to as **“PHYSICIAN”**,

### WITNESSETH:

**WHEREAS**, the LMHD wants to obtain specialized physician services in the area of chemical dependency; and

**WHEREAS**, the Physician has been determined by the Metro Government to have the necessary experience, expertise and qualifications to provide those services,

**NOW, THEREFORE**, it is agreed by and between the parties hereto as follows:

#### **I. SCOPE OF PROFESSIONAL SERVICES**

**A.** Physician shall, at the request of the Metro Government, provide services under the terms of this professional Agreement. The Physician's work product may be reviewed from time to time by the Metro Government for purposes of determining that the services provided are within the scope of this Agreement.

**B.** If from time to time Physician needs to utilize the records or personnel of the Metro Government relative to performing the services required of this Agreement, then Physician shall notify the proper agent of the Metro Government of this need and arrangements may be made for that contingency. However, at no time shall the Metro Government make available its resources without the full consent and understanding of both parties.

**C.** The services of Physician shall include but not be limited to the following:

1. Medical services at the direction of the Director of Health or her designee; and

2. Medical supervision of the Louisville Metro Health Department MORE (methadone clinic). Supervision shall include, but not limited to, protocol review and revisions, review and co-signing of records, quality assurance activities, staff consultation, case conferences, telemedicine as needed for patient intake, and supervision of methadone dispensing: this work will be performed during approximately 12 hours of work per week. Physician will attend staffing on both days to review cases with Treatment Team. Physician will meet with clients on an annual basis as needed. The above days assigned are negotiable as are the extended hours over 12 hours a week needed to accommodate clinic needs, specifically in the case of future expansion of the MORE (methadone clinic); and

3. Quality review of initial physical exams for MORE Clinic patient. Each physical shall be completed in compliance with appropriate regulations that govern the clinic; and

4. Counseling services; and

5. Acting as Louisville Metro Health Department representative at community and professional functions as directed by the Director of Health or her designee.

## **II. FEES AND COMPENSATION**

**A.** Physician shall be reimbursed for professional services rendered according to terms of this agreement. Document services shall include hours worked.

The rate of compensation shall be **ONE HUNDRED FIFTY DOLLARS (\$150.00)** per hour. Total compensation payable to Physician for services rendered shall not exceed **FIFTY EIGHT THOUSAND NINE HUNDRED SIXTY DOLLARS (\$58,000.00)**.

**B.** Unless otherwise agreed to in writing by the Metro Government, services shall be rendered and payment therefor shall be made at monthly intervals throughout the duration of this agreement. Payment shall only be made pursuant to a detailed invoice presented monthly, which invoice shall indicate a descriptive daily accounting of the hours expended in service under the contract, the particular nature of such service and out-of-pocket expenses. Copies of invoices or receipts for out-of-pocket expenses and other third party charges must be included with the Physician's invoice when payment is requested. In the event payment is made in lump sum at the end of the service period, Physician's final invoice shall indicate a descriptive daily accounting of hours expended as described heretofore.

**C.** Physician shall only be reimbursed out-of-pocket expenses if they are reasonable in amount and necessary to accomplish the scope of services of this contract. The Metro Government will not reimburse first class air fare, personal phone calls, short term parking expenses, or other premium type expenses.

**D.** Physician, to the extent that it provides the same or related services to other parties agrees to pro-rate its billings and out-of-pocket expenses to the Metro Government which are of benefit to the other parties and to provide documentation to all parties to verify the pro-ration of such billings and expenses. In no event will the Metro Government pay bills or expenses which are considered to be double billing (i.e. billing two different parties for the same work or expense).

E. Physician agrees that all outstanding invoices at the end of the fiscal year (June 30) must reach the Metro Government no later than July 15 of the following fiscal year. Physician agrees that original invoices that are not in Metro Government possession by this time will not be paid and Physician agrees to waive its right to compensation for services billed under such invoices.

**III. DURATION**

A. This is a professional service contract which shall begin April 1, 2021 and shall continue through and including December 31, 2021.

