



MEETING OF THE CITY COUNCIL  
CITY OF UNIVERSITY CITY  
CITY HALL, Fifth Floor  
6801 Delmar Blvd., University City, Missouri 63130  
**Monday, November 24, 2025**  
6:30 p.m.

**AGENDA**

**A. MEETING CALLED TO ORDER**

**B. ROLL CALL**

**C. APPROVAL OF AGENDA**

**D. PROCLAMATIONS** (Acknowledgement)

**E. APPROVAL OF MINUTES**

1. November 10, 2025 Draft Regular Meeting Minutes

**F. APPOINTMENTS to BOARDS AND COMMISSIONS**

1. Alvin Franklin is nominated for appointment to the Traffic Commission as a fill in by Councilmember Stacy Clay.
2. Liza Holman is nominated for appointment to the Traffic Commission as a fill in by Councilmember Dennis Fuller.
3. Emily Johanson is nominated for appointment to the Board of Adjustments as a fill in by Councilmember Dennis Fuller.

**G. SWEARING IN TO BOARDS AND COMMISSIONS**

1. Angel Simmons was sworn in to the Park Commission on November 7, 2025 in the city clerk's office

**H. CITIZEN PARTICIPATION (Total of 15 minutes allowed)**

***Request to Address the Council Forms are located on the ledge just inside the entrance of the Council Chambe. Please complete and place the form in the basket at the front of the room.***

The public may also submit a written comment ahead of the meeting. Comments must be received **no later than 12:00 p.m. on the day of the meeting**. Comments may be sent via email to: [councilcomments@ucitymo.org](mailto:councilcomments@ucitymo.org), or mailed to the City Hall – 6801 Delmar Blvd. – Attention City Clerk. Such comments will be provided to the City Council prior to the meeting. Comments will be made as part of the official record and made accessible to the public online following the meeting. Please note, when submitting your comments, a **name and address must be provided**. Please also not if your comment is on an agenda or non-agenda item. If a name and address are not provided, the comment provided will not be recorded in the official record.

**I. COUNCIL COMMENTS**

**J. PUBLIC HEARINGS**

1. Liquor License - The Posh Nosh, LLC; 7359 Forsyth Blvd. 63105

**K. CONSENT AGENDA (1 voice vote required)**

1. Liquor License - The Posh Nosh, LLC; 7359 Forsyth Blvd. 63105
2. Ratification of 2023 and 2024 GEMT Supplemental Reimbursement Non-Federal Share amount paid to Missouri HeathNet Division (MO Dept of Social Services).
3. Municipal Park Grant - Round 2025 for Heman Park Athletic Court renovations
4. FY23 Facade Improvement Project (8327 Olive)

**L. CITY MANAGER'S REPORT – (voice vote on each item as needed)**

1. City Manager Updates

**M. UNFINISHED BUSINESS (2<sup>nd</sup> and 3<sup>rd</sup> readings – roll call vote required)**

None

**N. NEW BUSINESS**

**Resolutions (voice vote required)**

1. **Resolution 2025-14** – To Implement The Missouri Blue Shield Program To Recognize Communities Dedicated To Effective Law Enforcement And Community Safety

**Bills (Introduction and 1<sup>st</sup> reading - no vote required)**

2. **Bill 9577** - AN ORDINANCE AMENDING SECTION 130.580 OF THE MUNICIPAL CODE OF THE CITY OF UNIVERSITY CITY, MISSOURI, RELATING TO NON-UNIFORMED EMPLOYEES RETIREMENT SYSTEM BENEFIT ADJUSTMENTS, BY INCREASING MONTHLY BENEFITS TO RETIREES AND THEIR BENEFICIARIES OTHER THAN CHILDREN BY ONE PERCENT

**O. COUNCIL REPORTS/BUSINESS**

1. Board and Commission appointments needed
2. Council liaison reports on Boards and Commissions
3. Boards, Commissions and Task Force minutes
4. Other Discussions/Business

**P. CITIZEN PARTICIPATION (continued if needed)**

**Q. COUNCIL COMMENTS**

**R. EXECUTIVE SESSION (roll call vote required)**

Motion to go into a Closed Session according to Missouri Revised Statutes 610.021 **(1)** Legal actions, causes of action or litigation involving a public governmental body and any confidential or privileged communications between a public governmental body or its representatives or attorneys and **(13)** Individually identifiable personnel records, performance ratings or records pertaining to employees.

**S. ADJOURNMENT**

The public may also observe via:

Live Stream via YouTube: [https://www.youtube.com/channel/UCyN1EJ\\_-Q22918E9EZimWoQ](https://www.youtube.com/channel/UCyN1EJ_-Q22918E9EZimWoQ)

NOTE (6/20/25 Update):

- The only entrance for City Council meetings will be via the WEST side door (Trinity Ave.)

Posted November 21, 2025.

**MEETING OF THE CITY COUNCIL**  
CITY OF UNIVERSITY CITY  
CITY HALL, Fifth Floor  
6801 Delmar Blvd.  
University City, Missouri 63130  
**Monday, November 10, 2025**  
**6:30 p.m.**

**AGENDA**

**A. MEETING CALLED TO ORDER**

At the Regular Session of the City Council of University City held on Monday, November 10, 2025, Mayor Terry Crow called the meeting to order at 6:30 p.m.

**B. ROLL CALL**

In addition to the Mayor Pro Tem, the following members of Council were present:

Councilmember Stacy Clay  
Councilmember John Tieman  
Councilmember Steven McMahon  
Councilmember Lisa Brenner  
Councilmember Dennis Fuller  
Councilmember Bwayne Smotherson

Also in attendance were City Manager Gregory Rose and City Attorney John Mulligan, Jr., and Director of Public Works Mirela Celaj.

**C. APPROVAL OF AGENDA**

Mr. Rose recommended that Item K (2), Construction Project; (CDBG), be removed and added to the City Manager's Report.

Councilmember Smotherson moved to approve, it was seconded by Councilmember Fuller, and the motion carried unanimously.

Councilmember Smotherson moved to approve the Agenda as amended, it was seconded by Councilmember Tieman, and the motion carried unanimously

**D. PROCLAMATIONS (Acknowledgement)**

1. Celebrating Charles Klotzer's 100th Birthday.

Mayor Crow stated he learned that this Proclamation had made Mr. Klotzer's day because he has an entire wall dedicated to displaying all of his Proclamations symbolizing his incredible life and contributions to this community.

**E. APPROVAL OF MINUTES**

1. October 27, 2025, Draft Study Session Minutes; (Residential Parking Permit and Public Safety Update), was moved by Councilmember Brenner, seconded by Councilmember Smotherson, and the motion carried unanimously, with the exception of Councilmember McMahon, who was absent.
2. October 27, 2025, Draft Regular Meeting Minutes were moved by Councilmember Fuller, seconded by Councilmember Smotherson, and the motion carried unanimously, with the exception of Councilmember McMahon

**F. APPOINTMENTS TO BOARDS AND COMMISSIONS**

1. John Owens was nominated for reappointment to the Board of Adjustments by Councilmember Dennis Fuller, it was seconded by Councilmember McMahon, and the motion carried unanimously.

**G. SWEARING IN TO BOARDS AND COMMISSIONS**

1. Matt Hayden was sworn into the Parks Commission on October 31, 2025, in the city clerk's office..

**H. CITIZEN PARTICIPATION (Total of 15 minutes allowed)**

***Request to Address the Council Forms are located on the ledge just inside the entrance. Please complete and place the form in the basket at the front of the room.***

Written comments must be received **no later than 12:00 p.m. on the day of the meeting.** Comments may be sent via email to: [councilcomments@ucitymo.org](mailto:councilcomments@ucitymo.org), or mailed to the City Hall – 6801 Delmar Blvd. – Attention, City Clerk. Such comments will be provided to the City Council prior to the meeting. Comments will be made a part of the official record and made accessible to the public online following the meeting.

Please note that when submitting your comments, a **name and address must be provided.** Please also note whether your comment is on an agenda or a non-agenda item. If a name and address are not provided, the comment will not be recorded in the official record.

**Citizen Comments**

**Liam Brick, 1079 Wilson Avenue, U City, MO**

Mr. Brick stated the RFQ for Title and Appraisal Services closed on October 31, 2025, so the next step in moving this process along will be the review and approval of these vendors. This includes a legal review by the City Attorney and an evaluation and authorization by the City Council. Council's vote to approve these vendors will allow him and his wife to move on to a new home and future. Mr. Brick stated that while he understands that there are numerous items brought before Council that require a great deal of attention, he hopes that this project will remain a priority and that the hustle and bustle of the holiday season does not cause any unnecessary delays in this review process.

He stated that there is finally a light at the end of the tunnel they have lived in for three and a half years, and they are grateful for the time this Council and administration have taken to understand their struggles. Now is the time for action, and they are thankful for the support in moving this process along

**I. COUNCIL COMMENTS**

None

**J. PUBLIC HEARINGS**

None

**K. CONSENT AGENDA - (1 voice vote required)**

1. Ameren Easement; (Kempland Bridge)
2. Construction Project; (CDBG) - *(removed to City Manager's Report)*
3. Emergency Centennial Commons Sidewalk Repair

Councilmember Clay moved to approve Items 1 and 3 of the Consent Agenda, it was seconded by Councilmember McMahon, and the motion carried unanimously.

**L. CITY MANAGER'S REPORT – (voice vote on each item as needed)**

1. City Manager Updates  
None



## 2. Construction Project - (CDBG)

Mr. Rose stated Council is being asked to consider the award of a contract to E. Meier Contracting for \$133,566.26, to be used for street maintenance on Etzel. Mr. Rose asked the Director of Public Works to present this item to Council.

Ms. Celaj stated that on October 28, 2024, St. Louis County's CDBG Office contacted Public Works and provided an update on the status of the City's FY-24 CDBG Application. Although the 2024 funds were approved, the street being proposed was not because they determined it to be located within the floodplain. As a result, the funds were withheld, and the County requested that the City select another location within the eligible CDBG Map, which has been made available for Council's review.

Thereafter, staff reviewed the CDBG Eligibility Map and identified several streets that matched their requirements, and then prioritized them by looking at the ones with the most residential complaints and had the lowest Paser System rating for paved road conditions. Based on this analysis, Etzel Avenue, from Pennsylvania to Ferguson, was selected due to its Paser Rating for two segments: Ferguson to Purcell, and Purcell to Pennsylvania. St. Louis County reviewed and approved this proposal, which was submitted to Council for approval on April 28, 2025.

Councilmember Smotherson stated that before posing questions to Ms. Celaj, he would like to read something he obtained from the City's website regarding the CDBG into the record.

*"These funds are provided annually to support housing programs and community development projects in low to moderate-income areas of University City. Prior to the availability of the funds, Finance holds a public hearing to hear citizens' comments on recommended uses for the funds. These comments are shared with the City Council, which approves how the funds will be used once the funds are available for use. A public hearing is usually held in the summer, and funds become available after January 1st of the following year."*

### **Q. When was the 2024 public hearing held, and how was the decision made?**

**A.** One part of St. Louis County's review of CDBG fund applications requires that notices regarding the date and time of a Public Hearing be posted in three locations, two weeks prior to the hearing. Notices for the April 28th Public Hearing for Etzel were posted at the Library, Heman Park Community Center, and City Hall. All of this information was provided to the County as part of their review process.

### **Q. Has a date been established for the 2026 CDBG Public Hearing, or do they always occur in April of each year?**

**A.** (Ms. Smith): There is no set time for when CDBG Public Hearings are scheduled. Staff is notified by St. Louis County when the application is available, which typically occurs around the first of the year, and then everything is scheduled within the given timeframe. Historically, Council has elected to use these funds for street projects and public safety in the approved areas, and staff has continued that tradition.

Councilmember Smotherson asked Ms. Smith if she could provide Council with as much advanced notice as possible for the next Public Hearing so that they can work to get more public input.

Councilmember Smotherson moved to approve, it was seconded by Councilmember Clay, and the motion carried unanimously.

## **M. UNFINISHED BUSINESS - (Roll call vote required for 2<sup>nd</sup> and 3<sup>rd</sup> readings)**

None

**N. NEW BUSINESS**

***Resolutions - (Voice vote required)***

- 1. Resolution 2025-13 – FY25 Budget - Amendment #4 and Appropriating said amounts.**

Councilmember Brenner moved to approve, it was seconded by Councilmember Fuller, and the motion carried unanimously.

***Bills - (No vote required for introduction and 1<sup>st</sup> reading)***

None

**O. COUNCIL REPORTS/BUSINESS**

1. Board and Commission appointments needed
2. Council liaison reports on Boards and Commissions

Councilmember Brenner reported that at their last meeting, the Pension Board reviewed the audit related to the Uniformed Pension Plan, and they are eager to start working towards the goal of making sure that it becomes over 80% funded. She stated her assumption is that the Council should expect to receive a report from the Board in the near future.

3. Boards, Commissions, and Task Force minutes
4. Other Discussions/Business

**P. CITIZEN PARTICIPATION - (Continued if needed)**

None

**Q. COUNCIL COMMENTS**

Councilmember Tieman read the following statement into the record:

"Veteran's Day is tomorrow, so it seems appropriate now to speak of this holiday. Because the subject is complex, I will address two brief topics: one, the meaning of Veterans' Day, and second, the price of Veterans' Day. And, lastly, a few words of gratitude.

Veteran's Day and Memorial Day are often confused. Veteran's Day is for all who served in the Armed Forces. Memorial Day is for the dead. It is just as well that we confuse these two because it reminds us of how these days are too often more about barbecue and beer rather than service and duty. Tomorrow, somebody somewhere will undoubtedly say, 'We celebrate all those who wore the uniform, heroes all.' I don't doubt the good intentions, but it's a cliché. 'Hero' is so overused that it's now almost meaningless. A TV segment I saw notwithstanding, someone who adopts puppies is not a hero; nice, but not a hero. The difference is one of definition. It's also one of dignity. It's the difference between congratulations and commemoration. There are real heroes, don't get me wrong. But in addition to the word 'hero', let us speak more often of the word 'remember'. Remember the veteran's name. Remember that this man, this woman, wore with honor the uniform of democracy, the uniform of the republic. Remember, they answered the call to duty, the summons of the trumpet. Remember the service. Remember. That's the meaning of Veterans' Day.

As for the price, consider just this one. At a time in their lives when they should have been working on the skills of intimacy, our war veterans found themselves sharpening a bayonet, clearing a minefield, cleaning an M-16 instead of dry cleaning that suit, or that long black dress, for a date. It's easy to say that wars deprive folks of their lives and their limbs. We also deprive many a soldier of psychic wholeness. It's painful to speak of Audie Murphy, our most decorated soldier of World War II, having flashbacks during which he held his wife at gunpoint.

I'm idealistic. I'm not naive. Wars are often misguided and fought for all the wrong reasons. But no 19-year-old ever enlisted so that a corporation could post a higher quarterly dividend. There are a lot of reasons for enlistment. Among them are the ideals of democracy and the republic.

Today, the democratic republic is under threat. It is well that we enlist, if you will, these elemental ideals: democracy, the republic.

On November 11th, we honor all living veterans. That said, we are remiss if we do not take a moment to pay homage to those who gave 'the last full measure of devotion.' As the modern poet Laurence Binyon wrote of those lost in World War I. 'They shall not grow old, as we that are left grow old. Age shall not weary them, nor do the years condemn. At the going down of the sun and in the morning, we will remember them.' All veterans have said softly to themselves at one time or another, 'There, but for the grace of God, go I.'

But we did come home. We live in a city we love, University City. We live in a republic we love. We live in a democracy that we love, and we are free. On behalf of my City, I say to you, my fellow veterans, this one simple thing. Thank you. Thank you on behalf of your neighbors."

Mayor Crow made the following announcements:

- The Pershing Avenue construction has finally started, and he thinks that a lot of folks are grateful that it has.
- Congratulations go out to the School District for being recognized in the 2025 Missouri Annual Performance Report as the third most improved district in St. Louis County. To move the needle that significantly takes an awful lot of work from an awful lot of people. Therefore, he hopes that as the City moves forward with the Market at Olive development that their partnership will provide long-term financial stability from the property taxes that are being allocated to the School District so that they can continue to improve.
- Thanks and sincere appreciation goes out to all veterans for their service and immense sacrifices that have helped make our country safer and stronger.

**R. EXECUTIVE SESSION - (Roll call vote required)**

**Motion to go into a Closed Session according to Missouri Revised Statutes 610.021; (1) Legal actions, causes of action, or litigation involving a public governmental body and any confidential or privileged communications between a public governmental body or its representatives or attorneys.**

Councilmember Smotherson moved to go into a Closed Session, it was seconded by Councilmember McMahon.

Roll Call Vote Was:

Ayes: Councilmember Tieman, Councilmember McMahon, Councilmember Brenner, Councilmember Fuller, Councilmember Smotherson, Councilmember Clay, and Mayor Crow.

Nays: None.

**S. ADJOURNMENT**

Mayor Crow thanked everyone for their participation and closed the Regular Session at 6:50 p.m. to go into a Closed Session on the second floor. The Closed Session reconvened in an open session at 7:52 p.m.

LaRette Reese,  
City Clerk, MRC

**LaRette Reese**

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**From:** Hannah Briick <hannah.bisch@gmail.com>  
**Sent:** Monday, November 10, 2025 11:30 AM  
**To:** Council Comments Shared; Liam Briick  
**Subject:** Nov 10 Council Comment

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hi LaRette,

Here is our comment for tonight's meeting. Thank you!!

Take care,  
Hannah

Dear Mr. Mayor and Members of the City Council,

My name is Hannah Briick and my husband Liam Briick and I both reside at 1079 Wilson Ave.

The RFQ's for Title and Appraisal Services closed on October 31, 2025. Reviewing and approving the vendors for these services is the first step of many to move this buyout along. We understand that the city is reviewing the awards and making sure the vendors are responsive to your requests. Afterwards, the contracts will need to go through a legal review before approval. In voting to approve these vendors, the city council will allow the process to continue, meaning we will be able to move on from this house and into a new phase of our lives together.

We know there are many items brought to you that require a great deal of attention. We hope that this project remains a priority for each of you, and that the hustle and bustle of the holiday season does not cause any unnecessary delays in the review process.

There is finally a light at the end of this dark tunnel we have lived in for three and a half years. We are grateful that you have taken the time to understand our struggles and offered your sympathy along the way. Now is the time for action. Thank you for your part in moving this process along quickly so that our family can also move along.

Warmly,  
Hannah & Liam Briick



**CITY OF UNIVERSITY CITY COUNCIL MEETING  
AGENDA ITEM**

<b>NUMBER:</b> <i>For City Clerk Use</i>	<b>PH20251124-01</b>
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**SUBJECT/TITLE:**

Liquor License - The Posh Nosh, LLC; 7359 Forsyth Blvd. 63105

**PREPARED BY:**

Keith Cole - Director of Finance

**DEPARTMENT / WARD**

Finance / All

**AGENDA SECTION:**

Public Hearing

**CAN ITEM BE RESCHEDULED?**

Yes

**CITY MANAGER'S RECOMMENDATION OR RECOMMENDED MOTION:**

N/A

**FISCAL IMPACT:**

None

**AMOUNT:**

N/A

**ACCOUNT No.:**

N/A

**FROM FUND:**

N/A

**TO FUND:**

N/A

**EXPLANATION:**

The Posh Nosh, LLC. has applied for All Kinds of Intoxicating Liquor, By the Drink, Retail liquor license, including Sunday Liquor License.

**STAFF COMMENTS AND BACKGROUND INFORMATION:**

The Applicant / Managing Officer is Catherine Smith. A background check / investigation by the Police Department revealed no disqualifying information. Department Approval has been granted from all necessary departments. Recommendations from University City citizens were obtained. Petition from business owners within a radius of 200 feet is included. A current Certificate of No Sales Tax Due issued by the Missouri Department of Revenue was received relative to the business. 2024 personal property tax record for the applicant indicates payment of taxes. Current voter registration documentation for the applicant was provided.

**CIP No.**

**RELATED ITEMS / ATTACHMENTS:**

N/A

**LIST CITY COUNCIL GOALS (S):**

N/A

**RESPECTFULLY SUBMITTED:**

City Manager, Gregory Rose

**MEETING DATE:**

November 24, 2025





**CITY OF UNIVERSITY CITY COUNCIL MEETING  
AGENDA ITEM**

<b>NUMBER:</b> <i>For City Clerk Use</i>	<b>CA20251124-01</b>
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**SUBJECT/TITLE:**

Liquor License - The Posh Nosh, LLC; 7359 Forsyth Blvd. 63105

**PREPARED BY:**

Keith Cole - Director of Finance

**DEPARTMENT / WARD**

Finance / All

**AGENDA SECTION:**

Consent

**CAN ITEM BE RESCHEDULED?**

Yes

**CITY MANAGER'S RECOMMENDATION OR RECOMMENDED MOTION:**

City Manager recommends the approval of the Liquor License

**FISCAL IMPACT:**

Liquor License Fee - \$750

**AMOUNT:**

\$750.00

**ACCOUNT No.:**

01.4320

**FROM FUND:**

General Fund

**TO FUND:**

General Fund

**EXPLANATION:**

The Posh Nosh, LLC. has applied for All Kinds of Intoxicating Liquor, By the Drink, Retail liquor license, including Sunday Liquor License.

**STAFF COMMENTS AND BACKGROUND INFORMATION:**

The Applicant / Managing Officer is Catherine Smith. A background check / investigation by the Police Department revealed no disqualifying information. Department Approval has been granted from all necessary departments. Recommendations from University City citizens were obtained. Petition from business owners within a radius of 200 feet is included. A current Certificate of No Sales Tax Due issued by the Missouri Department of Revenue was received relative to the business. 2024 personal property tax record for the applicant indicates payment of taxes. Current voter registration documentation for the applicant was provided.

**CIP No.****RELATED ITEMS / ATTACHMENTS:**

1. Application for Liquor License
2. Inter-Office Memorandum Report from the Police Department

**LIST CITY COUNCIL GOALS (S):**

Prudent Fiscal Management

**RESPECTFULLY SUBMITTED:**

City Manager, Gregory Rose

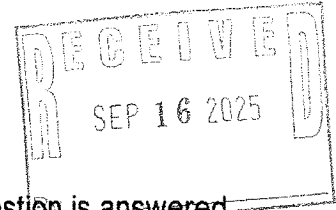
**MEETING DATE:**

November 24, 2025



# 147

CITY OF UNIVERSITY CITY  
APPLICATION FOR LIQUOR LICENSE  
University City Municipal Code, Chapter 600 Section 600.060



**INSTRUCTIONS:** Read each question carefully. Make certain that each question is answered completely and correctly before you submit this application. If you need additional space, use the additional sheet provided at the end of this application. If a question does not apply to you, write N/A in the space, do not leave any blank fields. Submit all documents as requested. **PLEASE PRINT CLEARLY.**

**Please note that this application may only be completed and filed by a sole proprietor, corporate officer, managing partner, or managing officer of the business applying for this license.**

♦ AN APPLICANT IS NOT PERMITTED TO OPERATE UNTIL LICENSE IS ISSUED ♦

Applications must be accompanied by a non-refundable application filing fee of \$25.00

Type of license requested- separate license shall be obtained for each of the following classes of sales:  
(Please check each classification that applies)

- |                                     |     |   |          |
|-------------------------------------|-----|---|----------|
| <input checked="" type="checkbox"/> | 2-  | All kinds of intoxicating liquor, by the drink, retail . . . . .                                | \$450.00 |
| <input checked="" type="checkbox"/> | 4-  | <del>CLUB: All kinds of intoxicating liquor, by the drink, retail . . . . .</del>               | 200.00   |
| <input type="checkbox"/>            | 5-  | Malt liquor not in excess of 5% alcohol wholesaler to wholesaler . . . . .                      | 75.00    |
| <input type="checkbox"/>            | 6-  | Intoxicating liquor not in excess of 22% alcohol wholesaler to wholesaler . . . . .             | 150.00   |
| <input type="checkbox"/>            | 7-  | Malt liquor not in excess of 5% alcohol wholesaler to retailer . . . . .                        | 150.00   |
| <input type="checkbox"/>            | 8-  | Intoxicating liquor not in excess of 22% alcohol wholesaler to retailer . . . . .               | 300.00   |
| <input type="checkbox"/>            | 9-  | Malt liquor in excess of 3.2% and not in excess of 5% alcohol, by the package, retail . . . . . | 75.00    |
| <input type="checkbox"/>            | 10- | Malt liquor in excess of 3.2% and not in excess of 5% alcohol, by the drink, retail . . . . .   | 75.00    |
| <input type="checkbox"/>            | 11- | Malt liquor not in excess of 5% beer and 14% wine, by the drink, retail . . . . .               | 75.00    |
| <input type="checkbox"/>            | 12- | Intoxicating liquor not more than 22%, by the package, retail . . . . .                         | 75.00    |
| <input type="checkbox"/>            | 13- | Intoxicating liquor of all kinds, wholesaler to wholesaler . . . . .                            | 375.00   |
| <input type="checkbox"/>            | 14- | Intoxicating liquor of all kinds, wholesaler to retailer . . . . .                              | 750.00   |
| <input checked="" type="checkbox"/> | 15- | <del>Intoxicating liquor of all kinds, by the package, retail . . . . .</del>                   | 150.00   |
| <input checked="" type="checkbox"/> |     | Sunday Liquor License . . . . .   | 300.00   |



**I. BUSINESS APPLYING FOR LICENSE:****A. BUSINESS NAME AND TYPE**

THE POST NOSH, LLC RESTAURANT

- ☐ Sole Owner  
☐ Partnership  
☐ Corporation  
☒ Limited Liability Company

**B. DESCRIPTION OF PREMISES AND ADDRESS:**

DESCRIPTION: 2700 SQ FT INDOOR SEATING / OUTDOOR SEATING

ADDRESS: 7359 FORSYTH BLVD 63105

HOURS OF OPERATION: SUNDAY THRU SAT 8AM - 7PM

**C. PHONE:**~~314-324-2859~~

314-862-1890

**II. MANAGING OFFICER:****A. NAME: (LAST)**

SMITH

**(FIRST)**

CATHERINE

**(MIDDLE INITIAL)**

N.

**B. ADDRESS, CITY & ZIP CODE:**

600 GRAHAM RD FLORISSANT, MO 63031

**C. PHONE:**

314-324-2859

**D. DATE OF BIRTH:****F. BUSINESS PHONE: (IF DIFFERENT FROM ABOVE)****G. PREVIOUS ADDRESS: (IF NOT AT PRESENT ADDRESS FOR 5 YEARS OR MORE)**

N/A

**H. IF FOREIGN BORN, PLEASE STATE COUNTRY, PLACE AND STATE OF NATURALIZATION:**

N/A

**I. MISSOURI RESIDENT SINCE: (MONTH & YR)**

9/1970

**K. TOWNSHIP:**

UNIVERSITY CITY

**L. COUNTY:**

ST. LOUIS COUNTY

**M. CURRENT BUSINESS OR OCCUPATION OF APPLICANT:**

THE POST NOSH

**N. NAME OF CORPORATION, PARTNERSHIP OR CLUB: (IF APPLICABLE)****FOR PARTNERSHIP OR LIMITED PARTNERSHIP****NUMBER OF MEMBERS:****A2. STATE NAMES, ADDRESSES, PHONE NUMBERS AND DATES OF BIRTH OF ALL PARTNERS: (USE PAGE 7 IF NECESSARY)****FOR CORPORATION OR LIMITED LIABILITY COMPANY****NUMBER OF MEMBERS:**

1

**A3. STATE NAMES, ADDRESSES, PHONE NUMBERS AND DATES OF BIRTH OF ALL OFFICERS, DIRECTORS AND STOCKHOLDERS OWNING 1% OR MORE INTEREST IN THE CORPORATION OR MEMBERS OF A LIMITED LIABILITY COMPANY. (USE PAGE 7 IF NECESSARY)**

CATHERINE SMITH

100%

600 GRAHAM RD 63031

**OTHER PERSONS****NUMBER OF MEMBERS:****A4. LIST NAMES, ADDRESSES, PHONE NUMBERS AND DATES OF BIRTH FOR ALL OTHER PERSONS WHO HAVE AN INTEREST IN THE BUSINESS FOR WHICH LICENSE IS REQUESTED. (USE PAGE 7 IF NECESSARY)****B4. IN WHAT TYPE OF BUSINESS IS EACH OF THE ABOVE PERSONS ENGAGED: (USE PAGE 7 IF NECESSARY)**

### III. OTHER INFORMATION

<p>A. IS APPLICANT A QUALIFIED VOTER IN THE STATE OF MISSOURI?  <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>B. IS APPLICANT AN ASSESSED, TAX PAYING CITIZEN IN THE STATE OF MISSOURI?  <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>						
<p>C. HAS APPLICANT PREVIOUSLY HELD A LIQUOR LICENSE OF ANY TYPE?  <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, EXPLAIN, SEE ITEM D)</p>	<p>D. EXPLAIN (WHEN, WHERE?)  <u>CURRENTLY LICENSED IN STATE/COUNTY/CITY</u></p>						
<p>E. HAS APPLICANT, OR ANY EMPLOYEE, OR PROPOSED EMPLOYEES, EVER BEEN DENIED A LIQUOR LICENSE, OR HAD A LICENSE TO SELL LIQUOR REVOKED?  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (IF YES, EXPLAIN, SEE ITEM F)</p>	<p>F. EXPLAIN (WHEN, WHERE?)</p>						
<p>G. HAS APPLICANT EVER BEEN EMPLOYED IN ANY CAPACITY BY A BUSINESS WITH A BEER, WINE OR LIQUOR LICENSE?  <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, EXPLAIN, SEE ITEM H)</p>	<p>H. EXPLAIN (WHEN, WHERE?)</p>						
<p>I. HAS THE APPLICANT, EMPLOYEE, OR PROPOSED EMPLOYEE EVER BEEN CONVICTED OF A VIOLATION OF ANY LAW REGULATING, CONTROLLING, OR PROHIBITING THE SALES OR MANUFACTURING OF INTOXICATING LIQUOR?  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (IF YES, EXPLAIN. USE PAGE 7 IF NECESSARY)</p>							
<p>J. HAS ANY DISTILLER, WHOLESALER, WINE MAKER, BREWER, OR ANY EMPLOYEE, OR AGENT THEREOF, HAVE OR PROPOSE TO HAVE, ANY FINANCIAL INTEREST IN THE BUSINESS TO WHICH THIS APPLICATION APPLIES?  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (IF YES, EXPLAIN. USE PAGE 7 IF NECESSARY)</p>							
<p>K. INDICATE THE TYPE OF BUSINESS, IF ANY, APPLICANT PROPOSES TO CONDUCT ON PREMISES IN ADDITION TO SALE OF INTOXICATING LIQUOR:  <input checked="" type="checkbox"/> RESTAURANT  <input type="checkbox"/> HOTEL DINING ROOM  <input type="checkbox"/> OTHER (PLEASE EXPLAIN)</p>							
<p>L. STATE ESTIMATE OF ANNUAL SALES VALUE: FOOD \$ <u>285,000</u> OTHER (INCLUDING LIQUOR) \$ <u>310,000</u></p>							
<p>M. IS THERE A SCHOOL, CHURCH, SYNAGOGUE, PUBLIC PARK OR PLAYGROUND WITHIN ONE HUNDRED FIFTY (150) FEET OF THE PROPOSED BUSINESS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (IF YES, STATE THE NAME AND APPROXIMATE DISTANCES):</p>							
<p>N. IS THE APPLICANT INDEBTED TO ANY PERSON FOR MONEY OR PROPERTY, TO BE USED IN THE LICENSED BUSINESS? (IF YES, STATE AMOUNT OF INDEBTEDNESS AND TO WHOM IT IS OWED.)   <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">AMOUNT OWED: \$</td> <td style="width: 70%;">NAME:</td> </tr> <tr> <td colspan="2">ADDRESS, CITY, STATE, &amp; ZIP:</td> </tr> <tr> <td>PHONE:</td> <td>OCCUPATION:</td> </tr> </table>	AMOUNT OWED: \$	NAME:	ADDRESS, CITY, STATE, & ZIP:		PHONE:	OCCUPATION:
AMOUNT OWED: \$	NAME:						
ADDRESS, CITY, STATE, & ZIP:							
PHONE:	OCCUPATION:						

STATE OF MISSOURI            )  
  ) SS.  
COUNTY OF ST. LOUIS        )

Comes now \_\_\_\_\_ of lawful age, being first duly sworn upon oath, deposes and says that he or she: (1) is the sole proprietor, corporate officer, managing partner, or managing officer of the business applying for this license, (2) is authorized to make this application, (3) has read this application and understands same, (4) knows the contents of this application, (5) swears that the answers and statements contained in this application are true and correct, and (6) on behalf of the applicant, agrees to comply with all laws of the City of University City and the State of Missouri relevant to the applicant's business.

