

**CITY OF POMPANO BEACH**  
**Broward County, Florida**

**A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF POMPANO BEACH, FLORIDA, APPROVING AND AUTHORIZING THE PROPER CITY OFFICIALS TO EXECUTE A PUBLIC EMERGENCY MEDICAL TRANSPORTATION LETTER OF AGREEMENT BETWEEN THE CITY OF POMPANO BEACH AND THE STATE OF FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION, TO PARTICIPATE IN AN INTERGOVERNMENTAL TRANSFERS (IGT) AND SUPPLEMENTAL PAYMENT PROGRAM FOR MEDICAID MANAGED CARE PATIENTS; AUTHORIZING THE CITY MANAGER TO EXECUTE ALL REQUIRED AGREEMENTS OR DOCUMENTS TO PARTICIPATE IN THE SUPPLEMENT PAYMENT PROGRAM; PROVIDING AN EFFECTIVE DATE.**

**BE IT RESOLVED BY THE CITY COMMISSION OF THE CITY OF POMPANO BEACH, FLORIDA:**

**SECTION 1.** That an Agreement between the City of Pompano Beach and the State of Florida Agency for Health Care Administration, a copy of which Agreement is attached hereto and incorporated by reference as if set forth in full, is hereby approved.

**SECTION 2.** That the proper City officials are hereby authorized to execute said Agreement between the City of Pompano Beach and the State of Florida Agency for Health Care Administration.

**SECTION 3.** The City Manager is hereby designated and authorized to execute all required agreements or documents to participate in the supplement payment program.

**SECTION 4.** This Resolution shall become effective upon passage.

**PASSED AND ADOPTED** this \_\_\_\_\_ day of \_\_\_\_\_, 2024.

\_\_\_\_\_  
**REX HARDIN, MAYOR**

**ATTEST:**

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**KERVIN ALFRED, CITY CLERK**