B. This Agreement may be terminated by submitting thirty (30) days' written notice to the non-terminating party of such intent to terminate.

C. In the event of termination, payment for services complete up to and including date of termination shall be based upon work completed at the rates identified in this Agreement. In the event that, during the term of this Agreement, the Metro Council fails to appropriate funds for the payment of the Metro Government's obligations under this Agreement, the Metro Government's rights and obligations herein shall terminate on the last day for which an appropriation has been made. The Metro Government shall deliver notice to Physician of any such non-appropriation not later than 30 days after the Metro Government has knowledge that the appropriation has not been made.

**IV. EMPLOYER/EMPLOYEE RELATIONSHIP**

It is expressly understood that no employer/employee relationship is created by this Agreement nor does it cause Physician to be an officer or official of the Metro Government. By executing this Agreement, the parties hereto certify that its performance will not constitute or establish a violation of any statutory or common law



principle pertaining to conflict of interest, nor will it cause unlawful benefit or gain to be derived by either party. Notwithstanding any language in this Agreement to the contrary, Physician shall be covered in performing services under this Agreement by the Amended Trust Agreement of 2012 ("Trust") by and between the Louisville/Jefferson County Metro Board of Health and JP Morgan Chase Bank, NA, as provided for in that Trust's Section 4, Subsection D, a copy of which Trust is attached hereto and fully incorporated herein as Attachment A.

**V. RECORDS-AUDIT**

Physician shall maintain during the course of the work, and retain not less than five years from the date of final payment on the contract, complete and accurate records of all of Physician's costs which are chargeable to the Metro Government under this Agreement; and the Metro Government shall have the right, at any reasonable time, to inspect and audit those records by authorized representatives of its own or of any public accounting firm selected by it. The records to be thus maintained and retained by Physician shall include (without limitation): (a) payroll records accounting for total time distribution of Physician's employees working full or part time on the work (to permit tracing to payrolls and related tax returns), as well as canceled payroll checks, or signed receipts for payroll payments in cash; (b) invoices for purchases receiving and issuing documents, and all the other unit inventory records for Physician's stores stock or capital items; and (c) paid invoices and canceled checks for materials purchased and for subcontractors' and any other third parties' charges.

**VI. GOVERNING LAW**

This Agreement shall be governed by and construed in accordance with the laws of the State of Kentucky. In the event of any proceedings regarding this Agreement, the Parties agree that the venue shall be the state courts of Kentucky or the U.S. District Court for the Western District of Kentucky, Louisville Division. All parties expressly consent to personal jurisdiction and venue in such Court for the limited and sole purpose of proceedings relating to this Agreement or any rights or obligations arising thereunder. Service of process may be accomplished by following the procedures prescribed by law.

**VII. AUTHORITY**

The Physician, by execution of this Agreement, does hereby warrant and represent that he is qualified to do business in the State of Kentucky, has full right, power and authority to enter into this Agreement.

**VIII. CONFLICTS OF INTEREST**

Pursuant to KRS 45A.455:

(1) It shall be a breach of ethical standards for any employee with procurement authority to participate directly in any proceeding or application; request for ruling or other determination; claim or controversy; or other particular matter pertaining to any contract, or subcontract, and any solicitation or proposal therefor, in which to his knowledge:

(a) He, or any member of his immediate family has a financial interest therein; or

(b) A business or organization in which he or any member of his immediate family has a financial interest as an officer, director, trustee, partner, or employee, is a party; or

(c) Any other person, business, or organization with whom he or any member of his immediate family is negotiating or has an arrangement concerning prospective employment is a party. Direct or indirect participation shall include but not be limited to involvement through decision, approval, disapproval, recommendation, preparation of any part of a purchase request, influencing the content of any specification or purchase standard, rendering of advice, investigation, auditing, or in any other advisory capacity.