\_\_\_\_\_  
SIGNATURE OF APPLICANT/MANAGING OFFICER

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS DAY \_\_\_\_\_ OF \_\_\_\_\_ 20 \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES:

**THIS SECTION FOR CITY USE ONLY**

**APPROVALS:**

**Police Chief** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

**Community Development** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

**City Manager** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

#### IV. SUNDAY LIQUOR LICENSE

If application is for Sunday liquor license, complete the following section:

Under the provisions of Chapter 600, Section 600.260 of the Municipal code of the City of University City, application is hereby made for a license to sell intoxicating liquor between the hours of 9:00 A.M. and midnight on Sundays.

A. APPLICANT NAME: (LAST) (FIRST) (MIDDLE INITIAL)

SMITH

CATHERINE

N.

B. BUSINESS NAME:

THE POSH MOSH, LLC

PHONE NUMBER:

314.324.2859

Type of Liquor License held or applied for:

1-2 All kinds of intoxicating liquor, by the drink, retail

☐ 9 Malt liquor in excess of 3.2% not in excess 5% alcohol, by the package, retail

☐ 10 Malt liquor in excess of 3.2% not in excess 5% alcohol, by the drink, retail

☐ 11 Malt liquor not in excess of 5% beer and 14% wine, by the drink, retail

☐ 12 Intoxicating liquor not more than 22%, by the package, retail

☐ 15 Intoxicating liquor of all kinds, by the package, retail

full license  
Sunday also

For the purpose of obtaining said Sunday Liquor license: applicant states that at least fifty percent (50%) of the gross income of the restaurant bar at the above location is derived from the sale of prepared meals or food consumed on the premises, or which has an annual gross income of at least two hundred seventy-five thousand dollars (\$275,000.00) from the sale of prepared meals or food.

Signature of Applicant

Title of Applicant

owner / Managing Member

Date

7/2/25

Vok

**V. RECOMMENDATIONS- COMPLETE IF APPLYING FOR LICENSE TYPE 2, 10, OR 11**

Five recommendations are required for Applicants petitioning for a license to sell intoxicating liquor by the drink at retail under section 600.060 of University City Municipal Code.

Each of the following recommendations is to be filled in and signed by a credible resident citizen of University City, vouching for the character of the applicant.

1) Date: 7/17/25 Name: Patricia Bender 7504 AMHERST  
Location of University City real property taxed in your name: Patricia Bender  
How long have you known applicant? N/A Are you related? NO  
Are you aware of any reason to refuse applicant a license to sell intoxicating liquor? NO  
Do you vouch for applicant's moral character and reputation? YES  
Phone Number: \_\_\_\_\_ Signature: Patricia Bender

2) Date: 7/17/25 Name: Suzanne Lora  
Location of University City real property taxed in your name: 7607 Stanford Ave  
How long have you known applicant? NO Are you related? NO  
Are you aware of any reason to refuse applicant a license to sell intoxicating liquor? NO  
Do you vouch for applicant's moral character and reputation? \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Signature: Suzanne Lora

3) Date: 8/2/25 Name: Lucas Baver NO OCCASION  
Location of University City real property taxed in your name: 7468 Cornell Ave  
How long have you known applicant? NO Are you related? NO  
Are you aware of any reason to refuse applicant a license to sell intoxicating liquor? NO  
Do you vouch for applicant's moral character and reputation? \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Signature: Lucas Baver

4) Date: 8/2/25 Name: Lisa Sanning OK  
Location of University City real property taxed in your name: 7468 Cornell Ave  
How long have you known applicant? N/A Are you related? NO  
Are you aware of any reason to refuse applicant a license to sell intoxicating liquor? NO  
Do you vouch for applicant's moral character and reputation? \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Signature: Lisa Sanning

5) Date: 8/2/25 Name: CHRIS TIGHE OK  
Location of University City real property taxed in your name: 9421 Cornell 63150  
How long have you known applicant? NO Are you related? NO  
Are you aware of any reason to refuse applicant a license to sell intoxicating liquor? NO  
Do you vouch for applicant's moral character and reputation? \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Signature: Chris Tighe

Catherine Smith  
314.324.2859  
theposhrosh1@gmail.com

**V. RECOMMENDATIONS- COMPLETE IF APPLYING FOR LICENSE TYPE 2, 10, OR 11**

Five recommendations are required for Applicants petitioning for a license to sell intoxicating liquor by the drink at retail under section 600.060 of University City Municipal Code.

Each of the following recommendations is to be filled in and signed by a credible resident citizen of University City, vouching for the character of the applicant.

1) Date: 7/17/25 Na me: Patricia Binder 7504 AMHERST  
Location of University City real property taxed in your name: Patricia Binder  
How long have you known applicant? N/A Are you related? NO  
Are you aware of any reason to refuse applicant a license to sell intoxicating liquor? NO  
Do you vouch for applicant's moral character and reputation? YES  
Phone Number: \_\_\_\_\_ Signature: Patricia Binder

2) Date: 7/17/25 Na me: Suzanne Lora  
Location of University City real property taxed in your name: 7607 Stanford Ave  
How long have you known applicant? NO Are you related? NO  
Are you aware of any reason to refuse applicant a license to sell intoxicating liquor? NO  
Do you vouch for applicant's moral character and reputation? \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Signature: Suzanne Lora

3) Date: 8/2/25 Na me: A.J. Trujillo  
Location of University City real property taxed in your name: 7423 Cannon Ave.  
How long have you known applicant? \_\_\_\_\_ Are you related? \_\_\_\_\_  
Are you aware of any reason to refuse applicant a license to sell intoxicating liquor? \_\_\_\_\_  
Do you vouch for applicant's moral character and reputation? \_\_\_\_\_  
Phone Number: (314) 315-5001 Signature: AJ Trujillo

NO GCC  
Permit

4) Date: 8-2-25 Na me: HANI ZAHAR  
Location of University City real property taxed in your name: Hani Zahar  
How long have you known applicant? 7444 AMHERST Are you related? NO  
Are you aware of any reason to refuse applicant a license to sell intoxicating liquor? NO  
Do you vouch for applicant's moral character and reputation? SURE  
Phone Number: \_\_\_\_\_ Signature: Hani Zahar

✓ OK

5) Date: \_\_\_\_\_ Na me: \_\_\_\_\_  
Location of University City real property taxed in your name: \_\_\_\_\_  
How long have you known applicant? \_\_\_\_\_ Are you related? \_\_\_\_\_  
Are you aware of any reason to refuse applicant a license to sell intoxicating liquor? \_\_\_\_\_  
Do you vouch for applicant's moral character and reputation? \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Signature: \_\_\_\_\_

**COMMENDATIONS- COMPLETE IF APPLYING FOR LICENSE TYPE 2, 10, OR 11**

2 recommendations are required for Applicants petitioning for a license to sell intoxicating liquor by the drink retail under section 600.060 of University City Municipal Code.

Each of the following recommendations is to be filled in and signed by a credible resident citizen of University City, vouching for the character of the applicant.

2025  
1) Date: June 1 Name: Amyson Lee Garland  
Location of University City real property taxed in your name: 6000  
How long have you known applicant? 3 years Are you related? NO  
Are you aware of any reason to refuse applicant a license to sell intoxicating liquor? NO  
Do you vouch for applicant's moral character and reputation? Yes  
Phone Number: (314) 853-7055 Signature: [Signature]

2) Date: July 1 2025 Name: Jennifer Lynn Notestine  
Location of University City real property taxed in your name: 6000  
How long have you known applicant? 6 years Are you related? NO  
Are you aware of any reason to refuse applicant a license to sell intoxicating liquor? NO  
Do you vouch for applicant's moral character and reputation? Yes  
Phone Number: (314) 422-4132 Signature: [Signature]

3) Date: 7.16.25 Name: Costa  
Location of University City real property taxed in your name: 6316 Rushing *name \**  
How long have you known applicant? do not Are you related? no  
Are you aware of any reason to refuse applicant a license to sell intoxicating liquor? no  
Do you vouch for applicant's moral character and reputation? Yes  
Phone Number:                      Signature: [Signature]

4) Date: 7/16/25 Name: WJ Banks  
Location of University City real property taxed in your name: 6828 Rushing *OK*  
How long have you known applicant? do not Are you related? no  
Are you aware of any reason to refuse applicant a license to sell intoxicating liquor? no  
Do you vouch for applicant's moral character and reputation? Yes  
Phone Number:                      Signature: [Signature]

5) Date: 7/14/25 Name: Abheem  
Location of University City real property taxed in your name: 6372 Washburn *NO OCC Permit*  
How long have you known applicant?                      Are you related? no  
Are you aware of any reason to refuse applicant a license to sell intoxicating liquor?                       
Do you vouch for applicant's moral character and reputation? Yes  
Phone Number:                      Signature: [Signature]

**V. RECOMMENDATIONS- COMPLETE IF APPLYING FOR LICENSE TYPE 2, 10, OR 11**

Five recommendations are required for Applicants petitioning for a license to sell intoxicating liquor by the drink at retail under section 600.060 of University City Municipal Code.

Each of the following recommendations is to be filled in and signed by a credible resident citizen of University City, vouching for the character of the applicant.

1) Date: 7/17/25 Na me: Patricia Binder 7504 #111HERST  
Location of University City real property taxed in your name: Patricia Binder  
How long have you known applicant? N/A Are you related? NO  
Are you aware of any reason to refuse applicant a license to sell intoxicating liquor? NO  
Do you vouch for applicant's moral character and reputation? YES  
Phone Number: \_\_\_\_\_ Signature: Patricia Binder

2) Date: 7/17/25 Na me: Suzanne Lora  
Location of University City real property taxed in your name: 7607 Stanford Ave  
How long have you known applicant? NO Are you related? NO  
Are you aware of any reason to refuse applicant a license to sell intoxicating liquor? NO  
Do you vouch for applicant's moral character and reputation? YES  
Phone Number: \_\_\_\_\_ Signature: Suzanne Lora

3) Date: 8/12/25 Na me: James Dole  
Location of University City real property taxed in your name: 408 Mission Ct  
How long have you known applicant? N/A Are you related? NO  
Are you aware of any reason to refuse applicant a license to sell intoxicating liquor? NO  
Do you vouch for applicant's moral character and reputation? YES  
Phone Number: 314-610-1909 Signature: Jim Dole

4) Date: 8/15/25 Na me: JOEL GENTLE  
Location of University City real property taxed in your name: 401 MISSION CT.  
How long have you known applicant? N/A Are you related? NO  
Are you aware of any reason to refuse applicant a license to sell intoxicating liquor? NO  
Do you vouch for applicant's moral character and reputation? YES  
Phone Number: 402-681-4047 Signature: Joel Gentle

5) Date: \_\_\_\_\_ Na me: \_\_\_\_\_  
Location of University City real property taxed in your name: \_\_\_\_\_  
How long have you known applicant? \_\_\_\_\_ Are you related? \_\_\_\_\_  
Are you aware of any reason to refuse applicant a license to sell intoxicating liquor? \_\_\_\_\_  
Do you vouch for applicant's moral character and reputation? \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Signature: \_\_\_\_\_



## VI. PETITION- COMPLETE IF APPLYING FOR LICENSE TYPE 2, 10, OR 11

Under Chapter 600, Section 600.080, a petition must be submitted in favor of the license. **Please Note:** In the absence of valid petitions, the city council must have a five-sevenths vote to approve the license.

The undersigned taxpayers, record owners of property within a radius of 200 feet of the primary public entrance of the premises in which the applicant proposes to sell intoxicating liquor, and owners occupying or conducting a business on the main or surface floor of buildings within such radius, hereby approve the foregoing application, and consent to the issuance to the applicant of a license to sell intoxicating liquor by the drink, to be consumed on the premises where sold:

[illegible]

## VII. ADDITIONAL INFORMATION

USE THIS SHEET FOR ANY ADDITIONAL INFORMATION. LIST PAGE, SECTION, AND LETTER TO WHICH THE INFORMATION APPLIES.

[illegible]

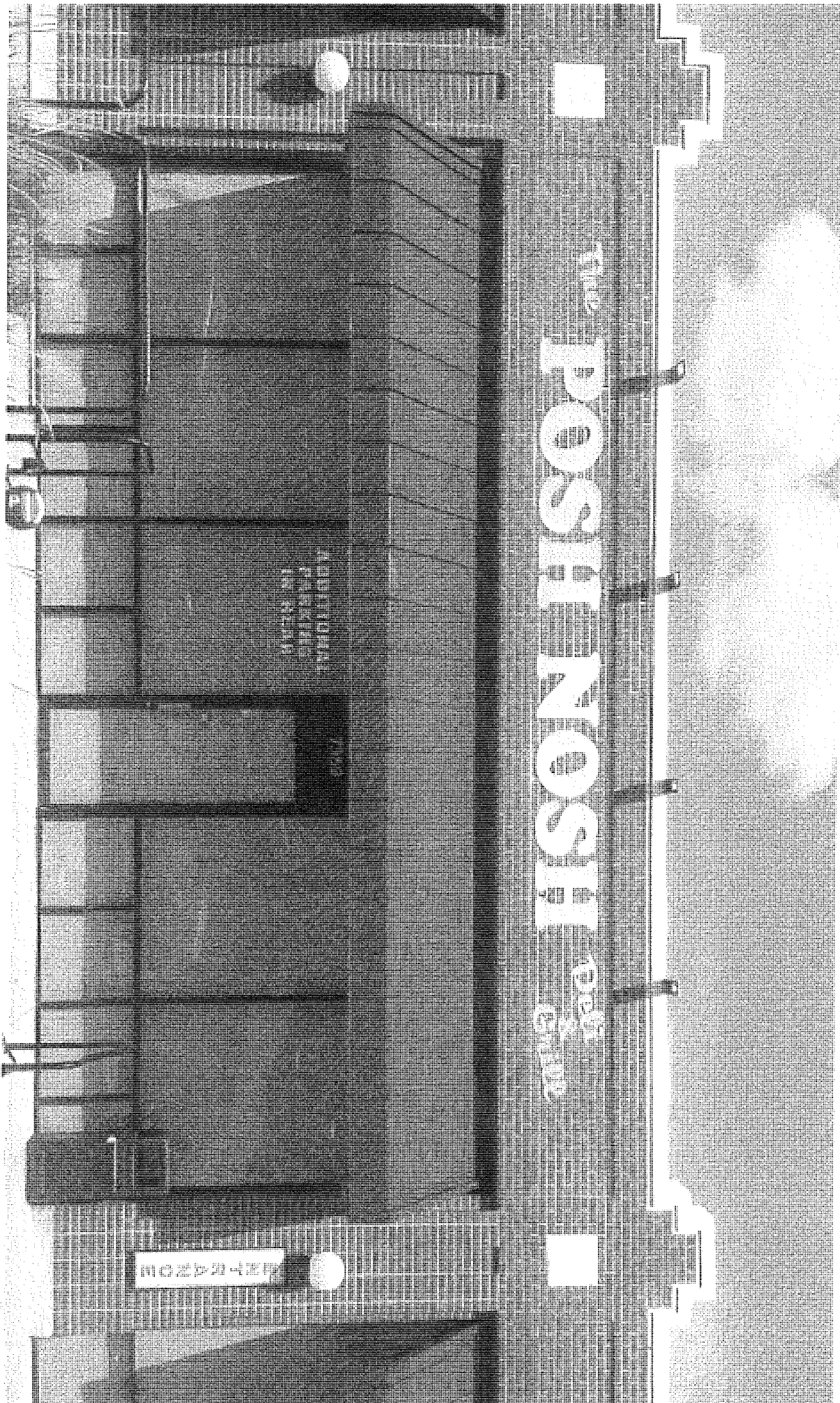


EXHIBIT A  
FLOORPLAN OF PREMISES

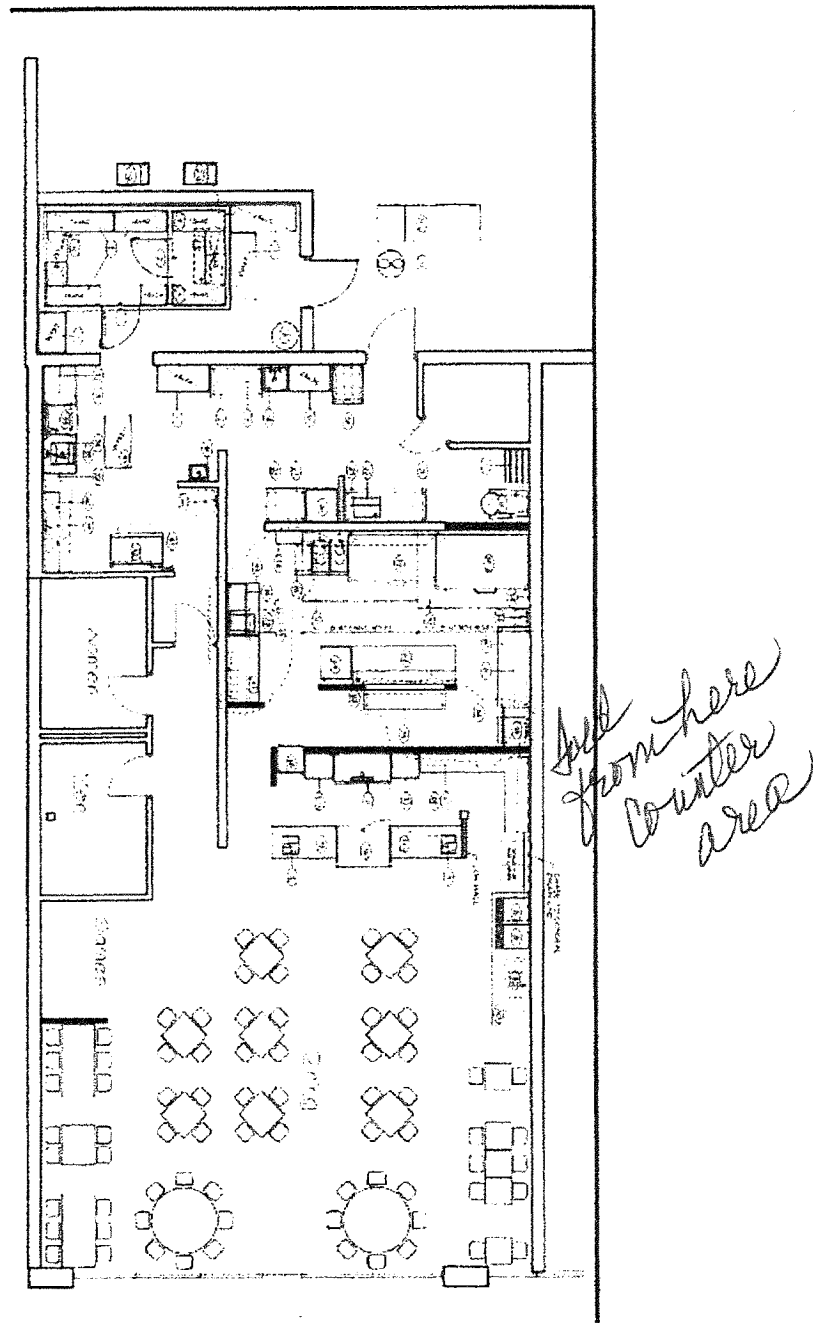


Exhibit A



University City Police Department

**Inter-office Memo**



Date: 11/3/2025

TO: Colonel Hampton, Chief of Police DSN 391  
FROM: Lieutenant Shawn Whitley DSN 372  
SUBJECT: 7359 Forsyth (Liquor License Application)  
CC: Major Lemons DSN 450

---

**Business**

The Posh Nosh LLC  
7359 Forsyth Blvd  
University City MO. 63130

**Applicant/Owner/Manager**

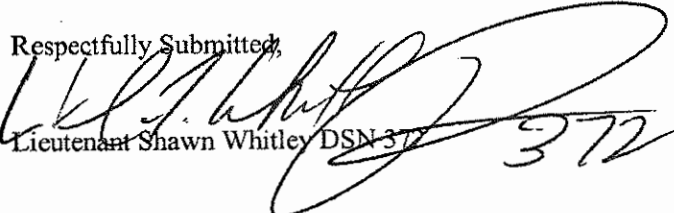
Applicant: Catherine Smith  
Home Address: 600 Grahm Rd.  
Florissant MO. 63031

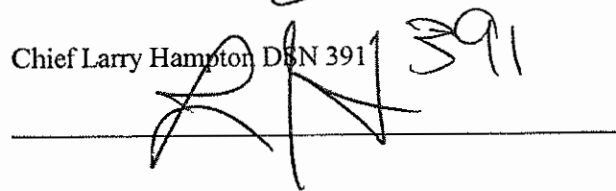
D.O.B. [REDACTED]  
SSN: N/A  
Phone: 314-324-2859

Sir,

I have reviewed the findings of the investigation completed by Detective Nodari concerning the liquor license application submitted by **Catherine Smith 7359 Forsyth Blvd , University City, MO 63130**. Det. Nodari's investigation was thorough and revealed no cause for a denial for a City of University Liquor License as applied for by Catherine Smith for The Posh Nosh LLC located at 7359 Forsyth Blvd.

Respectfully Submitted,

  
Lieutenant Shawn Whitley DSN 372

Chief Larry Hampton DSN 391  




## CITY OF UNIVERSITY CITY COUNCIL MEETING

## AGENDA ITEM



NUMBER:

For City Clerk Use

CA20251124-02

## SUBJECT/TITLE:

Ratification of 2023 and 2024 GEMT Supplemental Reimbursement Non-Federal Share amount paid to Missouri HeathNet Division (MO Dept of Social Services).

## PREPARED BY:

Keith Cole - Director of Finance

## DEPARTMENT / WARD

Finance / All

## AGENDA SECTION:

Consent

## CAN ITEM BE RESCHEDULED?

Yes

## CITY MANAGER'S RECOMMENDATION OR RECOMMENDED MOTION:

The City Manager recommends ratifying the two (2) below payments to Missouri HeathNet Division in order to get reimbursed.

## FISCAL IMPACT:

FY2023 - \$1,359.11 offset by \$3,955.64 Reimbursement

FY2024 - \$138,889.41 offset by \$408,578.94 Reimbursement

## AMOUNT:

\$140,248.52

## ACCOUNT No.:

01.35.25.6005

## FROM FUND:

General Fund

## TO FUND:

General Fund

## EXPLANATION:

## SFY 2023:

\$1,359.11 - Non-Federal Share Fee

\$3,955.64 - Cost of Reimbursement

\$2,596.53 - Net Proceeds Participating in Program

## SFY2024:

\$138,889.41 - Non-Federal Share Fee

\$408,578.94 - Cost of Reimbursement

\$269,689.53 - Net Proceeds Participating in Program

\$2,596.53 + \$269,689.53 = \$272,286.06 - \$5,147.67 (FY2022 Recoupment) = \$267,138.39 - Total Net Proceeds

## STAFF COMMENTS AND BACKGROUND INFORMATION:

The Ground Emergency Medical Transportation (GEMT) Uncompensated Cost Reimbursement Program (the "Program") is a voluntary program that makes supplemental payments to eligible GEMT providers who furnish qualifying emergency ambulance services to Department of Social Services, MO HealthNet Division (MHD) participants. Providers must agree to fund the non-federal share of GEMT uncompensated cost reimbursement using an Intergovernmental Transfer (IGT) payment method. MHD will make supplemental payments to qualifying ambulance providers up to the amount uncompensated by all other sources of reimbursement. Total reimbursement from MHD, including the supplemental payment will not exceed 100% of actual costs. University City became eligible to participate in FY 2020 when it began providing emergency ambulance services again.

## CIP No.

## RELATED ITEMS / ATTACHMENTS:

1. FY2022 GEMT Final Reconciliation Letter
2. FY2023 GEMT Final Reconciliation Letter
3. FY2024 GEMT Final Reconciliation Letter

## LIST CITY COUNCIL GOALS (S):

Prudent Fiscal Management

## RESPECTFULLY SUBMITTED:

City Manager, Gregory Rose

## MEETING DATE:

November 24, 2025



# Missouri Department of Social Services

P.O. Box 6500 • Jefferson City, MO 65102-6500 • Phone: 573-751-3425  
www.dss.mo.gov • TDD/TTY: 800-735-2966 Relay Missouri: 711



**Todd Richardson**  
Director  
MO HealthNet Division

October 10, 2025

William Hinson  
Fire Chief  
University City Fire Department  
863 Westgate Ave.  
University City, Missouri 63130

CERTIFIED MAIL NUMBER:

Re: SFY 2022 GEMT Final Reconciliation

Dear Mr. William Hinson:

This letter is the MO HealthNet Division's (MHD's) official notification of your GEMT Supplement Reimbursement overpayment that must be repaid to MHD for State Fiscal Year (SFY) 2022. According to 13 CSR 70-6.020, MHD will audit and reconcile the as-filed cost report with paid claims data and provider records to determine that a GEMT provider's uncompensated Medicaid costs are reimbursed through the GEMT Supplement Reimbursement Program. MHD has completed the SFY 2022 GEMT audit and reconciliation, and the final results for you are enclosed and reflected in this letter.

Based on the results of the GEMT audit and reconciliation below, your SFY 2022 interim GEMT Supplement Reimbursement payments exceeded your uncompensated Medicaid costs for GEMT services. The GEMT Supplement Reimbursement amount below is an overpayment and must be repaid to MHD.

		Interim Cost Report	Adjusted Cost Report	Net Reimbursement or (Recoupment)
1.	Non-Federal Share Transfer Amount	\$87,570.99	\$84,865.45	\$0.00
2.	Net Federal Participation Amount	\$169,745.75	\$164,598.08	(\$5,147.67)
3.	Net Cost of Transports Reimbursement	\$257,316.74	\$249,463.53	(\$5,147.67)

MHD is requesting that you send the amount of the overpayment (liability) to MHD on or before **November 10, 2025**. In rare instances, if the ambulance provider has a business reason for MHD to recoup the overpayment from current reimbursement, the ambulance provider should submit a request to MHD for consideration. Note that the overpayment will need to be paid in full by the **November 10, 2025** date. If the ambulance provider would prefer the recoupment be offset against the future settlement, please submit an email request to me at [Connie.M.Sutter@dss.mo.gov](mailto:Connie.M.Sutter@dss.mo.gov) by **November 10, 2025**.

*Empowering Missourians to live safe, healthy, and productive lives.*

AUXILIARY AIDS AND SERVICES ARE AVAILABLE UPON REQUEST TO INDIVIDUALS WITH DISABILITIES

The Missouri Department of Social Services is an Equal Opportunity Employer/Program



The SFY 2022 GEMT Supplemental Reimbursement liability that you must repay to MHD is shown below. Refer to the recoupment instructions below.

<b>Total SFY 2022 GEMT Supplemental Reimbursement Overpayment</b>	<b>(\$5,147.67)</b>
---	---------------------

This is a final decision regarding payments for medical assistance. Missouri Statute, Section 208.156 RSMo 2000 provides for appeal of this decision. If you were adversely affected by this decision, you may appeal this decision to the administrative hearing commission. To appeal, you must file a petition with the administrative hearing commission within thirty days from the date of mailing or delivery of this decision, whichever is earlier, except that claims of less than five hundred dollars may be accumulated until such claims total that sum, at which time, you have ninety days to file the petition. If any such petition is sent by registered mail or certified mail, the petition will be deemed filed on the date it is mailed. If any such petition is sent by any method other than registered mail or certified mail, it will be deemed filed on the date it is received by the commission.

Compliance with this decision does not absolve the provider from any criminal liability related to the medical assistance program (MO HealthNet) activity that may be brought by any authorized agency.

ACH instructions for recoupment amount noted above:

Financial Institution Name:	Office of the Missouri State Treasurer
ABA/Routing Number:	086507174
Payee's Name: Account Name:	Social Services – Budget and Finance
Account Number:	8860105
Reference Information:	GEMT

If ACH is unable to be sent, please contact us and wire instructions will be provided.

If you have any questions regarding your SFY 2022 GEMT Supplement Reimbursement, please contact me at (573) 522-9843. Please feel free to contact me even if you intend to exercise your right to appeal the matter to the Administrative Hearing Commission.

Sincerely,



Connie Sutter

**GENERAL INFORMATION AND CERTIFICATION**

1. Name of Fire Department / Agency: <b>University City Fire Department</b>		2. EIN <b>43-6003855</b>	3. National Provider Identification (NPI): <b>1952486201</b>
4. Doing Business As (DBA): <b>0</b>		5. Facility Business Phone: <b>-</b>	
6. Fire District/Agency Street Address: <b>863 Westgate Ave.</b>	7. City: <b>University City</b>	8. Zip Code: <b>63130</b>	
9. Mailing Address - Street or P.O. Box (if different): <b>0</b>	10. City: <b>0</b>	11. Zip Code: <b>00000</b>	
12. Name of Person Signing and Certifying Report: <b>William Hinson</b>			
13. Report Contact Person: <b>Gary Wilmonth</b>		14. Phone Number: <b>314-505-8594</b>	Phone Ext: <b>-</b>
15. Mailing Address - Street or P. O. Box: <b>863 Westgate Ave.</b>	16. City: <b>University City</b>	17. State: <b>MO</b>	18. Zip Code: <b>63130</b>
19. Previous Name of Fire District/Agency if Changed Since Previous Report: <b>0</b>			20. Date of Change: <b>0</b>
21. Does your organization use another entity to provide Ambulance services? <b>No</b>		22. Date Range of Ambulance Service Agreement: <b>n/a</b>	
23. Does your organization use another entity to provide billing for Ambulance services? <b>Yes</b>		24. Are billing services paid on a Flat Rate or a Percentage: <b>Percentage</b>	
25. Reporting Period Begin: <b>July 1, 2021</b>		26. Reporting Period End: <b>June 30, 2022</b>	
27. Net Cost of Transports <b>\$ 249,463.53</b>			

**Certification by Officer or Administrator of the Fire Department / Agency**

I, \_\_\_\_\_, certify under penalty of perjury as follows:

This is to certify that I have reviewed the costs allocated on the submitted herewith and to the best of my knowledge and belief:

1. All costs included in this proposal to establish cost allocation or billings are allowable in accordance with the requirements of 2 CFR 200, "Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards" and in accordance with the federal award(s) to which the costs apply. Unallowable costs have been adjusted for in allocating costs as indicated in the Instructions for Certification of Cost.

2. All costs included in the proposal are properly allocable to federal awards on the basis of a beneficial or causal relationship between the expenses incurred and the awards to which they are allocated in accordance with applicable requirements. Further, the same costs treated as indirect costs have not been claimed as direct costs. Similar types of costs have been accounted for consistently.

As an authorized representative of the political subdivision that is providing the contribution of the non-federal share of expenditures for emergency transportation services,

I declare the foregoing is true and correct.

