

**FRANKLIN COUNTY BOARD OF COUNTY COMMISSIONERS
REGULAR MEETING
COURTHOUSE ANNEX, COMMISSION MEETING ROOM
APRIL 15, 2026
9:00 AM
MINUTES**

Commissioners Present: Ricky Jones-Chairman, Jessica Ward-Vice-Chairman, Cheryl Sanders, Office Amison, and Anthony Croom, Jr.

Others Present: Michele Maxwell-Clerk of Court, David Theriaque for Michael Shuler-County Attorney, Michael Moron-County Coordinator, and Erin Griffith-Fiscal Manager/Grants Coordinator, Jessica Gay-Clerk to the Board

Call to Order

Chairman Jones called the meeting to order.

Invocation and Pledge of Allegiance

Commissioner Croom led the Board in prayer followed by the Pledge of Allegiance.

Approval of the Agenda

Mr. Moron noted there is an add on item from Mr. Billy Fuentes.

*****Late Add: Billy Fuentes -- Administrator -- Eastpoint Water and Sewer -- Request**

Letter of Support for House Bill 4081 which expands the boundaries of the district.

On a motion by Commissioner Amison, seconded by Commissioner Croom, and by a unanimous vote of the Board present, the Board approved the agenda with the addition for Eastpoint Water and Sewer noted above. Motion carried 5-0.

Approval of Minutes and Payment of County Bills

- 1. County Bill List for Payment**
- 2. Approval of Minutes**

On a motion by Commissioner Croom, seconded by Commissioner Sanders, and by a unanimous vote of the Board present, the Board approved the Payment of County Bills and the FCBC Regular Meeting minutes from 2/18/2026. Motion carried 5-0.

Public Comments

Ms. Lydia Johnson had submitted a public comment card. However, she was not present.

Department Directors Reports

- 3. Jennifer Daniels – Emergency Management Director**

Action Items:

1. Requests the Board of County Commissioners' to retroactively approve the Chairman's signing of the Burn Ban dated 4/8/2026.

On a motion by Commissioner Ward, seconded by Commissioner Sanders, and by a unanimous vote of the Board present, the Board retroactively approved the Chairman's signing of the Burn Ban dated 4/8/2026. Motion carried 5-0.

2. Requests the Board of County Commissioners' approval and signing of the POD MOU with the City of Carrabelle.

On a motion by Commissioner Ward, seconded by Commissioner Amison, and by a unanimous vote of the Board present, the Board approved and authorized the Chairman to sign the POD MOU with the City of Carrabelle. Motion carried 5-0.

Information Items:

1. 4/14/26-4/15/26 – EOC staff participated in the Statewide Exercise.
2. 4/9/26 – EOC staff completed the desktop monitoring review for EMPA and EMPG.
 3. 4/8/26 – EOC staff met with representatives from Perdue Office Interiors regarding furniture needs for the new EOC.
4. 4/7/26 – EOC staff attended the FEPA Certification Commission Meeting.
5. 4/2/26 – EOC hosted the bi-monthly Fire Chiefs meeting.
 6. 4/2/26 – EOC hosted a realtor meeting with the local vacation rental companies to disaster resources available to visitors.
7. 3/31/26 – EOC Staff participated in a Disaster Recourse Talk at the Apalachicola Library.
 8. 3/30/26-4/2/26 – EOC Deputy Director attended L-963 NIMS ICS All-Hazards Planning Section Chief class in Walton County.

The Board moved to the Weems Hospital audit report at this time.

Mr. Brian Hall speaking, morning, everybody, thank you all for having me. So, we will talk about the September 3, 2025, audit of the hospital, and similar to prior years, just kind of go through the high points, the things that if I were in your chair, I would want to talk about. If anybody has any questions, y'all just holler at me and we will go into it. But thanks again for having me and thanks for your business. It does mean a lot to us. So, if you have a copy of it, look at the opinion, which is the first unnumbered page. This is an unqualified, clean opinion, which is what you want, that we are not, basically says we are not aware of any material misstatements or the financial statements. So, diving right in, we are going to go to page 12. So, the balance sheet, page 12 is the asset. So, what the hospital fund owned as of September 30th. Top line on there is cash. You can see your cash is stable with \$2.8 million. It was \$2.9 million the year before. Historically, that is a healthy amount of cash for this facility. So that's pretty good news there. Second line is receivables. And obviously, spend a lot of time making sure that receivables are true, and are going to turn into cash. We are comfortable with that number right at a million dollars of receivables. Most of those numbers on those page is consistent. I did want to bring you to your attention the other receivables, which is \$1.37 million, much higher than last year. The reason for that is the state owes us or owes the hospital owes monies. I believe \$250,000 came in this week, but they still owe a pretty substantial amount from last year. So, they are quite a bit behind, and that is tied up in the legislature. So, the next page is the liabilities. If assets are what the hospital owned, then liabilities are what the hospital owes. So just looking at that, liabilities, you can see the accounts payable \$700,000 which is down from a million dollars here before, that is good. The hospital is not stretching vendors. They are not holding invoices, anything like that, which we always take a look at. They are keeping current on their vendors. That is good thing. So, two lines down from that due to other funds. That is the amount due to the county, 159 versus 500 the year before, unearned revenue, 730,000 that is a larger amount. Each of the last few years, the hospital has received an appropriation from the state, a line item in the state's budget, but that is earmarked in how it has to be spent. So that is essentially as that cash comes in, it is hung on the balance sheet until we spend it the way that the state requires us to spend it, and then it gets recognized as income. The estimated third-party settlements, which is a million dollars, there is actually a current and a long-term portion of that. So, if you look in the middle of the page, you will see another estimated third-party settlements, which is the long-term portion of a million. So altogether, that is about \$2 million that is where your cost reports, although that is a smaller portion of it, and the lip payback goes. So, we got about \$2 million of liabilities on the books right now. Of that \$2,800,000 is a known payback, that of lip over payments that the hospital is required to pay back to the state. And then about \$1 million is the estimated for what the state may ask for in the future. We are hoping it is less than that, but that is our best estimate. So again, we know that we owe the state \$800 million or million 800,000 of lip payback, but again, remember that they owe us a million dollars. So that's kind of the balance sheet in a nutshell. So going to the next page, if anybody has any questions, of course, just holler at me. But page 14 is the income statement. So, the way I look at things, if you look at the total operating revenues for the hospital, you will see it is 9.4 million, versus 10.1 the year before. So, it is down. It is actually down 7% for whatever reason. We are seeing that across the region, not just in the panhandle, but obviously in South Alabama, South Georgia as well. I guess it, maybe it was tied to the flu season, I do not know, but the volumes were just down a little bit in 2025 so that impacted your operating revenues down 7%. If you come into your operating expenses, your expenses were up 6% so not a good combination,

but expenses obviously always climb. Your largest expense category, and increase was salaries at 7.2 million, and it increased 11%. So, if you look right in the middle of the page, the operating income loss, we have a loss of 4.5 million versus a loss of 3 million the year before. So, a tougher year operationally in 2025 and again, this is what we are seeing pretty much across the region, and that is before you add in the grants in the county monies. So then when you get into the non-operating section, the transfers, that is where the grants come into play, and amount the monies subsidies that the county gives. So, when you add those in, the total bottom line, decrease loss, if you want to call it, that was \$318,000 this year, versus 658,000 year before. So, after grants, after county contributions, pretty close to break even for 2025 and in a little bit closer to break even than they were in 2024. So, page 15 is the cash flow statement, which gets a little complicated. So, I like to look at this in totals. So that on page 15, the first section at the top that is just running the hospital. So, if you look at the total of that section, you have got right at \$4 million that it costs to run the hospital that is before you get into the county money anything else. So, it costs \$4 million to run the hospital in 2025 and 1.8 million the year before. So obvious question is, why did it cost more to run the hospital in 2025 than 2024 and most of that is, and this is just looking at from a cash perspective, most of that is going to be tied up in the fact that we got dish flowing through 2024 we did not get the dish in 2025. So obviously there is less cash there at the bottom, you can see the change in the cash. We came into the year with 2.9 million left with 2.8 million. So again, pretty healthy amount of cash, historically speaking, for this hospital. So, if there are no questions, we will skip ahead to page 22. So, page 22 right in the middle of the page, is the charity care. So obviously, you guys are a public facility. Part of your mission is to provide care to the community regardless of their ability to pay. So, I always like to bring this up and show you kind of in black and white, the third line from the bottom of that paragraph, you can see the costs. So, it cost the hospital right at a little bit above \$300,000 to provide care to people that did not have the ability to pay. So, the hospital is meeting their community benefits requirement, in my opinion. And again, I would highlight that the total quote, unquote, net loss for the facility this past year was 300,000. We gave \$300,000 away to the community in free care. So, it is a meaningful impact for community of this size, for sure. All right, so we can skip all the way to page 32 if you would like. So, on page 32 those numbers at the bottom always like to look at this with all of my hospital clients, because, as you know, we treat patients. Ultimately, the patients are not necessarily customers. The customers are what the insurance card is in their pocket. So, it is important to know what insurance the hospital is seeing, because that makes a big difference on the profitability or lack thereof of a hospital. And if you look at this mix, you will see that we only have 1% traditional Medicaid, and we have about 80% mix of Medicare and commercial. So, I have been doing this a long time, and I can tell you that is a good mix. So that means the people that are showing up at your hospital are the right people. They have the right insurance card in their pocket. The problem that the hospital has is not enough of them are showing up. So, you have a good mix. The patient, the community, is well insured. We just do not have enough volume there on page 33 note 11. Will not go through all this because it is very long note, but you may be interested in reading page 33 to 35 at some point, it describes all the dish and lip situation, how much we got, how much they owed us. And then also goes into the lip paybacks, why that happened, which, again, was no fault of any hospital. But why the lip paybacks are there? How much is known, how much is estimated, how we got there, all that kind of thing. All right. And then finally, on page 39 is the internal control report. So, the good news is, last year, we had three internal control findings. Management and their team worked really hard in 2025 to clear two of those findings. So, we only have one finding left. The finding that is remaining is segregation of duties, which is very difficult to clear. Essentially, what we have is a small hospital with people working hard and doing the right thing, but we got a few people wearing a lot of hats. So optimal segregation of duties, where we can spread out tasks across people and establish a true control structure hard to achieve in a facility this size. So that is why that finding is there. We have spoken to the to the hospital and the board about what can be done. Honestly, it is probably going to take spreading some duties to Alliant, perhaps spreading some duties to the county if we want to remove that finding, but that is very common finding in a facility this size. So that one is the only one left, which is probably good news. Beyond that, and I know I move fast there intentionally, beyond that, that is really it. If anybody has any questions or wants to go into any further detail on any of that, I am glad to do it.

Chairman Jones speaking, any questions commissioners? Commissioner Ward speaking, I do not really have any questions. I did have on page 16, I had a question about the definition of the compensated absences and the third-party settlements, but then in reviewing, as I went further down, on page 19, you kind of

explained a little bit. But can you elaborate on that a little bit more? On page 16, there was discussion of compensated absences, third party settlements, and then again, like I said on 19, it looked like it was answered. But if you could elaborate on that, clarify that for me, in my head, if you will. Mr. Hall speaking, absolutely, this is, this is not an easy concept. This is very accounting. So, page 16, essentially, what it is trying to do is explain the cash from operations, which is on page 15. That is what we were talking about the cat. You know, how much did it cost us in cash to run the hospital? It is trying to explain that in terms of the balance sheet. So really, how you do this is you look at the balance sheet and you take the difference in those numbers year over year. So, what you're seeing there in the middle of page 16 is the change in those numbers year over year. So, for example, in compensated absences \$21,000, that means a compensated absence is liability, which is, you know, the liability for paid time off. It went up \$21,000. If it went down, it would have been a negative. So, the same thing with the third-party settlements, obviously, that is a big number. That went up \$800,000 and the reason it went up is because that we added another year of lip. They actually sent us another letter requesting more money back, and then we added another year of lip. So that lip issue is going to stay there until ultimately the state says, you know, we are done requesting money back. Until that day, every year that goes by, we are going to have to keep increasing the liability for another year. So again, we are all hoping that we have got more estimated liabilities on the books than they will ultimately request back. But until the state says we are done, this issue solved, we will have to keep recruiting it, and then when they say that, then we will be able to true up the numbers, and if there is any excess, we can wipe it off, which is all what we are hoping for. But right now, this is the best estimate we can do. Commissioner Ward speaking, Mr. Chairman, I have one more additional question. So, in terms of leased equipment, I know that leased equipment is technically considered a liability. Do you think that if we stop, I know some equipment, I guess maybe has to be leased? But do you think that we are better off in purchasing outright some of this equipment versus leasing? Mr. Hall speaking, it just really a course of time. I mean, it is just a cash flow consideration. So for the accounting, and again, this gets really nerdy accounting stuff, but when you lease, and this actually just changed the last five years or so, but when you lease a piece of equipment, you would put it on your balance sheet as an asset, just like you bought it, but then you'd have a liability for the future payments, so they wash zero from a financial statement perspective, doesn't really matter. But when you lease, of course, you got to pay interest, so it is all simple cash flow. You know, if we have to have an ultrasound machine, does it make more sense to write a check today or finance it over four years. Of course, that depends on the term the interest rate they are willing to provide that kind of thing. Commissioner Ward speaking, thanks. That is all I have. Commissioner Croom speaking, Mr. Chair, got a couple questions. Brian, how long have you been conducting the audit for Weems? Mr. Hall speaking, that is a good question. Erin may know, I want to say maybe five years somewhere in there. Commissioner Croom speaking, based on your audit, what should the board be most concerned about going forward? Mr. Hall speaking, I guess I would kind of frame it a couple different ways. If we look back to when I started auditing the facility, it was right after covid, or maybe during covid. So whole different landscape. But I can tell you the accounting wise, which is what I see the accounting and the numbers counting wise, has improved dramatically. We have much fewer entries. And the timing of when I am presenting to you today has been escalated. I was not presenting to you in April in the past. So those are all good things, again. On the good side, when we first started, as you will remember, there was, it was a little hot. Politically, the hospital was having to come back to the county asking for money from time to time. I do not remember that occurring in the last few years, and the hospital has a healthy amount of cash. So ultimately, in your seat as commissioner, you know, if I was in your seat, that is how I like to kind of think of it. If I were in your seat, what would I want to think about here? We have a small aging facility, very aging facility. It is very meaningful for the community, for this hospital to be here. You know, we have a tourist, or me and my family are down here on St George Island, and we have a health issue, it is a long way to get anywhere else, so it is very important to have the hospital here. And also, I went through, you have the right people that are here, have the right insurance. So that is a core building block. It is just the volume. So, what I would be worried about, I do not know that I am worried, but if I was in your shoes, I'd want to make sure that the hospital can financially sustain itself. From a cash flow perspective, the hospital is not going to come back to the county constantly ask for money to have it recently. And then I will be thinking about, and I know you guys have long term what does it look like for this community, because we need to maintain a hospital to support our community and our tourist volumes, but we have a heavily aged facility. So, what does that look like? And to what level can we renovate, expand, build, while also ensuring that what we do is going to cash flow itself and that county will not have