(2) It shall be a breach of ethical standards for any person to offer, give, or agree to give any employee or former employee, or for any employee or former employee to solicit, demand, accept, or agree to accept from another person, a gratuity or an offer of employment, in connection with any decision, approval, disapproval, recommendation, preparation of any part of a purchase request, influencing the content of any specification or purchase standard, rendering of advice, investigation, auditing, or in any other advisory capacity in any proceeding or application, request for ruling or other determination, claim or controversy, or other particular matter, pertaining to any contract or subcontract and any solicitation or proposal therefor.

(3) It is a breach of ethical standards for any payment, gratuity, or offer of employment to be made by or on behalf of a subcontractor under a contract to the prime contractor or higher tier subcontractor or any person associated therewith, as an inducement for the award of a subcontract or order.

(4) The prohibition against conflicts of interest and gratuities and kickbacks shall be conspicuously set forth in every local public agency written contract and solicitation therefor.

(5) It shall be a breach of ethical standards for any public employee or former

employee knowingly to use confidential information for his actual or anticipated personal gain, or the actual or anticipated personal gain of any other person.

**IX. ENTIRE AGREEMENT**

This Agreement constitutes the entire agreement and understanding of the parties with respect to the subject matter set forth herein and this Agreement supersedes any and all prior and contemporaneous oral or written agreements or understandings between the parties relative thereto. No representation, promise, inducement, or statement of intention has been made by the parties that is not embodied in this Agreement. This Agreement cannot be amended, modified, or supplemented in any respect except by a subsequent written agreement duly executed by all of the parties hereto.

**X. OCCUPATIONAL HEALTH AND SAFETY**

Physician agrees to comply with all statutes, rules, and regulations governing safe and healthful working conditions, including the Occupational Health and Safety Act of 1970, *29 U.S.C. 650 et. seq.*, as amended, and KRS Chapter 338. Physician also agrees to notify the Metro Government in writing immediately upon detection of any unsafe and/or unhealthful working conditions detected at any Metro-owned property where Physician performs work under this Agreement. Physician agrees to indemnify, defend and hold the Metro Government harmless from all penalties, fines or other expenses arising out of the alleged violation of said laws.

**XI. SUCCESSORS**

This agreement shall be binding upon and inure to the benefit of the parties hereto and their respective heirs, successors and assigns.

**XII. SEVERABILITY**

If any court of competent jurisdiction holds any provision of this agreement unenforceable, such provision shall be modified to the extent required to make it enforceable, consistent with the spirit and intent of this agreement. If such a provision cannot be so modified, the provision shall be deemed separable from the remaining provisions of this agreement and shall not affect any other provision hereunder.

**XIII. COUNTERPARTS**

This agreement may be executed in counterparts, in which case each executed counterpart shall be deemed an original and all executed counterparts shall constitute one and the same instrument.

**XIV. CALCULATION OF TIME** Unless otherwise indicated, when the performance or doing of any act, duty, matter, or payment is required hereunder and a period of time or duration for the fulfillment of doing thereof is prescribed and is fixed herein, the time shall be computed so as to exclude the first and include the last day of the prescribed or fixed period of time. For example, if on January 1, Physician is directed to take action within ten (10) calendar days, the action must be completed no later than midnight, January 11.

**XV. CAPTIONS** The captions and headings of this Agreement are for convenience and reference purposes only and shall not affect in any way the meaning and interpretation of any provisions of this Agreement.

**XVI. MISCELLANEOUS** Physician agrees that, in the event it receives from the Metro Government any protected health information, it will not disclose any of that information to any third party and, in that regard, Physician agrees to comply with the rules and regulations of the Health Insurance Portability and Accountability Act ("HIPAA"), codified in 42 U.S.C. § 1320d and 45 C.F.R. 160-164. Physician shall hold in

strictest confidence all documentation, information, and observations gathered in the performance of this agreement, and Physician agrees to sign the Health Department Business Associate Agreement. Physician further agrees to require any of its subcontractors to both abide by the aforementioned HIPAA prohibitions against the unauthorized disclosure of confidential and protected health information and to sign the Health Department's Business Associate Agreement.