**November 28, 2022**  
Date of Signature

**University City Fire Department**  
Name of Fire District/Agency

By: **William Hinson**  
(Signature)

Title: **Fire Chief**

Address: **863 Westgate Ave.**

**University City, MO 63130**

**0**

Email: **gwilmonth@ucitymo.org**

**CHECK FIGURE**

Total Reported Expenses (Before Allocation of Expenses - From Sch 1)	\$ 6,490,899
Total Reported Expenses (After Allocation of Expenses - From Sch 2 thru 5)	\$ 6,490,899
Variance	\$ -

**Material variances may result in a rejection of this Cost Report submission.**

State of Missouri  
Ground Emergency Medical Transportation  
Medicaid Cost Report

**SCHEDULE 1 - TOTAL EXPENSE**

Fire Department / Agency Name: University City Fire Department  
National Provider Identification: 1952486201

Fiscal Year Ended: June 30, 2022

Line No.	Cost Center	Account Number	Col 1	Col 2	Col 3	Col 4
			Total Expense	EMR	Non EMR	Administration & General
			Col 2 + Col 3 + Col 4	Fr Sch 2, Col 5	Fr Sch 3, Col 5	Fr Sch 5, Col 1
	<b>Capital Related</b>					
1.00	Depreciation - Buildings and Improvements		\$ 282,078	\$ -	\$ 282,078	
2.00	Depreciation - Leasehold Improvements		\$ -	\$ -	\$ -	
3.00	Depreciation - Equipment		\$ 44,433	\$ 30,702	\$ 13,731	
4.00	Depreciation - Vehicles		\$ 294,088	\$ -	\$ 294,088	
5.00	Leases and Rentals		\$ -	\$ -	\$ -	
6.00	Property Taxes		\$ -	\$ -	\$ -	
7.00	Property Insurance		\$ -	\$ -	\$ -	
8.00	Interest - Property, Plant, and Equipment		\$ -	\$ -	\$ -	
9.00	Other - (Specify)		\$ -	\$ -	\$ -	
10.00	Other - (Specify)		\$ -	\$ -	\$ -	
10.01	<b>Total Capital Related (Lines 1.00 thru 10.00)</b>		<b>\$ 620,599</b>	<b>\$ 30,702</b>	<b>\$ 589,897</b>	
	<b>Salaries</b>					
11.00	Administrative Chief		\$ -	\$ -	\$ -	
12.00	Chief		\$ -	\$ -	\$ -	
13.00	Fire Salaries		\$ -	\$ -	\$ -	
14.00	Ambulance Salaries		\$ -	\$ -	\$ -	
15.00	Other - Total Personnel Costs		\$ 4,372,631	\$ 3,105,718	\$ 1,266,913	
16.00	Other - (Specify)		\$ -	\$ -	\$ -	
17.00	Other - (Specify)		\$ -	\$ -	\$ -	
18.00	Other - (Specify)		\$ -	\$ -	\$ -	
18.01	<b>Subtotal Salaries (Lines 11.00 thru 18.00)</b>		<b>\$ 4,372,631</b>	<b>\$ 3,105,718</b>	<b>\$ 1,266,913</b>	
	<b>Fringe Benefits</b>					
19.00	Administrative Chief		\$ -	\$ -	\$ -	
20.00	Chief		\$ -	\$ -	\$ -	
21.00	Fire Salaries		\$ -	\$ -	\$ -	
22.00	Ambulance Salaries		\$ -	\$ -	\$ -	
23.00	Other - Total Fringe Benefits		\$ 966,946	\$ 686,786	\$ 280,160	
24.00	Other -		\$ -	\$ -	\$ -	
25.00	Other -		\$ -	\$ -	\$ -	
26.00	Other -		\$ -	\$ -	\$ -	
26.01	<b>Subtotal Fringe Benefits (Lines 19.00 thru 26.00)</b>		<b>\$ 966,946</b>	<b>\$ 686,786</b>	<b>\$ 280,160</b>	
26.02	<b>Total Salaries &amp; Fringe Benefits</b>		<b>\$ 5,339,577</b>	<b>\$ 3,792,504</b>	<b>\$ 1,547,073</b>	
26.03	<b>Total Capital Related, Salaries, and Fringe Benefits</b>		<b>\$ 5,960,176</b>	<b>\$ 3,823,207</b>	<b>\$ 2,136,969</b>	
	<b>Administrative and General</b>					
27.00	Administrative		\$ 113,358	\$ -	\$ -	\$ 113,358
28.00	Legal		\$ -	\$ -	\$ -	\$ -
29.00	Accounting		\$ -	\$ -	\$ -	\$ -
30.00	Advertising		\$ -	\$ -	\$ -	\$ -
31.00	Consulting Expenses		\$ 34,199	\$ -	\$ -	\$ 34,199
32.00	Contracted Labor		\$ -	\$ -	\$ -	\$ -
33.00	Interest - Other		\$ -	\$ -	\$ -	\$ -
34.00	Training		\$ 7,034	\$ -	\$ -	\$ 7,034
35.00	General Insurance		\$ 77,405	\$ -	\$ -	\$ 77,405
36.00	Supplies		\$ 10,209	\$ -	\$ 72	\$ 10,137
37.00	Bad Debt		\$ -	\$ -	\$ -	\$ -

State of Missouri  
Ground Emergency Medical Transportation  
Medicaid Cost Report

**SCHEDULE 1 - TOTAL EXPENSE**

Fire Department / Agency Name: **University City Fire Department**  
National Provider Identification: **1952486201**

Fiscal Year Ended: **June 30, 2022**

Line No.	Cost Center	Account Number	Col 1	Col 2	Col 3	Col 4
			Total Expense	EMR	Non EMR	Administration & General
			Col 2 + Col 3 + Col 4	Fr Sch 2, Col 5	Fr Sch 3, Col 5	Fr Sch 5, Col 1
38.00	Plant Operations and Maintenance		\$ 14,489	\$ -	\$ -	\$ 14,489
39.00	Housekeeping		\$ 6,622	\$ -	\$ -	\$ 6,622
40.00	Utilities		\$ 58,217	\$ -	\$ -	\$ 58,217
41.00	Medical Supplies		\$ 77,251	\$ 77,251	\$ -	\$ -
42.00	Minor Medical Equipment		\$ -	\$ -	\$ -	\$ -
43.00	Minor Equipment		\$ 40,095	\$ -	\$ -	\$ 40,095
44.00	Fines and Penalties		\$ -	\$ -	\$ -	\$ -
45.00	Fleet Maintenance		\$ -	\$ -	\$ -	\$ -
46.00	Communications		\$ 9,150	\$ -	\$ -	\$ 9,150
47.00	Recruit Academy		\$ 800	\$ -	\$ -	\$ 800
48.00	Dispatch Service		\$ -	\$ -	\$ -	\$ -
49.00	Logistics		\$ -	\$ -	\$ -	\$ -
50.00	Postage		\$ -	\$ -	\$ -	\$ -
51.00	Dues and Subscriptions		\$ 11,168	\$ -	\$ -	\$ 11,168
52.00	Other - Capital Related Costs		\$ -	\$ -	\$ -	\$ -
53.00	Contracted Services - Ambulance		\$ -	\$ -	\$ -	\$ -
54.00	Contracted Services - Ambulance Billing		\$ -	\$ -	\$ -	\$ -
55.00	Other - Medical Service		\$ 2,880	\$ 2,880	\$ -	\$ -
56.00	Other - Equipment Maintenance		\$ 62,688	\$ -	\$ -	\$ 62,688
57.00	Other - Office Expenses		\$ 5,158	\$ -	\$ -	\$ 5,158
57.01	<b>Total Administrative &amp; General</b>		<b>\$ 530,723</b>	<b>\$ 80,131</b>	<b>\$ 72</b>	<b>\$ 450,520</b>
58.00	<b>Total GEMT Provider</b>		<b>\$ 6,490,899</b>	<b>\$ 3,903,337</b>	<b>\$ 2,137,041</b>	<b>\$ 450,520</b>

**SCHEDULE 2 - EMERGENCY MEDICAL RESPONSE EXPENSE**

Fire Department / Agency Name: **University City Fire Department**  
National Provider Identification: **1952486201**

Fiscal Year Ended: **June 30, 2022**

Line No.	Cost Center	Account Number	Col 1 EMR Expense	Col 2 Allocated Direct Service Cost  Fr Sch 4, Col 5	Col 3 Total Reclasses  Fr Sch 6, Cols 4 & 7	Col 4 Total Adjustments  Fr Sch 7, Col 1	Col 5 Total EMR Expense  To Sch 1, Col 2
<b>Capital Related</b>							
1.00	Depreciation - Buildings and Improvements	0	\$ -	\$ -	\$ -	\$ -	\$ -
2.00	Depreciation - Leasehold Improvements	0	\$ -	\$ -	\$ -	\$ -	\$ -
3.00	Depreciation - Equipment	0	\$ 20,692	\$ 10,010	\$ -	\$ -	\$ 30,702
4.00	Depreciation - Vehicles	0	\$ -	\$ -	\$ -	\$ -	\$ -
5.00	Leases and Rentals	0	\$ -	\$ -	\$ -	\$ -	\$ -
6.00	Property Taxes	0	\$ -	\$ -	\$ -	\$ -	\$ -
7.00	Property Insurance	0	\$ -	\$ -	\$ -	\$ -	\$ -
8.00	Interest - Property, Plant, and Equipment	0	\$ -	\$ -	\$ -	\$ -	\$ -
9.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
10.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
10.01	<b>Total Capital Related (Lines 1.00 thru 10.00)</b>		<b>\$ 20,692</b>	<b>\$ 10,010</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 30,702</b>
<b>Salaries</b>							
11.00	Administrative Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -
12.00	Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -
13.00	Fire Salaries	0	\$ -	\$ -	\$ -	\$ -	\$ -
14.00	Ambulance Salaries	0	\$ -	\$ -	\$ -	\$ -	\$ -
15.00	Other - Total Personnel Costs	0	\$ -	\$ 3,105,718	\$ -	\$ -	\$ 3,105,718
16.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
17.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
18.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
18.01	<b>Subtotal Salaries (Lines 11.00 thru 18.00)</b>		<b>\$ -</b>	<b>\$ 3,105,718</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 3,105,718</b>
<b>Fringe Benefits</b>							
19.00	Administrative Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -
20.00	Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -
21.00	Fire Salaries	0	\$ -	\$ -	\$ -	\$ -	\$ -
22.00	Ambulance Salaries	0	\$ -	\$ -	\$ -	\$ -	\$ -
23.00	Other - Total Fringe Benefits	0	\$ -	\$ 686,786	\$ -	\$ -	\$ 686,786
24.00	Other -	0	\$ -	\$ -	\$ -	\$ -	\$ -
25.00	Other -	0	\$ -	\$ -	\$ -	\$ -	\$ -
26.00	Other -	0	\$ -	\$ -	\$ -	\$ -	\$ -
26.01	<b>Subtotal Fringe Benefits (Lines 19.00 thru 26.00)</b>		<b>\$ -</b>	<b>\$ 686,786</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 686,786</b>
26.02	<b>Total Salaries &amp; Fringe Benefits</b>		<b>\$ -</b>	<b>\$ 3,792,504</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 3,792,504</b>
26.03	<b>Total Capital Related, Salaries, and Fringe Benefits</b>		<b>\$ 20,692</b>	<b>\$ 3,802,515</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 3,823,207</b>
<b>Administrative and General</b>							
27.00	Administrative	0	\$ -		\$ -	\$ -	\$ -
28.00	Legal	0	\$ -		\$ -	\$ -	\$ -
29.00	Accounting	0	\$ -		\$ -	\$ -	\$ -
30.00	Advertising	0	\$ -		\$ -	\$ -	\$ -
31.00	Consulting Expenses	0	\$ -		\$ -	\$ -	\$ -
32.00	Contracted Labor	0	\$ -		\$ -	\$ -	\$ -
33.00	Interest - Other	0	\$ -		\$ -	\$ -	\$ -
34.00	Training	0	\$ -		\$ -	\$ -	\$ -
35.00	General Insurance	0	\$ -		\$ -	\$ -	\$ -
36.00	Supplies	0	\$ -		\$ -	\$ -	\$ -
37.00	Bad Debt	0	\$ -		\$ -	\$ -	\$ -
38.00	Plant Operations and Maintenance	0	\$ -		\$ -	\$ -	\$ -
39.00	Housekeeping	0	\$ -		\$ -	\$ -	\$ -
40.00	Utilities	0	\$ -		\$ -	\$ -	\$ -
41.00	Medical Supplies	0	\$ 77,251		\$ -	\$ -	\$ 77,251
42.00	Minor Medical Equipment	0	\$ -		\$ -	\$ -	\$ -

**SCHEDULE 2 - EMERGENCY MEDICAL RESPONSE EXPENSE**

Fire Department / Agency Name: **University City Fire Department**  
National Provider Identification: **1952486201**

Fiscal Year Ended: **June 30, 2022**

Line No.	Cost Center	Account Number	Col 1 EMR Expense	Col 2 Allocated Direct Service Cost  Fr Sch 4, Col 5	Col 3 Total Reclasses  Fr Sch 6, Cols 4 & 7	Col 4 Total Adjustments  Fr Sch 7, Col 1	Col 5 Total EMR Expense  To Sch 1, Col 2
43.00	Minor Equipment	0	\$ -		\$ -	\$ -	\$ -
44.00	Fines and Penalties	0	\$ -		\$ -	\$ -	\$ -
45.00	Fleet Maintenance	0	\$ -		\$ -	\$ -	\$ -
46.00	Communications	0	\$ -		\$ -	\$ -	\$ -
47.00	Recruit Academy	0	\$ -		\$ -	\$ -	\$ -
48.00	Dispatch Service	0	\$ -		\$ -	\$ -	\$ -
49.00	Logistics	0	\$ -		\$ -	\$ -	\$ -
50.00	Postage	0	\$ -		\$ -	\$ -	\$ -
51.00	Dues and Subscriptions	0	\$ -		\$ -	\$ -	\$ -
52.00	Other - Capital Related Costs	0	\$ -		\$ -	\$ -	\$ -
53.00	Contracted Services - Ambulance	0	\$ -		\$ -	\$ -	\$ -
54.00	Contracted Services - Ambulance Billing	0	\$ -		\$ -	\$ -	\$ -
55.00	Other - Medical Service	0	\$ 360		\$ -	\$ 2,520	\$ 2,880
56.00	Other - Equipment Maintenance	0	\$ -		\$ -	\$ -	\$ -
57.00	Other - Office Expenses	0	\$ -		\$ -	\$ -	\$ -
57.01	<b>Total Administrative &amp; General</b>		\$ 77,611		\$ -	\$ 2,520	\$ 80,131
58.00	<b>Total GEMT Provider</b>		\$ 98,303	\$ 3,802,515	\$ -	\$ 2,520	\$ 3,903,337

State of Missouri  
Ground Emergency Medical Transportation  
Medicaid Cost Report

**SCHEDULE 3 - NON EMR EXPENSE**

Fire Department / Agency Name: **University City Fire Department**  
National Provider Identification: **1952486201**

Fiscal Year Ended: **June 30, 2022**

Line No.	Cost Center	Account Number	Col 1 Non EMR Expense	Col 2 Allocated Direct Service Costs  Fr Sch 4, Col 6	Col 3 Total Reclasses  Fr Sch 6, Cols 4 & 7	Col 4 Total Adjustments  Fr Sch 7, Col 1	Col 5 Total Non EMR Expense  To Sch 1, Col 3
<b>Capital Related</b>							
1.00	Depreciation - Buildings and Improvements	0	\$ 282,078	\$ -	\$ -	\$ -	\$ 282,078
2.00	Depreciation - Leasehold Improvements	0	\$ -	\$ -	\$ -	\$ -	\$ -
3.00	Depreciation - Equipment	0	\$ 9,651	\$ 4,080	\$ -	\$ -	\$ 13,731
4.00	Depreciation - Vehicles	0	\$ 294,088	\$ -	\$ -	\$ -	\$ 294,088
5.00	Leases and Rentals	0	\$ -	\$ -	\$ -	\$ -	\$ -
6.00	Property Taxes	0	\$ -	\$ -	\$ -	\$ -	\$ -
7.00	Property Insurance	0	\$ -	\$ -	\$ -	\$ -	\$ -
8.00	Interest - Property, Plant, and Equipment	0	\$ -	\$ -	\$ -	\$ -	\$ -
9.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
10.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
10.01	<b>Total Capital Related (Lines 1.00 thru 10.00)</b>		\$ 585,817	\$ 4,080	\$ -	\$ -	\$ 589,897
<b>Salaries</b>							
11.00	Administrative Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -
12.00	Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -
13.00	Fire Salaries	0	\$ -	\$ -	\$ -	\$ -	\$ -
14.00	Ambulance Salaries	0	\$ -	\$ -	\$ -	\$ -	\$ -
15.00	Other - Total Personnel Costs	0	\$ -	\$ 1,266,913	\$ -	\$ -	\$ 1,266,913
16.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
17.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
18.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
18.01	<b>Subtotal Salaries (Lines 11.00 thru 18.00)</b>		\$ -	\$ 1,266,913	\$ -	\$ -	\$ 1,266,913
<b>Fringe Benefits</b>							
19.00	Administrative Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -
20.00	Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -
21.00	Fire Salaries	0	\$ -	\$ -	\$ -	\$ -	\$ -
22.00	Ambulance Salaries	0	\$ -	\$ -	\$ -	\$ -	\$ -
23.00	Other - Total Fringe Benefits	0	\$ -	\$ 280,160	\$ -	\$ -	\$ 280,160
24.00	Other -	0	\$ -	\$ -	\$ -	\$ -	\$ -
25.00	Other -	0	\$ -	\$ -	\$ -	\$ -	\$ -
26.00	Other -	0	\$ -	\$ -	\$ -	\$ -	\$ -
26.01	<b>Subtotal Fringe Benefits (Lines 19.00 thru 26.00)</b>		\$ -	\$ 280,160	\$ -	\$ -	\$ 280,160
26.02	<b>Total Salaries &amp; Fringe Benefits</b>		\$ -	\$ 1,547,073	\$ -	\$ -	\$ 1,547,073
26.03	<b>Total Capital Related, Salaries, and Fringe Benefits</b>		\$ 585,817	\$ 1,551,152	\$ -	\$ -	\$ 2,136,969
<b>Administrative and General</b>							
27.00	Administrative	0	\$ -		\$ -	\$ -	\$ -
28.00	Legal	0	\$ -		\$ -	\$ -	\$ -
29.00	Accounting	0	\$ -		\$ -	\$ -	\$ -
30.00	Advertising	0	\$ -		\$ -	\$ -	\$ -
31.00	Consulting Expenses	0	\$ -		\$ -	\$ -	\$ -
32.00	Contracted Labor	0	\$ -		\$ -	\$ -	\$ -
33.00	Interest - Other	0	\$ -		\$ -	\$ -	\$ -
34.00	Training	0	\$ -		\$ -	\$ -	\$ -
35.00	General Insurance	0	\$ -		\$ -	\$ -	\$ -
36.00	Supplies	0	\$ 72		\$ -	\$ -	\$ 72
37.00	Bad Debt	0	\$ -		\$ -	\$ -	\$ -
38.00	Plant Operations and Maintenance	0	\$ -		\$ -	\$ -	\$ -
39.00	Housekeeping	0	\$ -		\$ -	\$ -	\$ -
40.00	Utilities	0	\$ -		\$ -	\$ -	\$ -
41.00	Medical Supplies	0	\$ -		\$ -	\$ -	\$ -
42.00	Minor Medical Equipment	0	\$ -		\$ -	\$ -	\$ -
43.00	Minor Equipment	0	\$ -		\$ -	\$ -	\$ -
44.00	Fines and Penalties	0	\$ -		\$ -	\$ -	\$ -
45.00	Fleet Maintenance	0	\$ -		\$ -	\$ -	\$ -
46.00	Communications	0	\$ -		\$ -	\$ -	\$ -

State of Missouri  
Ground Emergency Medical Transportation  
Medicaid Cost Report

**SCHEDULE 3 - NON EMR EXPENSE**

Fire Department / Agency Name: **University City Fire Department**  
National Provider Identification: **1952486201**

Fiscal Year Ended: **June 30, 2022**

Line No.	Cost Center	Account Number	Col 1 Non EMR Expense	Col 2 Allocated Direct Service Costs  Fr Sch 4, Col 6	Col 3 Total Reclasses  Fr Sch 6, Cols 4 & 7	Col 4 Total Adjustments  Fr Sch 7, Col 1	Col 5 Total Non EMR Expense  To Sch 1, Col 3
47.00	Recruit Academy	0	\$ -		\$ -	\$ -	\$ -
48.00	Dispatch Service	0	\$ -		\$ -	\$ -	\$ -
49.00	Logistics	0	\$ -		\$ -	\$ -	\$ -
50.00	Postage	0	\$ -		\$ -	\$ -	\$ -
51.00	Dues and Subscriptions	0	\$ -		\$ -	\$ -	\$ -
52.00	Other - Capital Related Costs	0	\$ -		\$ -	\$ -	\$ -
53.00	Contracted Services - Ambulance	0	\$ -		\$ -	\$ -	\$ -
54.00	Contracted Services - Ambulance Billing	0	\$ -		\$ -	\$ -	\$ -
55.00	Other - Medical Service	0	\$ -		\$ -	\$ -	\$ -
56.00	Other - Equipment Maintenance	0	\$ -		\$ -	\$ -	\$ -
57.00	Other - Office Expenses	0	\$ -		\$ -	\$ -	\$ -
57.01	<b>Total Administrative &amp; General</b>		\$ 72	\$ -	\$ -	\$ -	\$ 72
58.00	<b>Total GEMT Provider</b>		\$ 585,889	\$ 1,551,152	\$ -	\$ -	\$ 2,137,041



**SCHEDULE 4 - ALLOCATION OF CAPITAL RELATED AND SALARIES & BENEFITS (CRSB) EXPENSE**

Fire Department / Agency Name: **University City Fire Department**  
National Provider Identification: **1952486201**

Fiscal Year Ended: **June 30, 2022**

Line No.	Cost Center	Account Number	Col 1 Expense to be Apportioned	Col 2 Total Reclasses (A) <i>Fr Sch 6, Cols 4 &amp; 7</i>	Col 3 Total Adjustments (B) <i>Fr Sch 7, Col 1</i>	Col 4 Net Expense to be Apportioned	Col 5 EMR Allocation <i>71.05%</i>	Col 6 Non EMR Allocation <i>28.95%</i>
<b>Capital Related</b>								
1.00	Depreciation - Buildings and Improvements	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2.00	Depreciation - Leasehold Improvements	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3.00	Depreciation - Equipment	0	\$ 14,090	\$ -	\$ -	\$ 14,090	\$ 10,010	\$ 4,080
4.00	Depreciation - Vehicles	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5.00	Leases and Rentals	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6.00	Property Taxes	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7.00	Property Insurance	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8.00	Interest - Property, Plant, and Equipment	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10.01	<b>Total Capital Related (Lines 1.00 thru 10.00)</b>		<b>\$ 14,090</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 14,090</b>	<b>\$ 10,010</b>	<b>\$ 4,080</b>

<b>Capital Related Allocation Statistics for Direct Service Cost Allocation</b>		
Description	Col 1 Square Ft	Col 2 Factor
10.02 EMR Square Footage	1,271	71.05%
10.03 Non EMR Square Footage	518	28.95%
10.04 Total Square Feet to be Apportioned	1,789	100.00%

Line No.	Cost Center	Account Number	Col 1 Expense to be Apportioned	Col 2 Total Reclasses <i>Fr Sch 6, Cols 4 &amp; 7</i>	Col 3 Total Adjustments <i>Fr Sch 7, Col 1</i>	Col 4 Net Expense to be Apportioned	Col 5 EMR Allocation <i>71.03%</i>	Col 6 Non EMR Allocation <i>28.97%</i>
<b>Salaries</b>								
11.00	Administrative Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12.00	Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13.00	Fire Salaries	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
14.00	Ambulance Salaries	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
15.00	Other - Total Personnel Costs	0	\$ 4,372,631	\$ -	\$ -	\$ 4,372,631	\$ 3,105,718	\$ 1,266,913
16.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
18.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
18.01	<b>Subtotal Salaries (Lines 11.00 thru 18.00)</b>		<b>\$ 4,372,631</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 4,372,631</b>	<b>\$ 3,105,718</b>	<b>\$ 1,266,913</b>
<b>Fringe Benefits</b>								
19.00	Administrative Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
20.00	Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
21.00	Fire Salaries	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
22.00	Ambulance Salaries	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
23.00	Other - Total Fringe Benefits	0	\$ 966,946	\$ -	\$ -	\$ 966,946	\$ 686,786	\$ 280,160
24.00	Other -	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
25.00	Other -	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
26.00	Other -	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
26.01	<b>Subtotal Fringe Benefits (Lines 19.00 thru 26.00)</b>		<b>\$ 966,946</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 966,946</b>	<b>\$ 686,786</b>	<b>\$ 280,160</b>
26.02	<b>Total Salaries &amp; Fringe Benefits</b>		<b>\$ 5,339,577</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 5,339,577</b>	<b>\$ 3,792,504</b>	<b>\$ 1,547,073</b>

<b>Salaries/Benefits Allocation Statistics for Direct Service Cost Allocation</b>		
Description	Col 1 Total Hrs	Col 2 Factor
26.03 Hours Logged for EMR Duty	175,734	71.03%
26.04 Hours Logged for Non EMR Duty	71,687	28.97%
26.05 Total Hours to be Apportioned	247,421	100.00%

**SCHEDULE 5 - ALLOCATION OF ADMINISTRATIVE & GENERAL**

Fire Department / Agency Name: **University City Fire Department**

Fiscal Year Ended: **June 30, 2022**

National Provider Identification: **1952486201**

Line No.	Cost Center	Account Number	Col 1 Expense to be Apportioned  <b>** See Note Below</b>	Col 2 Total Reclasses  <b>Fr Sch 6, Cols 4 &amp; 7</b>	Col 3 Total Adjustments  <b>Fr Sch 7, Col 1</b>	Col 4 Net Expense to be Apportioned	Col 5 EMR Allocation  <b>64.62%</b>	Col 6 Non EMR Allocation  <b>35.38%</b>
<b>Administrative and General</b>								
27.00	Administrative	0	\$ 113,358	\$ -	\$ -	\$ 113,358	\$ 73,253	\$ 40,105
28.00	Legal	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
29.00	Accounting	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
30.00	Advertising	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
31.00	Consulting Expenses	0	\$ 34,455	\$ -	\$ (256)	\$ 34,199	\$ 22,100	\$ 12,099
32.00	Contracted Labor	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
33.00	Interest - Other	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
34.00	Training	0	\$ 7,034	\$ -	\$ -	\$ 7,034	\$ 4,545	\$ 2,489
35.00	General Insurance	0	\$ 77,405	\$ -	\$ -	\$ 77,405	\$ 50,020	\$ 27,385
36.00	Supplies	0	\$ 10,137	\$ -	\$ -	\$ 10,137	\$ 6,551	\$ 3,586
37.00	Bad Debt	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
38.00	Plant Operations and Maintenance	0	\$ 14,489	\$ -	\$ -	\$ 14,489	\$ 9,363	\$ 5,126
39.00	Housekeeping	0	\$ 6,622	\$ -	\$ -	\$ 6,622	\$ 4,279	\$ 2,343
40.00	Utilities	0	\$ 58,217	\$ -	\$ -	\$ 58,217	\$ 37,620	\$ 20,597
41.00	Medical Supplies	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
42.00	Minor Medical Equipment	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
43.00	Minor Equipment	0	\$ 40,095	\$ -	\$ -	\$ 40,095	\$ 25,910	\$ 14,185
44.00	Fines and Penalties	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
45.00	Fleet Maintenance	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
46.00	Communications	0	\$ 9,150	\$ -	\$ -	\$ 9,150	\$ 5,913	\$ 3,237
47.00	Recruit Academy	0	\$ 1,040	\$ -	\$ (240)	\$ 800	\$ 517	\$ 283
48.00	Dispatch Service	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
49.00	Logistics	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
50.00	Postage	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
51.00	Dues and Subscriptions	0	\$ 11,168	\$ -	\$ -	\$ 11,168	\$ 7,217	\$ 3,951
52.00	Other - Capital Related Costs	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
53.00	Contracted Services - Ambulance	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
54.00	Contracted Services - Ambulance Billing	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
55.00	Other - Medical Service	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
56.00	Other - Equipment Maintenance	0	\$ 62,688	\$ -	\$ -	\$ 62,688	\$ 40,509	\$ 22,179
57.00	Other - Office Expenses	0	\$ 5,158	\$ -	\$ -	\$ 5,158	\$ 3,333	\$ 1,825
57.01	<b>Total Administrative &amp; General</b>		<b>\$ 451,016</b>	<b>\$ -</b>	<b>\$ (496)</b>	<b>\$ 450,520</b>	<b>\$ 291,129</b>	<b>\$ 159,391</b>

Selection of Allocation Statistic:

Any variation of the allocation statistic must be approved prior to implementation and documentation MUST be readily available for review.

Allocation Statistics for Administration and General Expense		
Description	Accum Expense	Factor
Accumulated Cost of Ambulance Services (from Sch 2, Col 5)	\$ 3,903,337	64.62%
Accumulated Cost of Fire Services (from Sch 3, Col 5)	\$ 2,137,041	35.38%
Total Accumulated Cost of Ambulance and Fire Services	\$ 6,040,379	100.00%

**SCHEDULE 6 - RECLASSIFICATION OF EXPENSES**

Fire Department / Agency: **University City Fire Department**  
National Provider Identification: **1952486201**

Fiscal Year Ended: **June 30, 2022**

EXPLANATION OF ENTRY	Code	INCREASE				DECREASE			
		Cost Center	Line Number	Schedule	Amount	Cost Center	Line Number	Schedule	Amount
		Col 1	Col 3	Col 4	Col 5	Col 6	Col 7	Col 8	Col 9
1. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
2. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
3. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
4. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
5. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
6. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
7. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
8. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
9. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
10. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
11. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
12. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
13. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
14. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
15. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
16. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
17. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
18. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
19. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
20. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
21. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
22. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
23. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
24. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
25. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
26. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
27. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
28. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
29. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
30. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
31. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
32. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
33. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
34. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
35. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
36. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
37. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
38. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
39. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
40. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
41. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
42. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
43. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
44. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
45. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
46. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
47. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
48. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
49. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
50. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
51. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
52. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
53. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
54. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
55. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
56. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
57. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
58. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
59. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
60. 0	0	0	0.00	0	\$ -	0	0.00	0	\$ -
61. Total Reclassifications (Col. 4 & 7 must equal)					\$ -				\$ -

Column 1: Use sequential lettering system to identify individual reclassifications; i.e. A. B. C...

