

Exhibit A
Scope of Authorization – First Amendment Agreement

A. Introduction/ Background

The City of Pompano Beach and its Parks and Recreation department have agreed to license the use of its pool facilities to Holy Cross Hospital, Inc. in Fort Lauderdale to provide outpatients with aquatic therapy . The Holy Cross Hospital, Inc. is a full service, 557 bed, non-profit, Catholic, teaching hospital.

B. Objectives

To establish an agreement between Holy Cross Hospital, Inc. and the City of Pompano Beach to provide Outpatients with access to Aquatic therapy as a method of continuation of care through post -surgical therapy, acute inpatient rehabilitation and home health to outpatients.

C. Scope of Work

The Aquatic therapy classes shall utilize the eastern side of the small pool located at the Aquatic Center at 820 NE 18th Ave. If for some reason the Aquatic Center is not available, the alternative location shall be Houston Sworn Aquatic Center at 901 NW 10th Street. Each patient shall be able to utilize the locker room facilities post therapy session, but shall not have access to the aquatic facility outside of the therapy sessions unless there is payment made of regulatory fees associated with daily admission.

LICENSEE shall:

- Provide a licensed physical therapist who shall maintain that certification throughout the program duration.
- Require each patient in the Aquatic therapy classes to fully execute a waiver and release which shall include the City of Pompano Beach prior to any participation in said therapy class.
- Give the CITY prompt written notice of any accidents occurring at the Aquatic Center in which damage to property or injury to a person occurs.
- Follow all posted rules and CITY ordinance chapter 98.

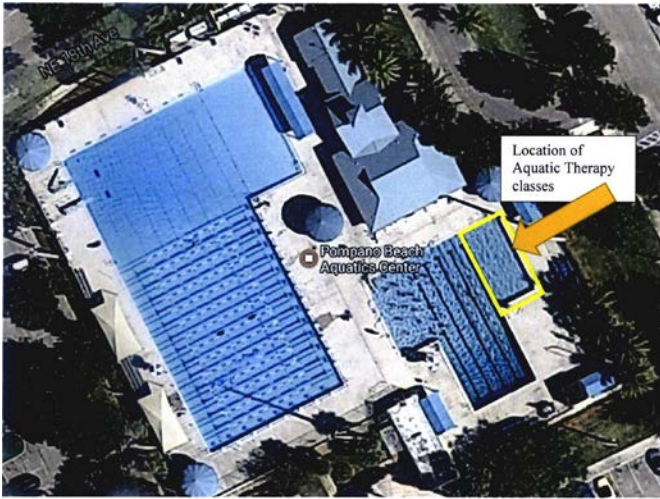
D. Work Breakdown Structure

The term of this agreement shall be for one (1) year from the execution of the agreement by both parties. The program time shall begin no earlier than 8:00 am and conclude no later than 2:00 pm on mutually agreed upon days.

One week prior to each therapy week, LICENSEE must provide a written request with dates and times to be approved by the Aquatic Supervisor or written designee of each upcoming therapy sessions and approximately how many patients. Each class shall be no more than 45 minutes in duration.

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Classes shall be held in the lifeguarded area depicted below:



If additional lifeguards are necessary during the Aquatic therapy classes, it shall be at the expense of LICENSEE at the current rate of pay. The City of Pompano Beach shall send an invoice to LICENSEE for the additional expense of any additional life guards. Payment will be due forty (40) days after the end of the month to City.

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E. Summary Schedule of Tasks and Deliverables

Prior to each therapy week, LICENSEE shall provide an approximate number of patients that shall utilize the facility.

Trash and Clean-up of Permitted Area - LICENSEE shall be responsible for clean up and removal of debris and trash from the Permitted Area during and after the program. LICENSEE shall further be responsible for dismantling and removing all supplies and equipment.

Compensation to City

After the close of each month, LICENSEE shall timely provide to the CITY within seven (7) days a count list of patients served during the previous month. This list may be faxed to Recreation Program Administrator at 954-786-4113 or timely mailed to 1801 NE 6th Street, Pompano Beach, FL 33060.

LICENSEE agrees that it shall pay to the CITY, on a monthly basis, the amount of the fees to be paid by Holy Cross will be \$12.50 per patient for an individual session, or \$6.25 per patient if in a group session. Payment is to be sent by LICENSEE to CITY Contract Administrator, Attn: Recreation Programs Administrator, 1801 NE 6th Street, Pompano Beach, FL 33060 and received no later than forty (40) days after the end of the month.