to come back and fund it more. I do not know if that answers your question, but that's kind of my thoughts. Commissioner Croom speaking, one of my other questions I wanted to know. Throughout your last five years, in your opinion, has the hospital, I guess, improved in level adjustments? Mr. Hall speaking, yes, last year, the accounting has gotten markedly better. Now there's still ways to go. Still a small facility with a few people wearing a lot of hats. I do not know that is going to change, but that has gotten a lot better. I think the financial situation has gotten better. Obviously, covid was an outlier when we had the government putting out trillions with a ton of money, and some of that was kind of raining on us. So, after covid, during covid, two different things, but financially and cash flow wise, I think hospitals is definitely improved. But again, our problem with the hospital, from a county perspective, the hospital does not control who shows up. Hospital does not control how many people show up. The hospital's issue, as I see it, is volume, the amount of people that are there to go into the facility. So, the hospital kind of lives or dies on community support. You know, how many people stop at that hospital when they need help, versus drive right by? So as long as the community supports that hospital, I see it being there for as long as you want it there, but we need to increase that community support and do whatever it takes from an investment standpoint, to help the facility, bring the right providers there to ensure that the community feels comfortable stopping there and not drive by. Commissioner Croom speaking, my last question for you, were there any concerns identified that did not rise to a formal finding. Mr. Hall speaking, good question. I like that question. So, in our world, there is two types of findings. Again, really nerdy accounting stuff here, but material weakness is, and that is what I believe. That is what we have labeled. The segregation of duties could be wrong, but material weakness is something that materially changed the numbers. If I had to change the numbers from what they gave me, that can be a material weakness, or it could have changed the numbers. Significant efficiency is anything else that I wanted to provide to you in writing. So those are the two I have to provide to you in writing. Below that is control findings which are lesser importance, lesser intensity that I talk to about management. So really, there's always things going through the audit that I will talk to management about, things, improvement points, all that, lots of those, fewer this year. And then one of the things I will always talk about is part of our audit is pretty intensive. So, we look at the technology structure, we look for exposures, and we always have discussions between management about what we found, what we have that did not rise to the level that I need to put in writing. But even if it did, I would tell you we no longer disclose that in a public forum, because we have found, and you may have seen this, that the threat actors, the bad guys, they are watching these meetings, and they are reading the packets, and they are actively targeting the counties around here. I can give you lots of examples just in the last year, so we no longer discuss those in a public forum, but we always discuss these matters with management as soon as we find things and make sure that they are getting things corrected as soon as they can. Commissioner Amison speaking, Mr. Chairman, I just got a quick or request. Would you mind hanging around for the pharmacy discussion? Mr. Hall speaking, yes.

Mr. Moron speaking, Mr. Chairman, a couple of things. So, one, Miss Johnson, who filled out the speaker card is online, but in our discussion, I think that needs to be an agenda item, because I think there needs to be back and forth about that project, some emails and ask her if she would mind attending the May 5th, instead of doing public comments now. Also, I failed to this morning, when you asked about the agenda, I failed to remind you guys, there is a time certain public hearing at 11 o'clock this morning, so I want to bring that to your attention. Chairman Jones speaking, yeah, I think that would be better for Miss Johnson, because she was, she is a representative from ARPC. The commissioners might have questions that public comment that does not align for.

The Board moved to the bid opening at this time.

RFP/RFQ/Bid Opening

6. Receive Sealed Bids - Eastpoint Nature Center

Project's Description: Work will be on vacant lot(s) at 338/342 Highway 98, Eastpoint Florida. Work entails constructing a 3-stall parking lot with 2 driveways, a modular restroom with concrete pad and utilities, construct a covered wooden stage, 2 wood pedestrian foot bridges and interior sidewalks. All other improvements as shown on the plan set.

COMPANY	LOCATION	BID AMOUNT	BID BOND
MARHAREX CONTACTING	Mexico Beach, FL	\$441,240.40	Yes
GALLOWAY CONSTRUCTION INC	Eastpoint, FL	\$283,445.90	Yes

On a motion by Commissioner Sanders, seconded by Commissioner Amison, and by unanimous vote of the Board present, the Board authorized staff to turn bids over to Dewberry for review and recommendation. Chairman Jones speaking, I have a question. Will we be waiting for the next meeting, for Dewberry to come back with this before they can start? How does that work? Mrs. Griffith speaking, oh, actually, that is, I am glad you brought that up. That is something that I should have included in my action item, because we are pushed for time on this one, I would like to receive special authorization where they can actually review the bids in pursuant to them, finding that the lowest bid was actually included all the necessary forms for us to be able to go ahead and proceed with issuing a notice of intent to award contingent upon Dewberry's review. **Commissioner Sanders amended her motion to include special authorization to proceed with issuing a notice of intent to award contingent upon Dewberry's review and recommendation, seconded by Commissioner Amison. Motion carried 5-0.**

Fiscal Manager/Grants Coordinator Report

Commissioner Croom requested to pull item 3 for discussion.

On a motion by Commissioner Ward, seconded by Commissioner Sanders, and by a unanimous vote of the Board present, the Board approved items 1, 2, 4, 5, 6, 7, 8, 9, and 10 by consent. Motion carried 5-0.

The Board moved to item 3 at this time.

7. Erin Griffith – Fiscal Manager/Grants Coordinator

BID OPENINGS:

EASTPOINT NATURE CENTER PROJECT

Today the Board is opening construction bids for the Eastpoint Nature Center Project. The project is located on two vacant lot(s) at 338/342 Highway 98, Eastpoint Florida. Work entails the construction of a 3-stall parking lot with 2 driveways, installation of a modular restroom with concrete pad and utility connections, construction of a covered wooden stage, construction of 2 wood pedestrian foot bridges and interior sidewalks. Approximately eleven contractors attended the mandatory pre-bid meeting. Once the bids are opened, the board will make a motion to release the bids back to project engineers Dewberry for their review and recommendation.

1) BOARD ACTION: FDEP VULNERABILITY ASSESSMENT ARPC CONTRACT EXTENSION

On April 21, 2025, the Board approved the grant extension amendment for the FDEP Vulnerability Assessment Grant Award. At that same time, an extension to the contract with ARPC to complete the Vulnerability Assessment should have been executed as their contract was written to expire at the same time as the original grant. All deliverables for this project have been completed and submitted to FDEP as of March 31st. The attached contract amendment with ARPC will extend their contract from the original expiration date, June 30, 2025, to the updated expiration date of the grant June 30, 2026. Board action to approve and authorize the chairman to sign the attached contract extension amendment with ARPC for completion of the FDEP Vulnerability Assessment Project.

2) BOARD ACTION: ANNUAL MOU WITH UNIVERSITY OF FLORIDA FOR EXTENSION OFFICE STAFFING

Attached is the annual agreement for the county's share of the salary and benefits for the extension office director for fiscal year 2025/2026. Each year, the amount paid to UF is budgeted as part of the extension program's county budget. The amount for 25/26 in accordance with the attached agreement will be \$24,260.89 for the recently retired director Erik Lovstrand and newly hired director Sharon Cilano.

Board action to approve and authorize the chairman to sign the attached MOU with the University of Florida.

3) BOARD ACTION: FDOT RIGHT-OF-WAY REQUEST FIRST RESPONDER COMMUNICATION TOWER SITE

Omnicom consulting engineers have located an area of right-of-way along US Highway 98 (which is managed by FDOT) to the far west of Apalachicola which would work as a tower site location. The county has been unsuccessful locating a viable location in this area as most property is owned by a single large landowner with no interest in selling, or publicly owned forest land managed by FWC – as an entity, their response was that a tower would not be a permissible use for their lands. The county's Triumph grant will only fund the construction of a communications tower on publicly owned land. The area to the west of Apalachicola already has existing communications towers utilized by private cell carriers. If the county constructs a tower on state leased property, it will not be possible to rent space for private carriers – in this area, as private carriers already have coverage and space, the leased site will work for the county's emergency radio connectivity. The county is still working to acquire a parcel up north along Highway 65 because no towers are in the area and a tower is needed for both radio connectivity and private carriers. Board action to approve and authorize the chairman to sign the Highway 98 ROW lease site request.

Chairman Jones speaking, any questions or discussion commissioners? Commissioner Croom speaking, my only one was, you know, I guess we finally found a site over here, the west side, and we are still trying to acquire property of 65? Mrs. Griffith speaking, correct. We are waiting for the appraisal company. They are still working on the appraisal of Mr. Walter Armistead's parcel up there. Commissioner Ward speaking, Mr. Chairman, I did just so you guys know, I know everyone is aware that we had a really bad, tragic accident of Highway 65 last week. Lost. Some lives were lost. I did, I have been trying since I have been on this board to get a tower of highway 65 back to the minutes you can go back to for the first time, I am on the board county staff. We have tried everything I did email. I should have emailed included you, but I did send an email to prime. Is a lot of property that way is state owned. So, I did reach out and email representative show and Senator Simon, because I did receive an email from a concerned citizen that actually witnessed the car accident. She was having trouble getting access to calling 911, she was having trouble getting through to people to call for help. And that is unacceptable. Playing out unacceptable. It is our job as commissioners, provide the welfare, safety, and security of our citizens, and I feel like we failed. So, with that, I did email our state representatives, legislators. I have not heard anything back. I plan to follow up with them, and probably tomorrow, the next day, because I sent the email, the accident happened last week. I sent it; I am trying to give them some time. I did email or text representative Shoaf assistant, Mrs. Amy Hersey to let her know, sending the email. And I know, I think she had a death in the family, so I do not think she has been in the office this week. So, I am not going to reach out to her, but I will reach out and make sure that they did receive the emails to see if there is anything they can do for us. I know people want to preserve natural land. I get that, but a cell phone tower is diamond. They can give us a little tiny bit of an acre, is all I am asking, is that is it, and a cell phone tower at that to help save lives. So anyway, that is all I am going to say on that. Chairman Jones speaking, so I do know that I talked to her yesterday. She was calling me about the funeral arrangements, but she also mentioned to me, when she was talking to me, that they are actively working and trying to find sites. Pleasure of the board? **On a motion by Commissioner Croom, seconded by Commissioner Ward, and by a unanimous vote of the Board present, the Board approved and authorized the Chairman to sign the Highway 98 ROW lease site request. Motion carried 5-0.** Commissioner Ward speaking, Mr. Chairman, Erin, if you will keep me updated on the survey for the Armistead site. Thank you.

The Board moved to Mrs. Griffith's informational items at this time.

4) BOARD ACTION: DISTRICT 4 – ROAD PAVING PATCH QUOTE BROWNSVILLE ROAD

Commissioner Amison had requested the attached \$9,600 quote to re-patch eight areas of roadway cuts along Brownsville Road in Apalachicola. Brownsville Road was resurfaced fifteen years ago and shortly thereafter; various utility cuts were made which damaged the roadway's surface. Board action to approve and authorize the chairman to sign the attached quote from Jason White Construction to be paid by District 4's road paving funds.

5) BOARD ACTION: JAIL SHOWER TILE REPAIRS

The Sheriff's Department has submitted the attached \$2,100 estimate for tile material to re-do the shower areas at the jail. Inmate labor will be utilized to demo the existing tile and install the new material. The

existing tile has become chipped and almost impossible to clean. Staff recommend allowing up to \$2,500 for the project to allow for any missed materials in the original estimate (additional sealant, grout, spacers, etc.). Board action to approve the attached quote and project material expenses to not exceed \$2,500 to be paid from jail maintenance funds.

6) **BOARD ACTION: SHERIFF'S JUDICIAL AND REHABILITATION CENTER CONCEPTUAL SITE PLAN TASK ORDER**

The Sheriff's Department has received approximately \$500,000 to construct a judicial and rehabilitation center at the Franklin County Sheriff's Department (of which the Sheriff's Office hopes to also include new space for administration). As part of the initial planning steps, a conceptual site plan will need to be developed to size the building's footprint with the required stormwater retention pond layout onsite. The county does not have funds to move forward to construction at this time but completing the conceptual site layout and later engineering and construction specifications will allow for the project to move forward while the county searches for construction funds through various grant programs and the Sheriff requests additional appropriations. Board action to approve and authorize the chairman to sign the attached \$11,975 task order with the county's engineers for the development of the conceptual site plan.

7) **BOARD ACTION: SGI MULTI USE PATH NO-COST TIME EXTENSION CHANGE ORDER**

The SGI Multi Use Path Project is moving along quickly; however, completion of the project has been slowed by several areas of construction conflicts with the ongoing SGI Storm Water Project and the roadway patch areas. The attached change order will extend the construction contract by an additional sixty days to allow for final completion. Board action to approve and authorize the chairman to sign the attached no-cost time extension change order for the SGI Multi-Use Path Project.

8) **BOARD ACTION: SGI MULTI USE PATH DESIGNATION AND FORMAL TDC FUNDING REQUEST**

In 2023, the county applied to the FDEP Recreational Trails Program for the SGI Multi-Use Path Project. This program required a 20% project cost match (\$80,529) which at the time the county anticipated being paid by TDC sales tax proceeds. This project is now nearing completion and final construction costs and invoices will be available soon. This project was the top-rated recreational trails application in the 2023 funding cycle, namely for its connectivity and regional popularity. The path received a support letter from the Office of Greenways and Trails and the path runs along the Scenic Byway route with connectivity at the eastern terminus to the St. George Island State Park. This connectivity and popularity mirror the path corridor in Walton County along 30A which was found to be eligible as a TDC funded project (see attached Attorney General Opinion 2012-38 regarding the use of TDC sales tax proceeds for the multi-use path project which constituted an extension, enlargement, remodeling, or improvement of a nature center).