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**SCHEDULE 7 - ADJUSTMENTS TO EXPENSES**

Fire Department / Agency: University City Fire Department  
National Provider Identification: 1952486201

Fiscal Year Ended: June 30, 2022

Description	Basis for Adjustment (A or B)	Amount Increase / (Decrease)	Cost Center	Schedule	C/R Line No.
	Col 1	Col 2	Col 3	Col 4	Col 5
1. Offset Vaccine Clinic reimbursement against	A	\$ -	41 - Medical Supplies	2	41.00
2. Adjustment for Entertainment Exp	A	\$ (240)	47 - Recruit Academy	5	47.00
3. Adjustment for PR Exp	A	\$ (256)	31 - Consulting Expenses	5	31.00
4. Adjustment for Events and Receptions	A	\$ -	47 - Recruit Academy	5	47.00
5. Adjustment for Public Officials Insurance	A	\$ -	35 - General Insurance	5	35.00
6. Adjustment for Disability Benefits	A	\$ -	35 - General Insurance	5	35.00
7. Adjustment for Public Officials Insurance	A	\$ -	35 - General Insurance	5	35.00
8. Adjustment for Awards and Gifts	A	\$ -	47 - Recruit Academy	5	47.00
9. Adjustment for Public Officials Insurance	A	\$ -	35 - General Insurance	5	35.00
10. Adjustment for Subdivision Fees and Taxes	A	\$ -	44 - Fines and Penalties	5	44.00
11. Adjustment for Bank and Credit Card Fees	A	\$ -	44 - Fines and Penalties	5	44.00
12. <b>Provider Tax</b>	<b>A</b>	<b>\$ 2,520</b>	<b>Other - Medical Service</b>	<b>2</b>	<b>55.00</b>
13. 0	0	\$ -	0	0	-
14. 0	0	\$ -	0	0	-
15. 0	0	\$ -	0	0	-
16. 0	0	\$ -	0	0	-
17. 0	0	\$ -	0	0	-
18. 0	0	\$ -	0	0	-
19. 0	0	\$ -	0	0	-
20. 0	0	\$ -	0	0	-
21. 0	0	\$ -	0	0	-
22. 0	0	\$ -	0	0	-
23. 0	0	\$ -	0	0	-
24. 0	0	\$ -	0	0	-
25. 0	0	\$ -	0	0	-
26. 0	0	\$ -	0	0	-
27. 0	0	\$ -	0	0	-
28. 0	0	\$ -	0	0	-
29. 0	0	\$ -	0	0	-
30. 0	0	\$ -	0	0	-
31. Total		\$ 2,023.79			

**Basis for Adjustment**

A = Cost (if cost, including applicable overhead, can be determined)

B = Amount received (if cost cannot be determined)

### SCHEDULE 8 - REVENUE / FUNDING SOURCES

Fire Department / Agency: **University City Fire Department**  
National Provider Identification: **1952486201**

Fiscal Year Ended: **June 30, 2022**

A	Col 1	Col 2	Col 3	Col 4	Col 5	Col 6
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
	<b>FEE FOR SERVICE (FFS) MEDICAID REVENUE FROM TRANSPORTS</b>					
1.	Ambulance Program Service	\$ 27,189	\$ 23,177	\$ 21,807	\$ 24,217	\$ 96,390
2.	Ambulance Program Other - (Specify) *	\$ -	\$ -	\$ -	\$ -	\$ -
3.	Ambulance Program Other - (Specify) *	\$ -	\$ -	\$ -	\$ -	\$ -
4.	Ambulance Program Other - (Specify) *	\$ -	\$ -	\$ -	\$ -	\$ -
5.	Ambulance Program Other - (Specify) *	\$ -	\$ -	\$ -	\$ -	\$ -
6.	Ambulance Program Other - (Specify) *	\$ -	\$ -	\$ -	\$ -	\$ -
6.01	Total Ambulance Revenue from Transports (To Sch 9, Line 12)	\$ 27,189	\$ 23,177	\$ 21,807	\$ 24,217	\$ 96,390
B	Col 1	Col 2	Col 3	Col 4	Col 5	Col 6
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
	<b>OTHER MEDICAID REVENUE FROM TRANSPORTS</b>					
7.	Other Transports by Department	\$ -	\$ -	\$ -	\$ -	\$ -
8.	Other Transports by Department - Managed Care	\$ 21,520	\$ 19,402	\$ 21,807	\$ 24,651	\$ 87,380
9.	Other Transports by Department - (Specify) **	\$ -	\$ -	\$ -	\$ -	\$ -
10.	Other Transports by Department - (Specify) **	\$ -	\$ -	\$ -	\$ -	\$ -
11.	Other Transports by Department - (Specify) **	\$ -	\$ -	\$ -	\$ -	\$ -
12.	Other Transports by Department - (Specify) **	\$ -	\$ -	\$ -	\$ -	\$ -
12.01	Total Other Revenue from Other Transports by Department	\$ 21,520	\$ 19,402	\$ 21,807	\$ 24,651	\$ 87,380
C	Col 1	Col 2	Col 3	Col 4		
		EMR	Non EMR	Total		
13.	Service Charges - Ambulance Services	\$ 1,237,636	\$ -	\$ 1,237,636		
14.	0	\$ -	\$ -	\$ -		
15.	0	\$ -	\$ -	\$ -		
16.	0	\$ -	\$ -	\$ -		
17.	0	\$ -	\$ -	\$ -		
18.	0	\$ -	\$ -	\$ -		
19.	0	\$ -	\$ -	\$ -		
20.	0	\$ -	\$ -	\$ -		
21.	0	\$ -	\$ -	\$ -		
22.	0	\$ -	\$ -	\$ -		
23.	0	\$ -	\$ -	\$ -		
24.	0	\$ -	\$ -	\$ -		
25.	0	\$ -	\$ -	\$ -		
26.	0	\$ -	\$ -	\$ -		
27.	0	\$ -	\$ -	\$ -		
28.	0	\$ -	\$ -	\$ -		
29.	0	\$ -	\$ -	\$ -		
30.	0	\$ -	\$ -	\$ -		
31.	0	\$ -	\$ -	\$ -		
32.	0	\$ -	\$ -	\$ -		
33.	0	\$ -	\$ -	\$ -		
34.	0	\$ -	\$ -	\$ -		
35.	0	\$ -	\$ -	\$ -		
36.	0	\$ -	\$ -	\$ -		
37.	0	\$ -	\$ -	\$ -		
38.	0	\$ -	\$ -	\$ -		
39.	0	\$ -	\$ -	\$ -		
40.	0	\$ -	\$ -	\$ -		
41.	Total Other Revenue	\$ 1,237,636	\$ -	\$ 1,237,636		
42.	<b>GRAND TOTAL [A+B+C]</b>					

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**SCHEDULE 9 - SETTLEMENT CALCULATION**

Fire Department / Agency: University City Fire Department  
National Provider Identification: 1952486201

Fiscal Year Ended: June 30, 2022

Line #	Average Cost per Ambulance Service	Col 1	Col 2	Col 3
1. Cost of Ambulance Services (from Sch 2)				\$ 3,903,337.18
2. Indirect Cost Factor Based on Services? (please use drop-down box to select Yes or No)		Yes		\$ 3,903,337.18
3. If no, please enter the total cost to be used for calculating the Indirect Cost		\$ -		
4. Indirect Cost Factor Percentage (please see notes below)		0.00%		-
5. Administration & General Allocation from Sch 5			\$ 291,129	
6. Administration & General to be included				291,129.48
7. Grand Total of Ambulance Expense (Sum Lines 1 thru 4)				4,194,466.66

	Col 1	Col 2	Col 3	Col 4
8. Number of Ambulance Transports				
8.01				
8.02 <b>Quarter 1</b>	60	105	60	503
8.03 <b>Quarter 2</b>	56	106	53	471
8.04 <b>Quarter 3</b>	57	95	50	413
8.05 <b>Quarter 4</b>	67	78	56	426
8.06 Total Number of Ambulance Transports for Each Payer	240	384	219	1,813
8.07 Total Number of Ambulance Transports				2,656
9. Average Cost per Ambulance Transports (Line 7 / Line 8)				\$ 1,579.24

Calculation of Settlement					
	Col 1	Col 2	Col 3	Col 4	Col 5
	State Fiscal Year				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Totals
10. Total No. of Program Ambulance Transports	60	53	50	56	219
11. Total Cost of Program Ambulance Transports (Line 9 x Line 10)	94,754.40	83,699.72	78,962.00	88,437.44	345,853.56
12. Less Total Revenue from Transports (Fr Sch 8)	(27,188.72)	(23,177.31)	(21,807.00)	(24,217.00)	(96,390.03)
13. Net Cost of Transports	67,565.68	60,522.41	57,155.00	64,220.44	249,463.53
14. Non Federal Share Reduction (Line 13 X 35.04%/33.64%)	23,675.01	20,359.74	19,226.94	21,603.76	84,865.45
15. Net Federal Participation Amount (MO FMAP 64.96%/66.36%)	43,890.67	40,162.67	37,928.06	42,616.68	164,598.08

**Note:**

When using an indirect cost factor, rates must comply with program requirements.

FMAP Quarter 1: 64.96%  
FMAP Quarters 2-4: 66.36%

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**SCHEDULE 10 - NOTES**

Fire Department / Agency: University City Fire Department  
National Provider Identification: 1952486201

Fiscal Year Ended: June 30, 2022

Please identify all contracting arrangements noted on Schedules 1, 2, and 3.

Sch	Line	Contract Arrangements	Amount
-	-	-	\$ -
-	-	-	\$ -
-	-	-	\$ -
-	-	-	\$ -
-	-	-	\$ -
-	-	-	\$ -
-	-	-	\$ -
-	-	-	\$ -
-	-	-	\$ -
-	-	-	\$ -
-	-	-	\$ -
-	-	-	\$ -
-	-	-	\$ -
-	-	-	\$ -

Please identify the statistical basis for allocation on Schedules 4 and 5.

Sch	Line	Allocation Basis	Amount
-	-	-	0.00
-	-	-	0.00
-	-	-	0.00
-	-	-	0.00
-	-	-	0.00
-	-	-	0.00
-	-	-	0.00
-	-	-	0.00
-	-	-	0.00
-	-	-	0.00
-	-	-	0.00
-	-	-	0.00
-	-	-	0.00
-	-	-	0.00



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**SCHEDULE 10 - NOTES**

Fire Department / Agency: University City Fire Department  
National Provider Identification: 1952486201

Fiscal Year Ended: June 30, 2022

If any schedules were left blank, please explain why.

Sch	Explanation
6	Sample Cost Report - No Reclass Items at this time.
-	-
-	-
-	-
-	-
-	-

## GEMT COST REPORT ADJUSTMENTS

Fire Department / Agency Name: University City Fire Department

National Provider Identification: 1952486201

Fiscal Year Ended: 6/30/2022

Adj #	Schedule	Line #	Line Description	Column #	Column Description	Regulation Reference	Explanation for Adjustment	Original Value	Adjustment	Adjusted Total	WP Ref
1	Certification	27.00	Net Cost of Transports	1.00	General Information	Various	Calculated values adjusted based on adjustments made throughout cost report.	\$ 257,317	\$- (7,853)	\$ 249,464	Various
2	Sch 2 - EMR Expense	3.00	Depreciation - Equipment	1.00	EMR Expense	CMS Pub 15-1, Section 2304 GEMT Uncompensated Cost Reimbursement Program regulations	To reconcile expenses to the WTB.	\$ 6,578	\$- 44,444	\$ 20,692	3003
2	Sch 2 - EMR Expense	34.00	Training	1.00	EMR Expense	CMS Pub 15-1, Section 2304 GEMT Uncompensated Cost Reimbursement Program regulations	To reconcile expenses to the WTB.	\$ 1,207	\$- (1,207)	\$ -	3003
2	Sch 2 - EMR Expense	43.00	Minor Equipment	1.00	EMR Expense	CMS Pub 15-1, Section 2304 GEMT Uncompensated Cost Reimbursement Program regulations	To reconcile expenses to the WTB.	\$ 4,862	\$- (4,862)	\$ -	3003
2	Sch 2 - EMR Expense	56.00	Other - Equipment Maintenance	1.00	EMR Expense	CMS Pub 15-1, Section 2304 GEMT Uncompensated Cost Reimbursement Program regulations	To reconcile expenses to the WTB.	\$ 18,317	\$- (18,317)	\$ -	3003
3	Sch 3 - Non EMR Expense	1.00	Depreciation - Buildings and Improvements	1.00	Non EMR Expense	CMS Pub 15-1, Section 2304 GEMT Uncompensated Cost Reimbursement Program regulations	To reconcile expenses to the WTB.	\$ -	\$- 282,078	\$ 282,078	3004
3	Sch 3 - Non EMR Expense	3.00	Depreciation - Equipment	1.00	Non EMR Expense	CMS Pub 15-1, Section 2304 GEMT Uncompensated Cost Reimbursement Program regulations	To reconcile expenses to the WTB.	\$ -	\$- 9,651	\$ 9,651	3004
3	Sch 3 - Non EMR Expense	4.00	Depreciation - Vehicles	1.00	Non EMR Expense	CMS Pub 15-1, Section 2304 GEMT Uncompensated Cost Reimbursement Program regulations	To reconcile expenses to the WTB.	\$ -	\$- 294,088	\$ 294,088	3004
3	Sch 3 - Non EMR Expense	31.00	Consulting Expenses	1.00	Non EMR Expense	CMS Pub 15-1, Section 2304 GEMT Uncompensated Cost Reimbursement Program regulations	To reconcile expenses to the WTB.	\$ 1,288	\$- (1,288)	\$ -	3004
3	Sch 3 - Non EMR Expense	34.00	Training	1.00	Non EMR Expense	CMS Pub 15-1, Section 2304 GEMT Uncompensated Cost Reimbursement Program regulations	To reconcile expenses to the WTB.	\$ 3,232	\$- (3,232)	\$ -	3004
3	Sch 3 - Non EMR Expense	43.00	Minor Equipment	1.00	Non EMR Expense	CMS Pub 15-1, Section 2304 GEMT Uncompensated Cost Reimbursement Program regulations	To reconcile expenses to the WTB.	\$ 1,704	\$- (1,704)	\$ -	3004
3	Sch 3 - Non EMR Expense	51.00	Dues and Subscriptions	1.00	Non EMR Expense	CMS Pub 15-1, Section 2304 GEMT Uncompensated Cost Reimbursement Program regulations	To reconcile expenses to the WTB.	\$ 551	\$- (551)	\$ -	3004
3	Sch 3 - Non EMR Expense	56.00	Other - Equipment Maintenance	1.00	Non EMR Expense	CMS Pub 15-1, Section 2304 GEMT Uncompensated Cost Reimbursement Program regulations	To reconcile expenses to the WTB.	\$ 4,526	\$- (4,526)	\$ -	3004
4	Sch 4 - CRSB	1.00	Depreciation - Buildings and Improvements	1.00	Expense to be Apportioned	CMS Pub 15-1, Section 2304 GEMT Uncompensated Cost Reimbursement Program regulations	To reconcile expenses to the WTB.	\$ 103,430	\$- (103,430)	\$ -	3005
4	Sch 4 - CRSB	3.00	Depreciation - Equipment	1.00	Expense to be Apportioned	CMS Pub 15-1, Section 2304 GEMT Uncompensated Cost Reimbursement Program regulations	To reconcile expenses to the WTB.	\$ 71,175	\$- (67,085)	\$ 14,090	3005
4	Sch 4 - CRSB	4.00	Depreciation - Vehicles	1.00	Expense to be Apportioned	CMS Pub 15-1, Section 2304 GEMT Uncompensated Cost Reimbursement Program regulations	To reconcile expenses to the WTB.	\$ 186,351	\$- (186,351)	\$ -	3005
5	Sch 4 - CRSB	-		10.02	1.00	Square Feet	CMS Pub 15-1, Section 2304 GEMT Uncompensated Cost Reimbursement Program regulations	\$ 599	\$- 672	\$ 1,271	3005
5	Sch 4 - CRSB	-		10.03	1.00	Square Feet	CMS Pub 15-1, Section 2304 GEMT Uncompensated Cost Reimbursement Program regulations	\$ 1,190	\$- (672)	\$ 518	3005
6	Sch 4 - CRSB	-		10.02	2.00	Factor	Various	33.48%	37.56%	71.05%	Various
6	Sch 4 - CRSB	-		10.03	2.00	Factor	Various	66.52%	-37.56%	28.95%	Various
7	Sch 4 - CRSB	15.00	Other - Total Personnel Costs	1.00	Expense to be Apportioned	CMS Pub 15-1, Section 2304 GEMT Uncompensated Cost Reimbursement Program regulations	To reconcile expenses to the WTB.	\$ 5,254,511	\$- (881,880)	\$ 4,372,631	3006
7	Sch 4 - CRSB	23.00	Other - Total Fringe Benefits	1.00	Expense to be Apportioned	CMS Pub 15-1, Section 2304 GEMT Uncompensated Cost Reimbursement Program regulations	To reconcile expenses to the WTB.	\$ 1,278,957	\$- (312,044)	\$ 966,946	3006
8	Sch 4 - CRSB	-		26.03	1.00	Hours Logged	CMS Pub 15-1, Section 2304 GEMT Uncompensated Cost Reimbursement Program regulations	\$ 85,408	\$- 90,326	\$ 175,734	3006

## GEMT COST REPORT ADJUSTMENTS

Fire Department / Agency Name: University City Fire Department

National Provider Identification: 1952486201

Fiscal Year Ended: 6/30/2022

Adj #	Schedule	Line #	Line Description	Column #	Column Description	Regulation Reference	Explanation for Adjustment	Original Value	Adjustment	Adjusted Total	WP Ref
8	Sch 4 - CRSB	-		26.04	1.00	Hours Logged	CMS Pub 15-1, Section 2304 GEMT Uncompensated Cost Reimbursement Program regulations	\$ 56,130	\$ -45,557	\$ 71,687	3006
9	Sch 4 - CRSB	-		26.03	2.00	Factor	Various	60.34%	40.68%	71.03%	Various
9	Sch 4 - CRSB	-		26.04	2.00	Factor	Various	39.66%	-40.68%	28.97%	Various
10	Sch 5 - A&G	28.00	Legal		1.00	Expense to be Apportioned	2 CFR 200; 42 CFR 413 GEMT Uncompensated Cost Reimbursement Program regulations	\$ 256,110	\$ - (256,110)	\$ -	3007
10	Sch 5 - A&G	29.00	Accounting		1.00	Expense to be Apportioned	2 CFR 200; 42 CFR 413 GEMT Uncompensated Cost Reimbursement Program regulations	\$ 53,084	\$ - (53,084)	\$ -	3007
10	Sch 5 - A&G	30.00	Advertising		1.00	Expense to be Apportioned	2 CFR 200; 42 CFR 413 GEMT Uncompensated Cost Reimbursement Program regulations	\$ 4,791	\$ - (4,791)	\$ -	3007
10	Sch 5 - A&G	31.00	Consulting Expenses		1.00	Expense to be Apportioned	2 CFR 200; 42 CFR 413 GEMT Uncompensated Cost Reimbursement Program regulations	\$ 329,458	\$ - (295,003)	\$ 34,455	3007
10	Sch 5 - A&G	32.00	Contracted Labor		1.00	Expense to be Apportioned	2 CFR 200; 42 CFR 413 GEMT Uncompensated Cost Reimbursement Program regulations	\$ 42,841	\$ - (42,841)	\$ -	3007
10	Sch 5 - A&G	34.00	Training		1.00	Expense to be Apportioned	2 CFR 200; 42 CFR 413 GEMT Uncompensated Cost Reimbursement Program regulations	\$ 10,394	\$ - (3,360)	\$ 7,034	3007
10	Sch 5 - A&G	35.00	General Insurance		1.00	Expense to be Apportioned	2 CFR 200; 42 CFR 413 GEMT Uncompensated Cost Reimbursement Program regulations	\$ 196,384	\$ - (118,979)	\$ 77,405	3007
10	Sch 5 - A&G	39.00	Housekeeping		1.00	Expense to be Apportioned	2 CFR 200; 42 CFR 413 GEMT Uncompensated Cost Reimbursement Program regulations	\$ 7,047	\$ - (425)	\$ 6,622	3007
10	Sch 5 - A&G	40.00	Utilities		1.00	Expense to be Apportioned	2 CFR 200; 42 CFR 413 GEMT Uncompensated Cost Reimbursement Program regulations	\$ 77,489	\$ - (19,272)	\$ 58,217	3007
10	Sch 5 - A&G	43.00	Minor Equipment		1.00	Expense to be Apportioned	2 CFR 200; 42 CFR 413 GEMT Uncompensated Cost Reimbursement Program regulations	\$ 35,422	\$ - 4,673	\$ 40,095	3007
10	Sch 5 - A&G	44.00	Fines and Penalties		1.00	Expense to be Apportioned	2 CFR 200; 42 CFR 413 GEMT Uncompensated Cost Reimbursement Program regulations	\$ 29,127	\$ - (29,127)	\$ -	3007
10	Sch 5 - A&G	46.00	Communications		1.00	Expense to be Apportioned	2 CFR 200; 42 CFR 413 GEMT Uncompensated Cost Reimbursement Program regulations	\$ 65,404	\$ - (56,254)	\$ 9,150	3007
10	Sch 5 - A&G	47.00	Recruit Academy		1.00	Expense to be Apportioned	2 CFR 200; 42 CFR 413 GEMT Uncompensated Cost Reimbursement Program regulations	\$ 13,358	\$ - (12,318)	\$ 1,040	3007
10	Sch 5 - A&G	51.00	Dues and Subscriptions		1.00	Expense to be Apportioned	2 CFR 200; 42 CFR 413 GEMT Uncompensated Cost Reimbursement Program regulations	\$ 8,934	\$ - 2,234	\$ 11,168	3007
10	Sch 5 - A&G	52.00	Other - Capital Related Costs		1.00	Expense to be Apportioned	2 CFR 200; 42 CFR 413 GEMT Uncompensated Cost Reimbursement Program regulations	\$ 5,893	\$ - (5,893)	\$ -	3007
10	Sch 5 - A&G	55.00	Other - Medical Service		1.00	Expense to be Apportioned	2 CFR 200; 42 CFR 413 GEMT Uncompensated Cost Reimbursement Program regulations	\$ 2,958	\$ - (2,958)	\$ -	3007
10	Sch 5 - A&G	56.00	Other - Equipment Maintenance		1.00	Expense to be Apportioned	2 CFR 200; 42 CFR 413 GEMT Uncompensated Cost Reimbursement Program regulations	\$ 204,457	\$ - (141,769)	\$ 62,688	3007
10	Sch 5 - A&G	57.00	Other - Office Expenses		1.00	Expense to be Apportioned	2 CFR 200; 42 CFR 413 GEMT Uncompensated Cost Reimbursement Program regulations	\$ 128,991	\$ - (123,833)	\$ 5,158	3007
10	Sch 5 - A&G	-	Accumulated Cost of Ambulance Services (from Sch 2, Col 5)		2.00	Factor	Various	59.46%	5.16%	64.62%	Various
10	Sch 5 - A&G	-	Accumulated Cost of Fire Services (from Sch 3, Col 5)		2.00	Factor	Various	40.54%	-5.16%	35.38%	Various
11	Sch 7 - Adjustments	1.00	Offset Vaccine Clinic reimbursement against Medical Supplies		2.00	Amount Increase / (Decrease)	CMS Pub 15-1, Section 2304 GEMT Uncompensated Cost Reimbursement Program regulations	\$ (2,601)	\$ - 2,601	\$ -	3009

## GEMT COST REPORT ADJUSTMENTS

Fire Department / Agency Name: University City Fire Department

National Provider Identification: 1952486201

Fiscal Year Ended: 6/30/2022

Adj #	Schedule	Line #	Line Description	Column #	Column Description	Regulation Reference	Explanation for Adjustment	Original Value	Adjustment	Adjusted Total	WP Ref
11	Sch 7 - Adjustments	4.00	Adjustment for Events and Receiptions	2.00	Amount Increase / (Decrease)	CMS Pub 15-1, Section 2304 GEMT Uncompensated Cost Reimbursement Program regulations	To reconcile expenses to the WTB.	\$ (98)	\$ 98	\$ -	3009
11	Sch 7 - Adjustments	5.00	Adjustment for Public Officials Insurance	2.00	Amount Increase / (Decrease)	CMS Pub 15-1, Section 2304 GEMT Uncompensated Cost Reimbursement Program regulations	To reconcile expenses to the WTB.	\$ (27,454)	\$ 27,454	\$ -	3009
11	Sch 7 - Adjustments	6.00	Adjustment for Disability Benefits	2.00	Amount Increase / (Decrease)	CMS Pub 15-1, Section 2304 GEMT Uncompensated Cost Reimbursement Program regulations	To reconcile expenses to the WTB.	\$ (6,343)	\$ 6,343	\$ -	3009
11	Sch 7 - Adjustments	7.00	Adjustment for Public Officials Insurance	2.00	Amount Increase / (Decrease)	CMS Pub 15-1, Section 2304 GEMT Uncompensated Cost Reimbursement Program regulations	To reconcile expenses to the WTB.	\$ (14,772)	\$ 14,772	\$ -	3009
11	Sch 7 - Adjustments	8.00	Adjustment for Awards and Gifts	2.00	Amount Increase / (Decrease)	CMS Pub 15-1, Section 2304 GEMT Uncompensated Cost Reimbursement Program regulations	To reconcile expenses to the WTB.	\$ (12,220)	\$ 12,220	\$ -	3009
11	Sch 7 - Adjustments	9.00	Adjustment for Public Officials Insurance	2.00	Amount Increase / (Decrease)	CMS Pub 15-1, Section 2304 GEMT Uncompensated Cost Reimbursement Program regulations	To reconcile expenses to the WTB.	\$ (36,204)	\$ 36,204	\$ -	3009
11	Sch 7 - Adjustments	10.00	Adjustment for Subdivision Fees and Taxes	2.00	Amount Increase / (Decrease)	CMS Pub 15-1, Section 2304 GEMT Uncompensated Cost Reimbursement Program regulations	To reconcile expenses to the WTB.	\$ (11,252)	\$ 11,252	\$ -	3009
11	Sch 7 - Adjustments	11.00	Adjustment for Bank and Credit Card Fees	2.00	Amount Increase / (Decrease)	CMS Pub 15-1, Section 2304 GEMT Uncompensated Cost Reimbursement Program regulations	To reconcile expenses to the WTB.	\$ (17,874)	\$ 17,874	\$ -	3009
12	Sch 7 - Adjustments	12.00	Provider Tax	1.00	Basis for Adjustment (A or B)	GEMT Uncompensated Cost Reimbursement Program regulations	To include allowable provider tax expense.	0.00	A	A	3003.01
12	Sch 7 - Adjustments	12.00	Provider Tax	2.00	Amount Increase / (Decrease)	GEMT Uncompensated Cost Reimbursement Program regulations	To include allowable provider tax expense.	\$ -	\$ 2,520	\$ 2,520	3003.01
12	Sch 7 - Adjustments	12.00	Provider Tax	3.00	Cost Center	GEMT Uncompensated Cost Reimbursement Program regulations	To include allowable provider tax expense.	0.00	Other—Medical Service	Other - Medical Service	3003.01
12	Sch 7 - Adjustments	12.00	Provider Tax	4.00	Schedule	GEMT Uncompensated Cost Reimbursement Program regulations	To include allowable provider tax expense.	0.00	2.00	2.00	3003.01
12	Sch 7 - Adjustments	12.00	Provider Tax	5.00	C/R Line No.	GEMT Uncompensated Cost Reimbursement Program regulations	To include allowable provider tax expense.	0.00	55.00	55.00	3003.01
13	Sch 8 - Revenues	1.00	FEE FOR SERVICE (FFS) MEDICAID REVENUE FROM TRANSPORTS Ambulance Program Service	4.00	Qtr 3	GEMT Uncompensated Cost Reimbursement Program regulations	To adjust Medicaid FFS revenues to the MMIS paid claims data.	\$ 21,014	\$ 793	\$ 21,807	3010
13	Sch 8 - Revenues	1.00	FEE FOR SERVICE (FFS) MEDICAID REVENUE FROM TRANSPORTS Ambulance Program Service	5.00	Qtr 4	GEMT Uncompensated Cost Reimbursement Program regulations	To adjust Medicaid FFS revenues to the MMIS paid claims data.	\$ 22,184	\$ 2,033	\$ 24,217	3010
14	Sch 9 - Settlement	1.00	Cost of Ambulance Services (from Sch 2)	5.00	-	Various	Calculated values adjusted based on adjustments made throughout cost report.	\$ 4,169,306	\$ (265,969)	\$ 3,903,337	Various
14	Sch 9 - Settlement	2.00	Indirect Cost Factor Based on Services? (please use drop-down box to select Yes or No)	4.00	-	Various	Calculated values adjusted based on adjustments made throughout cost report.	\$ 4,169,306	\$ (265,969)	\$ 3,903,337	Various
14	Sch 9 - Settlement	5.00	Administration & General Allocation from Sch 5	4.00	-	Various	Calculated values adjusted based on adjustments made throughout cost report.	\$ 882,060	\$ (590,934)	\$ 291,129	Various
14	Sch 9 - Settlement	6.00	Administration & General to be included	5.00	-	Various	Calculated values adjusted based on adjustments made throughout cost report.	\$ 882,060	\$ (590,934)	\$ 291,129	Various
14	Sch 9 - Settlement	7.00	Grand Total of Ambulance Expense (Sum Lines 1 thru 4)	5.00	-	Various	Calculated values adjusted based on adjustments made throughout cost report.	\$ 5,051,367	\$ (856,900)	\$ 4,194,467	Various
15	Sch 9 - Settlement	8.03	Number of Ambulance Transports Quarter 3	3.00	Fee For Service	GEMT Uncompensated Cost Reimbursement Program regulations	To adjust Medicaid FFS transports to the MMIS paid claims data.	48	-	2	50
15	Sch 9 - Settlement	8.04	Number of Ambulance Transports Quarter 4	3.00	Fee For Service	GEMT Uncompensated Cost Reimbursement Program regulations	To adjust Medicaid FFS transports to the MMIS paid claims data.	51	-	6	56
16	Sch 9 - Settlement	8.01	Number of Ambulance Transports Quarter 1	4.00	Other Payor Programs	GEMT Uncompensated Cost Reimbursement Program regulations	To adjust other payer program transports to include all non- Medicaid transports per supporting documentation.	613	-	(440)	503
16	Sch 9 - Settlement	8.02	Number of Ambulance Transports Quarter 2	4.00	Other Payor Programs	GEMT Uncompensated Cost Reimbursement Program regulations	To adjust other payer program transports to include all non- Medicaid transports per supporting documentation.	574	-	(403)	471

## GEMT COST REPORT ADJUSTMENTS

Fire Department / Agency Name: University City Fire Department  
 National Provider Identification: 1952486201  
 Fiscal Year Ended: 6/30/2022

Adj #	Schedule	Line #	Line Description	Column #	Column Description	Regulation Reference	Explanation for Adjustment	Original Value	Adjustment	Adjusted Total	WP Ref
16	Sch 9 - Settlement	8.03	Number of Ambulance Transports Quarter 3	4.00	Other Payor Programs	GEMT Uncompensated Cost Reimbursement Program regulations	To adjust other payer program transports to include all non-Medicaid transports per supporting documentation.	505	-	413	3012
16	Sch 9 - Settlement	8.04	Number of Ambulance Transports Quarter 4	4.00	Other Payor Programs	GEMT Uncompensated Cost Reimbursement Program regulations	To adjust other payer program transports to include all non-Medicaid transports per supporting documentation.	524	-	426	3012



# Missouri Department of Social Services

P.O. Box 6500 • Jefferson City, MO 65102-6500 • Phone: 573-751-3425  
www.dss.mo.gov • TDD/TTY: 800-735-2966 Relay Missouri: 711



**Todd Richardson**  
Director  
MO HealthNet Division

October 10, 2025

William Hinson  
Fire Chief  
University City Fire Department  
863 Westgate Ave.  
University City , Missouri 63130

CERTIFIED MAIL NUMBER:

Re: SFY 2023 GEMT Final Reconciliation

Dear Mr. William Hinson:

This letter is the MO HealthNet Division's (MHD's) official notification of your GEMT Supplement Reimbursement additional reimbursement for State Fiscal Year (SFY) 2023. According to 13 CSR 70-6.020, MHD will audit and reconcile the as-filed cost report with paid claims data and provider records to determine that a GEMT provider's uncompensated Medicaid costs are reimbursed through the GEMT Supplement Reimbursement Program. MHD has completed the SFY 2023 GEMT audit and reconciliation, and the final results for your provider are enclosed and reflected in this letter.

Based on the results of the GEMT audit and reconciliation below, your SFY 2023 interim GEMT Supplement Reimbursement payments were less than your uncompensated Medicaid costs for GEMT services. In order to receive the additional reimbursement, the GEMT Supplement Reimbursement non-federal share amount below must be paid to MHD for the purposes of claiming federal financial participation.

		Interim Cost Report	Adjusted Cost Report	Net Reimbursement or (Recoupment)
1.	Non-Federal Share Transfer Amount	\$70,582.81	\$71,941.93	\$1,359.11
2.	Net Federal Participation Amount	\$136,971.66	\$139,568.18	\$2,596.53
3.	Net Cost of Transports Reimbursement	\$207,554.47	\$211,510.11	\$3,955.64

MHD is requesting that you submit the non-federal share amount to MHD on or before **November 10, 2025**. Note that the ambulance provider will be reimbursed the non-federal share amount and federal participation amount by **December 12, 2025**.

The SFY 2023 GEMT Supplemental Reimbursement non-federal share amount that you must pay to MHD is shown below. Refer to the IGT instructions below.