The Metro Government and Physician agree to comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d *et. seq.*) and all implementing regulations and executive orders, and section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 701) and the Kentucky Equal Employment Act of 1978 (K.R.S. § 45.550 to 45.640) and the Americans with Disabilities Act (42 U.S.C. § 12101 *et. seq.*). No person shall be excluded from participation in, be denied the benefits of, or be subject to discrimination in relation to activities carried out under this Agreement on the basis of race, color, age, religion, sex, disability or national origin. This includes provision of language assistance services to individuals of limited English proficiency seeking and/or eligible for services under this Agreement.

Physician certifies that none of its officers, stockholders, partners, owners or employees is an officer, stockholder, partner, owner or employee of the Louisville Metro Health Department or its Physician of Health. Physician agrees to comply with all constitutional, statutory, regulatory and common law requirements adhered to by the Cabinet for Health and Family Services pertaining to conflicts of interest.

Physician nor any of its employees or personnel shall speak on behalf of or as a representative of the Metro Government or the Health Department without the express authorization of the Director of Health or his designee.

The Physician shall reveal any final determination of a violation by the Physician or subcontractor within the previous five (5) year period pursuant to KRS Chapters 136, 139, 141, 337, 338, 341 and 342 that apply to the Physician or subcontractor. The Physician shall be in continuous compliance with the provisions of KRS Chapters 136, 139, 141, 337, 338, 341 and 342 that apply to the Physician or subcontractor for the duration of the contract.

**XVII. REPORTING OF INCOME**

The compensation payable under this Agreement may be subject to federal, state and local taxation. Regulations of the Internal Revenue Service require the Metro Government to report all amounts in excess of \$600.00 paid to non-corporate contractors. Physician agrees to furnish the Metro Government with its taxpayer identification number (TIN) prior to the effective date of this Agreement. Physician further agrees to provide such other information to the Metro Government as may be required by the IRS or the State Department of Revenue.

**WITNESS** the agreement of the parties hereto by their signatures affixed hereon.

**APPROVED AS TO FORM AND  
LEGALITY CONTINGENT  
UPON APPROVAL OF  
OF THE APPROPRIATION FOR  
THIS CONTRACT BY THE  
METRO COUNCIL**

**LOUISVILLE/JEFFERSON COUNTY  
METRO GOVERNMENT**

DocuSigned by:

*Paul Rutherford*

**MICHAEL J. O'CONNELL  
JEFFERSON COUNTY ATTORNEY**

**Date:** 5/19/2021

DocuSigned by:

*Sarah Moyer*

**DR. SARAH S. MOYER, MD, MPH  
DIRECTOR, DEPARTMENT OF  
PUBLIC HEALTH AND WELLNESS**

**Date:** 5/20/2021

**GOBILEMD, LLC**

DocuSigned by:

*Michael J. O'Connell*  
**By:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** 5/19/2021

**Taxpayer Identification No.  
(TIN):** \_\_\_\_\_

**Louisville/Jefferson County  
Revenue Commission Account  
No.:** \_\_\_\_\_



**ATTACHMENT A**

Amended Trust Agreement of 2012 by and between the Louisville/Jefferson County  
Metro Board of Health and JP Morgan Chase Bank, NA

AMENDED TRUST AGREEMENT OF 2012

This Amended Trust Agreement of 2012 ("Agreement") is entered into and made effective on this 22<sup>nd</sup> day of May, 2012 (the "Effective Date") by and between the Louisville/Jefferson County Metro Board of Health ("Board of Health") and JP Morgan Chase Bank, NA ("Trustee").