A. Board action to designate the SGI Multi-Use Path as a nature center serving as a popular outdoor attraction and focal point for tourists on the area of St. George Island.

B. Board action to declare that the SGI Multi-Use Path Project constitutes an extension, enlargement, remodeling, or improvement of the nature center.

C. Board action to authorize the submission of a funding request to the TDC for the tax proceeds to fund the 20% grant match for the path's resurfacing project once the construction invoices are received.

D. Board action to declare that such expenditure of TDC sales tax proceeds is for a purpose that falls within the enumerated authorized uses in section 125.0104(5), Florida Statutes

9) **BOARD ACTION: REJECTION/READVERTISEMENT OF BIDS – ISLAND VIEW PARK FRDAP PROJECT**

At the March 4th meeting, the Board opened construction bids for the Island View Park FRDAP Project. Unfortunately, upon the engineers' review of the bids, it was noted that the two lowest bidders (the two who were also within the budget for the project) did not submit all the forms as required by the bid specifications and the lowest bidder had a substantial mathematical error. Upon secondary review by legal counsel, staff recommend rejection of all bids for the project and full readvertisement. Board action to reject all bids and readvertise the Island View FRDAP Project.

10) BOARD ACTION: ASSUMPTION/ASSIGNMENT OF WEEMS EMS MEDICAL DIRECTOR CONTRACT

Attached is the existing Weems EMS Medical Director Contract with Dr. Colby Redfield. The services provided by Dr. Redfield will be in accordance with Florida Statute 641-2.004 for Medical Direction. A medical director is responsible for developing medically correct standing orders and protocols, ensures continuous medical direction, implements a patient care quality assurance system and evaluates patients before interfacility transfers to ensure that the medical crew meets the patient's needs. The current agreement stipulates compensation in the amount of \$31,000 per year and travel expenses annually to not exceed \$2,500 with an expiration date of December 18, 2026, with the option to extend for up to (3) additional one-year periods. Board action to approve assumption of the existing contract and authorize the chairman's signature of a formal contract assignment form once reviewed by the interim county attorney.

11) BOARD INFORMATION / MISCELLANEOUS PROJECT UPDATES:

- DW Wilson Sports Arena Pickleball Courts Project is out to bid (solicitation attached), a mandatory pre-bid meeting is scheduled for Thursday, April 16th, onsite at 10:00 a.m.
- RESTORE County Wide Dune construction elements began last week at Carrabelle Beach Wayside Park. Please see the attached notice to the public, the park facilities will remain open during construction.
- Apalachicola Library Paving Project is out for bid
 - Survey work has been completed for Miller and Jubilee Streets in Lanark Village – awaiting paving change order quote for roadway resurfacing

Commissioner Ward speaking, Mr. Chairman, I got something for Erin. I was actually going to put this on Michael more under Michael's report, but it kind of goes with the two of you. I know we just went out for FRDAP grants for Vrooman and we received money and spent about 700K something to fix that park up. I know that there were some things that we did not get to do, so I know we cannot go out for a FRDAP grant for 10 years. Correct? Is that how that works? Mrs. Griffith speaking, it is actually a 20-year exclusion for any elements of the park that have already been touched by FRDAP. Commissioner Ward speaking, okay. So, we can maybe potentially go out for Ferdinand grant or some other grant for the other side of the park, maybe fix up the concession stand. Is there a way we can do that? Mrs. Griffith speaking, the concession stand, I believe, was actually built with FRDAP money. I will have to go back and research that, but I believe originally it was, I would have to go back and see how many years ago that was. Commissioner Ward speaking, okay, because I have been getting a lot of concerns about Vrooman and not being utilized by our ball teams. I have reached out to Mr. Davis. There were some issues that we had a couple years ago that have been fixed and addressed. So, and we got the lighting fix. If I do not know what is going on out there, I cannot, I do not know how to fix it. So, my question is, to the public I would like to get an idea of what needs to be fixed out there. I have gone out there. I have been out there two or three different times in the last week or two, but I do not have kids that play ball, so I do not know. Mr. Amison is good about letting me know kind of what was wrong, too. But I would like to know what we need to get fixed out there and try to get it fixed. I am going to get with Mr. Davis. I did talk to Mr. Davis and asked him if there was anything going on out there. And he said, no, everything seems to be fine and working and fixed. So, I do not understand why the park's not being utilized. I heard some about the regulation fencing, which and then the bases, and I know that the two fields we didn't do, obviously, there's some issues, but I would like to, I guess the purpose for you is to see if we can maybe get some grant money to fix up the other half of the park that needs to be fixed up, including the concession stand, maybe redoing the bathrooms, things like that. Mrs. Griffith speaking, actually, Commissioner, if we could get a list of items, you know, there may be some of those items that we can actually remedy relatively quickly that would not cost that much. Commissioner Ward speaking, thank you. Commissioner Sanders speaking, just a couple of things? Erin out there at Kendrick Park. We have a bad parking problem out there on the first day of ball, just like you did all throughout the county when we had the first day of ball. But we have got some options out there. I am going to get with you and tell you what the options are, and what I have missed to do some parking out there in the back part of the 45 acres in the back part of that part that we have got. So, I will be coming there also. I have got some striping and stuff and Lanark and Carrabelle instead of pavement road, I am going to try to stripe it, because the pavement is good, but you cannot see the stripes on the road. That is just about as expensive as what the asphalt is. So, there is a few more things I am going to talk to you about, and then we will bring it to the board. That is what I always, I like to run it by you, and then come to the

board, take a few down. It is going to start with her. Mr. Moron speaking, does that include the stuff we talked about at Alligator Point? Commissioner Sanders speaking, yeah, the guardrail. The one thing that was, while you are here, I will go ahead and ask it, the one thing that was asked about at the meeting in Alligator Point Saturday was the plans to do the bike path, to join the two parts of the bypass together and make it down to the end of the point where the Marina is over there on the KOA property. Is there something that they are going to do right in there to join that part with the part that's down there by the old firehouse? Mrs. Griffith speaking, yes, I believe. I will check with Josh Stevens, though, and make sure. Commissioner Sanders speaking, what the people were worried about is going to have to have something like a bridge or something with the you know, because that is kind of low right in there. And, you know, every time we get a hard rain or a blow, it is going to do something. But that was one of the things. The other thing is just so you will know because I discussed it with you last week. They are ready for the firehouse down there. I did tell them that they would have to look at people parking, possibly on that land. And they said, if we could rope it off, it would be good, but we will see what we can do. Commissioner Amison speaking, would you mind hanging around for the pharmacy presentation? Mrs. Griffith speaking, oh yeah, I am here. Commissioner Amison speaking, just making sure everyone who counts the money is here.

The Board moved to Weems Hospital Retail Pharmacy Presentation.

Mr. David Walker speaking, good morning, commissioners. I am under the weather, so I am not attending personally here. Just want to bring to you a presentation of the Carrabelle retail pharmacy in which we had Dr Jason Prokopik and Dr Alyssa Kramer present this analysis to the hospital board, and we wanted to bring them back here today so they can present to you all and we can have further discussion on creating access to healthcare on the east end of the county by creating a retail pharmacy. So, I would like to turn it over to Jason Prokopik now and go to the retail analysis.

Mr. Jason Prokopik speaking, thank you, Mr. Walker. I am going to walk through kind of our analysis briefly, a background about Alyssa and I were both pharmacists, but work for an accounting firm in the Midwest. We do some work at the hospital already on the consulting side. We have opened, we have done evaluation for maybe 25 different Hospital and Health Center types. We are opening pharmacies regularly in many states, and so I feel like what we are presenting is pretty accurate and valid information. We are welcome to your questions and any holes that you may want to poke in our data. If you look at the first slide, this is the total the title of it is called potential script volume. We were given the script volume from the clinic there in Carrabelle. These are the prescriptions that were written throughout the course of a year and were electronically sent to any pharmacy location that would be anywhere in the state, anywhere in the country, really, and we do this to see what the volume and what the opportunity is, and it is really our starting point. So, we have about 50,000 prescriptions. We do not know where they went. We do not know if they went to CVS or to Buy Rite, or if they went to some kind of specialty pharmacy in New Jersey. It really does not matter to us. The volume matters because every prescription is worth money to the hospital. And so, when building a retail pharmacy, we need to make sure that we can stand up that building and run it efficiently and eventually make a profit. And so, the math here, we assume that only 40% of every prescription will be provided that every 40% of every prescription that is provided will actually end up at the retail pharmacy because people are loyal to their local pharmacy or insurance information dictates where that patient goes, and we use the conservative capture rate of 40% because we feel like we don't want to give anybody a false sense of hope with the pharmacy. So, 40% is our standard, and this is pretty fair in our opinion. Then the column, the second to left column, the value per prescription. We use some national and regional averages in terms of the value of every prescription. This could change from \$100 to \$125 but we used this number from the Kaiser Foundation, and we used it for your region, and we came up with \$113 per prescription. If you do the math there 24,000 prescriptions times \$113 should show you a profit, or, sorry, a net revenue of \$2.7 million. Now let me just send a caveat here. This number is not on day one. This number is at the end of year two. So, this is what we are striving to reach in terms of the end of the year, two financials. And so there will the next slide that we show you, is what we would anticipate for salaries. So, if we have 24,000 prescriptions, this is our estimated salary for a pharmacist and a technician. So, this is basically payroll, includes benefits and taxes. With this number, we have a calculation that we use that created this. This all will go into the next slide and obviously, the pharmacist salary can vary. The technician salary can vary. The amount of people you need will vary as volume grows. But all of those

numbers from slides two and three, as well as some of our basic knowledge of pharmacy and from other hospitals that have already built retail pharmacies, these are the numbers that we have calculated that at the end of year one the results will dictate that there will be a loss, but that also takes into account capital expenses. And so we factored in \$114,000 for general renovations, and we also factored in \$50,000 into the inventory numbers, which is under the cost of goods sold, COGS, and so the year one estimates are very conservative, but it also takes into account the fact that you're going to have to build out a pharmacy, you might have to operate it without filling prescriptions for a couple months, and then you're going to need drugs on the shelf. So, at the end of the day, we feel you will at the end of year one, you should fill around 7800 prescriptions, 7700 prescriptions. And when you factor in the 340B savings that the hospital offers, that is the drug discount program the hospital is involved in, when you factor all these into the mix, we feel you are going to lose money the first year. And you can see the numbers there if you go to the next slide, as the volume ramps up, you take away the capital cost that you had in the first year, and you do not need an initial inventory anymore. You are now looking at a much better picture in year two, and the salary numbers should match the slide I showed you. The operating expenses are it is a calculation that we do a variable costs over time, and when you ramp up the prescription volume to hit the marks that we wanted, which is 24,000 prescriptions at \$113 per prescription, this equates to a much better picture of a 30% net profit compared to revenue. Now this will fluctuate based on capture rates, and it will fluctuate based on payroll and operating expenses and all the different things that go into it, but we feel pretty confident that this even though we feel it is conservative, we feel that this pharmacy can make money over time, as long as you utilize the 340B program. So, I will pause there for any questions or general comments, or if you need any clarity on some of this information. Chairman Jones speaking, do you have any questions, commissioners?

Commissioner Amison speaking, Mr. Chairman, just one. So, your projected first year loss is going to fall anywhere between \$600,00 to \$650,000, is that what I am kind of taking from this? Mr. Jason Prokopik speaking, no, the losses will be, we estimated \$184,000. \$600,000 are the expenses. Commissioner Amison speaking, I am tracking now. Commissioner Croom speaking, kind of what Commissioner Amison was just talking about loss. So, year one, you know, I guess we can expect to lose money. Year two, you know, it is projected to make money roughly, I guess, \$800K north but this entire success depends on your 340B program and volume. Is that correct? Mr. Jason Prokopik speaking, yeah, it is 100% based on volume and hitting the 24,000 prescriptions at the end of year two. The 340B program offers discounted drugs, and normally the full price of a drug is much higher than the 340B price. So, when you add those two things in, that is the only way that the pharmacy could succeed, in our opinion. You have to hit the volume to make sure that number tracks. Commissioner Croom speaking, so, if we, if Weems were a designated REH, would this affect the analysis, and will we still be at the 340B? Mr. Prokopik speaking, to my understanding, the rural emergency hospitals do not qualify for 340B at this time. So not only would you lose the pharmacy, retail pharmacy opportunity, you may lose the savings you are already getting through Buy Rite and CVS. So, on its own, without 340B savings this retail pharmacy may never make money because the again, from the earlier the audit proposal or the audit result presentation, it is a volume business. Retail pharmacy is a volume business, and if we do not have the volume, you cannot overcome the cost of the drugs in order to pay the salaries and keep the operations running. So, 340B brings that drug price down. It is about a 20 or 30% savings, generally speaking. So, without that program, I do not, I would not advise to start a retail pharmacy over there. Commissioner Croom speaking, speaking of your staffing, there your salaries. Jason, with what is presented, can it operate on that minimum staffing? Mr. Prokopik speaking, we believe, if the second slide or the first, this second slide, we do believe that. There are some contingencies with having a backup pharmacist and having part time workers that would fill in. We estimated the salary to be pretty high from the pharmacy manager because you want to hire the right person. So that might be able to be adjusted downward, but you will need coverage, and there's staffing agencies, or there's part time people out there that would work when your full-time pharmacist is not there, you cannot open the doors unless a pharmacist is in the building. So, we feel with three full time equivalents, it is enough people to cover all the prescriptions that need to be filled in a day and a week and a month. Granted, there will be some coverage needs for outsourcing, for when a pharmacist is sick or on vacation, but that really could be factored into the wage that is there. So, I think this is a fair number. It is probably a little bit conservative or high in terms of the salaries, but we wanted to give a good picture of what this looks like at full capacity. Commissioner Croom speaking, okay, and my last question for you, what is the expected timeline to get a

retail pharmacy up and running, and I am assuming have approval for from the Board of Pharmacy as well. Mr. Prokopik speaking, yeah, a good consultant answer would be that depends. What it depends on is how fast the space is available. So, if we have space available, we estimate, usually it is around nine months, and that includes licensing. That includes getting credentialing into the insurance programs. The factor that we do not have to calculate into that equation is how long will it take to get the space ready? So, if we have the space ready today, we probably could get this open in nine months and have a pretty good program running. Without knowing what that space requirement is going to take in terms of construction or remodeling, I do not want to say it is going to be a hard, fast twelve months. We typically estimate nine to twelve months, and the three-month difference is because of the construction or remodeling of the space. Commissioner Ward speaking, Mr. Chairman, I have got a couple questions. So, my first question is on your presentation, the potential script volume, I guess you guys derive that information from the common prescriptions that are written out of our clinics. Is that correct, or the clinics and the hospital? Mr. Prokopik speaking no, this came from. We received this information from the hospital, and in our assessment was that it was only the Carrabelle clinic and the prescriptions that were generated from the clinic, because we were assuming that, you know, most folks might not leave the hospital's emergency room and drive the whole way over to Carrabelle. We wanted to see what that volume looked like just in that area. I believe we were given these numbers through another consultant presentation from the past, but that was originated from the Carrabelle clinic on its own. Commissioner Ward speaking, another question, is there a way you were talking about construction, finding a space, is there a way that we can use our current Carrabelle clinic to run this pharmacy out of to save costs? Mr. Prokopik speaking, we looked at we did a virtual zoom tour last week, I believe. There are two spaces available. Ideally, we would want the pharmacy right at the entrance of the clinic. And with that, there's not enough space necessarily in the clinic, but there is a patio that could be repurposed, and so that, that's kind of what I am getting at. If we are able to repurpose that space there, that would be a good location. It just, it might take some time, and it might cost a little bit more than \$100,000 to repurpose. We were looking at a clinic room as well on the backside of the clinic. We do not love that setup in terms of getting Board of Pharmacy approvals and DEA inspections and all those things. We probably could make it work, but that would be the decision that we have to make. Our goal would be to keep it right there on campus because the minute a patient gets in a car is the minute, they are not going to use your pharmacy. So, if we can isolate those patients, have the doctor write the prescription and leave with that prescription, that could increase our capture rates from 40% to 50% or higher. So, we want it to be on campus there. Yes, absolutely. It is just a matter of how much it is going to cost to get one of those two spaces in a good spot for the pharmacy.