**Total SFY 2023 GEMT Supplemental  
Reimbursement Non-Federal Share**

**\$1,359.11**

This is a final decision regarding payments for medical assistance. Missouri Statute, Section 208.156 RSMo 2000 provides for appeal of this decision. If you were adversely affected by this decision, you may appeal this decision to the administrative hearing commission. To appeal, you must file a petition with the administrative hearing commission within thirty days from the date of mailing or delivery of this decision, whichever is earlier, except that claims of less than five hundred dollars may be accumulated until such claims total that sum, at which time, you have ninety days to file the petition. If any such petition is sent by registered mail or certified mail, the petition will be deemed filed on the date it is mailed. If any such petition is sent by any method other than registered mail or certified mail, it will be deemed filed on the date it is received by the commission

Compliance with this decision does not absolve the provider from any criminal liability related to the medical assistance program (MO HealthNet) activity that may be brought by any authorized agency.

ACH instructions for non-federal share (IGT) amount noted above:

Financial Institution Name:	Office of the Missouri State Treasurer
ABA/Routing Number:	086507174
Payee's Name: Account Name:	Social Services – Budget and Finance
Account Number:	8860105
Reference Information:	GEMT

If ACH is unable to be sent, please contact us and wire instructions will be provided.

If you have any questions regarding your SFY 2023 GEMT Supplement Reimbursement, please contact me at (573) 522-9843. Please feel free to contact me even if you intend to exercise your right to appeal the matter to the Administrative Hearing Commission.

Sincerely,



Connie Sutter

**GENERAL INFORMATION AND CERTIFICATION**

1. Name of Fire Department / Agency: <b>University City Fire Department</b>		2. EIN <b>43-6003855</b>	3. National Provider Identification (NPI): <b>1952486201</b>
4. Doing Business As (DBA): <b>0</b>		5. Facility Business Phone: <b>314-505-8594</b>	
6. Fire District/Agency Street Address: <b>863 Westgate Ave.</b>	7. City: <b>University City</b>	8. Zip Code: <b>63130</b>	
9. Mailing Address - Street or P.O. Box (if different): <b>0</b>	10. City: <b>0</b>	11. Zip Code: <b>00000</b>	
12. Name of Person Signing and Certifying Report: <b>William Hinson</b>			
13. Report Contact Person: <b>Gary Wilmonth</b>		14. Phone Number: <b>314-505-8594</b>	Phone Ext: <b>-</b>
15. Mailing Address - Street or P. O. Box: <b>863 Westgate Ave.</b>	16. City: <b>University City</b>	17. State: <b>MO</b>	18. Zip Code: <b>63130</b>
19. Previous Name of Fire District/Agency if Changed Since Previous Report: <b>0</b>			20. Date of Change: <b>0</b>
21. Does your organization use another entity to provide Ambulance services? <b>No</b>		22. Date Range of Ambulance Service Agreement: <b>January 0, 1900</b>	
23. Does your organization use another entity to provide billing for Ambulance services? <b>Yes - Medicaid</b>		24. Are billing services paid on a Flat Rate or a Percentage: <b>Percentage</b>	
25. Reporting Period Begin: <b>July 1, 2022</b>		26. Reporting Period End: <b>June 30, 2023</b>	
27. Net Cost of Transports <b>\$ 211,510.11</b>			

**Certification by Officer or Administrator of the Fire Department / Agency**

I, \_\_\_\_\_, certify under penalty of perjury as follows:

This is to certify that I have reviewed the costs allocated on the submitted herewith and to the best of my knowledge and belief:

1. All costs included in this proposal to establish cost allocation or billings are allowable in accordance with the requirements of 2 CFR 200, "Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards" and in accordance with the federal award(s) to which the costs apply. Unallowable costs have been adjusted for in allocating costs as indicated in the Instructions for Certification of Cost.

2. All costs included in the proposal are properly allocable to federal awards on the basis of a beneficial or causal relationship between the expenses incurred and the awards to which they are allocated in accordance with applicable requirements. Further, the same costs treated as indirect costs have not been claimed as direct costs. Similar types of costs have been accounted for consistently.

As an authorized representative of the political subdivision that is providing the contribution of the non-federal share of expenditures for emergency transportation services,

I declare the foregoing is true and correct.

**November 20, 2023**  
Date of Signature

**University City Fire Department**  
Name of Fire District/Agency

By: **William Hinson**  
(Signature)

Title: **Fire Chief**

Address: **863 Westgate Ave.**

**University City, MO 63130**

**0**

Email: **gwilmonth@ucitymo.org**

**CHECK FIGURE**

Total Reported Expenses (Before Allocation of Expenses - From Sch 1)	\$ 6,316,935
Total Reported Expenses (After Allocation of Expenses - From Sch 2 thru 5)	\$ 6,316,935
Variance	\$ -

**Material variances may result in a rejection of this Cost Report submission.**



State of Missouri  
Ground Emergency Medical Transportation  
Medicaid Cost Report

**SCHEDULE 1 - TOTAL EXPENSE**

Fire Department / Agency Name: **University City Fire Department**  
National Provider Identification: **1952486201**

Fiscal Year Ended: **June 30, 2023**

Line No.	Cost Center	Account Number	Col 1	Col 2	Col 3	Col 4
			Total Expense	EMR	Non EMR	Administration & General
			Col 2 + Col 3 + Col 4	Fr Sch 2, Col 5	Fr Sch 3, Col 5	Fr Sch 5, Col 1
	<b>Capital Related</b>					
1.00	Depreciation - Buildings and Improvements		\$ 296,167	\$ 193,195	\$ 102,972	
2.00	Depreciation - Leasehold Improvements		\$ -	\$ -	\$ -	
3.00	Depreciation - Equipment		\$ 40,564	\$ 37,117	\$ 3,446	
4.00	Depreciation - Vehicles		\$ 170,961	\$ 105,698	\$ 65,262	
5.00	Leases and Rentals		\$ -	\$ -	\$ -	
6.00	Property Taxes		\$ -	\$ -	\$ -	
7.00	Property Insurance		\$ -	\$ -	\$ -	
8.00	Interest - Property, Plant, and Equipment		\$ -	\$ -	\$ -	
9.00	Other - (Specify)		\$ -	\$ -	\$ -	
10.00	Other - (Specify)		\$ -	\$ -	\$ -	
10.01	<b>Total Capital Related (Lines 1.00 thru 10.00)</b>		<b>\$ 507,691</b>	<b>\$ 336,011</b>	<b>\$ 171,681</b>	
	<b>Salaries</b>					
11.00	Administrative Chief		\$ -	\$ -	\$ -	
12.00	Chief		\$ 137,579	\$ 92,597	\$ 44,982	
13.00	Fire Salaries		\$ 3,997,853	\$ 2,690,742	\$ 1,307,111	
14.00	Ambulance Salaries		\$ -	\$ -	\$ -	
15.00	Other - Total Personnel Costs		\$ -	\$ -	\$ -	
16.00	Other - (Specify)		\$ -	\$ -	\$ -	
17.00	Other - (Specify)		\$ -	\$ -	\$ -	
18.00	Other - (Specify)		\$ -	\$ -	\$ -	
18.01	<b>Subtotal Salaries (Lines 11.00 thru 18.00)</b>		<b>\$ 4,135,432</b>	<b>\$ 2,783,339</b>	<b>\$ 1,352,093</b>	
	<b>Fringe Benefits</b>					
19.00	Administrative Chief		\$ -	\$ -	\$ -	
20.00	Chief		\$ -	\$ -	\$ -	
21.00	Fire Salaries		\$ -	\$ -	\$ -	
22.00	Ambulance Salaries		\$ -	\$ -	\$ -	
23.00	Other - Total Fringe Benefits		\$ 28,200	\$ 18,980	\$ 9,220	
24.00	Other - Workers Compensation Insurance		\$ 300,348	\$ 202,148	\$ 98,200	
25.00	Other - Medical Insurance		\$ 519,605	\$ 349,719	\$ 169,887	
26.00	Other - Medicare		\$ 62,652	\$ 42,167	\$ 20,484	
26.01	<b>Subtotal Fringe Benefits (Lines 19.00 thru 26.00)</b>		<b>\$ 910,805</b>	<b>\$ 613,014</b>	<b>\$ 297,791</b>	
26.02	<b>Total Salaries &amp; Fringe Benefits</b>		<b>\$ 5,046,237</b>	<b>\$ 3,396,353</b>	<b>\$ 1,649,884</b>	
26.03	<b>Total Capital Related, Salaries, and Fringe Benefits</b>		<b>\$ 5,553,928</b>	<b>\$ 3,732,364</b>	<b>\$ 1,821,564</b>	
	<b>Administrative and General</b>					
27.00	Administrative		\$ 74,925	\$ -	\$ -	\$ 74,925
28.00	Legal		\$ -	\$ -	\$ -	\$ -
29.00	Accounting		\$ -	\$ -	\$ -	\$ -
30.00	Advertising		\$ -	\$ -	\$ -	\$ -
31.00	Consulting Expenses		\$ -	\$ -	\$ -	\$ -
32.00	Contracted Labor		\$ -	\$ -	\$ -	\$ -
33.00	Interest - Other		\$ -	\$ -	\$ -	\$ -
34.00	Training		\$ 15,355	\$ -	\$ -	\$ 15,355
35.00	General Insurance		\$ 90,517	\$ -	\$ -	\$ 90,517
36.00	Supplies		\$ 13,893	\$ -	\$ -	\$ 13,893
37.00	Bad Debt		\$ -	\$ -	\$ -	\$ -

State of Missouri  
Ground Emergency Medical Transportation  
Medicaid Cost Report

**SCHEDULE 1 - TOTAL EXPENSE**

Fire Department / Agency Name: **University City Fire Department**  
National Provider Identification: **1952486201**

Fiscal Year Ended: **June 30, 2023**

Line No.	Cost Center	Account Number	Col 1	Col 2	Col 3	Col 4
			Total Expense	EMR	Non EMR	Administration & General
			Col 2 + Col 3 + Col 4	Fr Sch 2, Col 5	Fr Sch 3, Col 5	Fr Sch 5, Col 1
38.00	Plant Operations and Maintenance		\$ 17,316	\$ -	\$ -	\$ 17,316
39.00	Housekeeping		\$ -	\$ -	\$ -	\$ -
40.00	Utilities		\$ 69,486	\$ -	\$ -	\$ 69,486
41.00	Medical Supplies		\$ 89,128	\$ 89,128	\$ -	\$ -
42.00	Minor Medical Equipment		\$ -	\$ -	\$ -	\$ -
43.00	Minor Equipment		\$ 53,451	\$ -	\$ -	\$ 53,451
44.00	Fines and Penalties		\$ -	\$ -	\$ -	\$ -
45.00	Fleet Maintenance		\$ -	\$ -	\$ -	\$ -
46.00	Communications		\$ 237,947	\$ -	\$ -	\$ 237,947
47.00	Recruit Academy		\$ -	\$ -	\$ -	\$ -
48.00	Dispatch Service		\$ -	\$ -	\$ -	\$ -
49.00	Logistics		\$ -	\$ -	\$ -	\$ -
50.00	Postage		\$ -	\$ -	\$ -	\$ -
51.00	Dues and Subscriptions		\$ 13,731	\$ -	\$ -	\$ 13,731
52.00	Other - Capital Related Costs		\$ -	\$ -	\$ -	\$ -
53.00	Contracted Services - Ambulance		\$ -	\$ -	\$ -	\$ -
54.00	Contracted Services - Ambulance Billing		\$ 2,466	\$ 2,466	\$ -	\$ -
55.00	Other - Professional Services		\$ 23,535	\$ -	\$ -	\$ 23,535
56.00	Other - Printing Services		\$ 141	\$ -	\$ -	\$ 141
57.00	Other - Uniforms and Safety Gear		\$ 61,117	\$ -	\$ -	\$ 61,117
57.01	<b>Total Administrative &amp; General</b>		<b>\$ 763,007</b>	<b>\$ 91,594</b>	<b>\$ -</b>	<b>\$ 671,413</b>
58.00	<b>Total GEMT Provider</b>		<b>\$ 6,316,935</b>	<b>\$ 3,823,957</b>	<b>\$ 1,821,564</b>	<b>\$ 671,413</b>

**SCHEDULE 2 - EMERGENCY MEDICAL RESPONSE EXPENSE**

Fire Department / Agency Name: **University City Fire Department**  
National Provider Identification: **1952486201**

Fiscal Year Ended: **June 30, 2023**

Line No.	Cost Center	Account Number	Col 1 EMR Expense	Col 2 Allocated Direct Service Cost  Fr Sch 4, Col 5	Col 3 Total Reclasses  Fr Sch 6, Cols 4 & 7	Col 4 Total Adjustments  Fr Sch 7, Col 1	Col 5 Total EMR Expense  To Sch 1, Col 2
<b>Capital Related</b>							
1.00	Depreciation - Buildings and Improvements	0	\$ -	\$ 193,195	\$ -	\$ -	\$ 193,195
2.00	Depreciation - Leasehold Improvements	0	\$ -	\$ -	\$ -	\$ -	\$ -
3.00	Depreciation - Equipment	0	\$ 35,813	\$ 1,305	\$ -	\$ -	\$ 37,117
4.00	Depreciation - Vehicles	0	\$ 105,698	\$ -	\$ -	\$ -	\$ 105,698
5.00	Leases and Rentals	0	\$ -	\$ -	\$ -	\$ -	\$ -
6.00	Property Taxes	0	\$ -	\$ -	\$ -	\$ -	\$ -
7.00	Property Insurance	0	\$ -	\$ -	\$ -	\$ -	\$ -
8.00	Interest - Property, Plant, and Equipment	0	\$ -	\$ -	\$ -	\$ -	\$ -
9.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
10.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
10.01	<b>Total Capital Related (Lines 1.00 thru 10.00)</b>		<b>\$ 141,511</b>	<b>\$ 194,500</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 336,011</b>
<b>Salaries</b>							
11.00	Administrative Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -
12.00	Chief	0	\$ -	\$ 92,597	\$ -	\$ -	\$ 92,597
13.00	Fire Salaries	0	\$ -	\$ 2,690,742	\$ -	\$ -	\$ 2,690,742
14.00	Ambulance Salaries	0	\$ -	\$ -	\$ -	\$ -	\$ -
15.00	Other - Total Personnel Costs	0	\$ -	\$ -	\$ -	\$ -	\$ -
16.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
17.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
18.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
18.01	<b>Subtotal Salaries (Lines 11.00 thru 18.00)</b>		<b>\$ -</b>	<b>\$ 2,783,339</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 2,783,339</b>
<b>Fringe Benefits</b>							
19.00	Administrative Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -
20.00	Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -
21.00	Fire Salaries	0	\$ -	\$ -	\$ -	\$ -	\$ -
22.00	Ambulance Salaries	0	\$ -	\$ -	\$ -	\$ -	\$ -
23.00	Other - Total Fringe Benefits	0	\$ -	\$ 18,980	\$ -	\$ -	\$ 18,980
24.00	Other - Workers Compensation Insurance	0	\$ -	\$ 202,148	\$ -	\$ -	\$ 202,148
25.00	Other - Medical Insurance	0	\$ -	\$ 349,719	\$ -	\$ -	\$ 349,719
26.00	Other - Medicare	0	\$ -	\$ 42,167	\$ -	\$ -	\$ 42,167
26.01	<b>Subtotal Fringe Benefits (Lines 19.00 thru 26.00)</b>		<b>\$ -</b>	<b>\$ 613,014</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 613,014</b>
26.02	<b>Total Salaries &amp; Fringe Benefits</b>		<b>\$ -</b>	<b>\$ 3,396,353</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 3,396,353</b>
26.03	<b>Total Capital Related, Salaries, and Fringe Benefits</b>		<b>\$ 141,511</b>	<b>\$ 3,590,853</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 3,732,364</b>
<b>Administrative and General</b>							
27.00	Administrative	0	\$ -		\$ -	\$ -	\$ -
28.00	Legal	0	\$ -		\$ -	\$ -	\$ -
29.00	Accounting	0	\$ -		\$ -	\$ -	\$ -
30.00	Advertising	0	\$ -		\$ -	\$ -	\$ -
31.00	Consulting Expenses	0	\$ -		\$ -	\$ -	\$ -
32.00	Contracted Labor	0	\$ -		\$ -	\$ -	\$ -
33.00	Interest - Other	0	\$ -		\$ -	\$ -	\$ -
34.00	Training	0	\$ -		\$ -	\$ -	\$ -
35.00	General Insurance	0	\$ -		\$ -	\$ -	\$ -
36.00	Supplies	0	\$ -		\$ -	\$ -	\$ -
37.00	Bad Debt	0	\$ -		\$ -	\$ -	\$ -
38.00	Plant Operations and Maintenance	0	\$ -		\$ -	\$ -	\$ -
39.00	Housekeeping	0	\$ -		\$ -	\$ -	\$ -
40.00	Utilities	0	\$ -		\$ -	\$ -	\$ -
41.00	Medical Supplies	0	\$ 89,128		\$ -	\$ -	\$ 89,128
42.00	Minor Medical Equipment	0	\$ -		\$ -	\$ -	\$ -

**SCHEDULE 2 - EMERGENCY MEDICAL RESPONSE EXPENSE**

Fire Department / Agency Name: **University City Fire Department**  
National Provider Identification: **1952486201**

Fiscal Year Ended: **June 30, 2023**

Line No.	Cost Center	Account Number	Col 1 EMR Expense	Col 2 Allocated Direct Service Cost  Fr Sch 4, Col 5	Col 3 Total Reclasses  Fr Sch 6, Cols 4 & 7	Col 4 Total Adjustments  Fr Sch 7, Col 1	Col 5 Total EMR Expense  To Sch 1, Col 2
43.00	Minor Equipment	0	\$ -		\$ -	\$ -	\$ -
44.00	Fines and Penalties	0	\$ -		\$ -	\$ -	\$ -
45.00	Fleet Maintenance	0	\$ -		\$ -	\$ -	\$ -
46.00	Communications	0	\$ -		\$ -	\$ -	\$ -
47.00	Recruit Academy	0	\$ -		\$ -	\$ -	\$ -
48.00	Dispatch Service	0	\$ -		\$ -	\$ -	\$ -
49.00	Logistics	0	\$ -		\$ -	\$ -	\$ -
50.00	Postage	0	\$ -		\$ -	\$ -	\$ -
51.00	Dues and Subscriptions	0	\$ -		\$ -	\$ -	\$ -
52.00	Other - Capital Related Costs	0	\$ -		\$ -	\$ -	\$ -
53.00	Contracted Services - Ambulance	0	\$ -		\$ -	\$ -	\$ -
54.00	Contracted Services - Ambulance Billing	0	\$ -		\$ -	2,466	2,466
55.00	Other - Professional Services	0	\$ -		\$ -	\$ -	\$ -
56.00	Other - Printing Services	0	\$ -		\$ -	\$ -	\$ -
57.00	Other - Uniforms and Safety Gear	0	\$ -		\$ -	\$ -	\$ -
57.01	<b>Total Administrative &amp; General</b>		<b>\$ 89,128</b>		<b>\$ -</b>	<b>\$ 2,466</b>	<b>\$ 91,594</b>
58.00	<b>Total GEMT Provider</b>		<b>\$ 230,638</b>	<b>\$ 3,590,853</b>	<b>\$ -</b>	<b>\$ 2,466</b>	<b>\$ 3,823,957</b>

State of Missouri  
Ground Emergency Medical Transportation  
Medicaid Cost Report

**SCHEDULE 3 - NON EMR EXPENSE**

Fire Department / Agency Name: **University City Fire Department**  
National Provider Identification: **1952486201**

Fiscal Year Ended: **June 30, 2023**

Line No.	Cost Center	Account Number	Col 1 Non EMR Expense	Col 2 Allocated Direct Service Costs  Fr Sch 4, Col 6	Col 3 Total Reclasses  Fr Sch 6, Cols 4 & 7	Col 4 Total Adjustments  Fr Sch 7, Col 1	Col 5 Total Non EMR Expense  To Sch 1, Col 3
<b>Capital Related</b>							
1.00	Depreciation - Buildings and Improvements	0	\$ 9,122	\$ 93,850	\$ -	\$ -	\$ 102,972
2.00	Depreciation - Leasehold Improvements	0	\$ -	\$ -	\$ -	\$ -	\$ -
3.00	Depreciation - Equipment	0	\$ 2,813	\$ 634	\$ -	\$ -	\$ 3,446
4.00	Depreciation - Vehicles	0	\$ 65,262	\$ -	\$ -	\$ -	\$ 65,262
5.00	Leases and Rentals	0	\$ -	\$ -	\$ -	\$ -	\$ -
6.00	Property Taxes	0	\$ -	\$ -	\$ -	\$ -	\$ -
7.00	Property Insurance	0	\$ -	\$ -	\$ -	\$ -	\$ -
8.00	Interest - Property, Plant, and Equipment	0	\$ -	\$ -	\$ -	\$ -	\$ -
9.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
10.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
10.01	<b>Total Capital Related (Lines 1.00 thru 10.00)</b>		<b>\$ 77,197</b>	<b>\$ 94,484</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 171,681</b>
<b>Salaries</b>							
11.00	Administrative Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -
12.00	Chief	0	\$ -	\$ 44,982	\$ -	\$ -	\$ 44,982
13.00	Fire Salaries	0	\$ -	\$ 1,307,111	\$ -	\$ -	\$ 1,307,111
14.00	Ambulance Salaries	0	\$ -	\$ -	\$ -	\$ -	\$ -
15.00	Other - Total Personnel Costs	0	\$ -	\$ -	\$ -	\$ -	\$ -
16.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
17.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
18.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
18.01	<b>Subtotal Salaries (Lines 11.00 thru 18.00)</b>		<b>\$ -</b>	<b>\$ 1,352,093</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,352,093</b>
<b>Fringe Benefits</b>							
19.00	Administrative Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -
20.00	Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -
21.00	Fire Salaries	0	\$ -	\$ -	\$ -	\$ -	\$ -
22.00	Ambulance Salaries	0	\$ -	\$ -	\$ -	\$ -	\$ -
23.00	Other - Total Fringe Benefits	0	\$ -	\$ 9,220	\$ -	\$ -	\$ 9,220
24.00	Other - Workers Compensation Insurance	0	\$ -	\$ 98,200	\$ -	\$ -	\$ 98,200
25.00	Other - Medical Insurance	0	\$ -	\$ 169,887	\$ -	\$ -	\$ 169,887
26.00	Other - Medicare	0	\$ -	\$ 20,484	\$ -	\$ -	\$ 20,484
26.01	<b>Subtotal Fringe Benefits (Lines 19.00 thru 26.00)</b>		<b>\$ -</b>	<b>\$ 297,791</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 297,791</b>
26.02	<b>Total Salaries &amp; Fringe Benefits</b>		<b>\$ -</b>	<b>\$ 1,649,884</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,649,884</b>
26.03	<b>Total Capital Related, Salaries, and Fringe Benefits</b>		<b>\$ 77,197</b>	<b>\$ 1,744,368</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,821,564</b>
<b>Administrative and General</b>							
27.00	Administrative	0	\$ -		\$ -	\$ -	\$ -
28.00	Legal	0	\$ -		\$ -	\$ -	\$ -
29.00	Accounting	0	\$ -		\$ -	\$ -	\$ -
30.00	Advertising	0	\$ -		\$ -	\$ -	\$ -
31.00	Consulting Expenses	0	\$ -		\$ -	\$ -	\$ -
32.00	Contracted Labor	0	\$ -		\$ -	\$ -	\$ -
33.00	Interest - Other	0	\$ -		\$ -	\$ -	\$ -
34.00	Training	0	\$ -		\$ -	\$ -	\$ -
35.00	General Insurance	0	\$ -		\$ -	\$ -	\$ -
36.00	Supplies	0	\$ -		\$ -	\$ -	\$ -
37.00	Bad Debt	0	\$ -		\$ -	\$ -	\$ -
38.00	Plant Operations and Maintenance	0	\$ -		\$ -	\$ -	\$ -
39.00	Housekeeping	0	\$ -		\$ -	\$ -	\$ -
40.00	Utilities	0	\$ -		\$ -	\$ -	\$ -
41.00	Medical Supplies	0	\$ -		\$ -	\$ -	\$ -
42.00	Minor Medical Equipment	0	\$ -		\$ -	\$ -	\$ -
43.00	Minor Equipment	0	\$ -		\$ -	\$ -	\$ -
44.00	Fines and Penalties	0	\$ -		\$ -	\$ -	\$ -
45.00	Fleet Maintenance	0	\$ -		\$ -	\$ -	\$ -
46.00	Communications	0	\$ -		\$ -	\$ -	\$ -

State of Missouri  
Ground Emergency Medical Transportation  
Medicaid Cost Report

**SCHEDULE 3 - NON EMR EXPENSE**

Fire Department / Agency Name: **University City Fire Department**  
National Provider Identification: **1952486201**

Fiscal Year Ended: **June 30, 2023**

Line No.	Cost Center	Account Number	Col 1	Col 2	Col 3	Col 4	Col 5
			Non EMR Expense	Allocated Direct Service Costs <i>Fr Sch 4, Col 6</i>	Total Reclasses <i>Fr Sch 6, Cols 4 &amp; 7</i>	Total Adjustments <i>Fr Sch 7, Col 1</i>	Total Non EMR Expense <i>To Sch 1, Col 3</i>
47.00	Recruit Academy	0	\$ -		\$ -	\$ -	\$ -
48.00	Dispatch Service	0	\$ -		\$ -	\$ -	\$ -
49.00	Logistics	0	\$ -		\$ -	\$ -	\$ -
50.00	Postage	0	\$ -		\$ -	\$ -	\$ -
51.00	Dues and Subscriptions	0	\$ -		\$ -	\$ -	\$ -
52.00	Other - Capital Related Costs	0	\$ -		\$ -	\$ -	\$ -
53.00	Contracted Services - Ambulance	0	\$ -		\$ -	\$ -	\$ -
54.00	Contracted Services - Ambulance Billing	0	\$ -		\$ -	\$ -	\$ -
55.00	Other - Professional Services	0	\$ -		\$ -	\$ -	\$ -
56.00	Other - Printing Services	0	\$ -		\$ -	\$ -	\$ -
57.00	Other - Uniforms and Safety Gear	0	\$ -		\$ -	\$ -	\$ -
57.01	<b>Total Administrative &amp; General</b>		\$ -	\$ -	\$ -	\$ -	\$ -
58.00	<b>Total GEMT Provider</b>		\$ 77,197	\$ 1,744,368	\$ -	\$ -	\$ 1,821,564

**SCHEDULE 4 - ALLOCATION OF CAPITAL RELATED AND SALARIES & BENEFITS (CRSB) EXPENSE**

Fire Department / Agency Name: **University City Fire Department**  
National Provider Identification: **1952486201**

Fiscal Year Ended: **June 30, 2023**

Line No.	Cost Center	Account Number	Col 1 Expense to be Apportioned	Col 2 Total Reclasses (A) Fr Sch 6, Cols 4 & 7	Col 3 Total Adjustments (B) Fr Sch 7, Col 1	Col 4 Net Expense to be Apportioned	Col 5 EMR Allocation 67.30%	Col 6 Non EMR Allocation 32.70%
<b>Capital Related</b>								
1.00	Depreciation - Buildings and Improvements	0	\$ 287,045	\$ -	\$ -	\$ 287,045	\$ 193,195	\$ 93,850
2.00	Depreciation - Leasehold Improvements	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3.00	Depreciation - Equipment	0	\$ 1,939	\$ -	\$ -	\$ 1,939	\$ 1,305	\$ 634
4.00	Depreciation - Vehicles	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5.00	Leases and Rentals	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6.00	Property Taxes	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7.00	Property Insurance	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8.00	Interest - Property, Plant, and Equipment	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10.01	<b>Total Capital Related (Lines 1.00 thru 10.00)</b>		<b>\$ 288,984</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 288,984</b>	<b>\$ 194,500</b>	<b>\$ 94,484</b>

<b>Capital Related Allocation Statistics for Direct Service Cost Allocation</b>		
Description	Col 1 Square Ft	Col 2 Factor
10.02 EMR Square Footage	17,448	67.30%
10.03 Non EMR Square Footage	8,476	32.70%
10.04 Total Square Feet to be Apportioned	25,924	100.00%

Line No.	Cost Center	Account Number	Col 1 Expense to be Apportioned	Col 2 Total Reclasses Fr Sch 6, Cols 4 & 7	Col 3 Total Adjustments Fr Sch 7, Col 1	Col 4 Net Expense to be Apportioned	Col 5 EMR Allocation 67.30%	Col 6 Non EMR Allocation 32.70%
<b>Salaries</b>								
11.00	Administrative Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12.00	Chief	0	\$ 137,579	\$ -	\$ -	\$ 137,579	\$ 92,597	\$ 44,982
13.00	Fire Salaries	0	\$ 4,358,469	\$ -	\$ (360,616)	\$ 3,997,853	\$ 2,690,742	\$ 1,307,111
14.00	Ambulance Salaries	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
15.00	Other - Total Personnel Costs	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
16.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
18.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
18.01	<b>Subtotal Salaries (Lines 11.00 thru 18.00)</b>		<b>\$ 4,496,048</b>	<b>\$ -</b>	<b>\$ (360,616)</b>	<b>\$ 4,135,432</b>	<b>\$ 2,783,339</b>	<b>\$ 1,352,093</b>
<b>Fringe Benefits</b>								
19.00	Administrative Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
20.00	Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
21.00	Fire Salaries	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
22.00	Ambulance Salaries	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
23.00	Other - Total Fringe Benefits	0	\$ 28,200	\$ -	\$ -	\$ 28,200	\$ 18,980	\$ 9,220
24.00	Other - Workers Compensation Insurance	0	\$ 300,348	\$ -	\$ -	\$ 300,348	\$ 202,148	\$ 98,200
25.00	Other - Medical Insurance	0	\$ 519,605	\$ -	\$ -	\$ 519,605	\$ 349,719	\$ 169,887
26.00	Other - Medicare	0	\$ 62,652	\$ -	\$ -	\$ 62,652	\$ 42,167	\$ 20,484
26.01	<b>Subtotal Fringe Benefits (Lines 19.00 thru 26.00)</b>		<b>\$ 910,805</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 910,805</b>	<b>\$ 613,014</b>	<b>\$ 297,791</b>
26.02	<b>Total Salaries &amp; Fringe Benefits</b>		<b>\$ 5,406,853</b>	<b>\$ -</b>	<b>\$ (360,616)</b>	<b>\$ 5,046,237</b>	<b>\$ 3,396,353</b>	<b>\$ 1,649,884</b>

<b>Salaries/Benefits Allocation Statistics for Direct Service Cost Allocation</b>		
Description	Col 1 Total Hrs	Col 2 Factor
26.03 Hours Logged for EMR Duty	41	67.30%
26.04 Hours Logged for Non EMR Duty	20	32.70%
26.05 Total Hours to be Apportioned	61	100.00%

**SCHEDULE 5 - ALLOCATION OF ADMINISTRATIVE & GENERAL**

Fire Department / Agency Name: **University City Fire Department**

Fiscal Year Ended: **June 30, 2023**

National Provider Identification: **1952486201**

Line No.	Cost Center	Account Number	Col 1 Expense to be Apportioned  ** See Note Below	Col 2 Total Reclasses  Fr Sch 6, Cols 4 & 7	Col 3 Total Adjustments  Fr Sch 7, Col 1	Col 4 Net Expense to be Apportioned	Col 5 EMR Allocation  67.73%	Col 6 Non EMR Allocation  32.27%
<b>Administrative and General</b>								
27.00	Administrative	0	\$ 162,496	\$ -	\$ (87,571)	\$ 74,925	\$ 50,750	\$ 24,175
28.00	Legal	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
29.00	Accounting	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
30.00	Advertising	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
31.00	Consulting Expenses	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
32.00	Contracted Labor	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
33.00	Interest - Other	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
34.00	Training	0	\$ 15,355	\$ -	\$ -	\$ 15,355	\$ 10,401	\$ 4,954
35.00	General Insurance	0	\$ 90,517	\$ -	\$ -	\$ 90,517	\$ 61,311	\$ 29,206
36.00	Supplies	0	\$ 13,893	\$ -	\$ -	\$ 13,893	\$ 9,410	\$ 4,483
37.00	Bad Debt	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
38.00	Plant Operations and Maintenance	0	\$ 17,316	\$ -	\$ -	\$ 17,316	\$ 11,729	\$ 5,587
39.00	Housekeeping	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
40.00	Utilities	0	\$ 69,486	\$ -	\$ -	\$ 69,486	\$ 47,066	\$ 22,420
41.00	Medical Supplies	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
42.00	Minor Medical Equipment	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
43.00	Minor Equipment	0	\$ 65,895	\$ -	\$ (12,444)	\$ 53,451	\$ 36,205	\$ 17,246
44.00	Fines and Penalties	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
45.00	Fleet Maintenance	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
46.00	Communications	0	\$ 237,947	\$ -	\$ -	\$ 237,947	\$ 161,172	\$ 76,775
47.00	Recruit Academy	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
48.00	Dispatch Service	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
49.00	Logistics	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
50.00	Postage	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
51.00	Dues and Subscriptions	0	\$ 13,731	\$ -	\$ -	\$ 13,731	\$ 9,301	\$ 4,430
52.00	Other - Capital Related Costs	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
53.00	Contracted Services - Ambulance	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
54.00	Contracted Services - Ambulance Billing	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
55.00	Other - Professional Services	0	\$ 23,535	\$ -	\$ -	\$ 23,535	\$ 15,941	\$ 7,594
56.00	Other - Printing Services	0	\$ 141	\$ -	\$ -	\$ 141	\$ 95	\$ 45
57.00	Other - Uniforms and Safety Gear	0	\$ 61,117	\$ -	\$ -	\$ 61,117	\$ 41,398	\$ 19,720
57.01	<b>Total Administrative &amp; General</b>		<b>\$ 771,428</b>	<b>\$ -</b>	<b>\$ (100,015)</b>	<b>\$ 671,413</b>	<b>\$ 454,777</b>	<b>\$ 216,636</b>

Selection of Allocation Statistic:

Any variation of the allocation statistic must be approved prior to implementation and documentation MUST be readily available for review.