WITNESSETH:

WHEREAS, the Board of Health and Liberty National Bank & Trust Company entered into the original "Trust Agreement" dated September 28, 1977 (the "Self-Insurance Trust") in order for contributions to the Self-Insurance Trust fund to be recognized as allowable costs of operation for Medicare reimbursement purposes; and

WHEREAS, pursuant to said Trust Agreement, the Board of Health transferred, conveyed and assigned to Liberty National Bank & Trust Company, in trust, the assets and properties of the Self-Insurance Trust for all the uses and purposes stated in the Trust Agreement; and

WHEREAS, the Board of Health has previously conveyed Louisville General Hospital to the University of Louisville and, therefore, was no longer responsible for claims involving incidents occurring after 1979; and

WHEREAS, to reflect those changes and other reasons, the original trust Agreement was replaced by a "First Amended Trust Agreement" on September 26, 1979; and

WHEREAS, after consolidation of Louisville and Jefferson County governments in January 2003, the Board of Health and BANK ONE TRUST COMPANY, N.A., a successor company to Liberty National Bank & Trust Company, entered into second "AMENDED TRUST AGREEMENT OF 2005, effective April 29, 2005, to clarify the terms of coverage under the "First Amended Trust Agreement" of 1979; and

WHEREAS, KRS 65.2005 and Louisville Metro Codified Ordinances Sections 35.180-183 provide that with some exceptions described therein, Louisville Metro must provide for a defense and indemnity when Louisville Metro employees and officers are sued as a result of performance of their official duties; and members of the Board of Health and employees of the Louisville Metro Department of Public Health and Wellness fall within the protection of the statute and ordinances referred to above; and

WHEREAS, qualifying Family Health Centers, Inc. employees are generally protected for claims of medical malpractice by the Federal Tort Claims Act (42 USC Section 233(g)); but the employees of Family Health Centers, Inc. are not employees of Louisville Metro and are therefore not entitled to a defense and indemnity under the state statute and Louisville Metro Ordinance for non-medical claims; and

WHEREAS, there is a need for the self-insurance trust to remain in existence to cover claims falling outside the protection afforded the Federal Tort Claims Act; and

WHEREAS, to reflect these changing circumstances, it is necessary to amend the "AMENDED TRUST AGREEMENT of 2005" as follows:

NOW, THEREFORE, THE AMENDED TRUST AGREEMENT OF 2005 IS AMENDED AS FOLLOWS AND SHALL BE REFERRED TO AS THE "AMENDED TRUST AGREEMENT OF 2012":

1. Ownership of Trust Assets. The Trustee shall have the muniments of title and sole custody of all the assets comprising this trust estate and any and all income earned thereon shall become a part of such trust estate. The Trustee is hereby vested with full and complete title to all said trust estate, both as to principal and income, subject only to the terms of this Agreement. Except as herein expressly provided, no part of this trust estate shall be liable for the debts of the Board of Health, its divisions and/or subsidiaries, nor shall the same be subject to seizure by any creditor of the Board of Health, its divisions and/or subsidiaries, under any writ or proceeding at law or in equity.
2. Restrictions on Trustee. The Trustee shall make no loans from the trust estate to the Board of Health. The Board of Health shall have no power to sell, assign, transfer, encumber, or in any other manner dispose of its interests in this trust estate except as is herein specifically provided.
3. Soundness of the Fund. In order to maintain this trust estate in an amount sufficient to satisfy the purposes of this trust as described in paragraph 4 below, the Board of Health shall periodically engage the services of an independent actuary to analyze the trust estate using actuarial methods customarily employed by the insurance industry to determine the soundness of the self insurance reserve funds. To maintain the soundness of the fund for its primary purpose, the fund will be maintained between an 85-95% confidence level of protection.

A copy of the report of the independent actuary shall be submitted to the Trustee and the Board of Health.

4. Purpose of Trust.

(A) **The primary purpose of this trust shall be: (i) to provide for the defense** against any Covered Claim (as hereinafter defined) made against the Board of Health or others herein specified and (ii) to provide for the payment of any settlement or final judgment entered against the Board of Health or others herein specified for any such Covered claim in an amount not to exceed \$1,000,000 for any one occurrence and \$1,000,000 in the aggregate during any fiscal year for the Board of Health, the Louisville Metro Department of Public Health and Wellness ("Department"), or the Family Health Centers, Inc., as the Board of Health may decide.