Commissioner Ward speaking, I did watch your presentation at the Weems board of directors meeting. There were some questions if you could elaborate on the 340B program. Now it you said you have traditional pharmacy, or the 340B pharmacy. Is there a limit of how many? First of all, just want to throw this out before I ask this question. I am all for a pharmacy in Carrabelle. It has been needed for a long time. I am going back and looked at minutes and where it has been discussed since 2011 so we definitely need it. My question is a 340B, is there a certain number of pharmacies within a county that can have the 340B program, or do they pick and choose? Like, for example, we have two pharmacies. Now, if we open this one in Carrabelle, hypothetically, could all three be 340B pharmacies? Or do we have to pick and choose which one? Because, I think at the meeting, it was mentioned that is it, Buy Rite is the 340B pharmacy. So, would that change if Carrabelle becomes, if we get a pharmacy in Carrabelle, the 340B prescription program will shift there and take it away from Buy Rite? I am just trying to kind of get clear clarity on that.

Mr. Prokopik speaking, no, it is a very changing dynamic every day. So, there are no limitations for how many contract 340B pharmacies Weems has. If you had, if your patient volume were triple, and you had ten pharmacies in town, and it made sense financially, you could have 10, 340B pharmacies under the Weems umbrella. So, there are no restrictions. From the government's perspective, since covid, the drug manufacturers have put, it is debatable whether it is legal or not, but they have put restrictions on the 340B pricing for multiple contract pharmacies. So right now, most companies, the folks that make breathing treatments and blood pressure medicine and diabetic medicine, all of the high-end brand names that you see commercials of, I will use Ozempic, because we all know that product, that company has said we are not allowing Weems to have unlimited contract pharmacies as a policy from the drug company, not from the government, from the drug company. What they have said is you can pick one partner, and so Weems

has picked Buy Rite as that partner. So only for Ozempic patients can get 340B pricing at Buy Rite. If you build your own pharmacy, that pricing would shift to your own pharmacy away from Buy Rite. So, for Ozempic, specifically, you would no longer make any money from Buy Rite because that pricing has been shifted to your pharmacy. Not every pharmaceutical manufacturer has a restriction. So, Buy Rite, would still be a 340B pharmacy for you, but the opportunity would be reduced because of the individual actions of each drug company. And right now, Florida does not have any state laws to protect covered entities hospitals in 340B but you look around you, some of those states have protections, like Louisiana, Mississippi, Arkansas, and some others. So that may change over time, but we do have to factor in the loss at Buy Rite in terms of dollars coming into the hospital whenever the pharmacy gets up and running. So that's part of our calculation. We have a slide that shows what that loss would be, but it is not a hard and fast rule, because it is not that the whole pharmacy gets kicked out of the program. It is just that each individual drug company may only allow you to move that 340B prescription to the Carrabelle pharmacy. So, if you look at the numbers, the pharmacy profit in year two outweigh the loss potentially at Buy Rite. But there may be a time when the loss is greater than the savings, until the volume gets high enough at the Carrabelle pharmacy. So, all of that kind of has to be factored in. I hope I answered your question, but it is not a hard yes or no answer to your question, because each drug company is a little bit different. Does that make sense? Commissioner Ward speaking, yes. Thank you.

Commissioner Sanders speaking, I was going to say a few things. There is not too much to say about there is a need, evident care. Bill for it. I think you all have one of them. Looked at the Weems' Clinic, the board of the hospital board. Mr. David, are you still online? Mr. David, did you not tell me that there is a possibility that we may have some other news from, like, from the Department of Health about a pharmacy. I mean, a pharmacist, you know, changing out pharmacists. Want to rotate pharmacists in and out of Franklin County.

Mr. Walker speaking, I want to answer that question because I am a meeting with the Florida Department of Health. I got a call from the Florida Department of Health on the state-by-state level office, they are interested in creating a pharmacy residency program to serve communities like ours, and we are meeting with them today. You know to talk more about a pharmacy residency program. You know that pharmacists can be trained like a rotation through our hospital. I will also talk with them today about what we want to do here in creating a retail pharmacy. I kind of sent them an email stating that, and just to get their ideas as well. So, if this pharmacy residency program begins to be implemented here in Franklin County, what that would mean is that, you know, we can have pharmacies do a rotation here, you know. So we are, we have the retail pharmacy part going, you know, these pharmacies that that pharmacists that need to do rotations can do it here. But like I said, I will be meeting with them today, this afternoon, and to talk more about, you know, what they are thinking. But also want to let them know, hey, this is what we have here. You know, we have opportunity to create a retail pharmacy in our Carrabelle area, which there is, which is nonexistence. You know, what kind of support services that we can get from Florida Department of Health, public health pharmacy division and so it may be some more exciting news as we begin to talk about this, because we can get designated as a pharmacy residency program from the state and get these pharmacies to rotate through us here in our county. You know that will be a huge win for us, but we will have, like I said, we have a conversation this afternoon to talk more about that. Commissioner Sanders speaking, okay, thank you, Mr. Walker. The other the other thing is, had it on my mind? Let me think of it. The only thing that I want to really say about this is that we have been discussing this many years, about a pharmacy in Carrabelle since the pharmacy closed down with Karen Rabinowitz many years ago, and I know myself and Commissioner Bevin Putnam, we talked about it, myself, and Commissioner William Massey, we talked about it. So, you know, my thing is, oh, I know what was y'all went out there and looked at the clinic, and was it to the right side that y'all said that you could do something? Mr. Walker speaking, yes, it was to the right side, the right front part of the building. You know that we all thought about this. This will be a better location, you know, to have the pharmacy the front, the right side, front of the building there. Commissioner Sanders speaking, I am going to ask the hospital board this and David Bowen, I know we have looked at the numbers, and this is the projected numbers. Yes, on the first year, you are going to have a deficit of 184,821 but it is looked at the next year to compensate for that and to move on, we are not really in business anywhere in this county as far as health care to make money. We are there to provide a need, a need there we provide for that need, and that is why I see it. Now, until such time that we are we have grown to the capabilities of being able to have a retail pharmacy in Carrabelle again. You know, the numbers

tell you that you will make so much of a profit. It is going to be hard numbers to come up with to start off with, but I think, I think the need is there so much that I think that it will compensate for that first year of a deficit of \$184,821 but the need will be taken care of, and that is what I am looking at. Also, the city of Carrabelle has talked to David Walker, and that was one of the things that the city of Carrabelle was concerned because the hospital board and Weems has been talking about for a few years now, and they basically cut them, you know, get off the pot. Do whatever you got to do; you know. So, you know, I do not see nothing bad out of this. I see something good, because I was in Alligator Point Saturday, and the folks over there are just as tickled, because they had rather come to Carrabelle than go to Crawfordville. Yeah, and see they are trying to be part of this county. Yeah, it does. Makes me happy, too, Chris. But, I mean, I just feel like, if there is a way that we need to do it, let us see if we can do it, and if in time that it does not do then just yeah. Mr. Prokopik speaking, may I add one more thing? I will just add two things to echo this. This pharmacy can be open to the public, so it does not have to be just patients of the Carrabelle clinic and Weems, it can be open to the public, and anyone from the community can come in and use it. So that that gives you some opportunity there. The second thing, when hospitals set up these pharmacies, it allows you to give medicine to indigent patients that do not have insurance, and you can use the 340B drug pricing program to directly pass this, these drugs to the patient that maybe cannot afford them at CVS or at Buy Rite. So, it opens up, not only does it open up some dollars, but it also opens up potentially more drugs to patients that really need it. And we have not really seen any hospital in any part of the country that we have helped not benefit from this program, and some of them just break even, but that is okay, because they are now allowed to get patients money or get patients drugs that they may not be able to afford. Mr. Duffie Harrison speaking, I just want to make clear, though, this is going to be a pharmacy. It is not going to be a drugstore. You know, maybe we will have a few aspirin, you know, stuff like that there. I am not quite sure, but it is going to be a pharmacy. That is all it can do. The board's goal is to break even on this somewhere, to provide a service. That is our goal, and we had to wait till we had the cash to do it. We got the cash now, and we feel very confident, and its good service. I have talked to all these folks. David Bowling, the numbers are on the very conservative side. I think we will pick up probably 60 or 70% of the people that go to clinic over there. It is going to take a lot of community support. That is what it is going to take. My plans, and I am going to talk to the board about this is have a grand opening and, you know, stuff like that. I would like it to be very much customer friendly, too. Kind of an old-time pharmacist. You know where you go, and you can actually talk to the pharmacist. You do have five people waiting behind you and stuff like that. Our goal, if we do not hit that 300,000 if we can run even every year, which we will do a lot better than that. I think I agree with you, Mrs. Sanders, we were, and that is what we have been we have been trying to do it. We just had not had the cash, you know, we could not get it out of the fund at the county. So, the board was all in agreement with this. Been working hard on it, actually four or five months, trying to prepare for it. Now, far as the time on the building, we cannot tell you because we want to get the board's approval, of course, to do this, I do not know if we have to about whatever, but we sure certainly want the board to know everything we are doing right there and keep everything right open. So got any question from me, I will answer the best you can get down the technical stuff these folks here will have to answer. Chairman Jones speaking, I have several questions, Mr. Duffie. So, what kind of initial cash investments it will take over this pharmacy? Mr. Duffie speaking, well, it is on the slide, he can tell you up there, I do not know, off the top of my head. Chairman Jones speaking, if I did, it was not clear. Mr. Duffie speaking, \$114,000 that is the initial, construction could run over. Chairman Jones speaking, no, I am talking about open the pharmacy. You got to have inventory. You got to have people. What is the initial investment? Mr. Duffie speaking, oh, I do not know it off my head, of course. Let him chime in. Mr. Prokopik speaking, no, I would say this capital expense that you see the \$113,900 that includes construction or remodeling costs, that includes software initiatives, computers, some of the basic infrastructure for IT, some of the other types of software that you need. With the building part that might be a little bit higher. I do not know for sure, but we put a ballpark number in there, some of the software and those kind of things. We have all that listed out in another worksheet that we could show you. I just do not know what the building costs are going to be. So, let us just say that is \$115,000 for now, the inventory is built into this cost of goods, under the tradition, under the 340B rx here. So, there is another \$50,000 for initial inventory. So, in essence, it is going to cost probably \$200,000 in total, if we are on the high end of the ball parking about \$200,000 and that only is determined by how much it is going to cost for renovations or remodeling. We factored some money in there, in that total, but we do not know exactly what that is going to cost.