Allocation Statistics for Administration and General Expense		
Description	Accum Expense	Factor
Accumulated Cost of Ambulance Services (from Sch 2, Col 5)	\$ 3,823,957	67.73%
Accumulated Cost of Fire Services (from Sch 3, Col 5)	\$ 1,821,564	32.27%
Total Accumulated Cost of Ambulance and Fire Services	\$ 5,645,522	100.00%



**SCHEDULE 6 - RECLASSIFICATION OF EXPENSES**

Fire Department / Agency: **University City Fire Department**  
National Provider Identification: **1952486201**

Fiscal Year Ended: **June 30, 2023**

EXPLANATION OF ENTRY	Code	INCREASE				DECREASE			
		Cost Center	Line Number	Schedule	Amount	Cost Center	Line Number	Schedule	Amount
		Col 2	Col 3	Col 4	Col 5	Col 6	Col 7	Col 8	Col 9
1. 0	0	0	0.00	0	\$ - 0		0.00	0	\$ -
2. 0	0	0	0.00	0	\$ - 0		0.00	0	\$ -
3. 0	0	0	0.00	0	\$ - 0		0.00	0	\$ -
4. 0	0	0	0.00	0	\$ - 0		0.00	0	\$ -
5. 0	0	0	0.00	0	\$ - 0		0.00	0	\$ -
6. 0	0	0	0.00	0	\$ - 0		0.00	0	\$ -
7. 0	0	0	0.00	0	\$ - 0		0.00	0	\$ -
8. 0	0	0	0.00	0	\$ - 0		0.00	0	\$ -
9. 0	0	0	0.00	0	\$ - 0		0.00	0	\$ -
10. 0	0	0	0.00	0	\$ - 0		0.00	0	\$ -
11. 0	0	0	0.00	0	\$ - 0		0.00	0	\$ -
12. 0	0	0	0.00	0	\$ - 0		0.00	0	\$ -
13. 0	0	0	0.00	0	\$ - 0		0.00	0	\$ -
14. 0	0	0	0.00	0	\$ - 0		0.00	0	\$ -
15. 0	0	0	0.00	0	\$ - 0		0.00	0	\$ -
16. 0	0	0	0.00	0	\$ - 0		0.00	0	\$ -
17. 0	0	0	0.00	0	\$ - 0		0.00	0	\$ -
18. 0	0	0	0.00	0	\$ - 0		0.00	0	\$ -
19. 0	0	0	0.00	0	\$ - 0		0.00	0	\$ -
20. 0	0	0	0.00	0	\$ - 0		0.00	0	\$ -
21. 0	0	0	0.00	0	\$ - 0		0.00	0	\$ -
22. 0	0	0	0.00	0	\$ - 0		0.00	0	\$ -
23. 0	0	0	0.00	0	\$ - 0		0.00	0	\$ -
24. 0	0	0	0.00	0	\$ - 0		0.00	0	\$ -
25. 0	0	0	0.00	0	\$ - 0		0.00	0	\$ -
26. 0	0	0	0.00	0	\$ - 0		0.00	0	\$ -
27. 0	0	0	0.00	0	\$ - 0		0.00	0	\$ -
28. 0	0	0	0.00	0	\$ - 0		0.00	0	\$ -
29. 0	0	0	0.00	0	\$ - 0		0.00	0	\$ -
30. 0	0	0	0.00	0	\$ - 0		0.00	0	\$ -
31. 0	0	0	0.00	0	\$ - 0		0.00	0	\$ -
32. 0	0	0	0.00	0	\$ - 0		0.00	0	\$ -
33. 0	0	0	0.00	0	\$ - 0		0.00	0	\$ -
34. 0	0	0	0.00	0	\$ - 0		0.00	0	\$ -
35. 0	0	0	0.00	0	\$ - 0		0.00	0	\$ -
36. 0	0	0	0.00	0	\$ - 0		0.00	0	\$ -
37. 0	0	0	0.00	0	\$ - 0		0.00	0	\$ -
38. 0	0	0	0.00	0	\$ - 0		0.00	0	\$ -
39. 0	0	0	0.00	0	\$ - 0		0.00	0	\$ -
40. 0	0	0	0.00	0	\$ - 0		0.00	0	\$ -
41. 0	0	0	0.00	0	\$ - 0		0.00	0	\$ -
42. 0	0	0	0.00	0	\$ - 0		0.00	0	\$ -
43. 0	0	0	0.00	0	\$ - 0		0.00	0	\$ -
44. 0	0	0	0.00	0	\$ - 0		0.00	0	\$ -
45. 0	0	0	0.00	0	\$ - 0		0.00	0	\$ -
46. 0	0	0	0.00	0	\$ - 0		0.00	0	\$ -
47. 0	0	0	0.00	0	\$ - 0		0.00	0	\$ -
48. 0	0	0	0.00	0	\$ - 0		0.00	0	\$ -
49. 0	0	0	0.00	0	\$ - 0		0.00	0	\$ -
50. 0	0	0	0.00	0	\$ - 0		0.00	0	\$ -
51. 0	0	0	0.00	0	\$ - 0		0.00	0	\$ -
52. 0	0	0	0.00	0	\$ - 0		0.00	0	\$ -
53. 0	0	0	0.00	0	\$ - 0		0.00	0	\$ -
54. 0	0	0	0.00	0	\$ - 0		0.00	0	\$ -
55. 0	0	0	0.00	0	\$ - 0		0.00	0	\$ -
56. 0	0	0	0.00	0	\$ - 0		0.00	0	\$ -
57. 0	0	0	0.00	0	\$ - 0		0.00	0	\$ -
58. 0	0	0	0.00	0	\$ - 0		0.00	0	\$ -
59. 0	0	0	0.00	0	\$ - 0		0.00	0	\$ -
60. 0	0	0	0.00	0	\$ - 0		0.00	0	\$ -
61. Total Reclassifications (Col. 4 & 7 must equal)					\$ -				\$ -

Column 1: Use sequential lettering system to identify individual reclassifications; i.e. A. B. C...

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**SCHEDULE 7 - ADJUSTMENTS TO EXPENSES**

Fire Department / Agency: University City Fire Department  
National Provider Identification: 1952486201

Fiscal Year Ended: June 30, 2023

Description	Basis for Adjustment (A or B)	Amount Increase / (Decrease)	Cost Center	Schedule	C/R Line No.
	Col 1	Col 2	Col 3	Col 4	Col 5
1. Grant Revenue - Fire Offsett	B	\$ (1,200)	Minor Equipment	5	43.00
2. Safer Grant	B	\$ (360,616)	Fire Salaries	4	13.00
3. FRA Gross Tax Assessment	A	\$ 2,466	Contracted Services - Ambulance	2	54.00
4. FRA Pooling Receipts	A	\$ -	Contracted Services - Ambulance	2	54.00
5. FRA Adminstrative Fee	A	\$ -	Contracted Services - Ambulance	2	54.00
6. Contingency Fees	A	\$ (11,244)	Minor Equipment	5	43.00
7. GEMT IGT	A	\$ (87,571)	Administrative	5	27.00
8. 0	0	\$ -	0	0	-
9. 0	0	\$ -	0	0	-
10. 0	0	\$ -	0	0	-
11. 0	0	\$ -	0	0	-
12. 0	0	\$ -	0	0	-
13. 0	0	\$ -	0	0	-
14. 0	0	\$ -	0	0	-
15. 0	0	\$ -	0	0	-
16. 0	0	\$ -	0	0	-
17. 0	0	\$ -	0	0	-
18. 0	0	\$ -	0	0	-
19. 0	0	\$ -	0	0	-
20. 0	0	\$ -	0	0	-
21. 0	0	\$ -	0	0	-
22. 0	0	\$ -	0	0	-
23. 0	0	\$ -	0	0	-
24. 0	0	\$ -	0	0	-
25. 0	0	\$ -	0	0	-
26. 0	0	\$ -	0	0	-
27. 0	0	\$ -	0	0	-
28. 0	0	\$ -	0	0	-
29. 0	0	\$ -	0	0	-
30. 0	0	\$ -	0	0	-
31. Total		\$ (458,165.00)			

**Basis for Adjustment**

A = Cost (if cost, including applicable overhead, can be determined)

B = Amount received (if cost cannot be determined)

**SCHEDULE 8 - REVENUE / FUNDING SOURCES**

Fire Department / Agency: **University City Fire Department**  
National Provider Identification: **1952486201**

Fiscal Year Ended: **June 30, 2023**

A	Col 1	Col 2	Col 3	Col 4	Col 5	Col 6
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	
	FEE FOR SERVICE (FFS) MEDICAID REVENUE FROM TRANSPORTS					Total
1.	Ambulance Program Service	\$ 24,583	\$ 14,992	\$ 15,235	\$ 25,198	\$ 80,008
2.	Ambulance Program Other - (Specify) *	\$ -	\$ -	\$ -	\$ -	\$ -
3.	Ambulance Program Other - (Specify) *	\$ -	\$ -	\$ -	\$ -	\$ -
4.	Ambulance Program Other - (Specify) *	\$ -	\$ -	\$ -	\$ -	\$ -
5.	Ambulance Program Other - (Specify) *	\$ -	\$ -	\$ -	\$ -	\$ -
6.	Ambulance Program Other - (Specify) *	\$ -	\$ -	\$ -	\$ -	\$ -
6.01	Total Ambulance Revenue from Transports (To Sch 9, Line 12)	\$ 24,583	\$ 14,992	\$ 15,235	\$ 25,198	\$ 80,008
B	Col 1	Col 2	Col 3	Col 4	Col 5	Col 6
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	
	OTHER MEDICAID REVENUE FROM TRANSPORTS					Total
7.	Other Transports by Department	\$ -	\$ -	\$ -	\$ -	\$ -
8.	Other Transports by Department - Managed Care	\$ 29,603	\$ 29,355	\$ 33,721	\$ 34,173	\$ 126,851
9.	Other Transports by Department - (Specify) **	\$ -	\$ -	\$ -	\$ -	\$ -
10.	Other Transports by Department - (Specify) **	\$ -	\$ -	\$ -	\$ -	\$ -
11.	Other Transports by Department - (Specify) **	\$ -	\$ -	\$ -	\$ -	\$ -
12.	Other Transports by Department - (Specify) **	\$ -	\$ -	\$ -	\$ -	\$ -
12.01	Total Other Revenue from Other Transports by Department	\$ 29,603	\$ 29,355	\$ 33,721	\$ 34,173	\$ 126,851
C	Col 1	Col 2	Col 3	Col 4		
	OTHER REVENUE / FUNDING SOURCES	EMR	Non EMR	Total		
13.	Fire Sales Tax (pt of sale)	\$ -	\$ 840,426	\$ 840,426		
14.	Grant Revenue - Fire	\$ -	\$ 1,200	\$ 1,200		
15.	Safer Grant	\$ -	\$ 360,616	\$ 360,616		
16.	Ambulance Service	\$ 1,320,952	\$ -	\$ 1,320,952		
17.	MB Ambulance	\$ (1,167)	\$ -	\$ (1,167)		
18.	0	\$ -	\$ -	\$ -		
19.	0	\$ -	\$ -	\$ -		
20.	0	\$ -	\$ -	\$ -		
21.	0	\$ -	\$ -	\$ -		
22.	0	\$ -	\$ -	\$ -		
23.	0	\$ -	\$ -	\$ -		
24.	0	\$ -	\$ -	\$ -		
25.	0	\$ -	\$ -	\$ -		
26.	0	\$ -	\$ -	\$ -		
27.	0	\$ -	\$ -	\$ -		
28.	0	\$ -	\$ -	\$ -		
29.	0	\$ -	\$ -	\$ -		
30.	0	\$ -	\$ -	\$ -		
31.	0	\$ -	\$ -	\$ -		
32.	0	\$ -	\$ -	\$ -		
33.	0	\$ -	\$ -	\$ -		
34.	0	\$ -	\$ -	\$ -		
35.	0	\$ -	\$ -	\$ -		
36.	0	\$ -	\$ -	\$ -		
37.	0	\$ -	\$ -	\$ -		
38.	0	\$ -	\$ -	\$ -		
39.	0	\$ -	\$ -	\$ -		
40.	0	\$ -	\$ -	\$ -		
41.	Total Other Revenue	\$ 1,319,785	\$ 1,202,243	\$ 2,522,028		
42.	GRAND TOTAL [A+B+C]			\$ 2,728,887		

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**SCHEDULE 9 - SETTLEMENT CALCULATION**

Fire Department / Agency: University City Fire Department  
National Provider Identification: 1952486201

Fiscal Year Ended: June 30, 2023

Line #	Average Cost per Ambulance Service	Col 1	Col 2	Col 3
1. Cost of Ambulance Services (from Sch 2)				\$ 3,823,957.35
2. Indirect Cost Factor Based on Services? (please use drop-down box to select Yes or No)		Yes		\$ 3,823,957.35
3. If no, please enter the total cost to be used for calculating the Indirect Cost		\$ -		
4. Indirect Cost Factor Percentage (please see notes below)		0.00%		-
5. Administration & General Allocation from Sch 5			\$ 454,777	
6. Administration & General to be included				454,777.29
7. Grand Total of Ambulance Expense (Sum Lines 1 thru 4)				4,278,734.64

Line #	Description	Col 1	Col 2	Col 3	Col 4	Col 5
8. Number of Ambulance Transports		Medicaid				Other Payor Programs
8.01		Managed Care	Crossover	Fee For Service		
8.02	Quarter 1	77	11	59	596	
8.03	Quarter 2	76	6	36	558	
8.04	Quarter 3	91	17	36	493	
8.05	Quarter 4	106	5	55	508	
8.06	Total Number of Ambulance Transports for Each Payer	350	39	186	2,155	
8.07	Total Number of Ambulance Transports					2,730
9. Average Cost per Ambulance Transports (Line 7 / Line 8)						\$ 1,567.30

Calculation of Settlement					
	Col 1	Col 2	Col 3	Col 4	Col 5
	State Fiscal Year				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Totals
10. Total No. of Program Ambulance Transports	59	36	36	55	186
11. Total Cost of Program Ambulance Transports (Line 9 x Line 10)	92,470.70	56,422.80	56,422.80	86,201.50	291,517.80
12. Less Total Revenue from Transports (Fr Sch 8)	(24,583.33)	(14,991.72)	(15,234.64)	(25,198.00)	(80,007.69)
13. Net Cost of Transports	67,887.37	41,431.08	41,188.16	61,003.50	211,510.11
14. Non Federal Share Reduction (Line 13 X 33.64%/34.19%)	22,837.31	14,165.29	14,082.23	20,857.10	71,941.93
15. Net Federal Participation Amount (MO FMAP 66.36%/65.81%)	45,050.06	27,265.79	27,105.93	40,146.40	139,568.18

**Note:**

When using an indirect cost factor, rates must comply with program requirements.

FMAP Quarter 1: 66.36%  
FMAP Quarters 2-4: 65.81%

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**SCHEDULE 10 - NOTES**

Fire Department / Agency: University City Fire Department  
National Provider Identification: 1952486201

Fiscal Year Ended: June 30, 2023

Please identify all contracting arrangements noted on Schedules 1, 2, and 3.

Sch	Line	Contract Arrangements	Amount
-	-		\$ -
-	-		\$ -
-	-		\$ -
-	-		\$ -
-	-		\$ -
-	-		\$ -
-	-		\$ -
-	-		\$ -
-	-		\$ -
-	-		\$ -
-	-		\$ -
-	-		\$ -
-	-		\$ -
-	-		\$ -

Please identify the statistical basis for allocation on Schedules 4 and 5.

Sch	Line	Allocation Basis	Amount
-	-		0.00
-	-		0.00
-	-		0.00
-	-		0.00
-	-		0.00
-	-		0.00
-	-		0.00
-	-		0.00
-	-		0.00
-	-		0.00
-	-		0.00
-	-		0.00
-	-		0.00

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**SCHEDULE 10 - NOTES**

Fire Department / Agency: University City Fire Department  
National Provider Identification: 1952486201

Fiscal Year Ended: June 30, 2023

If any schedules were left blank, please explain why.

Sch	Explanation
-	-
-	-
-	-
-	-
-	-
-	-

## GEMT COST REPORT ADJUSTMENTS

Fire Department / Agency Name: University City Fire Department

National Provider Identification: 1952486201

Fiscal Year Ended: 6/30/2023

Adj #	Schedule	Line #	Line Description	Column #	Column Description	Regulation Reference	Explanation for Adjustment	Original Value	Adjustment	Adjusted Total	WP Ref
1	Certification	27.00	Net Cost of Transports	1.00	General Information	Various	Calculated value adjusted based on other adjustments made throughout the cost report.	\$ 206,407	\$ 5,103	\$ 211,510	Various
2	Sch 5 - A&G	-	Accumulated Cost of Ambulance Services (from Sch 2, Col 5)	2.00	Factor	Various	Calculated value adjusted based on other adjustments made to Sch. 5.	67.75%	-0.01%	67.73%	Various
2	Sch 5 - A&G	-	Accumulated Cost of Fire Services (from Sch 3, Col 5)	2.00	Factor	Various	Calculated value adjusted based on other adjustments made to Sch. 5.	32.25%	0.01%	32.27%	Various
3	Sch 7 - Adjustments	4.00	FRA Pooling Receipts	2.00	Amount Increase / (Decrease)	GEMT Uncompensated Cost Reimbursement Program regulations	To offset pooling expenses pertaining to provider tax expense.	\$ 1,779	\$ (1,779)	\$ -	3009.01
4	Sch 7 - Adjustments	5.00	FRA Administrative Fee	2.00	Amount Increase / (Decrease)	GEMT Uncompensated Cost Reimbursement Program regulations	To offset administrative fee pertaining to provider tax expense.	\$ 97	\$ (97)	\$ -	3009.01
5	Sch 7 - Adjustments	6.00	Contingency Fees	1.00	Basis for Adjustment (A or B)	2 CFR 200, Section 200.459	To adjust to remove non-allowable contingency fees.	0.00	A	A	3009
5	Sch 7 - Adjustments	6.00	Contingency Fees	2.00	Amount Increase / (Decrease)	2 CFR 200, Section 200.459	To adjust to remove non-allowable contingency fees.	\$ -	\$ (11,244)	\$ (11,244)	3009
5	Sch 7 - Adjustments	6.00	Contingency Fees	3.00	Cost Center	2 CFR 200, Section 200.459	To adjust to remove non-allowable contingency fees.	0.00	Minor Equipment	Minor Equipment	3009
5	Sch 7 - Adjustments	6.00	Contingency Fees	4.00	Schedule	2 CFR 200, Section 200.459	To adjust to remove non-allowable contingency fees.	0.00	5.00	5.00	3009
5	Sch 7 - Adjustments	6.00	Contingency Fees	5.00	C/R Line No.	2 CFR 200, Section 200.459	To adjust to remove non-allowable contingency fees.	0.00	43.00	43.00	3009
6	Sch 7 - Adjustments	7.00	GEMT IGT	1.00	Basis for Adjustment (A or B)	2 CFR 200, Section 200.306 and Section 200.403	To remove prior year GEMT IGT.	0.00	A	A	3009
6	Sch 7 - Adjustments	7.00	GEMT IGT	2.00	Amount Increase / (Decrease)	2 CFR 200, Section 200.306 and Section 200.403	To remove prior year GEMT IGT.	\$ -	\$ (87,571)	\$ (87,571)	3009
6	Sch 7 - Adjustments	7.00	GEMT IGT	3.00	Cost Center	2 CFR 200, Section 200.306 and Section 200.403	To remove prior year GEMT IGT.	0.00	Administrative	Administrative	3009
6	Sch 7 - Adjustments	7.00	GEMT IGT	4.00	Schedule	2 CFR 200, Section 200.306 and Section 200.403	To remove prior year GEMT IGT.	0.00	5.00	5.00	3009
6	Sch 7 - Adjustments	7.00	GEMT IGT	5.00	C/R Line No.	2 CFR 200, Section 200.306 and Section 200.403	To remove prior year GEMT IGT.	0.00	27.00	27.00	3009
7	Sch 8 - Revenues	1.00	FEE FOR SERVICE (FFS) MEDICAID REVENUE FROM TRANSPORTS Ambulance Program Service	4.00	Qtr 3	GEMT Uncompensated Cost Reimbursement Program regulations	To adjust Medicaid FFS revenues to the MMIS paid claims data.	\$ 14,565	\$ 669	\$ 15,235	3010
7	Sch 8 - Revenues	1.00	FEE FOR SERVICE (FFS) MEDICAID REVENUE FROM TRANSPORTS Ambulance Program Service	5.00	Qtr 4	GEMT Uncompensated Cost Reimbursement Program regulations	To adjust Medicaid FFS revenues to the MMIS paid claims data.	\$ 22,095	\$ 3,103	\$ 25,198	3010
8	Sch 9 - Settlement	1.00	Cost of Ambulance Services (from Sch 2)	5.00	-	Various	Calculated value adjusted based on other adjustments made throughout the cost report.	\$ 3,825,834	\$ (1,876)	\$ 3,823,957	Various
8	Sch 9 - Settlement	2.00	Indirect Cost Factor Based on Services? (please use drop-down box to select Yes or No)	4.00	-	Various	Calculated value adjusted based on other adjustments made throughout the cost report.	\$ 3,825,834	\$ (1,876)	\$ 3,823,957	Various
8	Sch 9 - Settlement	5.00	Administration & General Allocation from Sch 5	4.00	-	Various	Calculated value adjusted based on other adjustments made throughout the cost report.	\$ 521,792	\$ (67,014)	\$ 454,777	Various
8	Sch 9 - Settlement	6.00	Administration & General to be included	5.00	-	Various	Calculated value adjusted based on other adjustments made throughout the cost report.	\$ 521,792	\$ (67,014)	\$ 454,777	Various
8	Sch 9 - Settlement	7.00	Grand Total of Ambulance Expense (Sum Lines 1 thru 4)	5.00	-	Various	Calculated value adjusted based on other adjustments made throughout the cost report.	\$ 4,347,625	\$ (68,891)	\$ 4,278,735	Various
9	Sch 9 - Settlement	8.03	Number of Ambulance Transports Quarter 3	3.00	Fee For Service	GEMT Uncompensated Cost Reimbursement Program regulations	To adjust Medicaid FFS transports to the MMIS paid claims data.	34	2	36	3012
9	Sch 9 - Settlement	8.04	Number of Ambulance Transports Quarter 4	3.00	Fee For Service	GEMT Uncompensated Cost Reimbursement Program regulations	To adjust Medicaid FFS transports to the MMIS paid claims data.	49	6	55	3012
10	Sch 9 - Settlement	8.01	Number of Ambulance Transports Quarter 1	4.00	Other Payor Programs	GEMT Uncompensated Cost Reimbursement Program regulations	To adjust other payer program transports to include all non-Medicaid transports per supporting documentation.	598	(2)	596	3012
10	Sch 9 - Settlement	8.02	Number of Ambulance Transports Quarter 2	4.00	Other Payor Programs	GEMT Uncompensated Cost Reimbursement Program regulations	To adjust other payer program transports to include all non-Medicaid transports per supporting documentation.	560	(2)	558	3012
10	Sch 9 - Settlement	8.03	Number of Ambulance Transports Quarter 3	4.00	Other Payor Programs	GEMT Uncompensated Cost Reimbursement Program regulations	To adjust other payer program transports to include all non-Medicaid transports per supporting documentation.	497	(4)	493	3012



GEMT COST REPORT ADJUSTMENTS

Fire Department / Agency Name: University City Fire Department

National Provider Identification: 1952486201

Fiscal Year Ended: 6/30/2023

Adj #	Schedule	Line #	Line Description	Column #	Column Description	Regulation Reference	Explanation for Adjustment	Original Value	Adjustment	Adjusted Total	WP Ref
10	Sch 9 - Settlement	8.04	Number of Ambulance Transports Quarter 4	4.00	Other Payor Programs	GEMT Uncompensated Cost Reimbursement Program regulations	To adjust other payer program transports to include all non-Medicaid transports per supporting documentation.	516	(8)	508	3012



# Missouri Department of Social Services

P.O. Box 6500 • Jefferson City, MO 65102-6500 • Phone: 573-751-3425  
www.dss.mo.gov • TDD/TTY: 800-735-2966 Relay Missouri: 711



**Todd Richardson**  
Director  
MO HealthNet Division

October 10, 2025

William Hinson  
Fire Chief  
University City Fire Department  
863 Westgate Ave.  
University City , Missouri 63130

CERTIFIED MAIL NUMBER:

Re: SFY 2024 GEMT Final Reconciliation

Dear William Hinson:

This letter is the MO HealthNet Division's (MHD's) official notification of your GEMT Supplement Reimbursement additional reimbursement for State Fiscal Year (SFY) 2024. Pursuant to section 208.1030 RSMo the non-federal share of the supplemental reimbursement submitted for purposes of claiming federal financial participation shall be paid with funds from the GEMT participating providers. In addition, as a condition of participation in the GEMT program the participating provider agrees to reimburse the Missouri Department of Social Services for an administrative fee, however, the administrative fee will be waived for cost report year FY24.

According to 13 CSR 70-6.020, MHD will audit and reconcile the as-filed cost report with paid claims data and provider records to determine that a GEMT provider's uncompensated Medicaid costs are reimbursed through the GEMT Supplement Reimbursement Program. MHD has completed the SFY 2024 GEMT audit and reconciliation, and the final results for your provider are enclosed and reflected in this letter.

		2024 Adjusted Cost Report Totals
1.	Non-Federal Share Transfer Amount	\$138,889.41
2.	Net Federal Participation Amount	\$269,689.53
3.	Net Cost of Transports Reimbursement	\$408,578.94

MHD is requesting that you submit the non-federal share amount to MHD on or before **November 10, 2025**. Note that the ambulance provider will be reimbursed the non-federal share amount and federal participation amount by **December 12, 2025**.

The SFY 2024 GEMT Supplemental Reimbursement non-federal share amount that you must pay to MHD is shown below. Refer to the IGT instructions below.

**Total SFY 2024 GEMT Supplemental  
Reimbursement Non-Federal Share**

**\$138,889.41**

This is a final decision regarding payments for medical assistance. Missouri Statute, Section 208.156 RSMo 2000 provides for appeal of this decision. If you were adversely affected by this decision, you may appeal this decision to the administrative hearing commission. To appeal, you must file a petition with the administrative hearing commission within thirty days from the date of mailing or delivery of this decision, whichever is earlier, except that claims of less than five hundred dollars may be accumulated until such claims total that sum, at which time, you have ninety days to file the petition. If any such petition is sent by registered mail or certified mail, the petition will be deemed filed on the date it is mailed. If any such petition is sent by any method other than registered mail or certified mail, it will be deemed filed on the date it is received by the commission

Compliance with this decision does not absolve the provider from any criminal liability related to the medical assistance program (MO HealthNet) activity that may be brought by any authorized agency.

ACH instructions for non-federal share (IGT) amount noted above:

Financial Institution Name:	Office of the Missouri State Treasurer
ABA/Routing Number:	086507174
Payee's Name: Account Name:	Social Services – Budget and Finance
Account Number:	8860105
Reference Information:	GEMT

If ACH is unable to be sent, please contact us and wire instructions will be provided.

If you have any questions regarding your SFY 2024 GEMT Supplement Reimbursement, please contact me at (573) 522-9843. Please feel free to contact me even if you intend to exercise your right to appeal the matter to the Administrative Hearing Commission.

Sincerely,



Connie Sutter

**GENERAL INFORMATION AND CERTIFICATION**

1. Name of Fire Department / Agency: <b>University City Fire Department</b>		2. EIN <b>43-6003855</b>	3. National Provider Identification (NPI): <b>1952486201</b>
4. Doing Business As (DBA): <b>0</b>		5. Facility Business Phone: <b>314-505-8594</b>	
6. Fire District/Agency Street Address: <b>863 Westgate Ave.</b>	7. City: <b>University City</b>	8. Zip Code: <b>63130</b>	
9. Mailing Address - Street or P.O. Box (if different): <b>0</b>	10. City: <b>0</b>	11. Zip Code: <b>00000</b>	
12. Name of Person Signing and Certifying Report: <b>William Hinson</b>			
13. Report Contact Person: <b>Gary Wilmonth</b>		14. Phone Number: <b>314-505-8594</b>	Phone Ext: <b>-</b>
15. Mailing Address - Street or P. O. Box: <b>863 Westgate Ave.</b>	16. City: <b>University City</b>	17. State: <b>MO</b>	18. Zip Code: <b>63130</b>
19. Previous Name of Fire District/Agency if Changed Since Previous Report: <b>0</b>			20. Date of Change: <b>0</b>
21. Does your organization use another entity to provide Ambulance services? <b>No</b>		22. Date Range of Ambulance Service Agreement: <b>January 0, 1900</b>	
23. Does your organization use another entity to provide billing for Ambulance services? <b>Yes - Medicaid</b>		24. Are billing services paid on a Flat Rate or a Percentage: <b>Percentage</b>	
25. Reporting Period Begin: <b>July 1, 2023</b>		26. Reporting Period End: <b>June 30, 2024</b>	
27. Net Cost of Transports <b>\$ 408,578.94</b>			

**Certification by Officer or Administrator of the Fire Department / Agency**

I, \_\_\_\_\_, certify under penalty of perjury as follows:

This is to certify that I have reviewed the costs allocated on the submitted herewith and to the best of my knowledge and belief:

1. All costs included in this proposal to establish cost allocation or billings are allowable in accordance with the requirements of 2 CFR 200, "Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards" and in accordance with the federal award(s) to which the costs apply. Unallowable costs have been adjusted for in allocating costs as indicated in the Instructions for Certification of Cost.

2. All costs included in the proposal are properly allocable to federal awards on the basis of a beneficial or causal relationship between the expenses incurred and the awards to which they are allocated in accordance with applicable requirements. Further, the same costs treated as indirect costs have not been claimed as direct costs. Similar types of costs have been accounted for consistently.