(B) A "Covered Claim", as said term is used in this Agreement, shall be any claim, not otherwise covered by the Federal Tort Claims Act,(i) for medical malpractice or (ii) for general liability, against the Louisville Metro Board of Health or any of its divisions or subsidiaries; and the Louisville Metro Department of Public Health and Wellness ("Department"), and the persons described in paragraph (4)(D)(E), and (F) below. This includes specifically, Family Health Centers, Inc., and its directors, officers and employees.

(C) "General Liability" shall mean any claim for negligence, including claims for damage to property or persons, any claim for false arrest, slander, false imprisonment, malicious prosecution, libel, and invasion of privacy. Such term, however, shall not include, and there is specifically excepted from this coverage, any claim arising out of use of an automobile, or resulting from war, insurrection, acts of terrorism, rebellion, or the like, or which results from an employee's or agent's willful violation of law or with the consent of the injured party.

(D) While engaged upon the business of the Board of Health, the Department, or Family Health Centers, Inc, the coverage described in subsection 4(B) above shall extend to all members of the Board of Health; its subsidiary boards and committees; and all agents, employees and personnel of the Board of Health, the Department, and Family Health Centers, Inc.; including any physician serving in the capacity of the Department's Medical Director or Interim Medical Director, or substituting during his/her absence.

(E) The coverage described in subsection 4(B) may be extended to an entity or person performing work for the Board of Health or the Department upon approval of the Board of Health.

(F) Anything contained in this Agreement to the contrary notwithstanding, the coverage herein provided shall specifically extend to the Director of the Department ("Director") for actions performed in furtherance of the business of the Department or the Board of Health.

5. Other Permitted Expenditures. In addition to the payments for the purposes specified in Paragraph 4 above, the Trustee may make disbursements from the trust estate only for the following purposes: (a) for payment of the Trustee's fees and expenses as authorized by this Agreement, (b) for payment of fees and expenses pertaining to any claim management and/or risk management programs adopted or approved by the Board of Health, (c) for payment of fees and expenses for the actuarial services referred to in Paragraph 3 hereof, and (d) for payment of fees and expenses for legal services incurred in defending claims made of the type referred to in Paragraph 4 hereof.

6. Reservation of Certain Authority. The Board of Health shall have and it hereby reserves, all final authority with respect to the settlement or payment of any claim or judgments as referred to in Paragraph 4 of this Agreement, or with respect to the employment of these agents referred to in Paragraph 5.

7. Procedures for Payment.

(A) For those payments from trust assets specified in Paragraphs 4 and 5(d) hereof, the Trustee shall require a resolution adopted by the Board of Health in formal session, along with written authorization from the Secretary of the Board of Health, or in his or her absence, from the Chairman or Vice Chairman thereof, stipulating the party or parties to whom the payment is to be made, the amount of the payment, and the specified reason for the payment. The Board resolution itself shall be provided to the Trustee in the written form of an excerpt of the Board minutes, certified by the Chairman, Vice Chairman, or Secretary of the Board of Health.

(B) For those payments from trust assets specified in Paragraphs 5(a), 5(b) and 5(c) hereof, the Trustee shall require written authorization from the Secretary of the Board of Health, or in his or her absence, from the Chairman or Vice Chairman thereof, along with an executed copy of the contract or agreement under which said payment is being made. However, in the event that the requested payment should exceed the contract amount, or not otherwise be covered by a written agreement, then the Trustee shall require a Board resolution in the same form and with the same approval as set forth hereinabove for payments permitted under Paragraphs 4 and 5(d) of this Agreement.

8. Investment of Trust Assets. The Trustee shall use its best efforts to preserve the trust estate through the proper investment thereof. The Trustee shall not sell, purchase, exchange, or otherwise deal with or dispose of trust assets for less than full and adequate consideration.

9. Trustee Power Over Assets. In the administration of this trust estate, the Trustee shall have all those powers incidental to ownership normally allowed a trustee, and such powers shall be exercised without necessity of any prior or subsequent approval of any court or judicial authority, and no person dealing with the Trustee shall be required to inquire into the propriety of any of its actions. Without in any way limiting the generality of the foregoing, the Board of Health further grants to the Trustee the following additional specific powers: (a) to sell or exercise any "right" issued on any securities held in the trust estate, (b) to vote in person or by proxy any stocks or securities and to grant such proxies and powers of attorney to others, (c) to consent to and participate in any plan for the liquidation, reorganization, consolidation, or merger of any corporation whose stock or other security is held in trust herein, and (d) to register or carry trust property in its name or in the name of its nominee or to hold it unregistered.