Commissioner Amison speaking, okay, just for clarity there that that you said, let me get my brain wrapped around this. I am having a foggy morning, but the \$200,000 that is just to get the doors open less the capital improvements, is that what you are saying, Jason? Mr. Prokopik speaking, no, I am saying the \$200,000 includes some of the renovations and remodeling. Commissioner Amison speaking, believe, you made I would hope so, but I do not think that that would be very accurate. I am not saying I am against it. I am just saying I know what the cost of building is, and I would probably err on the side of caution with that. Mr. Prokopik speaking, well, for our purpose is, most folks have a space already kind of framed out. So, when we when we put this number together, we did not know that there would have to be potentially a complete renovation of a space. So, we are talking like cabinets and countertops and shelving for drugs and some basic remodeling, you know, moving some things around, and maybe adding a wall here or there. We did not factor in a complete build, so that \$200,000 would not include any kind of major renovations that might be needed. So, if we were looking at the second space or that we looked at which was in the clinic one of the clinic rooms, our estimates would probably be more accurate because we would just have to make some minor changes to the infrastructure. But I do not know. I cannot, I am a pharmacist by trade. I do not, I do not do the construction side of things so that obviously would cost more, if that is what you are saying, and I do not know how to estimate what that is. Commissioner Amison speaking, that is what I was trying to get clarity on. Was the 200 that you said, is that going to be, you know, like shelving capital expenses, you know, putting shelving in, it all that, or is that included in going in and actually having to do some structural work. Mr. Prokopik speaking, it would not include the structural work. Everything else, with some minor, you know, minor tweaks to the space, as well as putting the right shelving and cabinets and countertops in, plus computers and all those things. So, I would, I would say that we have to do major reservations, and we have underestimated the capital expense. Commissioner Amison speaking, I would assume that there has got to be some type of security measures too, as far as locking keys and safe areas for prescription drugs and whatnot. But yeah, I understand. I was just trying to figure out. When the chairman brought that up, it says, if this was going to be, if that was including the actual renovation of the walls. Let us put it that way, but, okay, thank you. Chairman Jones speaking, it is all good, because if all this is subject to change, looking at another question, I have to be the biggest number on any of these sheets. How do we come up with a figure of \$113 per prescription, because everything is based on that? Mr. Prokopik speaking, correct we use, it is the first slide we use, a resource called the Kaiser Foundation. It is a national database that we use, and we just plug in the state and we get an estimate. It tells us it is cumulative data. I do not know how they calculate where it is at. We do pharmacy audits. Alyssa and I do pharmacy audits regularly, so we have in our minds that number would make sense to us, just from what we have seen at CVS and Walgreens and Walmart of the world. But we do you, and I can give you the resource. It is typically in our reports, when we when we create a report where we found it, but it is under the Kaiser Foundation. I do not have the exact resource. Chairman Jones speaking, so it is a state average number? Mr. Prokopik speaking, yeah, we use both state and national averages, but we try to get to the actually, we try to get to the zip code. And sometimes it does not give us the exact zip code or county. It will give us the state, and I do not know which one we used in this case. Chairman Jones speaking, another thing, and this is just thoughts on it, not necessarily questions. So, if we go above 50,000 on this bill that has to be built been out, that has been through a bid process, that's the county's procurement policy. I want to make sure everybody is aware of that, so that might delay things just a little bit. I also I mean, I do not know anything about pharmacy, 50,000 in inventory is what I believe I heard said. And I think that is a very low number. There is going to be 113 per prescription. You are not going to do that with 50,000 in inventory. Mr. Prokopik speaking, well, if, if you looked at our monthly capture rates. We are only going to fill 50 prescriptions the first month and 100 prescriptions the next month. We are going to target the \$50,000 to the most frequently used prescriptions. We have all the prescription data from the Carrabelle clinic, so we can do an 80/20 rule where we cover 80% of the drugs, and a majority of those are generic drugs that cost 30 bucks for a bottle of 500 so we are going to replace and grow that inventory. As our prescription volume grows, remember, we are not starting out with 24,000 prescriptions. We are going to start out with a very much lower number and ramp that up over time. And as that grows, our inventory is going to get bigger, and that value is going to get higher. But, but in to get the Board of Pharmacy approval and to get started, we do not need 1000s and 1000s of bottles on the shelf. So, we factored all that in for our estimate. But it is a growth, we are going to, we are trying to keep this lean from the beginning to make it work. We have done that, we are doing, we have four of these going on right now, and I feel our numbers are pretty accurate. Chairman Jones speaking, okay, that is good. I am familiar with the inventory process just so you know, I am good with us having twelve

of one thing and two of another. There is, that is what we are going to see. We are deep. I just thought that, given the price of medicines, that was just a low number, is all I was trying to say. Commissioner Amison speaking, Mr. Chairman, a lot of those prescriptions, though, the more expensive, and I know this now being fresh to the whole medication game, but the expensive medications, none of these pharmacies even inventory. It is the next day, you know. So just, just kind of keep it in mind. Commissioner Ward speaking, Mr. Chairman, I have got a question. I do not know who can answer this, whether Mr. David can or you can. Talking about the Department of Pharmacy, you said nine months we talked about capital cost to get it built and get the area ready to open? What are the criteria for the licensing fees? Is that up? Is that I did not see any kind of fees or anything, because I know that we have to have a license. But is that like a what is? What does that entail? Like to be able to open this pharmacy, to get it turnkey, where people can go in and start getting their prescriptions filled? What process is that look like with the Department of the board of pharmacy or whoever, to get it open in that aspect, to be able to stop these drugs. Mr. Prokopik speaking, well, there I could present a whole other presentation for an hour on the process. So, the fees and some of the expenses are either factored into the capital cost we outlined already, or in some of the operating costs, because you are going to have expenses for software that are going to be a monthly charge. The process is that once the space is ready, and that, normally, we help people do, do the build out, and then get prepared for the Board of Pharmacy inspection. Generally speaking, the Board of Pharmacy fees are, are less than a couple \$100 for the application. I do not know exactly what it is in Florida, because I have not looked it up, but it is \$150 in Indiana to apply for a board of pharmacy license. The DEA is \$888 and you pay that every two years. So those fees have all been factored in to the pro forma in the summary part of the operating expenses. But we will have to go to the board and get a formal application. We will have to apply, probably pay a couple \$100 and then the board of pharmacy will come out and inspect the space. The DEA will come and inspect the space. Those are all things we are comfortable with. We will hold your hand the whole way through that, and eventually we will hire the pharmacy manager that will kind of take over. And if you were to have us hire, if you were hire us to help you, we will fade away at some point, when you hire the right person to kind of take over and take on the responsibilities. But we have a whole playbook that we would hand to you, and we would back out nine months and say, okay, we want to get open on December 1, or, you know, April 1 of 2027, and here are the steps we need to do in order to be prepared, which include the Board of Pharmacy inspection. It includes all of your licensure. It includes some of the applications that you have to fill out. So, there are a couple \$1,000 in application fees, but I did not feel it was relevant to kind of lay those all out for you today, but we factored those all into the costs in the pro forma that you are looking at. Commissioner Ward speaking, okay, so in other words, we cannot do anything to move forward until we have a space available. So, we would have to obviously get that ready before we can even think about stocking it with prescriptions. Mr. Prokopik speaking, yeah, we need space, and then we need to design it. Alyssa and I do this. We help. We draw it out on paper for you to say, this is what the space, this is the square footage of the space we have. This is the design of the space. Here are the number of cabinets that we need. Here is the amount of countertop space. Here are how many computers you need. Again, our estimates are just ball parking from other clients we have worked with in the past in terms of how much all that is going to cost, but we know how much space we need. We know what the board will figure out, what the Board of Pharmacy requirements are. You are going to need hot and cold water in a sink in that space. So, we will help you kind of design it as you go. But without the building, without the infrastructure of the building, we cannot do much. Chairman Jones speaking, the salaries and wages and benefits ought to make sure what I am looking at. It goes from 179, the first year to 307, the second year. Is that I am sorry that is operating that goes from 313 to 356, is that just represented going from two FTEs to three? Mr. Prokopik speaking Yeah, it is the variable cost. Ask. We know that after every 'x' number of prescriptions, you need another technician. So, we staggered the growth of the technician space because we do not need two technicians. At the very beginning, people will just be standing around. So yeah, that is a variable cost in our calculations, and it over time we add more people as the volume grows. Chairman Jones speaking that is good. But why is the or you might have said this, and I might have missed it, what is the calculation going into the operating expense going up \$127,000 in one year, from \$179 to \$307? Mr. Prokopik speaking, well, they are there. As you fill more prescriptions, you need to buy more stuff. So, it is all, usually it is a percentage of the volume of prescriptions. So, I do not without looking at the whole, the whole two years on a month-by-month basis, the operating expenses get greater because you have, you are spending the same percentage, but the volume is just higher, because remember, you are going to fill three times as many prescriptions at the end of year two that you will at the end of year one. So, it all, it should all calculate out

to a pretty standard growth in both revenue and in expenses. Chairman Jones speaking, so that helps answer the inventory question. You have money there set aside to invest in inventory. That is good. Mr. Prokopik speaking, usually you just for inventory. You just replace, you know you are going to have some that you buy new drugs, because people come in with new prescriptions, but most of the time it is replacement of what you already have on the shelf, and so that all gets factored in. And once you, once you get a good once you, you do not want drugs to sit on your shelf because it is wasted money, so we have to make sure that we are managing it properly. But usually, the prescriptions that are coming in are ones that you are filling and you have on the shelf, and then you buy a replacement. And it usually works out. The problem becomes when you do not turn over the inventory fast enough. Now you have things sitting on the shelf and they may expire. That is all in the management part of the pharmacy, and we want to make sure we hire the right person to manage that pharmacy so you will not want the inventory to, you do not want the inventory to grow faster than your prescription count is growing. Chairman Jones speaking, well, understand that. Yes, sir, thank you for clarifying it. Though I only have two other things I want. Number one, Mr. Duffie had said something about having the money. Where are we getting the money from to fund this endeavor? I have an idea where we could get it from. David Walker speaking, initially, you know, we are pulling the money out of our operation funds to pay for this. Chairman Jones speaking, so it is going to come out of Weems operational funds. I have another thought, and they might tell us no, because they have been doing that. Since we are creating jobs, why don't we submit this to Triumph? Since we are going to create jobs, why do not we make a submission to Triumph and let that Triumph dollars pay for all this. Mr. Duffie speaking, I do not know anything about construction part. Commissioner Ward speaking, question is, how long is that going to take? Chairman Jones speaking, somebody else's money is better than my money. Commissioner Ward speaking, absolutely. Mr. Duffie speaking, we have had to wait until we could get the capital to do this from the operating funds. So, you know, we got a choice, let it sit there and look good, or do something for the county. Chairman Jones speaking, no, the reason I called you up, Mr. Duffie, is because you said something about having the money. Mr. Duffie speaking, yeah, I mean, we have had to wait until we feel comfortable, and still have a cushion at the hospital too. So, we feel like we have reached that and everything. We are going to track this real close. We got a committee that is going to meet monthly from our board to keep it tracked and so, you know, a little inter committee right there. So, we are going to track it real close. I agree on construction cost. I do not think we are going to do it. We probably go over there. It is just a fact, you know? I mean, construction has gone up. We are not exactly, we want to get approvals to proceed with this before we did too much work with it, you know. So, I agree the construction cost will probably cost more. I mean, let me, let me just say something about the construction cost, the capital spent, up until last month, we were planning on remodeling a room within the within the health department, not health department, within the clinic there. And then we went over there last week and decided, Jason and John Berry approved say, hey, maybe we need to do this in the front of the building. So now we know the construction cost would be more. It will cost more, but the initial construction cost, capital expense that monitored some 1000 we were getting ready to renovate one of our procedure rooms and kind of like do the pharmacy there. Then secondly, you know, we have an architect that is willing to work with us pro bono on this project as well. John Berry will lead; he will be the point of contact for the hospital board on this particular project. So, I just want to just throw all that out there. I did not get a chance to say it earlier. Chairman Jones speaking, thank you. I only have one other question, and it is piggybacking off what Commissioner Ward asked earlier. Just wanted to clarify. So, if we when we now see if, when we open this pharmacy in Carrabelle, and we move the 340B to that pharmacy, does that now mean that people that are seen at the Weems emergency room, if they are going to be part of that 340B program, need to go to care about to get their prescription? Commissioner Amison speaking, I think that goes back to what he was saying that certain medications, yes, you would have to, but I mean, I am assuming, from what I have understood listening to miss, would you mind if Mrs. Willis' comes right on up and give us her expert. Kristin Willis speaking, I am one of your hospital board members, and I am a Carrabelle girl. We have been very hard at work for the last year, and as Miss Cheryl said, we have been kicking the can about this for many years. The prescriptions are individual. So no, we will not lose our patients that receive 340B and Apalachicola, as you said, it is individual prescriptions. There are a lot of special prescriptions that they do not stock on the shelves. As you said, they can get it the next day. This would also be utilized at our Carrabelle Pharmacy. So, if it is some kind of special prescription that we do not keep in house, we can get that available to you the very next day. But what I want you to keep in mind, I will take my 83-year-old grandmother. She can barely drive anymore. She has to come all the way to Buy Rite, or I have to meet her

in East Point to give her medications. I want you to think about the indigent people that ride bicycles, that walk, golf carts, that have no way to get back and forth. We have also discussed and Jason, you can back me up on this. We have also discussed courier. We could also implement a courier service for those patients as well that would bounce off of the Weems pharmacy. But those patients are what I have in mind is the indigent people. I am just a big believer if you do something good, you get something good back. I think we have needed this for a very, very, very long time. He is given you the numbers. Of course, we are going to, I lost revenue in my first year of business. That is just the way it goes. He is given you the numbers. I think the money is out there, but I think the need is greater. I really, really do. And I think that we've need, we do not need to talk about it. As Mr. Duffie said, we put a lot of work into it. So, let us make a decision so that we can get to work on it. But no, our patients in Apalachicola will not lose that 340B. Commissioner Amison speaking, I think with Mr. Chairman, if you allow me, I think what Mr. Jones is trying to figure out is if somebody was, say walks out of that hospital with a prescription for Ozempic, because that was the example, yeah, they are driving to Carrabelle to get that right, or they are going to pay \$500 or whatever dollars to get it filled, at Buy Rite? I am quite sure somebody is going to make that twenty-five-minute drive, \$20 worth of gas, but versus \$400 if you go to Buy Rite? And that is what he was getting, what we were getting at it is per prescription. The prescription companies are kind of controlling that on certain medications. But the I am assuming, again, I hate to do that, but, you know, the majority of generic prescriptions, like, you know, blood pressures, your diuretics, your respiratory medications, I do not see serious pharmaceutical companies saying, hey, you got to go strictly to 340B and I think that is the question. But while I have the mic? You know let us not pretend. I have always been the one that has been very cautious since I have come on. That is why I asked Mr. Brian Hall to stay. And if you do not mind, Mr. Brian, would you come up please? You know, we have had previous discussions since last three years, since I have been here and you have been presenting to us. And you answered one of the questions, I think a couple Commissioners asked you earlier. We have financially gotten better over the last three years, tremendously better, which is great. Now we are taking EMS off of Weems' plate, so that is going to free up basically. What about \$700 some odd thousand or no way more than that, because we were supplementing that. Yes, you are talking a million, something, correct? Mr. Hall speak, yeah, I think the these are all ballpark numbers, but I think what we saw was about a million and a half of cost in EMS, and that was coming out of operations to place. You also give them money that you would not give them anymore, so the net will be positive. I do not know how much it would be positive to the hospital, but hospital, but it will be positive. Commissioner Amison speaking, well, I know in the past, you know, we have had discussions about the new hospital, and I have always said I am not, you know, going to get a mortgage, so I know I can pay the bills, you know, stuff like that. With this situation here, I feel like this is a low to no risk venture for the county. I know we have done some other things, particularly with it when it comes to the hospital, where we took a leap of faith and had to reel it back in. You know, sometimes would not really what. This board did not approve it, but I want to, we are not going to dig up things in the past, but I am thinking with this right here. This is a very worthwhile thing and we cannot afford because even at that loss, you got to look at the day to day. Business has gotten better out there, even without thinking about what they were going to recoup from EMS, they still should be able to cover or whatever they initially are going or potentially going to lose that first year. But my other question is, is we got a capital outlay side there, and where is that balance at this day and time drawing interest? I hope it is at least over 3%. Mrs. Griffith speaking, I believe the current balance is roughly \$11 million saying it was more than that. Commissioner Ward speaking, Chairman, that is the money, the sales tax money, though, too, right? Commissioner Amison speaking, I got some ideas, but no. What I was about to get at is we got that money sitting there. As far as our capital, we can pay for it there, off the capital, act like that. As far as doing whatever, you know, remodeling we got to do. We have got money to do that. I am just saying the monies there. I think that this would be really worthwhile, going back to the 340B. You know, we have had discussion about REH and going here, going there. We have done this. We have been discussing that for years. We still have critical access, but we obviously are not going anywhere anytime soon. We had Miss Mary Mayhew, come in talk to us. You know, they said eventually what a lot of predictions are and again, prediction, but REH is going to possibly become a 340B, or the 340B program will go to the REH evolve eventually. I think that is what, if I am not mistaken, that is what I kind of took from Miss Matthew way back when she came. Again, it is government. We are two years past that. It still is not gone anywhere, but it will eventually. I am thinking, you know, get there as critical access phases out. But we are a critical access hospital. We have got potentially, a couple partners that you know that have flirted with us, but they