As an authorized representative of the political subdivision that is providing the contribution of the non-federal share of expenditures for emergency transportation services,

I declare the foregoing is true and correct.

**January 0, 1900**  
Date of Signature

**University City Fire Department**  
Name of Fire District/Agency

By: **0**  
(Signature)

Title: **Fire Chief**

Address: **863 Westgate Ave.**

**University City, MO 63130**

**0**

Email: **gwilmonth@ucitymo.org**

**CHECK FIGURE**

Total Reported Expenses (Before Allocation of Expenses - From Sch 1)	\$ 7,105,693
Total Reported Expenses (After Allocation of Expenses - From Sch 2 thru 5)	\$ 7,105,693
Variance	\$ -

**Material variances may result in a rejection of this Cost Report submission.**

State of Missouri  
Ground Emergency Medical Transportation  
Medicaid Cost Report

**SCHEDULE 1 - TOTAL EXPENSE**

Fire Department / Agency Name: **University City Fire Department**  
National Provider Identification: **1952486201**

Fiscal Year Ended: **June 30, 2024**

Line No.	Cost Center	Account Number	Col 1	Col 2	Col 3	Col 4
			Total Expense	EMR	Non EMR	Administration & General
			Col 2 + Col 3 + Col 4	Fr Sch 2, Col 5	Fr Sch 3, Col 5	Fr Sch 5, Col 1
	<b>Capital Related</b>					
1.00	Depreciation - Buildings and Improvements		\$ 285,769	\$ 218,899	\$ 66,870	
2.00	Depreciation - Leasehold Improvements		\$ -	\$ -	\$ -	
3.00	Depreciation - Equipment		\$ 45,636	\$ 26,410	\$ 19,226	
4.00	Depreciation - Vehicles		\$ 180,182	\$ 107,903	\$ 72,280	
5.00	Leases and Rentals		\$ -	\$ -	\$ -	
6.00	Property Taxes		\$ -	\$ -	\$ -	
7.00	Property Insurance		\$ -	\$ -	\$ -	
8.00	Interest - Property, Plant, and Equipment		\$ -	\$ -	\$ -	
9.00	Other - (Specify)		\$ -	\$ -	\$ -	
10.00	Other - (Specify)		\$ -	\$ -	\$ -	
10.01	<b>Total Capital Related (Lines 1.00 thru 10.00)</b>		<b>\$ 511,587</b>	<b>\$ 353,212</b>	<b>\$ 158,376</b>	
	<b>Salaries</b>					
11.00	Administrative Chief		\$ -	\$ -	\$ -	
12.00	Chief		\$ 148,575	\$ 113,815	\$ 34,759	
13.00	Fire Salaries		\$ 4,334,480	\$ 3,320,427	\$ 1,014,053	
14.00	Ambulance Salaries		\$ -	\$ -	\$ -	
15.00	Other - Total Personnel Costs		\$ -	\$ -	\$ -	
16.00	Other - (Specify)		\$ -	\$ -	\$ -	
17.00	Other - (Specify)		\$ -	\$ -	\$ -	
18.00	Other - (Specify)		\$ -	\$ -	\$ -	
18.01	<b>Subtotal Salaries (Lines 11.00 thru 18.00)</b>		<b>\$ 4,483,054</b>	<b>\$ 3,434,242</b>	<b>\$ 1,048,812</b>	
	<b>Fringe Benefits</b>					
19.00	Administrative Chief		\$ -	\$ -	\$ -	
20.00	Chief		\$ -	\$ -	\$ -	
21.00	Fire Salaries		\$ -	\$ -	\$ -	
22.00	Ambulance Salaries		\$ -	\$ -	\$ -	
23.00	Other - Total Fringe Benefits		\$ 27,000	\$ 20,683	\$ 6,317	
24.00	Other - Workers Compensation		\$ 414,004	\$ 317,147	\$ 96,856	
25.00	Other - Medical Insurance		\$ 658,658	\$ 504,565	\$ 154,093	
26.00	Other - Medicare		\$ 64,075	\$ 49,085	\$ 14,990	
26.01	<b>Subtotal Fringe Benefits (Lines 19.00 thru 26.00)</b>		<b>\$ 1,163,737</b>	<b>\$ 891,480</b>	<b>\$ 272,256</b>	
26.02	<b>Total Salaries &amp; Fringe Benefits</b>		<b>\$ 5,646,791</b>	<b>\$ 4,325,723</b>	<b>\$ 1,321,068</b>	
26.03	<b>Total Capital Related, Salaries, and Fringe Benefits</b>		<b>\$ 6,158,378</b>	<b>\$ 4,678,934</b>	<b>\$ 1,479,444</b>	
	<b>Administrative and General</b>					
27.00	Administrative		\$ 114,832	\$ -	\$ -	\$ 114,832
28.00	Legal		\$ -	\$ -	\$ -	\$ -
29.00	Accounting		\$ -	\$ -	\$ -	\$ -
30.00	Advertising		\$ -	\$ -	\$ -	\$ -
31.00	Consulting Expenses		\$ -	\$ -	\$ -	\$ -
32.00	Contracted Labor		\$ -	\$ -	\$ -	\$ -
33.00	Interest - Other		\$ -	\$ -	\$ -	\$ -
34.00	Training		\$ 8,777	\$ -	\$ -	\$ 8,777
35.00	General Insurance		\$ 123,207	\$ -	\$ -	\$ 123,207
36.00	Supplies		\$ 21,535	\$ -	\$ -	\$ 21,535
37.00	Bad Debt		\$ -	\$ -	\$ -	\$ -

State of Missouri  
Ground Emergency Medical Transportation  
Medicaid Cost Report

**SCHEDULE 1 - TOTAL EXPENSE**

Fire Department / Agency Name: **University City Fire Department**  
National Provider Identification: **1952486201**

Fiscal Year Ended: **June 30, 2024**

Line No.	Cost Center	Account Number	Col 1	Col 2	Col 3	Col 4
			Total Expense	EMR	Non EMR	Administration & General
			Col 2 + Col 3 + Col 4	Fr Sch 2, Col 5	Fr Sch 3, Col 5	Fr Sch 5, Col 1
38.00	Plant Operations and Maintenance		\$ 387,623	\$ -	\$ -	\$ 387,623
39.00	Housekeeping		\$ -	\$ -	\$ -	\$ -
40.00	Utilities		\$ 62,615	\$ -	\$ -	\$ 62,615
41.00	Medical Supplies		\$ 78,953	\$ 78,953	\$ -	\$ -
42.00	Minor Medical Equipment		\$ -	\$ -	\$ -	\$ -
43.00	Minor Equipment		\$ 44,063	\$ -	\$ -	\$ 44,063
44.00	Fines and Penalties		\$ -	\$ -	\$ -	\$ -
45.00	Fleet Maintenance		\$ -	\$ -	\$ -	\$ -
46.00	Communications		\$ 7,452	\$ -	\$ -	\$ 7,452
47.00	Recruit Academy		\$ -	\$ -	\$ -	\$ -
48.00	Dispatch Service		\$ -	\$ -	\$ -	\$ -
49.00	Logistics		\$ -	\$ -	\$ -	\$ -
50.00	Postage		\$ -	\$ -	\$ -	\$ -
51.00	Dues and Subscriptions		\$ 9,294	\$ -	\$ -	\$ 9,294
52.00	Other - Capital Related Costs		\$ -	\$ -	\$ -	\$ -
53.00	Contracted Services - Ambulance		\$ -	\$ -	\$ -	\$ -
54.00	Contracted Services - Ambulance Billing		\$ 10,053	\$ 10,053	\$ -	\$ -
55.00	Other - Uniforms and Safety Gear		\$ 78,910	\$ -	\$ -	\$ 78,910
56.00	Other - (Specify)		\$ -	\$ -	\$ -	\$ -
57.00	Other - (Specify)		\$ -	\$ -	\$ -	\$ -
57.01	Total Administrative & General		\$ 947,315	\$ 89,006	\$ -	\$ 858,309
58.00	Total GEMT Provider		\$ 7,105,693	\$ 4,767,940	\$ 1,479,444	\$ 858,309

**SCHEDULE 2 - EMERGENCY MEDICAL RESPONSE EXPENSE**

Fire Department / Agency Name: **University City Fire Department**  
National Provider Identification: **1952486201**

Fiscal Year Ended: **June 30, 2024**

Line No.	Cost Center	Account Number	Col 1 EMR Expense	Col 2 Allocated Direct Service Cost  Fr Sch 4, Col 5	Col 3 Total Reclasses  Fr Sch 6, Cols 4 & 7	Col 4 Total Adjustments  Fr Sch 7, Col 1	Col 5 Total EMR Expense  To Sch 1, Col 2
<b>Capital Related</b>							
1.00	Depreciation - Buildings and Improvements	0	\$ -	\$ 218,899	\$ -	\$ -	\$ 218,899
2.00	Depreciation - Leasehold Improvements	0	\$ -	\$ -	\$ -	\$ -	\$ -
3.00	Depreciation - Equipment	0	\$ 23,962	\$ 2,448	\$ -	\$ -	\$ 26,410
4.00	Depreciation - Vehicles	0	\$ 107,903	\$ -	\$ -	\$ -	\$ 107,903
5.00	Leases and Rentals	0	\$ -	\$ -	\$ -	\$ -	\$ -
6.00	Property Taxes	0	\$ -	\$ -	\$ -	\$ -	\$ -
7.00	Property Insurance	0	\$ -	\$ -	\$ -	\$ -	\$ -
8.00	Interest - Property, Plant, and Equipment	0	\$ -	\$ -	\$ -	\$ -	\$ -
9.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
10.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
10.01	<b>Total Capital Related (Lines 1.00 thru 10.00)</b>		<b>\$ 131,865</b>	<b>\$ 221,347</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 353,212</b>
<b>Salaries</b>							
11.00	Administrative Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -
12.00	Chief	0	\$ -	\$ 113,815	\$ -	\$ -	\$ 113,815
13.00	Fire Salaries	0	\$ -	\$ 3,320,427	\$ -	\$ -	\$ 3,320,427
14.00	Ambulance Salaries	0	\$ -	\$ -	\$ -	\$ -	\$ -
15.00	Other - Total Personnel Costs	0	\$ -	\$ -	\$ -	\$ -	\$ -
16.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
17.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
18.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
18.01	<b>Subtotal Salaries (Lines 11.00 thru 18.00)</b>		<b>\$ -</b>	<b>\$ 3,434,242</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 3,434,242</b>
<b>Fringe Benefits</b>							
19.00	Administrative Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -
20.00	Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -
21.00	Fire Salaries	0	\$ -	\$ -	\$ -	\$ -	\$ -
22.00	Ambulance Salaries	0	\$ -	\$ -	\$ -	\$ -	\$ -
23.00	Other - Total Fringe Benefits	0	\$ -	\$ 20,683	\$ -	\$ -	\$ 20,683
24.00	Other - Workers Compensation	0	\$ -	\$ 317,147	\$ -	\$ -	\$ 317,147
25.00	Other - Medical Insurance	0	\$ -	\$ 504,565	\$ -	\$ -	\$ 504,565
26.00	Other - Medicare	0	\$ -	\$ 49,085	\$ -	\$ -	\$ 49,085
26.01	<b>Subtotal Fringe Benefits (Lines 19.00 thru 26.00)</b>		<b>\$ -</b>	<b>\$ 891,480</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 891,480</b>
26.02	<b>Total Salaries &amp; Fringe Benefits</b>		<b>\$ -</b>	<b>\$ 4,325,723</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 4,325,723</b>
26.03	<b>Total Capital Related, Salaries, and Fringe Benefits</b>		<b>\$ 131,865</b>	<b>\$ 4,547,069</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 4,678,934</b>
<b>Administrative and General</b>							
27.00	Administrative	0	\$ -		\$ -	\$ -	\$ -
28.00	Legal	0	\$ -		\$ -	\$ -	\$ -
29.00	Accounting	0	\$ -		\$ -	\$ -	\$ -
30.00	Advertising	0	\$ -		\$ -	\$ -	\$ -
31.00	Consulting Expenses	0	\$ -		\$ -	\$ -	\$ -
32.00	Contracted Labor	0	\$ -		\$ -	\$ -	\$ -
33.00	Interest - Other	0	\$ -		\$ -	\$ -	\$ -
34.00	Training	0	\$ -		\$ -	\$ -	\$ -
35.00	General Insurance	0	\$ -		\$ -	\$ -	\$ -
36.00	Supplies	0	\$ -		\$ -	\$ -	\$ -
37.00	Bad Debt	0	\$ -		\$ -	\$ -	\$ -
38.00	Plant Operations and Maintenance	0	\$ -		\$ -	\$ -	\$ -
39.00	Housekeeping	0	\$ -		\$ -	\$ -	\$ -
40.00	Utilities	0	\$ -		\$ -	\$ -	\$ -
41.00	Medical Supplies	0	\$ 78,953		\$ -	\$ -	\$ 78,953
42.00	Minor Medical Equipment	0	\$ -		\$ -	\$ -	\$ -

**SCHEDULE 2 - EMERGENCY MEDICAL RESPONSE EXPENSE**

Fire Department / Agency Name: **University City Fire Department**  
National Provider Identification: **1952486201**

Fiscal Year Ended: **June 30, 2024**

Line No.	Cost Center	Account Number	Col 1 EMR Expense	Col 2 Allocated Direct Service Cost  Fr Sch 4, Col 5	Col 3 Total Reclasses  Fr Sch 6, Cols 4 & 7	Col 4 Total Adjustments  Fr Sch 7, Col 1	Col 5 Total EMR Expense  To Sch 1, Col 2
43.00	Minor Equipment	0	\$ -		\$ -	\$ -	\$ -
44.00	Fines and Penalties	0	\$ -		\$ -	\$ -	\$ -
45.00	Fleet Maintenance	0	\$ -		\$ -	\$ -	\$ -
46.00	Communications	0	\$ -		\$ -	\$ -	\$ -
47.00	Recruit Academy	0	\$ -		\$ -	\$ -	\$ -
48.00	Dispatch Service	0	\$ -		\$ -	\$ -	\$ -
49.00	Logistics	0	\$ -		\$ -	\$ -	\$ -
50.00	Postage	0	\$ -		\$ -	\$ -	\$ -
51.00	Dues and Subscriptions	0	\$ -		\$ -	\$ -	\$ -
52.00	Other - Capital Related Costs	0	\$ -		\$ -	\$ -	\$ -
53.00	Contracted Services - Ambulance	0	\$ -		\$ -	\$ -	\$ -
54.00	Contracted Services - Ambulance Billing	0	\$ -		\$ -	10,053	10,053
55.00	Other - Uniforms and Safety Gear	0	\$ -		\$ -	\$ -	\$ -
56.00	Other - (Specify)	0	\$ -		\$ -	\$ -	\$ -
57.00	Other - (Specify)	0	\$ -		\$ -	\$ -	\$ -
57.01	<b>Total Administrative &amp; General</b>		<b>\$ 78,953</b>		<b>\$ -</b>	<b>\$ 10,053</b>	<b>\$ 89,006</b>
58.00	<b>Total GEMT Provider</b>		<b>\$ 210,818</b>	<b>\$ 4,547,069</b>	<b>\$ -</b>	<b>\$ 10,053</b>	<b>\$ 4,767,940</b>



State of Missouri  
Ground Emergency Medical Transportation  
Medicaid Cost Report

**SCHEDULE 3 - NON EMR EXPENSE**

Fire Department / Agency Name: **University City Fire Department**  
National Provider Identification: **1952486201**

Fiscal Year Ended: **June 30, 2024**

Line No.	Cost Center	Account Number	Col 1 Non EMR Expense	Col 2 Allocated Direct Service Costs  Fr Sch 4, Col 6	Col 3 Total Reclasses  Fr Sch 6, Cols 4 & 7	Col 4 Total Adjustments  Fr Sch 7, Col 1	Col 5 Total Non EMR Expense  To Sch 1, Col 3
<b>Capital Related</b>							
1.00	Depreciation - Buildings and Improvements	0	\$ -	\$ 66,870	\$ -	\$ -	\$ 66,870
2.00	Depreciation - Leasehold Improvements	0	\$ -	\$ -	\$ -	\$ -	\$ -
3.00	Depreciation - Equipment	0	\$ 18,478	\$ 748	\$ -	\$ -	\$ 19,226
4.00	Depreciation - Vehicles	0	\$ 72,280	\$ -	\$ -	\$ -	\$ 72,280
5.00	Leases and Rentals	0	\$ -	\$ -	\$ -	\$ -	\$ -
6.00	Property Taxes	0	\$ -	\$ -	\$ -	\$ -	\$ -
7.00	Property Insurance	0	\$ -	\$ -	\$ -	\$ -	\$ -
8.00	Interest - Property, Plant, and Equipment	0	\$ -	\$ -	\$ -	\$ -	\$ -
9.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
10.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
10.01	<b>Total Capital Related (Lines 1.00 thru 10.00)</b>		<b>\$ 90,758</b>	<b>\$ 67,618</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 158,376</b>
<b>Salaries</b>							
11.00	Administrative Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -
12.00	Chief	0	\$ -	\$ 34,759	\$ -	\$ -	\$ 34,759
13.00	Fire Salaries	0	\$ -	\$ 1,014,053	\$ -	\$ -	\$ 1,014,053
14.00	Ambulance Salaries	0	\$ -	\$ -	\$ -	\$ -	\$ -
15.00	Other - Total Personnel Costs	0	\$ -	\$ -	\$ -	\$ -	\$ -
16.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
17.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
18.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -
18.01	<b>Subtotal Salaries (Lines 11.00 thru 18.00)</b>		<b>\$ -</b>	<b>\$ 1,048,812</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,048,812</b>
<b>Fringe Benefits</b>							
19.00	Administrative Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -
20.00	Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -
21.00	Fire Salaries	0	\$ -	\$ -	\$ -	\$ -	\$ -
22.00	Ambulance Salaries	0	\$ -	\$ -	\$ -	\$ -	\$ -
23.00	Other - Total Fringe Benefits	0	\$ -	\$ 6,317	\$ -	\$ -	\$ 6,317
24.00	Other - Workers Compensation	0	\$ -	\$ 96,856	\$ -	\$ -	\$ 96,856
25.00	Other - Medical Insurance	0	\$ -	\$ 154,093	\$ -	\$ -	\$ 154,093
26.00	Other - Medicare	0	\$ -	\$ 14,990	\$ -	\$ -	\$ 14,990
26.01	<b>Subtotal Fringe Benefits (Lines 19.00 thru 26.00)</b>		<b>\$ -</b>	<b>\$ 272,256</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 272,256</b>
26.02	<b>Total Salaries &amp; Fringe Benefits</b>		<b>\$ -</b>	<b>\$ 1,321,068</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,321,068</b>
26.03	<b>Total Capital Related, Salaries, and Fringe Benefits</b>		<b>\$ 90,758</b>	<b>\$ 1,388,686</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,479,444</b>
<b>Administrative and General</b>							
27.00	Administrative	0	\$ -		\$ -	\$ -	\$ -
28.00	Legal	0	\$ -		\$ -	\$ -	\$ -
29.00	Accounting	0	\$ -		\$ -	\$ -	\$ -
30.00	Advertising	0	\$ -		\$ -	\$ -	\$ -
31.00	Consulting Expenses	0	\$ -		\$ -	\$ -	\$ -
32.00	Contracted Labor	0	\$ -		\$ -	\$ -	\$ -
33.00	Interest - Other	0	\$ -		\$ -	\$ -	\$ -
34.00	Training	0	\$ -		\$ -	\$ -	\$ -
35.00	General Insurance	0	\$ -		\$ -	\$ -	\$ -
36.00	Supplies	0	\$ -		\$ -	\$ -	\$ -
37.00	Bad Debt	0	\$ -		\$ -	\$ -	\$ -
38.00	Plant Operations and Maintenance	0	\$ -		\$ -	\$ -	\$ -
39.00	Housekeeping	0	\$ -		\$ -	\$ -	\$ -
40.00	Utilities	0	\$ -		\$ -	\$ -	\$ -
41.00	Medical Supplies	0	\$ -		\$ -	\$ -	\$ -
42.00	Minor Medical Equipment	0	\$ -		\$ -	\$ -	\$ -
43.00	Minor Equipment	0	\$ -		\$ -	\$ -	\$ -
44.00	Fines and Penalties	0	\$ -		\$ -	\$ -	\$ -
45.00	Fleet Maintenance	0	\$ -		\$ -	\$ -	\$ -
46.00	Communications	0	\$ -		\$ -	\$ -	\$ -

State of Missouri  
Ground Emergency Medical Transportation  
Medicaid Cost Report

**SCHEDULE 3 - NON EMR EXPENSE**

Fire Department / Agency Name: **University City Fire Department**  
National Provider Identification: **1952486201**

Fiscal Year Ended: **June 30, 2024**

Line No.	Cost Center	Account Number	Col 1	Col 2	Col 3	Col 4	Col 5
			Non EMR Expense	Allocated Direct Service Costs <i>Fr Sch 4, Col 6</i>	Total Reclasses <i>Fr Sch 6, Cols 4 &amp; 7</i>	Total Adjustments <i>Fr Sch 7, Col 1</i>	Total Non EMR Expense <i>To Sch 1, Col 3</i>
47.00	Recruit Academy	0	\$ -		\$ -	\$ -	\$ -
48.00	Dispatch Service	0	\$ -		\$ -	\$ -	\$ -
49.00	Logistics	0	\$ -		\$ -	\$ -	\$ -
50.00	Postage	0	\$ -		\$ -	\$ -	\$ -
51.00	Dues and Subscriptions	0	\$ -		\$ -	\$ -	\$ -
52.00	Other - Capital Related Costs	0	\$ -		\$ -	\$ -	\$ -
53.00	Contracted Services - Ambulance	0	\$ -		\$ -	\$ -	\$ -
54.00	Contracted Services - Ambulance Billing	0	\$ -		\$ -	\$ -	\$ -
55.00	Other - Uniforms and Safety Gear	0	\$ -		\$ -	\$ -	\$ -
56.00	Other - (Specify)	0	\$ -		\$ -	\$ -	\$ -
57.00	Other - (Specify)	0	\$ -		\$ -	\$ -	\$ -
57.01	<b>Total Administrative &amp; General</b>		\$ -	\$ -	\$ -	\$ -	\$ -
58.00	<b>Total GEMT Provider</b>		\$ 90,758	\$ 1,388,686	\$ -	\$ -	\$ 1,479,444

**SCHEDULE 4 - ALLOCATION OF CAPITAL RELATED AND SALARIES & BENEFITS (CRSB) EXPENSE**

Fire Department / Agency Name: **University City Fire Department**  
National Provider Identification: **1952486201**

Fiscal Year Ended: **June 30, 2024**

Line No.	Cost Center	Account Number	Col 1 Expense to be Apportioned	Col 2 Total Reclasses (A) <i>Fr Sch 6, Cols 4 &amp; 7</i>	Col 3 Total Adjustments (B) <i>Fr Sch 7, Col 1</i>	Col 4 Net Expense to be Apportioned	Col 5 EMR Allocation  <i>76.60%</i>	Col 6 Non EMR Allocation  <i>23.40%</i>
<b>Capital Related</b>								
1.00	Depreciation - Buildings and Improvements	0	\$ 285,769	\$ -	\$ -	\$ 285,769	\$ 218,899	\$ 66,870
2.00	Depreciation - Leasehold Improvements	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3.00	Depreciation - Equipment	0	\$ 3,196	\$ -	\$ -	\$ 3,196	\$ 2,448	\$ 748
4.00	Depreciation - Vehicles	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5.00	Leases and Rentals	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6.00	Property Taxes	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7.00	Property Insurance	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8.00	Interest - Property, Plant, and Equipment	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10.01	<b>Total Capital Related (Lines 1.00 thru 10.00)</b>		<b>\$ 288,965</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 288,965</b>	<b>\$ 221,347</b>	<b>\$ 67,618</b>

Capital Related Allocation Statistics for Direct Service Cost Allocation		
Description	Col 1 Square Ft	Col 2 Factor
10.02 EMR Square Footage	19,858	76.60%
10.03 Non EMR Square Footage	6,066	23.40%
10.04 Total Square Feet to be Apportioned	25,924	100.00%

Line No.	Cost Center	Account Number	Col 1 Expense to be Apportioned	Col 2 Total Reclasses <i>Fr Sch 6, Cols 4 &amp; 7</i>	Col 3 Total Adjustments <i>Fr Sch 7, Col 1</i>	Col 4 Net Expense to be Apportioned	Col 5 EMR Allocation  <i>76.60%</i>	Col 6 Non EMR Allocation  <i>23.40%</i>
<b>Salaries</b>								
11.00	Administrative Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12.00	Chief	0	\$ 148,575	\$ -	\$ -	\$ 148,575	\$ 113,815	\$ 34,759
13.00	Fire Salaries	0	\$ 4,334,480	\$ -	\$ -	\$ 4,334,480	\$ 3,320,427	\$ 1,014,053
14.00	Ambulance Salaries	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
15.00	Other - Total Personnel Costs	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
16.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
18.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
18.01	<b>Subtotal Salaries (Lines 11.00 thru 18.00)</b>		<b>\$ 4,483,054</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 4,483,054</b>	<b>\$ 3,434,242</b>	<b>\$ 1,048,812</b>
<b>Fringe Benefits</b>								
19.00	Administrative Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
20.00	Chief	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
21.00	Fire Salaries	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
22.00	Ambulance Salaries	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
23.00	Other - Total Fringe Benefits	0	\$ 27,000	\$ -	\$ -	\$ 27,000	\$ 20,683	\$ 6,317
24.00	Other - Workers Compensation	0	\$ 414,004	\$ -	\$ -	\$ 414,004	\$ 317,147	\$ 96,856
25.00	Other - Medical Insurance	0	\$ 658,658	\$ -	\$ -	\$ 658,658	\$ 504,565	\$ 154,093
26.00	Other - Medicare	0	\$ 64,075	\$ -	\$ -	\$ 64,075	\$ 49,085	\$ 14,990
26.01	<b>Subtotal Fringe Benefits (Lines 19.00 thru 26.00)</b>		<b>\$ 1,163,737</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,163,737</b>	<b>\$ 891,480</b>	<b>\$ 272,256</b>
26.02	<b>Total Salaries &amp; Fringe Benefits</b>		<b>\$ 5,646,791</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 5,646,791</b>	<b>\$ 4,325,723</b>	<b>\$ 1,321,068</b>

Salaries/Benefits Allocation Statistics for Direct Service Cost Allocation		
Description	Col 1 Total Hrs	Col 2 Factor
26.03 Hours Logged for EMR Duty	135	76.60%
26.04 Hours Logged for Non EMR Duty	41	23.40%
26.05 Total Hours to be Apportioned	176	100.00%

**SCHEDULE 5 - ALLOCATION OF ADMINISTRATIVE & GENERAL**

Fire Department / Agency Name: **University City Fire Department**

Fiscal Year Ended: **June 30, 2024**

National Provider Identification: **1952486201**

Line No.	Cost Center	Account Number	Col 1 Expense to be Apportioned  ** See Note Below	Col 2 Total Reclasses  Fr Sch 6, Cols 4 & 7	Col 3 Total Adjustments  Fr Sch 7, Col 1	Col 4 Net Expense to be Apportioned	Col 5 EMR Allocation  76.32%	Col 6 Non EMR Allocation  23.68%
<b>Administrative and General</b>								
27.00	Administrative	0	\$ 197,575	\$ -	\$ (82,743)	\$ 114,832	\$ 87,639	\$ 27,193
28.00	Legal	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
29.00	Accounting	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
30.00	Advertising	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
31.00	Consulting Expenses	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
32.00	Contracted Labor	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
33.00	Interest - Other	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
34.00	Training	0	\$ 8,777	\$ -	\$ -	\$ 8,777	\$ 6,699	\$ 2,078
35.00	General Insurance	0	\$ 123,207	\$ -	\$ -	\$ 123,207	\$ 94,030	\$ 29,177
36.00	Supplies	0	\$ 21,535	\$ -	\$ -	\$ 21,535	\$ 16,436	\$ 5,100
37.00	Bad Debt	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
38.00	Plant Operations and Maintenance	0	\$ 387,623	\$ -	\$ -	\$ 387,623	\$ 295,830	\$ 91,793
39.00	Housekeeping	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
40.00	Utilities	0	\$ 62,615	\$ -	\$ -	\$ 62,615	\$ 47,787	\$ 14,828
41.00	Medical Supplies	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
42.00	Minor Medical Equipment	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
43.00	Minor Equipment	0	\$ 44,063	\$ -	\$ -	\$ 44,063	\$ 33,628	\$ 10,435
44.00	Fines and Penalties	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
45.00	Fleet Maintenance	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
46.00	Communications	0	\$ 7,452	\$ -	\$ -	\$ 7,452	\$ 5,688	\$ 1,765
47.00	Recruit Academy	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
48.00	Dispatch Service	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
49.00	Logistics	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
50.00	Postage	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
51.00	Dues and Subscriptions	0	\$ 9,294	\$ -	\$ -	\$ 9,294	\$ 7,093	\$ 2,201
52.00	Other - Capital Related Costs	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
53.00	Contracted Services - Ambulance	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
54.00	Contracted Services - Ambulance Billing	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
55.00	Other - Uniforms and Safety Gear	0	\$ 78,910	\$ -	\$ -	\$ 78,910	\$ 60,224	\$ 18,687
56.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
57.00	Other - (Specify)	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
57.01	<b>Total Administrative &amp; General</b>		<b>\$ 941,052</b>	<b>\$ -</b>	<b>\$ (82,743)</b>	<b>\$ 858,309</b>	<b>\$ 655,053</b>	<b>\$ 203,256</b>

Selection of Allocation Statistic:

Any variation of the allocation statistic must be approved prior to implementation and documentation MUST be readily available for review.