CITY (Aquatic Staff) shall maintain a daily attendance log (Daily Sign in Sheet) that provides the dates, time, patient count and location of all Holy Cross Therapy Patients utilizing the Aquatic Center designated pool area or Houston/Sworn Mitchell Moore Center designated pool area. This Daily Sign in Sheet shall at all times be available to CITY personnel. The Licensed Holy Cross Physical Therapist conducting the session, and the City of Pompano Beach Aquatic Supervisor (staff) will both sign and witness daily with a signature verifying the patient count on the Daily Sign in Sheet.

CITY Aquatics Supervisor shall reconcile at the end of the month, the Daily Sign in Sheet to the Monthly Reconciliation Sheet for each month's payment per patient attendance that is to be paid to CITY by LICENSEE. A final patient count and fee will be recorded on the Monthly Summary Sheet. CITY Aquatics Supervisor will submit the Daily Sign in Sheet along with The Monthly Summary Sheet to Tim I. Day, Director of Outpatient Rehabilitation Services for Holy Cross.

Upon receipt of payment from LICENSEE, The CITY Aquatics Supervisor shall verify and approve LICENSEE patient count with the CITY copy of the daily attendance logs (Daily Sign in Sheet) and Monthly Summary Sheet.

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If there is an error in the count per patient for the monthly fee received from LICENSEE, the CITY's Aquatics Supervisor shall immediately inform LICENSEE and submit via email the correct patient count to LICENSEE along with the Monthly Summary (Reconciliation).

The fees to be paid by Holy Cross will be \$12.50 per patient for an individual session, or \$6.25 per patient if in a group session. If the monthly fee is not paid timely and received forty (40) days after the end of the month, then a late fee of twenty-five (\$25.00) dollars shall be assessed and due with the following months invoice payment.

The agents and representatives of CITY shall have the right to enter in and/or make inspections of the designated premises at any time for the purpose of verifying participants count or securing compliance with the terms and conditions of this agreement.

Periodic spot checks of all sessions will be performed by Aquatic Supervisor or Aquatic staff. Daily Sign in Sheet (attendance log) will be checked, and head counts or roll call will be taken.

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Holy Cross Aquatic Therapy Monthly Reconciliation

Month: January 2019

Date	Private	Group	Total	Cost	Total
1/1/2018	5		5	\$12.50	\$62.50
1/1/2018		5	5	\$6.25	\$31.25
1/2/2018	6		6	\$12.50	\$75.00
1/2/2018		2	2	\$6.25	\$12.50
1/3/2018			0	\$12.50	\$0.00
1/4/2018	5		5	\$12.50	\$62.50
1/4/2018		3	3	\$6.25	\$18.75
1/5/2018			0	\$12.50	\$0.00
1/6/2018			0	\$12.50	\$0.00
1/7/2018			0	\$12.50	\$0.00
1/8/2018		2	2	\$6.25	\$12.50
1/9/2018	7		7	\$12.50	\$87.50
1/10/ 2018		4	4	\$6.25	\$25.00
1/11/ 2018	5		5	\$12.50	\$62.50
1/ 12/ 2018			0	\$12.50	\$0.00
1/ 13/ 2018			0	\$12.50	\$0.00
1/ 14/ 2018			0	\$12.50	\$0.00
1/15/ 2018		3	3	\$6.25	\$18.75
1/16/ 2018	6		6	\$12.50	\$75.00
1/ 17/ 2018		2	2	\$6.25	\$12.50
1/ 18/ 2018	7		9	\$12.50	\$112.50
1/19/ 2018			0	\$12.50	\$0.00
1/ 20/ 2018			0	\$12.50	\$0.00
1/ 21/ 2018			0	\$12.50	\$0.00
1/ 22/ 2018		4	4	\$6.25	\$25.00
1/ 23/ 2018	6		6	\$12.50	\$75.00
1/ 24/ 2018		2	2	\$6.25	\$12.50
1/ 25/ 2018	4		6	\$12.50	\$75.00
1/ 26/ 2018			0	\$12.50	\$0.00
1/ 27/ 2018			0	\$12.50	\$0.00
1/ 28/ 2018		3	3	\$6.25	\$18.75
1/ 29/ 201 8			0	\$12.50	\$0.00
1/ 30/ 2018	6		9	\$12.50	\$112.50
1/ 31/ 2018			0	\$12.50	\$0.00
Total Pri vate 57 - - \$1 2.50					\$712.50
Total Group - 30 - \$6.25					\$187.50
Holy Cross Inc. Payment to City of Pompano Beach					\$900.00

Reconciled: **Tim Day** _____ Date: _____
 Director, OP Rehab, Holy Cross

Reconciled: **Scott Moore** _____ Date: _____
 Recreation Manager