had not taken us on a date. I mean, we still sitting at the house, and we got to deal with what is in front of us. The hospital has gotten better over the last few years, which is great. I think we are in a position now that we can take a chance and move forward with something like this, because it would be a benefit to the community, especially on that end. Mr. Hall speaking, I can give you just, I think I can give you a couple things to think about, so neither here nor there, but in terms of profitability, all this hangs on 340B. And they said that 340B very kind of hot potato politically right now, and the drug manufacturers despise 340B. So, they are lobbying all day, every day, to narrow it, get it taken away. But to their credit, Washington has been very strong in defending it. I guess what I would say from a county perspective is I have a lot of clients, hospitals, your size and much larger. They have retail pharmacies. They are generally not much of a profit center. So, in terms of being profitable, I would think that's just gravy if you got there. But from a county perspective, I would kind of think about it if I were in your chair, you know, is this a benefit we want to provide through our hospital fund to the community? And if so, what does the cost look like? I would focus. More on the costs and the ongoing costs. You know, we are going to have the first-year layout, whatever that is, but ongoing, what are those costs look like if we are able to be profitable with it? Great. If we are not, let us make sure we understand what we're signing up for, because, and again, these are the first I haven't seen these numbers before today, but if we get traction with this year two, and then, heaven forbid, we're not making money, I don't think we're going to pull the rug out of those people, out from under those people, they're already there. We are going to keep doing it most likely. So, from a county perspective, I would try to understand what are the costs look like? Is that something we are willing to fund long term, and if so, if we are able to get the break even, right, if we are able to make a profit, that is awesome. But you know, what does that like really look like? And what are we signing up for? That would be what I would be interested in. Commissioner Croom speaking, Mr. Chair, I got a question. So, I think we, all, you know, discussed about we need some help on that side the county. You know, we need this on this side of the county, I am in agreement more it is going to take minimally nine months, nine to 12 months, you know, to do, what do we need to do as a board to get this ball rolling? That is my question. Commissioner Sanders speaking that is what my question is. And I want to know if this moves forward, when it moves forward, who is going to be responsible for pushing that ball down the road a little bit faster, Mr. David? Mr. Walker speaking, well, we, you know, the hospital is responsible for pushing the ball down the road because it is it comes on us in the hospital board, like I said, we have John Berry. You know, he is appointed as a hospital board liaison to help, you know, be the liaison between the hospital board, you know, regarding the pharmacy. But we will push the board. We will be pushing that ball down the road. And this is something also, is that, you know, when you do something new, you know, there is a lot of different variables, but we just got to step out in the water and do it, you know, it would create a big need. It reminded me of my days with the health department when we created the dental clinic on the campus and the dental clinic in Caribbean. We never did that before, but once we stepped out in the water to do it, because there was a great need. Now, you still have two dental clinics here in the county, and it would be something similar with this retail pharmacy. I was talking to a lady last week in Carrabelle, and I told her, she was asking what we were doing there, looking at space. I told what we were what we are thinking about doing, and she just say, wow, that would be so great. You know, she is older lady, you know, squeeze my hand, and say, it would be great to do so, you know, we will be responsible kicking this down the road. I mean, to get it done, pushing it over to lead. Lead this effort the hospital. Commissioner Sanders speaking, Mr. David, I have been telling you that for years, that everybody would be so grateful over there. And it makes me just so proud to know that we have got the support on the board to do this when we need something. It does not matter what side the county it is on. It is Franklin County, and it is the people that have the need that need to be met. And I am just so grateful to my other four commissioners and staff and the hospital board. And you know, Mr. John Berry's not here this morning, but you know he is the driving force too. So, and I am going to ask Mr. Duffie what it will take to move this forward. Mr. Duffie speaking, Alliant has done a lot of work on this, of course, and they are, of course, they are fully on board. They are going to do what this board and that board wants done, and they have done an excellent job with it. They have done an excellent job over the last three years, a matter of fact. I mean, you can, you can tell, and if we need to have special board meetings, we will. We are going to try to keep y'all informed the best we can without you know, you will get updates Mr. Berry and stuff. And so, we are going to do all we can, and we have been doing all we could. We just did not have the money to do it, and my understanding was that we could not get some of the money from other places because it was not within the rules, or something like that. So, we got the money now and, and so we are ready to move. That is why we are here today. That is, it, simple as that.

And, and there is going to be hiccups along the way. I am sure. No doubt about it. So, we will let y'all know we have hiccups. I do not think no big mistakes go I have a lot of confidence in our pharmacy consultant. He has done them. He has been very successful with it. I read all about him, and then it takes a consultant like that. That is what they do, you know? So, I do agree. I think our construction costs are going to go over a little bit, but I want to do it right. If it costs a little more, let us do it right. Let us do not halfway do it. Chairman Jones speaking, you already vote on this, the hospital board? Mr. Duffie speaking, yes, we have, yeah, that is why we are here. Of course, they are all sitting right there. They are kind of volunteer board. We have, sir, eager to go, you know. And if we need everybody, you know, we will have some special meetings if we need to, and we will keep y'all praised all we can nothing. And you know, I think the numbers bear out, and they are very solid numbers. And you know, if two years from now, we broke even, we are breaking even, I am okay with that, but I do think we will do better than that anyway. Thank you, Mr. Day, Commissioner Amison speaking, Mr. Chairman, Mr. Duffy, before you go, you said you were going to form a committee. Yeah, this committee. Mr. Berry will be chair of the committee, and any board member that can meet will just meet. That will be the easiest way. We cannot you know if it is two people meeting. Mr. Barry wants to have a meeting, then him and somebody else will. Mr. Three can make it. I mean, it is hard to make all the stuff like that, but there is going to be somebody bird dogging it all the way. That committee will be and they will report to the full board. That is the only thing they will be able to meet on, too. It will be publicized. Commissioner Ward speaking, I have got a couple questions. One, is Erin, I do not want to put Erin on the spot, but with what Chairman Jones was saying earlier, can we? I do not want to delay this by trying to ask Triumph potentially it is before. It is not like it is. Can we ask for reimbursement from Triumph? Mrs. Griffith speaking, we are not able to ask for reimbursement from Triumph. They would actually have to approve the project in advance and what? And one thing that kind of perked interest a little bit was when Mr. Walker had mentioned University of Florida wanting to do the internship training for Department of Health. I mean, that's kind of the educational component Triumph seems to look very favorably upon any sort of educational certification, so that type of thing, so I do not know it if they have the operational funds available now, I will probably proceed with that route, because it does take multiple layers. Mr. Duffie speaking, we got the funds. Let us do it, no telling how long. Commissioner Ward speaking, so one more question on the capital outlay, that is the sales tax proceeds. So, can we use the sales tax proceeds for a pharmacy? Mrs. Griffith speaking, that has been something that has been disputed in the past, because actually, pharmaceutical type services were not really mentioned in the original in the language development. Commissioner Ward speaking, yeah, that is my concern. I mean, I am all for it, but I want to make sure that we are doing it. Commissioner Amison speaking, on that ballot language, it says to establish an urgent care and care about and we do not have urgent care over there, we will just turn into a clinic, which is fine. So, I mean, let us just call it what it is. Commissioner Ward speaking, I mean, regardless, we got the money, even if we are not using capital outlay, we have got the money, right? So, yeah. Commissioner Amison speaking, I mean, that can be in addition to the urgent care center that is over there. I mean, that is not something that it can be. I mean, it is under the same building. Why wouldn't it be? That is what built that building. Is that health care tax? Am I correct? Commissioner Sanders speaking, Mr. Chairman, can I just recognize something we got into this hospital right after the audit? I just want to take this time, because I am always trying to thank people for doing something expected when you volunteer with it. And I want to thank the hospital board and David Bowen, with the help of Mr. David Walker, for getting those numbers better at that hospital to allow us to be able to do this. And I thank you, and I know we butted heads before, but you know, it is a good thing when we meet the needs of the people. I just want to thank you for getting good numbers out and for doing the hard work. I think we have a good hospital board myself. Mr. Duffie speaking, commissioners, I would rather go ahead talk about get that money. My opinion on the money, sometimes you take out your left pocket and put in your right pocket. I do not, I really, we hate to say we do not need it. Mr. Walker will go crazy with me saying this because he is on the money there. But we need to proceed, and I am ready to do it. We got the money. Why not? Let us do it. I appreciate it. But I mean, if it caused any problem, I do not see that we would like to proceed after we get through this meeting and start looking at the building and do what we need to do. Mr. Moron speaking, so a couple of things. One, I did ask Erin to reach out to Corey at Triumph, and see what a timetable would be, just so that we know, just for information for the board, for both boards and for everybody else. The only thing I see today that you need to do is commit to remaining critical access hospital. You have to do that. We are going to move forward. I am not saying as a motion, I just need a. Commissioner Amison speaking, Mr. Chairman, maybe, really, you know how squirrely I am. So, it got

kind of off my track with the critical access. Getting that early was point was going, mate, we have had discussions with two other folks, yeah, and neither one of them seem to care whether or not we a REH or critical access, so they do not even understand why that is even in the discussion. Mr. Moron speaking, well, the reason I asked commissioner is because some of the discussions we have had with them, they have asked which, which directions are you guys' planning there? Commissioner Amison speaking, and they did not really care that we went. Mr. Moron speaking, well, I think they just want to definitely answer from us as to what we are doing, so that we can further our discussions along that path. Commissioner Amison speaking, let us put it this way. Let us say, in two years, we are talking to one of them again, and then all of a sudden, they say, well, we want to partner up. Which way do you want to go? Well, we have a pharmacy. We are going to have to keep the 340B, I am quite sure they would be like, Mr. Moron speaking, well, yes, so I am saying today, we do not care whether you are REH or that is my point today. What I am saying, if we are going with the pharmacy, know that we are committing to stay in critical access, and then we will inform our suitors. You know, that is what we are doing. I mean, just the discussion in it down the road, yeah. I mean, we are what we are with critical access, we are staying that path, that is all. And it is just that if somebody looks at the past minutes, they are going to say, well, you guys were up in the air bubble. I said, well now I can say to any one of them, no, we have made a commitment. We are staying critical access because of our pharmacy, and that discussion is done down the road. If REH does take on the 340B program or the two bump, then, you know, we might turn we might get. Mr. Duffie speaking, commissioners, I would like, I would like to add that our inpatient numbers have drastically increased the last four or five months. We have put big differences on it. We have done some other things. I cannot say it will stay there, you know, but our inpatient, we have seen a good increase in it by a lot of things been done, and that goes and comes a little bit, because you have to deal with the bigger hospitals to get them to send you here, and they never keep the same people there. And it is a maze of things to get done, but we got people working hard on that every day. So, our inpatient has increased. Mr. Moron speaking, I will say this, Commissioner, I am sorry. I did not mean to cut you off, Mr. Duffie, I am so sorry. So, the reason I said I do not think we need a motion because we are critical access, and we are staying that way if we are going to change, maybe a motion. But I do not see a motion needed. I am with Commissioner Amison. We stay how we are, and down the road something else. In my opinion, we could, if you guys want to make one sure, but because we are critical access now, and we are not changing from being critical access. Chairman Jones speaking, yeah, but we also have a hospital board that cannot spend every certain amount of money without our approval. That is a lot more \$50,000. Mr. Moron speaking, no, I am sorry. My motion was strictly about our designation. Are we going to stay critical? I am not going to go down that path. No, sir, my thing was strictly confirming. I just want to make everybody aware everyone that we are now committing to critical access, as Commissioner Amison has said, until we have a reason to think about it again, but we are remaining that so we can get this pharmacy again. Chairman Jones speaking, that is, according to consultant we hired. It really does not matter for REH, critical access. We cannot afford to say that forever. Their recommendation is to partner with someone else. Mr. Moron speaking, we have to be part of a bigger network. That has to be a long-term goal. Chairman Jones speaking that is not a forever decision. Commissioner Croom speaking, so, we are committed to critical access. What else do we need to do to move forward on this? Commissioner Ward speaking, just say, hey, we are in agreement with the hospital board. Let us move forward with this because we still have to get bids for now. Mr. Moron speaking, Chairman, unless you see a reason today that you would like a motion. I think just giving them your support and say, okay, proceed until we get to the point where, like, Commissioner Ward say, where, where money is, then that you have guys have to approve certain things they do because of their cap on what they can spend. Chairman Jones speaking, well, I have not heard Commissioner be against it today. I have no issue with that. I just thought that your motion and vote so we can show that we were in elaborate what the hospital board could present. Commissioner Sanders speaking, well, I will make a motion support, if that is what we support the recommendation that the hospital board has made us to have pharmacy in Carrabelle at the Weems Clinic East. **On a motion to approve by Commissioner Sanders, second by Commissioner Croom and Commissioner Ward.** Mr. Chairman, I would like to add, if we can get this, let us stop kicking the can down the road for everything. Let us pee or get off the pot with Weems too. We are moving forward with this. Let us numbers looking better. Let us really consider moving forward with that. But anyway, that is all we will say on that. So, any other discussion, all in favor, any opposed, that is your natives. Go forth. We do that. We get the hospital here. Let us talk about something else. If we cannot make a motion on it, obviously, but it is something we need to I know right now we have a line on the

month-to-month contract. We may want to revisit that move them out to six months, because I have been like and there has been some discussion about it. You know, they are not in, forgive me, Alliant employees. But I mean, I wouldn't be real motivated to go out and find a whole bunch of new stuff if I don't know if I'm going to be around next month, but I think if we can at least open that contract back out, because at the time when we dialed them back, we were kind of thinking TMH, or, you know, mainly TMH, at the time, was ready to, yes, you know, to get in that relationship with us. And here we find ourselves not so I would recommend that, possibly at the next meeting, if it has to be an agenda item or whatnot, we may want to consider giving direction and opening that back out that way they can, you know, at least have an incentive to go out and I am not saying that. You are not just saying it just kind of likes the range a little bit and so David and David, okay, I will put him on the next agenda.