10. Annual Certified Statement. The Trustee shall submit a certified financial statement to the Board of Health no later than sixty (60) days after the end of each fiscal year of the trust estate. Said statement shall provide at least the following information: (a) the balance in the trust estate at the beginning of the fiscal year, (b) the amount and nature of all current year payments or withdrawals from the trust estate, including a separate accounting for claims paid, for claims and risks management expenses, for legal expenses, for actuarial expenses, and for Trustee's fees and expenses, and (c) the balance in the trust estate at the end of the fiscal year.

11. Discontinuance of Coverage. In the event the Board of Health discontinues services requiring the coverage herein provided, or in the event that it purchases insurance required to take the place hereof and wishes to discontinue its self insurance coverage for subsequent medical malpractice and/or general liability claims, then the following steps shall be taken. An independent actuary shall analyze the balance in the trust estate and shall determine the adequacy of the funds to support disbursements to cover payment of future claims and expenses arising from instances occurring while payments into the trust estate were being made. The Trustee shall maintain in the trust an appropriate reserve to pay such claims and expenses, but if the actuary determines that there are excess funds in the trust estate, the excess balance shall be refunded to the Board of Health.

12. Resignation or Removal of Trustee.

(A) The Trustee hereunder (whether originally designated herein or appointed as "Successor Trustee") shall have the right to resign at any time by giving ninety (90) days written notice thereof to the Board of Health. Thereafter the Board of Health shall have the right and duty to appoint a Successor Trustee within said ninety (90) day period.

(B) The Board of Health shall have the right to remove the Trustee and to appoint a Successor Trustee at any time by giving ninety (90) days written notice to the Trustee. Following such notice, the Trustee shall have ninety (90) days in which to transfer all assets of the trust to the Successor Trustee and to make an accounting thereof to the Board of Health.

(C) Any Successor Trustee hereunder shall possess and exercise all powers and authorities herein conferred on the original Trustee, and similarly, said Successor Trustee shall be limited by such duties and responsibilities as are herein imposed upon the original Trustee.

13. Compensation of Trustee. For its services hereunder, the Trustee shall be paid a fee for its services under this Agreement as agreed upon between The Board of Health and Trustee.

14. Due Diligence and Cooperation. The Trustee shall act with due diligence in carrying out the provisions of this Agreement and shall cooperate with the Board of Health in all appropriate respects related thereto.

15. Relation to Original Trust Agreement and First Amended Trust Agreement. This Agreement is a continuation of the trust previously established between these parties, but this agreement shall amend, modify, replace and supersede each of the provisions of the original Trust Agreement and the First Amended Trust Agreement and the Amended Trust Agreement of 2005 and it shall constitute the entire agreement between the parties.

16. Amendment of Trust Provisions. The Board of Health reserves the right to amend and modify this Agreement, but in the exercise of such right it shall not undermine or remove the protection and coverage herein provided.

17. Governing Law. This Agreement shall be construed and regulated in all respects by the laws of the Commonwealth of Kentucky, without regard to its conflicts of law provisions.

IN WITNESS WHEREOF, the Board of Health and the Trustee have caused this Agreement to be duly executed by their respective representatives, each thereunto duly authorized by appropriate action of its governing body as the Effective Date.

LOUISVILLE METRO BOARD OF HEALTH

BY: William M. Alt

TRUSTEE:

JP MORGAN CHASE BANK, NA

BY: Ann Marie Adams, V.P.  
(Name & Title)

THIS INSTRUMENT PREPARED BY:

MICHAEL J. O'CONNELL  
JEFFERSON COUNTY ATTORNEY

BY: \_\_\_\_\_  
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