The Board recessed at 11:00 am and reconvened at 11:15 am moving to the public hearing.

PUBLIC HEARING – 2ND HEARING FOR CDBG PROJECT APPLICATION, 11:00 A.M.

We will now begin the public hearing regarding the CDBG Project Application. At this time, I would like to introduce Ms. Heather Pullen with Langton Consulting who can provide some additional program details regarding the proposed project. After we about the proposed project, the chairman will then call for public comment and input regarding the county's proposed project. Upon conclusion of this public hearing, the board will then decide if the project application should be submitted and authorize the submission of the application by resolution.

ADVERTISING NOTICE IS PASTED BELOW AND INCLUDED AS AN ATTACHMENT TO THIS REPORT:

Fiscal Year 2025 Florida Small Cities CDBG Program Application Cycle Franklin County, Florida Second Public Hearing Notice Franklin County plans to apply to the Florida Department of Commerce for a FFY 2025 Small Cities Community Development Block Grant (CDBG) of \$1,769,250.00 in the Neighborhood Revitalization category. The activities, dollar amounts and estimated percentage benefit to low- and moderate-income persons are as follows:

Activity Name / CDBG Funding/ LMI Benefit Administration / \$84,250 / N/A

Engineering / \$235,000 / N/A

New Sewer Lines / \$267,625 / 54%

New Sewer Hookups / \$167,375 / 100%

Fire Hydrants / \$ 65,000 / 54%

Ground Storage Tank / \$400,000 / 54%

Lift Station / \$550,000 / 54%

The County, in partnership with the Eastpoint Water-Sewer District (EWSD) will install approximately 3,500 linear feet of new sewer lines to serve existing homes and allow for future development of workforce housing along State Route 65 in Franklin County. New sewer hookups will be available for 25 newly constructed low- and moderate-income households and up to 40 existing low- and moderate-income households and within the project boundary. Following sewer installation, new fire hydrants will be installed for increase fire protection for new and existing low- and moderate-income households. Activities also include the design and installation of a 30,000-gallon storage tank and a secondary lift station to accept the increase in sewer from the future development of new workforce housing units. Franklin County does not expect that anyone will be displaced as a result of CDBG-funded activities. If any persons are displaced as a result of the planned activities Franklin County will assist them as described in the County's anti-displacement and relocation policy, which is available for review at the Franklin County Courthouse Annex located at 34 Forbes Street, Apalachicola, Florida 32320. A public hearing to provide citizens an opportunity to comment on the draft application will be held at the Franklin County Courthouse Annex, 34 Forbes Street, Apalachicola, Florida 32320 on Wednesday, April 15, 2026, at 11:00 a.m. during the regularly scheduled Board of County Commissioners Meeting. For information concerning the public hearing, contact Erin Griffith, Fiscal Manager / Grants Coordinator, at (850) 653-5143 or by e-mail at erin@franklincountyflorida.com. A draft copy of the application will also be available for review during normal business hours in the Franklin County Administration Building located at 248 Highway 98, Eastpoint, FL 32328 at noon on April 10, 2026. Persons wanting to submit written comments on the draft application should send them to Erin Griffith, Fiscal Manager/Grants Coordinator, by email at erin@franklincountyflorida.com or by mail to 33 Market Street, Suite 203, Apalachicola, Florida 32320 no

later than April 22, 2026. The public hearing is being conducted in a handicapped accessible location. Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in the hearing is asked to advise the County at least five days before the hearing by contacting Jessica Gay at 850-653-8861. If you are hearing or speech impaired, please contact the County using the Florida Relay Service, 1(800) 955-8771 (TDD) or 1(800) 955-8770 (Voice). Any non-English speaking person wishing to attend the public hearing should contact Jessica Gay at 850-653-8861 at least five days prior to the hearing and an interpreter will be provided.

Ms. Pullen speaking, thanks, Erin. Good morning, Mr. Chair, and members of the board. Good to see you all again. I am Heather Pullen, the assigned grant writer from Langton Consulting for the development and submission of a grant application to the Florida Department of Commerce for the fiscal year, 2025, Florida Small cities Community Development Block Grant, CDBG, program, application cycle. I am here today to provide some program updates and discuss the project that has been selected as the focus for this application cycle. After today's public hearing has concluded, we will be looking for authorization from the board to proceed with the continued development and submission of the grant application on or before May 5, 2026. On October 8, I am sorry, on April 8 of 2026 the Florida Department of Commerce conducted a webinar to inform potential applicants of recent changes to program requirements for the fiscal year 2025 application cycle. Applicants requesting funds from the non-economic development categories can apply for up to \$3 million from the housing rehabilitation, neighborhood revitalization and commercial revitalization categories. On April 10, 2026, county staff made the decision to move forward with a water sewer project in partnership with the East Point Water and Sewer District that will benefit both existing low to moderate income households and provide the necessary sewer infrastructure for the development of new workforce housing for low to moderate income households. This project will include three phases. Phase one will include engineering design for the initial 42 acres of new water and sewer lines along State Road 65 in East Point, Florida, the design of a new second lift station to support the increased sewer for new development of workforce housing. It also includes the design of a ground storage tank and the installation of new water and sewer lines, sewer hookups and fire hydrants for increased fire protection. Phase two will include the construction of a 300,000-gallon storage tank, and Phase Three will include the construction of a secondary lift station. So, to go back to phase one, that is going to be the first phase is going to be the largest phase. It is going to include all of the engineering and design, plus the construction of the new water and sewer lines. The total estimated cost of this project is \$1,769,250 that also includes a request for 5% program administration costs. This number is subject to change during the finalization of the grant application, but will remain under the \$3 million maximum request amount. The board will be notified of significant changes to the proposed scope of work and budget during the next regularly scheduled board meeting on May 6, 2026. A draft of the grant application is available for review at the Franklin County courthouse and will remain available until the public comment period ends on April 22, 2026, instructions to provide written comments are included in the second public hearing notice that is available in today's board agenda and on the county's website, where it will remain until April 22 of this year. Thank you for your time today, and now we will pass the meeting back to the chairman to conduct the public hearing. Chairman Jones speaking, okay, I do have one question. This is also going to help, because of where this area is located, make sure everybody is aware of it. This is also going to help when we start building the new EOC, there is going to be water and sewer available because our property is contiguous to this property. So, it is going to do that. It is also going to help put some legs to the Franklin 98 discussion, or the Team Franklin discussion we are having about workforce housing. So, this is going to help provide for horizontal infrastructure to make something like the possibility, so make sure everyone is aware of that. At this time Commissioners, do you have any questions before we proceed to public comment?

Commissioner Sanders speaking, no, the only thing I have got to say is I agree with this, and that is a good thing. And just to follow up on what we were saying during this part of the meeting. Last meeting that we had, I went to speak to the city of Carrabelle about the water steps we were talking about during the CDBG step, and I was unable to but what I would like to do is not for this year, but maybe in the maybe next year, maybe we can get some water out there to land on, if we can at least have one or two fire hydrants out there or something. So, this is something I want to continue on after, after the project in East Point. Then I would like to see another part being done, also through CDBG. Chairman Jones speaking, alright, if there are no other questions or thoughts from the Commission, I will open it now for public

comment. You do not have to have a card to speak. It is a public hearing, the public that wishes to speak about this potential grant application. Mr. Moron is there anybody online? Mr. Moron speaking, anyone online would like to address the board speak about this item, please indicate by raising your hands on your smart device or your phone. No hands raised Mr. Chairman. Chairman Jones speaking, Mrs. Erin, is there anything you need to add to what has been discussed here? Mrs. Griffith speaking, no, I do not have anything to add. Heather, do we need to, actually, you know, read into the minutes the resolution at some point? Chairman Jones speaking, before we do that, what is the pleasure of the board. Do you want to so can we do that? Can we get up if the board wants to do this, get a motion. Motion first, then we can read the resolution into the minutes under the discussion. Commissioner Ward speaking, Mr. Chairman, if it is okay with you, I would rather the resolution be read that way we know kind of what we are voting on.

Mrs. Griffith read the resolution into the record.

A RESOLUTION OF THE COUNTY OF FRANKLIN, FLORIDA, AUTHORIZING THE SUBMISSION OF AN APPLICATION FOR THE FLORIDA SMALL CITIES COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM; AUTHORIZING THE CHIEF ELECTED OFFICIAL TO SIGN AND THE FISCAL MANAGER/GRANTS COORDINATOR TO SUBMIT SAID APPLICATION; AUTHORIZING THE CHAIRMAN OF THE BOCC TO SIGN THE GRANT AGREEMENT; AND PROVIDING AN EFFECTIVE DATE.

WHEREAS the COUNTY of FRANKLIN is eligible to apply for funding from the Florida Small Cities Community Development Block Grant (CDBG) Program; and

WHEREAS, the COUNTY of FRANKLIN has identified a need for sanitary sewer improvements to benefit low-to-moderate income persons; and

WHEREAS, the COUNTY of FRANKLIN has held the required public hearings and followed the citizen participation plan.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF THE COUNTY OF FRANKLIN, FLORIDA, AS FOLLOWS:

SECTION 1. That the Board of County Commissioners authorizes the submission of a FY2025 Florida Small Cities CDBG application in the amount of \$1,769,250.00 to the Florida Department of Commerce.

SECTION 2. That the CHAIRMAN of the BOARD OF COUNTY COMMISSIONERS is hereby designated as the Authorized Signatory and is authorized to sign the CDBG application and the FISCAL MANAGER/GRANTS COORDINATOR will submit the CDBG application, and to provide any additional information required by the state.

SECTION 3. That in the event a grant is awarded, the CHAIRMAN of the BOARD OF COUNTY COMMISSIONERS is authorized to execute the CDBG Award Agreement, grant contracts, and any other documents required to effectuate the project, including Environmental Review Record documentation.

SECTION 4. That the FISCAL MANAGER/GRANTS COORDINATOR is authorized to sign documents related to the drawing of CDBG funds (drawdown requests).

SECTION 5. That this Resolution shall take effect immediately upon its adoption.

PASSED, APPROVED AND ADOPTED this 15TH day of APRIL 2026.

On a motion by Commissioner Ward, seconded by Commissioner Sanders, and by a unanimous vote of the Board present, the Board authorized the submission of the project application by resolution. Motion carried 5-0.

The Board moved on to number 10 at this time to Mr. Fuentes from Eastpoint Water and Sewer.

10. **Late Add:** Billy Fuentes – Administrator – Eastpoint Water and Sewer – Request – Letter of Support for House Bill 4081 which expands the boundaries of the district

On a motion by Commissioner Ward, seconded by Commissioner Croom, and by a unanimous vote of the Board present, the Board approved a letter of support for House Bill 4081 which expands the boundaries of the Eastpoint Water and Sewer district. Motion carried 5-0.

The Board moved to Mr. Moron's report at this time.

Presentations/Updates/Requests

4. Bryan Hall -- Carr Riggs & Ingram -- Weems FYE25 Audit Presentation

Item addressed earlier in the meeting.

5. David Walker -- Weems CEO -- Retail Pharmacy Presentation

Mr. Walker will be joined by Mr. David Bowling (CFO Alliant Management), Mr. Jason Prokopik (PharmD Director) and Ms. Alyssa Kramer (PharmD Pharmacy Consultant)

Item addressed earlier in the meeting.

6. *Late Add: Billy Fuentes -- Administrator -- Eastpoint Water and Sewer -- Request**

Letter of Support for House Bill 4081 which expands the boundaries of the district.

(11:00 AM) Public Hearings -- Time Certain Agenda Item

Item addressed earlier in the meeting.

7. Fiscal Year 2025 Florida Small Cities CDBG Program Application Cycle

County Coordinator & Attorney Reports

8. Michael Morón – County Coordinator

1) Action Item: Airport PTGA Extensions

- There are two Florida Department of Transportation Public Transportation Grant Agreements Amendments (attached) that require approval for time extensions. Both are for the airport.
- The first PTGA is Contract # G2R39 for obstruction removal and the other PTGA is Contract # G2R11 for design and construction of the West Hangar Development.
- Both amendments have been reviewed and recommended by AVCON and the Airport Manager.
- Board action to authorize the Chairman's signature on the amendments.

2) Action Item: Freedom Festival Road Closure

- The Eastpoint Civic Association is requesting Board action to close Patton Drive in Eastpoint on July 1st for the 5th Annual Freedom Festival.
- They would like Patton Drive closed starting at 9:00 am (ET) on July 1st, from Island Drive to the west and Highway 98 to the east.
- Patton Drive will reopen at the conclusion of the Fireworks Show which should be a little after 10:00 p.m.
- The Eastpoint Civic Association will notify Sheriff Smith's office of the closure.
- Board action to authorize closing Patton Drive on July 1st for the 5th Annual Freedom Festival.

3) Action Item: SGI Brewfest Road Closure

- The SGI Brewfest committee is requesting Board action to close Chili Boulevard from Gulf Beach Drive to Gorrie Drive on Saturday, April 18th from 11:00 am to 4:00 pm for the SGI Brewfest.
- This closure will help with public safety as the entrance to the festival is located along Chili Boulevard and extends into that area.
- As the Board is aware, the SGI Brewfest is the primary annual fundraiser for the Franklin County Humane Society and has drawn as much as 1200 guests.
- The Humane Society has arranged with the Sheriff to have two deputies patrolling during the event.
- Board action to authorize closing the section of Chili Boulevard as requested.

On a motion by Commissioner Ward, seconded by Commissioner Amison and Commissioner Croom, and by unanimous vote of the Board present, the Board approved items 1-3 by consent. Motion carried 5-0.

4) Discussion/Action Item: Barnacle Parking Enforcement Agreement Renewal

- On Thursday, April 9th, Commissioner Amison and I met with Ms. Tanya Evans and Mr. Collin

Heffron of Barnacle to discuss the terms of an agreement renewal for the use of the Barnacle Parking devices on Alligator Point and St. George Island.

- Attached is a copy of the agreement for your review and approval.
 - Barnacle agreed to three months of free service on Alligator Point, and a free Dropbox for St. George Island. St. George Island will receive 6 Barnacle devices. Billing for both locations will commence on May 1, 2026.
 - Board action, contingent on the attorney's review, to authorize the Chairman's signature on the amended agreement.

On a motion by Commissioner Croom, seconded by Commissioner Ward, and by a unanimous vote of the Board present, the Board authorized the Chairman's signature on the amended agreement contingent upon Attorney Theriaque's review. Motion carried 5-0.

5) Discussion/Action Item: County's Organizational Chart

- As the Board is aware, Commissioner Croom has been working on a County Organizational Chart for a few months.
- Attached to my report is the final draft, that includes feedback from Commissioners and Department Directors.
- If there are no further comments or suggestions Commissioner Croom would like Board action to designate this document as the County's Organizational Chart.
- Board discussion and action to accept the final draft as the County's Organizational Chart.

On a motion by Commissioner Ward, seconded by Commissioner Sanders, and by a unanimous vote of the Board present, the Board accepted the final draft as the County's Organizational Chart. Motion carried 5-0.

6) Discussion/Action Item: Code Enforcement Transfer to Sheriff's Department

- At our last meeting, I informed the Board that Sheriff Smith was interested transferring code enforcement from the Board of County Commissioners to his department.
- Since April 1st started the second half of our fiscal year, I suggest a "trial run" of the Code Enforcement department transfer to the Sheriff's Department to allow the opportunity for any issues that may arise before we discuss a permanent arrangement at budget time.
- Since this is a trial run, the BOCC will continue to cover that department expenses, including the new software, and provide administrative support unless the Sheriff prefers using his staff for administrative support.
- Mrs. Wendolyn Smith, your code enforcement officer, supports this "trial run" transfer to the Sheriff's department.
- With the Board's approval today, I will schedule a meeting with Commissioner Amison, Mrs. Smith, Sheriff Smith, and his staff to work out the details and start date.
- Board discussion and action.

Mr. Moron speaking, so at our last meeting, I informed the board that Sheriff Smith was interested in transferring code enforcement from the Board of County Commissioners to his department. Since April 1st started the second half of our fiscal year, I suggest a trial run of code enforcement department that transfer to the sheriff's department to allow the opportunity for any issues that may arise before we discuss a more permanent arrangement at budget time. Since this is a trial run, the board will continue to cover all the department expenses as we are doing now, including new software training, and we could provide, continue to provide administrative support, unless the sheriff prefers using his staff for administrative support, that might be his preference. Mrs. Smith, also known as Sissy, the code enforcement officer, supports the trial run transfer to the sheriff's department, and with the board's approval, today, I will schedule a meeting with Commissioner Amison, who has taken the lead with code enforcement, Mr. Smith and the sheriff and his staff to work out the details and the start date. So just wanted to discuss it. If you have any more questions, and you guys give me a thumbs up to move forward with this trial run of a transfer.

Commissioner Ward speaking, Mr. Chairman, I do have a question, or, well, more or less a statement. I have always said that I do not want too many hands in the pot. So, I know that this is going to be a learning curve. But as I said before, I do not want once you get too many hands in the pot, one does not know what the other ones and nothing against anybody. I am just saying one person thinks somebody else is doing something and they are not, and then the ball gets dropped. I just want to make sure that we stay consistent and that we have just a certain individual involved, and that we be able to have continuity with the complaints and the process through. Mr. Moron speaking yeah, I could almost bet with Sheriff Smith and his staff working with Mrs. Smith, I do not think balls will be dropped. Commissioner Ward speaking, nothing on anybody, but I know in the past where we have had issues where, okay, well, I thought this person was doing this. And no, they were. This person thought that person was doing it, and then it was like a big confusion. And I do not want, and I am not saying it is or it's going to be. I just know when you get too many hands on a pot, things get dropped. Mr. Moron speaking, I actually think Commissioner, this is a better structure, to be very honest with you, rather than having board and staff trying to fill it. I think this is a I mean; they are accustomed to enforcement. I think this makes it more direct, more efficient, and almost easy peasy, to be honest. Commissioner Ward speaking, I agree. Commissioner Sanders speaking, I feel like this takes the board out of that hot temperament. Sometimes, because neighbors, some people just cannot get along, you know, and it put us in the middle of it. Commissioner Amison speaking, Chairman, if you will, you know, we create an ordinance and it is enforced. The problem we have had is the enforcement side with this in particular. You know that there could be situations where law enforcement may need to be involved. So, this, will clean it up. I am with Mr. Moron. I think this would be a better fit. And then that is just what, that is the law of the land, so to speak. And then that is the enforcement job to do that. **On a motion by Commissioner Amison, seconded by Commissioner Croom and Commissioner Ward, and by a unanimous vote of the Board present, the Board authorized Mr. Moron to embark on a “trial run” transfer of code enforcement to the Sheriff’s department.** Chairman Jones speaking, any additional discussion? I support this trial run effort. I think it is going to give us an opportunity to see I believe it will work better, and I do support it. The only thing Michael, I do want to when y'all are having the discussion. I am fine if the chair, if the sheriff was his administrators, but we have to make sure that in some sense, code enforcement still going to be tied back to the building department, in some way, shape or form. Mr. Moron speaking, actually, your building official does building department enforcement, because that's state rules. I think this is more zoning nuisance and et cetera, stuff like that. Chairman Jones speaking, so as long as it does not run afoul of anything we have. Mr. Moron speaking, my hope is that it gets better. One thing before you move forward, here is what it does. It allows this board to do what really you should be doing is policy. Making better audiences, and it will be based on the feedback that you get from the sheriff and Mrs. Smith, as they do the enforcement side of it.

Commissioner Amison speaking, well, Mr. Chairman, when we vote, I would like my comment with that leaning on what you are saying, it is our job to create the policy, and by us trying to be the creator of that policy and enforcing that policy you got, I mean, say, for instance, our Miss Smith, she's got to answer to five. I can imagine she would probably want to pull her hair out whenever something on this end, when it is an enforcement issue, it allows her to answer to one. And I think that would be a lot cleaner we can handle our job as far as creating the policies, and it is their job to create or to enforce it, and she would have to answer to the sheriff, you know, versus having to call five commissioners over something, you know. It is just a cleaner way of running things, I think. Chairman Jones speaking, yes, sir, any other discussion before we vote? All in favor? Any opposed? **Motion carried 5-0.**

7) Discussion/Action Item: Code Enforcement (Property Cleanup) Contractor Advertisement

- Attached to my report is a sample Request for Qualifications advertisement for Residential Property Cleanup and Clearing Services.
- The intent is for the County to have a list of pre-qualified contractors that can submit quotes to cleanup and clear properties that have been adjudicated by the Magistrate.
- If the Board supports the advertisement, I will ask the attorney to review it before it is posted on the website and sent to the newspaper.
- Board discussion and action.

Mr. Moron speaking, one more discussion action. They are kind of related. So, I sent you guys a draft. I

will not even read the, this is, you know, you may or may not know there was a property brought to the magistrate. I think we are in our last days of them having to clean it up. So now we need to get a contractor on board. If I could say that will clean up whatever the property owner or the heirs of the property owner did not clean up. This is an ad. I will thank the chairman, because he took this one on, and he did. He saw I was a little overwhelmed, so he did the ad, and he sent us an example of the ad, and I ran it by Mrs. Smith, she likes it. There are a couple tweaks I would like to make and run it by the attorney, but I want to make sure you guys are good with the concept of what we are doing here, but understand, even though we pre-qualify contractors, if it is a really big job and it goes beyond our bid limit, think we still have to follow our bid policy. I just want to make sure the board is aware of that, but it is kind of like the SHIP program, where you pre-qualify contract. You send them the bid, and they send you back bids, amounts, you know what I mean, you advertise it, send it to them. So same concept is what we want to do with contractors. The more land contractors we have pre-qualified, the better it is for the county. Commissioner Ward speaking, yeah, I am okay with that, and I am the one that really wanted this, because I feel like we got we, we got to have that continuity again. We got these, these Magistrate Hearing rulings, and we, it is like we stop. The land needs to be cleared up, the family, the heirs did not do it, or whatever circumstance. And it, then it falls to us to do. But on that same note, we need to figure out. And I know we were talking about this; we need to figure out a way to pay for it. If we can use the funds from the fines that we receive. I know we are not in it to make money, but it would be nice if we can use the fines that we have collected or collect in the future to be able to pay for this service, instead of it coming out of our professional services, budget line item or whatever. Mr. Moron speaking, hopefully they will balance out one day, but I will lean on our wizard. She is not paying attention right now. It is okay to basically do it, maybe a spreadsheet that we can keep updated so you guys know how much we are bringing in versus what is going on. **On a motion by Commissioner Ward, seconded by Commissioner Amison, and by a unanimous vote of the Board present, the Board approved the Request for Qualifications advertisement for Residential Property Cleanup and Clearing Services contingent upon Attorney Theriaque's review. Motion carried 5-0.**

8) Informational Item: CSGC Executive Director's Performance Review

- Per CareerSource Gulf Coast contract with Florida Commerce, a copy of the Executive Director's Performance Review is to be provided to the County Commission. That document is attached.
- I will forward any questions you may have to Ms. Bodine.

9) Informational Item: ARPC Meeting Notes

10) Attached to my report are the ARPC March 26th Regular Meeting news and highlights. Chairman Jones may provide a summary of the meeting.

11) Informational Item: Upcoming Meeting Dates

- Your next regular meeting is on Wednesday, May 6th at 9:00 a.m.
- The next Planning and Zoning meeting is on Tuesday May 12th at 5:30 p.m.
 - The Airport Operations Economic Development Board regular meeting is on Tuesday, April 28th at 9:30 a.m.
- Weems Board of Directors regular meeting will be on Thursday, April 30th at 9:00 a.m.

Mrs. Griffith speaking, there were actually three checks that were missed on the check run. Chairman Jones called for public comment and there was none.

- City of Apalachicola \$3,669.40
- Eastpoint Water & Sewer \$2,504.07
- Charles B. Elliott – Travel Reimbursement \$789.90

On a motion by Commissioner Ward, seconded by Commissioner Amison, and by a unanimous vote of the Board present, the Board approved the three manual checks as listed above. Motion carried 5-0.

9. David Theriaque – Interim County Attorney

Attorney Theriaque speaking, good morning for a few more minutes. The only item that I want to bring to your attention is we are going to schedule a public hearing at 11 o'clock on May 6 for Serenity Seaside regarding a small-scale map amendment. I will be calling each of you later this week to address why we are doing that and why it is necessary. Chairman Jones speaking, we need to do that by motion and vote

correct to allow that? Attorney Theriaque speaking, I am not sure what your process is, I would defer to Mr. Moron. Mr. Moron speaking, if I remember correctly when it was outside of a regular meeting as a motion when it was part of the regular meeting, he just informed the Board. Chairman Jones speaking, that's how I thought we did it. Thank you, Mr. Moron. Anyone have anything for Attorney Theriaque or any questions? I do have one thought I want to share with you, Attorney Theriaque, and it is not a discussion for today, but hopefully it can be a discussion for an upcoming meeting, because we went back and forth with these bear resistant trash cans and try to get those for residents of the county. I will not go into all the details, because it would probably put us all to sleep, but we have not really made any headway. What I would like for you to look at and then come back when you have discussion about is, is it possible for this board to have a mandatory trash could have discussion where we piggyback on the City of Apalachicola's RFQ, because they have already gone through this process. So, I am not looking for an answer today. I want to have a discussion going forward. Commissioner Ward speaking, I just wanted to, I know, and I was going to do this under commissioners' comments, but I feel like it was more appropriate under the attorney's report. So, I am sure you guys remember back June or July of last year, we submitted to FAC Attorney Shuler and I had spoken about the Bert Harris Act. This provision, and we submitted this proposal to FAC board Association of Counties, to change the language in the statute that is current with the state. And it went through the FAC process. It was approved. It went to the state, to the legislative letter level. It was approved unanimously by both boards. So, it is a Florida law now, with the Burt Harris Law Act, so we can actually have the pre meeting about potential legislation as like a shade meeting kind of deal. So, we, it is law now. So that is the process that it took. And I want to thank my fellow board members and FAC staff and the 67 county other commissioners that voted and pushed it through FAC. So, I just think it is a big accomplishment for us to change something from the legislative level just because of an idea or a thought. So that makes me want to do more. So, thanks to everybody for that. Commissioner Sanders speaking, what's even better Commissioner for is when you do something like that, and 20 years from now, they are still reaping the benefit. And they said, who did this? And they go and look at it, and they see somebody from Franklin County proposed it. Commissioner Amison speaking, Mr. Theoriaque, we are on for tomorrow with staff, correct? Attorney Theriaque speaking, yes, sir and I will be shooting you an email later today as a heads up before we meet tomorrow.

Commissioner Sanders speaking, I have got something. Mr. Chairman. I know you probably spoke to our lobbyist in the last few days. What is on that special sessions? What is going on that is going to affect Franklin County? Chairman Jones speaking, taxes will be affecting everybody, but I do not think they are anywhere close to having a consensus of where they are at on property tax. So having good ideas is the problem having an idea you can implement is where it is really at. If all you are doing is going to find a way to switch money, but it is still going to get collected, what have you really done? I do not think that is going anywhere. But you know, you never know. Mr. Moron speaking, Commissioner Sanders, what I would recommend is, once this special session is over, completed, that we ask the lobbyists to appear, and just give us a, you know, kind of update, a roundup of, you know, what is looking good for, what we need to look at next year, you know, etc, stuff like that. That would be a really good thing.

Commissioners' Comments

There were no additional commissioners' comments.

Adjournment

There being no further business before the Board, the meeting was adjourned.

Ricky Jones – Chairman

Attest:

Michele Maxwell – Clerk of Courts

The audio is available upon request. Please e-mail jgay@franklinclerk.com, call 850-653-8861 to speak with the Administrative Assistant, or submit a request in writing to obtain audio of this meeting.