Allocation Statistics for Administration and General Expense		
Description	Accum Expense	Factor
Accumulated Cost of Ambulance Services (from Sch 2, Col 5)	\$ 4,767,940	76.32%
Accumulated Cost of Fire Services (from Sch 3, Col 5)	\$ 1,479,444	23.68%
Total Accumulated Cost of Ambulance and Fire Services	\$ 6,247,384	100.00%

SCHEDULE 6 - RECLASSIFICATION OF EXPENSES

Fire Department / Agency: University City Fire Department  
National Provider Identification: 1952486201

Fiscal Year Ended: June 30, 2024

EXPLANATION OF ENTRY		Code	INCREASE					DECREASE				
			Cost Center	Line Number	Schedule	Amount	Cost Center	Line Number	Schedule	Amount		
											Col 1	Col 2
1.	0	0		0.00	0	\$ -	0	0.00	0	\$ -		
2.	0	0		0.00	0	\$ -	0	0.00	0	\$ -		
3.	0	0		0.00	0	\$ -	0	0.00	0	\$ -		
4.	0	0		0.00	0	\$ -	0	0.00	0	\$ -		
5.	0	0		0.00	0	\$ -	0	0.00	0	\$ -		
6.	0	0		0.00	0	\$ -	0	0.00	0	\$ -		
7.	0	0		0.00	0	\$ -	0	0.00	0	\$ -		
8.	0	0		0.00	0	\$ -	0	0.00	0	\$ -		
9.	0	0		0.00	0	\$ -	0	0.00	0	\$ -		
10.	0	0		0.00	0	\$ -	0	0.00	0	\$ -		
11.	0	0		0.00	0	\$ -	0	0.00	0	\$ -		
12.	0	0		0.00	0	\$ -	0	0.00	0	\$ -		
13.	0	0		0.00	0	\$ -	0	0.00	0	\$ -		
14.	0	0		0.00	0	\$ -	0	0.00	0	\$ -		
15.	0	0		0.00	0	\$ -	0	0.00	0	\$ -		
16.	0	0		0.00	0	\$ -	0	0.00	0	\$ -		
17.	0	0		0.00	0	\$ -	0	0.00	0	\$ -		
18.	0	0		0.00	0	\$ -	0	0.00	0	\$ -		
19.	0	0		0.00	0	\$ -	0	0.00	0	\$ -		
20.	0	0		0.00	0	\$ -	0	0.00	0	\$ -		
21.	0	0		0.00	0	\$ -	0	0.00	0	\$ -		
22.	0	0		0.00	0	\$ -	0	0.00	0	\$ -		
23.	0	0		0.00	0	\$ -	0	0.00	0	\$ -		
24.	0	0		0.00	0	\$ -	0	0.00	0	\$ -		
25.	0	0		0.00	0	\$ -	0	0.00	0	\$ -		
26.	0	0		0.00	0	\$ -	0	0.00	0	\$ -		
27.	0	0		0.00	0	\$ -	0	0.00	0	\$ -		
28.	0	0		0.00	0	\$ -	0	0.00	0	\$ -		
29.	0	0		0.00	0	\$ -	0	0.00	0	\$ -		
30.	0	0		0.00	0	\$ -	0	0.00	0	\$ -		
31.	0	0		0.00	0	\$ -	0	0.00	0	\$ -		
32.	0	0		0.00	0	\$ -	0	0.00	0	\$ -		
33.	0	0		0.00	0	\$ -	0	0.00	0	\$ -		
34.	0	0		0.00	0	\$ -	0	0.00	0	\$ -		
35.	0	0		0.00	0	\$ -	0	0.00	0	\$ -		
36.	0	0		0.00	0	\$ -	0	0.00	0	\$ -		
37.	0	0		0.00	0	\$ -	0	0.00	0	\$ -		
38.	0	0		0.00	0	\$ -	0	0.00	0	\$ -		
39.	0	0		0.00	0	\$ -	0	0.00	0	\$ -		
40.	0	0		0.00	0	\$ -	0	0.00	0	\$ -		
41.	0	0		0.00	0	\$ -	0	0.00	0	\$ -		
42.	0	0		0.00	0	\$ -	0	0.00	0	\$ -		
43.	0	0		0.00	0	\$ -	0	0.00	0	\$ -		
44.	0	0		0.00	0	\$ -	0	0.00	0	\$ -		
45.	0	0		0.00	0	\$ -	0	0.00	0	\$ -		
46.	0	0		0.00	0	\$ -	0	0.00	0	\$ -		
47.	0	0		0.00	0	\$ -	0	0.00	0	\$ -		
48.	0	0		0.00	0	\$ -	0	0.00	0	\$ -		
49.	0	0		0.00	0	\$ -	0	0.00	0	\$ -		
50.	0	0		0.00	0	\$ -	0	0.00	0	\$ -		
51.	0	0		0.00	0	\$ -	0	0.00	0	\$ -		
52.	0	0		0.00	0	\$ -	0	0.00	0	\$ -		
53.	0	0		0.00	0	\$ -	0	0.00	0	\$ -		
54.	0	0		0.00	0	\$ -	0	0.00	0	\$ -		
55.	0	0		0.00	0	\$ -	0	0.00	0	\$ -		
56.	0	0		0.00	0	\$ -	0	0.00	0	\$ -		
57.	0	0		0.00	0	\$ -	0	0.00	0	\$ -		
58.	0	0		0.00	0	\$ -	0	0.00	0	\$ -		
59.	0	0		0.00	0	\$ -	0	0.00	0	\$ -		
60.	0	0		0.00	0	\$ -	0	0.00	0	\$ -		
61.	Total Reclassifications (Col. 4 & 7 must equal)					\$ -				\$ -		

Column 1: Use sequential lettering system to identify individual reclassifications; i.e. A. B. C...

**SCHEDULE 7 - ADJUSTMENTS TO EXPENSES**

Fire Department / Agency: University City Fire Department  
National Provider Identification: 1952486201

Fiscal Year Ended: June 30, 2024

Description	Basis for Adjustment (A or B)	Amount Increase / (Decrease)	Cost Center	Schedule	C/R Line No.
	Col 1	Col 2	Col 3	Col 4	Col 5
1. <b>FRA Gross Tax Assessment</b>	<b>A</b>	<b>\$ 10,053</b>	<b>Contracted Services - Ambulance</b>	<b>2</b>	<b>54.00</b>
2. <b>FRA Pooling Receipts</b>	<b>A</b>	<b>\$ -</b>	<b>Contracted Services - Ambulance</b>	<b>2</b>	<b>54.00</b>
3. <b>FRA Administrative Fee</b>	<b>A</b>	<b>\$ -</b>	<b>Contracted Services - Ambulance</b>	<b>2</b>	<b>54.00</b>
4. <b>GEMT Consulting Fee-%of Award Basis</b>	<b>A</b>	<b>\$ (12,160)</b>	<b>Administrative</b>	<b>5</b>	<b>27.00</b>
5. <b>Prior Year IGT</b>	<b>A</b>	<b>\$ (70,583)</b>	<b>Administrative</b>	<b>5</b>	<b>27.00</b>
6. 0	0	\$ -	0	0	-
7. 0	0	\$ -	0	0	-
8. 0	0	\$ -	0	0	-
9. 0	0	\$ -	0	0	-
10. 0	0	\$ -	0	0	-
11. 0	0	\$ -	0	0	-
12. 0	0	\$ -	0	0	-
13. 0	0	\$ -	0	0	-
14. 0	0	\$ -	0	0	-
15. 0	0	\$ -	0	0	-
16. 0	0	\$ -	0	0	-
17. 0	0	\$ -	0	0	-
18. 0	0	\$ -	0	0	-
19. 0	0	\$ -	0	0	-
20. 0	0	\$ -	0	0	-
21. 0	0	\$ -	0	0	-
22. 0	0	\$ -	0	0	-
23. 0	0	\$ -	0	0	-
24. 0	0	\$ -	0	0	-
25. 0	0	\$ -	0	0	-
26. 0	0	\$ -	0	0	-
27. 0	0	\$ -	0	0	-
28. 0	0	\$ -	0	0	-
29. 0	0	\$ -	0	0	-
30. 0	0	\$ -	0	0	-
31. <b>Total</b>		<b>\$ (72,690.00)</b>			

**Basis for Adjustment**

A = Cost (if cost, including applicable overhead, can be determined)

B = Amount received (if cost cannot be determined)

SCHEDULE 8 - REVENUE / FUNDING SOURCES

Fire Department / Agency: **University City Fire Department**  
National Provider Identification: **1952486201**

Fiscal Year Ended: **June 30, 2024**

A	Col 1	Col 2	Col 3	Col 4	Col 5	Col 6
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
	<b>FEE FOR SERVICE (FFS) MEDICAID REVENUE FROM TRANSPORTS</b>					<b>Total</b>
1.	Ambulance Program Service	\$ 31,660	\$ 34,677	\$ 35,438	\$ 30,489	\$ 132,264
2.	Ambulance Program Other - (Specify) *	\$ -	\$ -	\$ -	\$ -	\$ -
3.	Ambulance Program Other - (Specify) *	\$ -	\$ -	\$ -	\$ -	\$ -
4.	Ambulance Program Other - (Specify) *	\$ -	\$ -	\$ -	\$ -	\$ -
5.	Ambulance Program Other - (Specify) *	\$ -	\$ -	\$ -	\$ -	\$ -
6.	Ambulance Program Other - (Specify) *	\$ -	\$ -	\$ -	\$ -	\$ -
6.01	Total Ambulance Revenue from Transports (To Sch 9, Line 12)	\$ 31,660	\$ 34,677	\$ 35,438	\$ 30,489	\$ 132,264
B	Col 1	Col 2	Col 3	Col 4	Col 5	Col 6
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
	<b>OTHER MEDICAID REVENUE FROM TRANSPORTS</b>					<b>Total</b>
7.	Other Transports by Department	\$ -	\$ -	\$ -	\$ -	\$ -
8.	Other Transports by Department - Managed Care	\$ 34,775	\$ 26,650	\$ 30,261	\$ 30,845	\$ 122,531
9.	Other Transports by Department - (Specify) **	\$ -	\$ -	\$ -	\$ -	\$ -
10.	Other Transports by Department - (Specify) **	\$ -	\$ -	\$ -	\$ -	\$ -
11.	Other Transports by Department - (Specify) **	\$ -	\$ -	\$ -	\$ -	\$ -
12.	Other Transports by Department - (Specify) **	\$ -	\$ -	\$ -	\$ -	\$ -
12.01	Total Other Revenue from Other Transports by Department	\$ 34,775	\$ 26,650	\$ 30,261	\$ 30,845	\$ 122,531
C	Col 1	Col 2		Col 3		Col 4
		EMR		Non EMR		Total
13.	Fire Sales Tax (pt of sale)	\$ -		\$ 933,431		\$ 933,431
14.	Ambulance Service	\$ 1,415,661		\$ -		\$ 1,415,661
15.	0	\$ -		\$ -		\$ -
16.	0	\$ -		\$ -		\$ -
17.	0	\$ -		\$ -		\$ -
18.	0	\$ -		\$ -		\$ -
19.	0	\$ -		\$ -		\$ -
20.	0	\$ -		\$ -		\$ -
21.	0	\$ -		\$ -		\$ -
22.	0	\$ -		\$ -		\$ -
23.	0	\$ -		\$ -		\$ -
24.	0	\$ -		\$ -		\$ -
25.	0	\$ -		\$ -		\$ -
26.	0	\$ -		\$ -		\$ -
27.	0	\$ -		\$ -		\$ -
28.	0	\$ -		\$ -		\$ -
29.	0	\$ -		\$ -		\$ -
30.	0	\$ -		\$ -		\$ -
31.	0	\$ -		\$ -		\$ -
32.	0	\$ -		\$ -		\$ -
33.	0	\$ -		\$ -		\$ -
34.	0	\$ -		\$ -		\$ -
35.	0	\$ -		\$ -		\$ -
36.	0	\$ -		\$ -		\$ -
37.	0	\$ -		\$ -		\$ -
38.	0	\$ -		\$ -		\$ -
39.	0	\$ -		\$ -		\$ -
40.	0	\$ -		\$ -		\$ -
41.	Total Other Revenue	\$ 1,415,661		\$ 933,431		\$ 2,349,092
42.	<b>GRAND TOTAL [A+B+C]</b>					<b>\$ 2,603,887</b>

State of Missouri  
Ground Emergency Medical Transportation  
Medicaid Cost Report



**SCHEDULE 9 - SETTLEMENT CALCULATION**

Fire Department / Agency: University City Fire Department  
National Provider Identification: 1952486201

Fiscal Year Ended: June 30, 2024

	Col 1	Col 2	Col 3
<b>Line #</b>	<b>Average Cost per Ambulance Service</b>		
1. <b>Cost of Ambulance Services (from Sch 2)</b>			\$ 4,767,940.20
2. Indirect Cost Factor Based on Services? (please use drop-down box to select Yes or No)	Yes	\$ 4,767,940.20	
3. If no, please enter the total cost to be used for calculating the Indirect Cost	\$ -		
4. Indirect Cost Factor Percentage (please see notes below)	0.00%	-	
5. Administration & General Allocation from Sch 5		\$ 655,053	
6. Administration & General to be included			655,052.60
7. Grand Total of Ambulance Expense (Sum Lines 1 thru 4)			5,422,992.80
8. Number of Ambulance Transports	Col 1	Col 2	Col 3
8.01	Medicaid		
8.02 <b>Quarter 1</b>	Managed Care	Crossover	Fee For Service
8.03 <b>Quarter 2</b>	82	36	72
8.04 <b>Quarter 3</b>	65	19	78
8.05 <b>Quarter 4</b>	83	40	79
8.06 Total Number of Ambulance Transports for Each Payer	87	38	68
8.07 Total Number of Ambulance Transports	317	133	297
			2,231
			2,978
9. Average Cost per Ambulance Transports (Line 7 / Line 8)			\$ 1,821.02

Calculation of Settlement					
	Col 1	Col 2	Col 3	Col 4	Col 5
	State Fiscal Year				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Totals
10. Total No. of Program Ambulance Transports	72	78	79	68	297
11. Total Cost of Program Ambulance Transports (Line 9 x Line 10)	131,113.44	142,039.56	143,860.58	123,829.36	540,842.94
12. Less Total Revenue from Transports (Fr Sch 8)	(31,660.00)	(34,677.00)	(35,438.00)	(30,489.00)	(132,264.00)
13. Net Cost of Transports	99,453.44	107,362.56	108,422.58	93,340.36	408,578.94
14. Non Federal Share Reduction (Line 13 X 34.19%/33.93%)	34,003.13	36,428.12	36,787.78	31,670.38	138,889.41
15. Net Federal Participation Amount (MO FMAP 65.81%/66.07%)	65,450.31	70,934.44	71,634.80	61,669.98	269,689.53

Note:

When using an indirect cost factor, rates must comply with program requirements.

FMAP Quarter 1: 65.81%  
FMAP Quarters 2-4: 66.07%

State of Missouri  
Ground Emergency Medical Transportation  
Medicaid Cost Report

**SCHEDULE 10 - NOTES**

Fire Department / Agency: University City Fire Department  
National Provider Identification: 1952486201

Fiscal Year Ended: June 30, 2024

Please identify all contracting arrangements noted on Schedules 1, 2, and 3.

Sch	Line	Contract Arrangements	Amount
-	-		\$ -
-	-		\$ -
-	-		\$ -
-	-		\$ -
-	-		\$ -
-	-		\$ -
-	-		\$ -
-	-		\$ -
-	-		\$ -
-	-		\$ -
-	-		\$ -
-	-		\$ -
-	-		\$ -
-	-		\$ -

Please identify the statistical basis for allocation on Schedules 4 and 5.

Sch	Line	Allocation Basis	Amount
-	-		0.00
-	-		0.00
-	-		0.00
-	-		0.00
-	-		0.00
-	-		0.00
-	-		0.00
-	-		0.00
-	-		0.00
-	-		0.00
-	-		0.00
-	-		0.00
-	-		0.00

State of Missouri  
Ground Emergency Medical Transportation  
Medicaid Cost Report

SCHEDULE 10 - NOTES

Fire Department / Agency: University City Fire Department  
National Provider Identification: 1952486201

Fiscal Year Ended: June 30, 2024

If any schedules were left blank, please explain why.

Sch	Explanation
-	-
-	-
-	-
-	-
-	-
-	-

## GEMT COST REPORT ADJUSTMENTS

Fire Department / Agency Name: University City Fire Department

National Provider Identification: 1952486201

Fiscal Year Ended: 6/30/2024

Adj #	Schedule	Line #	Line Description	Column #	Column Description	Regulation Reference	Explanation for Adjustment	Original Value	Adjustment	Adjusted Total	WP Ref
1	Certification	27.00	Net Cost of Transports	1.00	General Information	Various	Calculated value adjusted based on other adjustments made through the cost report.	\$ 402,761	\$ 5,818	\$ 408,579	Various
2	Sch 5 - A&G	-	Accumulated Cost of Ambulance Services (from Sch 2, Col 5)	2.00	Factor	Various	Calculated value adjusted based on other adjustments made to Sch. 5.	76.33%	-0.01%	76.32%	Various
2	Sch 5 - A&G	-	Accumulated Cost of Fire Services (from Sch 3, Col 5)	2.00	Factor	Various	Calculated value adjusted based on other adjustments made to Sch. 5.	23.67%	0.01%	23.68%	Various
3	Sch 7 - Adjustments	1.00	FRA Gross Tax Assessment	2.00	Amount Increase / (Decrease)	GEMT Uncompensated Cost Reimbursement Program regulations	To include allowable provider tax expense.	\$ 10,586	\$ (533)	\$ 10,053	3009.01
3	Sch 7 - Adjustments	2.00	FRA Pooling Receipts	2.00	Amount Increase / (Decrease)	GEMT Uncompensated Cost Reimbursement Program regulations	To offset pooling receipts against allowable gross tax assessment expense.	\$ 911	\$ (911)	\$ -	3009.01
3	Sch 7 - Adjustments	3.00	FRA Administrative Fee	2.00	Amount Increase / (Decrease)	GEMT Uncompensated Cost Reimbursement Program regulations	To offset administrative fee pertaining to provider tax expense.	\$ 231	\$ (231)	\$ -	3009.01
4	Sch 7 - Adjustments	4.00	GEMT Consulting Fee-%of Award Basis	2.00	Amount Increase / (Decrease)	2 CFR 200, Section 200.459	To adjust to remove non-allowable contingency fees.	\$ (12,160)	\$ 0	\$ (12,160)	3009
4	Sch 7 - Adjustments	5.00	Prior Year IGT	1.00	Basis for Adjustment (A or B)	2 CFR 200, Section 200.306 and Section 200.403	To remove prior year GEMT IGT.	0.00	A	A	3009
4	Sch 7 - Adjustments	5.00	Prior Year IGT	2.00	Amount Increase / (Decrease)	2 CFR 200, Section 200.306 and Section 200.403	To remove prior year GEMT IGT.	\$ -	\$ (70,583)	\$ (70,583)	3009
4	Sch 7 - Adjustments	5.00	Prior Year IGT	3.00	Cost Center	2 CFR 200, Section 200.306 and Section 200.403	To remove prior year GEMT IGT.	0.00	Administrative	Administrative	3009
4	Sch 7 - Adjustments	5.00	Prior Year IGT	4.00	Schedule	2 CFR 200, Section 200.306 and Section 200.403	To remove prior year GEMT IGT.	0.00	5.00	5.00	3009
4	Sch 7 - Adjustments	5.00	Prior Year IGT	5.00	C/R Line No.	2 CFR 200, Section 200.306 and Section 200.403	To remove prior year GEMT IGT.	0.00	27.00	27.00	3009
5	Sch 8 - Revenues	1.00	FEE FOR SERVICE (FFS) MEDICAID REVENUE FROM TRANSPORTS Ambulance Program Service	2.00	Qtr 1	GEMT Uncompensated Cost Reimbursement Program regulations	To adjust Medicaid FFS revenues to the MMIS paid claims data.	\$ 24,799	\$ 6,861	\$ 31,660	3010
5	Sch 8 - Revenues	1.00	FEE FOR SERVICE (FFS) MEDICAID REVENUE FROM TRANSPORTS Ambulance Program Service	3.00	Qtr 2	GEMT Uncompensated Cost Reimbursement Program regulations	To adjust Medicaid FFS revenues to the MMIS paid claims data.	\$ 27,566	\$ 7,111	\$ 34,677	3010
5	Sch 8 - Revenues	1.00	FEE FOR SERVICE (FFS) MEDICAID REVENUE FROM TRANSPORTS Ambulance Program Service	4.00	Qtr 3	GEMT Uncompensated Cost Reimbursement Program regulations	To adjust Medicaid FFS revenues to the MMIS paid claims data.	\$ 26,160	\$ 9,278	\$ 35,438	3010
5	Sch 8 - Revenues	1.00	FEE FOR SERVICE (FFS) MEDICAID REVENUE FROM TRANSPORTS Ambulance Program Service	5.00	Qtr 4	GEMT Uncompensated Cost Reimbursement Program regulations	To adjust Medicaid FFS revenues to the MMIS paid claims data.	\$ 21,194	\$ 9,295	\$ 30,489	3010
6	Sch 9 - Settlement	1.00	Cost of Ambulance Services (from Sch 2)	5.00	-	Various	Calculated values adjusted basedon adjustments made throughoutcost report.	\$ 4,769,614	\$ (1,674)	\$ 4,767,940	Various
6	Sch 9 - Settlement	2.00	Indirect Cost Factor Based on Services? (please use drop-down box to select Yes or No)	4.00	-	Various	Calculated values adjusted basedon adjustments made throughoutcost report.	\$ 4,769,614	\$ (1,674)	\$ 4,767,940	Various
6	Sch 9 - Settlement	5.00	Administration & General Allocation from Sch 5	4.00	-	Various	Calculated values adjusted basedon adjustments made throughoutcost report.	\$ 708,980	\$ (53,927)	\$ 655,053	Various
6	Sch 9 - Settlement	6.00	Administration & General to be included	5.00	-	Various	Calculated values adjusted basedon adjustments made throughoutcost report.	\$ 708,980	\$ (53,927)	\$ 655,053	Various
6	Sch 9 - Settlement	7.00	Grand Total of Ambulance Expense (Sum Lines 1 thru 4)	5.00	-	Various	Calculated values adjusted basedon adjustments made throughoutcost report.	\$ 5,478,594	\$ (55,601)	\$ 5,422,993	Various
7	Sch 9 - Settlement	8.01	Number of Ambulance Transports Quarter 1	3.00	Fee For Service	GEMT Uncompensated Cost Reimbursement Program regulations	To adjust Medicaid FFS transports to the MMIS paid claims data.	57	15	72	3012
7	Sch 9 - Settlement	8.02	Number of Ambulance Transports Quarter 2	3.00	Fee For Service	GEMT Uncompensated Cost Reimbursement Program regulations	To adjust Medicaid FFS transports to the MMIS paid claims data.	63	15	78	3012
7	Sch 9 - Settlement	8.03	Number of Ambulance Transports Quarter 3	3.00	Fee For Service	GEMT Uncompensated Cost Reimbursement Program regulations	To adjust Medicaid FFS transports to the MMIS paid claims data.	59	20	79	3012
7	Sch 9 - Settlement	8.04	Number of Ambulance Transports Quarter 4	3.00	Fee For Service	GEMT Uncompensated Cost Reimbursement Program regulations	To adjust Medicaid FFS transports to the MMIS paid claims data.	48	20	68	3012
7	Sch 9 - Settlement	8.01	Number of Ambulance Transports Quarter 1	4.00	Other Payor Programs	GEMT Uncompensated Cost Reimbursement Program regulations	To adjust other payer program transports to include all non-Medicaid transports per supporting documentation.	428	105	533	3012
7	Sch 9 - Settlement	8.02	Number of Ambulance Transports Quarter 2	4.00	Other Payor Programs	GEMT Uncompensated Cost Reimbursement Program regulations	To adjust other payer program transports to include all non-Medicaid transports per supporting documentation.	445	109	554	3012
7	Sch 9 - Settlement	8.03	Number of Ambulance Transports Quarter 3	4.00	Other Payor Programs	GEMT Uncompensated Cost Reimbursement Program regulations	To adjust other payer program transports to include all non-Medicaid transports per supporting documentation.	493	118	611	3012

GEMT COST REPORT ADJUSTMENTS

Fire Department / Agency Name: University City Fire Department

National Provider Identification: 1952486201

Fiscal Year Ended: 6/30/2024

Adj #	Schedule	Line #	Line Description	Column #	Column Description	Regulation Reference	Explanation for Adjustment	Original Value	Adjustment	Adjusted Total	WP Ref
7	Sch 9 - Settlement	8.04	Number of Ambulance Transports Quarter 4	4.00	Other Payor Programs	GEMT Uncompensated Cost Reimbursement Program regulations	To adjust other payer program transports to include all non-Medicaid transports per supporting documentation.	432	101	533	3012





**CITY OF UNIVERSITY CITY COUNCIL MEETING  
AGENDA ITEM**

**NUMBER:**  
*For City Clerk Use*

**CA20251124-03**

**SUBJECT/TITLE:**

Approval of Municipal Park Grant agreement, Round 2025, in the amount of \$575,000 for Heman Park Athletic Court renovations.

**PREPARED BY:**

**Jim Krischke**

**DEPARTMENT / WARD**

Parks, Recreation and Public Area Maintenance

**AGENDA SECTION:**

**Consent**

**CAN ITEM BE RESCHEDULED?**

**No**

**CITY MANAGER'S RECOMMENDATION OR RECOMMENDED MOTION:**

City Manager recommends approval.

**FISCAL IMPACT:**

The park grant requires a city monetray and in-kind match of \$72,000. We are currently finalizing an agreement with the US Soccer Federation for a donation to enhance the overall project. That donation will include the federation providing and installing a soccer mini-pitch. US Soccer Federation Funds from that agreement can count towards the city monetary and in-kind donation. Final city contributions will be reduced by the value of the US Soccer Federation contribution. If approved, the city contribution may be as low as \$0 dollars based upon final construction costs that will be identified when contractor agreements and plans are finalized. City funds would need to be budgeted in the 2026/2027 budget.

**AMOUNT:**

city share not to exceed \$72,000 - see fiscal impact

**ACCOUNT No.:**

**14-50-90-8010**

**FROM FUND:**

**Park Fund Reserves**

**TO FUND:**

**EXPLANATION:**

In August 2025, City Council approved a resolution to submit an application for park grant funding to enhance Heman Park Athletic courts. The St Louis Municipal Park Grant Commission awarded the city the grant in early November. In addition to the municipal grant we are working with the US Soccer Federation on a donation of a mini-pitch. That is in the review process and it will be presented to the city council on December 8th for approval.

**STAFF COMMENTS AND BACKGROUND INFORMATION:**

We are recommending acceptance of the Municipal Park Grant to continue in our efforts to improve/enhance our park facilities. This grant, along with the US Soccer Grant, will provide significant funding (~95%) to install three (3) pickleball courts , three (3) basketball courts and one(1) soccer mini-pitch. These improvements will enhance the quality of life for residents as well as add new facilities to the city and Heman Park.

**CIP No.**

**NA**

**RELATED ITEMS / ATTACHMENTS:**

Municipal Park Grant Commission - Grant Agreement  
City Council Resolution 2025-10 Resolution for Municipal Park Grant  
US Soccer Federation Donation Agreement - Pending City Attorney Approval  
Heman Park - Athletic Court site plan

**LIST CITY COUNCIL GOALS (S):**

Community Quality of Life and Amenities

**RESPECTFULLY SUBMITTED:**

City Manager, Gegory Rose

**MEETING DATE:**

**11/24/2025**



**Department of Parks, Recreation and Public Area Maintenance**

6801 Delmar Boulevard, University City, Missouri 63130, Phone: (314) 862-6767

To: Brooke Sharp  
From: Jim Krischke  
Date: November 19, 2025  
Re: Consent Item for November 24, 2025, Council Meeting

I

would like to request that the approval of the St Louis Municipal Park Grant Commission – Grant Agreement be considered for the City Manager’s Consent Items for the November 24, 2025, City Council Meeting.

In August 2025 the City Council approved Resolution # 2025-10 approving an application for a park grant for improvements to the athletic courts at Heman Park. The Municipal Park Grant Commission awarded the City of University City the grant, in the full amount requested, \$575,000. This agenda item would authorize the acceptance of the grant award as well as authorize execution of the grant agreement. The grant agreement has been reviewed and approved by the City Attorney.

This grant, along with an anticipated grant from the US Soccer Federation, will greatly enhance Heman Park and the community with the addition of three (3) new basketball courts, three (3) new pickleball courts, and one (1) soccer mini-pitch court. Staff recommend approval of the grant agreement.



DATE: 10/30/2025

Grantee: University City  
Funding Cycle: Round 2025  
Grant Amount: \$575,000

## MUNICIPAL PARK GRANT COMMISSION

### GRANT AGREEMENT

This Grant Agreement is entered into and effective this 30th day of October 2025, by and between the Municipal Park Grant Commission, hereinafter referred to as "Commission" and the City of University City, Missouri, hereinafter referred to as "Grantee" and is subject to the following terms and conditions.

#### 1. Statement of Work

- (a) Grantee agrees to accomplish the project scope at Heman Park.

The Scope of Work shown on Exhibit A shall be completed and grant funds shall be used as indicated on Exhibit A. The Commission has allocated the grant amount and approved only certain amounts for the various elements of the Project as specified on Exhibit A. The amount approved for each part of the Project is the stated dollar amount; unused funds for one element of the Project cannot be used for other elements of the Project without approval of the Commission. The Grantee's "Match" as reflected on Exhibit A is based merely on the cost estimate provided; in the event that the actual cost of the work exceeds the cost estimate, Grantee shall be responsible for such costs and Grantee's responsibility shall not be limited to the "Match" set forth on Exhibit A or in the grant application.

#### Scope of Work

See Exhibit A, attached hereto and incorporated herein

The Grantee (by Grantee or by its public partners) agrees to complete the Scope of Work and to pay the remaining costs for the items listed in the scope of work which are not covered by the grant. And, Grantee agrees to pay for any and all costs above the grant amount to complete the scope of work.

Subject to the other remedies set forth in this Agreement, if there are any items listed in the project scope that are not completed, an appropriate amount will be deducted from the total grant amount awarded; the deduction shall be determined by the Commission and may be based on the costs submitted in the application, bid prices, or other reasonable methodology. Additionally, if a particular item listed in the project scope is completed for a cost which is less than the dollar amount allocated for that particular item, the total grant amount shall be reduced accordingly. However, upon prior approval of the Commission or its designee, up to fifteen percent (15%) of the total grant amount may be moved from one line item to another; provided however, that the entire scope of work shall be completed in accordance with this Agreement and funds may not be moved to alter or increase the nature or scope of any element of the Project. This exception is intended to cover minor cost changes experienced between the time the application was submitted and the time that final bids are received or to slightly modify plans to address unforeseen construction issues. Grantee shall seek written consent within five (5) days of notice of such cost changes.

Only those construction design costs, engineering costs and construction management costs expressly approved by the Commission and specifically set forth in the project scope shall be reimbursed to the Grantee. If no such items are set forth in the project scope, then such costs have not been approved

and no grant funds shall be used for such costs or shall be reimbursed for such costs. When approved, consultant costs attributable to design and engineering services shall not exceed nine percent (9%) of the total Project cost and consultant costs attributable to bidding and construction management shall not exceed six percent (6%). No reimbursement shall be made to Grantee for consultant costs incurred prior to the execution of this Agreement.

Grantee understands that no reimbursement will be made for any cost or expense associated with municipal supplies and labor; equipment rental; or purchase of construction or maintenance equipment to be owned by Grantee. When an approved application includes installation of facilities by municipal employees at municipal costs, the Commission will reimburse for products and materials approved and included in the project scope set forth above.

All items should meet Americans with Disabilities Act (ADA) standards if practical (*see*, Paragraph 16 of this Agreement). The scope of an item may be slightly modified to comply with ADA but should be similar to the items listed above.

Treated wood products must be free of harmful chemicals.

The City shall post signage for purposes of the Project during construction and for a minimum of sixty days following installation or construction of the Project. Grantee may use signs provided by the Commission or may provide its own sign, which includes, in four-inch letters, acknowledgement of the grant awarded by the Municipal Park Grant Commission. This acknowledgement may be accomplished by stating, "This Project, or a portion thereof, was paid for by a Grant received from the Municipal Park Grant Commission of St. Louis County." In lieu of posting signage during construction, Grantee may install, in the Project area, permanent plaques, provided by the Commission or provided by the Grantee, acknowledging the grant awarded by the Commission.

(b) The term of this Agreement shall be from the effective date of this Agreement (as defined in Section 25 of this Agreement) until **June 30, 2027**, unless sooner terminated as provided herein. The Project shall be completed, the Grantee's final report shall be submitted, and the final inspection must be completed or scheduled on or before the date set forth in this subsection (b).

(c) Grantee agrees to provide interim status reports for the work to be performed under this contract from time to time as may be requested by the Commission.

(d) The final report shall be due within fifteen days of the completion of the Project. The final report may be included in the submission attached hereto as Exhibit B and shall include the following:

1. Date the Project was completed.
2. Final budget for the Project, including a description of the portion of the Project funded by the Grant and a description of the other portions of the Project completed by funds other than the Grant.
3. Photographs of the Project, if possible; and
4. An evaluation of the Project results and benefits, including how the original expectations were met.

(e) In the event that Grantee engages an independent consultant to assist with Grantee's project, such consultant should not be primary point of contact between the Commission and Grantee. Grantee must review and expressly approve all requests for extensions, requests for reallocation of grant funds and all requests for changes to the Scope of Work submitted by an independent consultant on Grantee's behalf. If the Grantee's approval is not clearly reflected in such request, the request will not be

acted upon by the Commission.

## **2. Representations of Grantee**

The Grantee represents and warrants to the Commission as follows:

(a) *Organization and Authority.* The Grantee (1) is a municipal corporation located in St. Louis County and existing pursuant to the laws of the State of Missouri, and (2) the persons executing this Agreement on behalf of the Grantee have the power and authority to execute this Agreement on behalf of the Grantee, to develop the Project as described in Section 1 of this Agreement and to execute and deliver any documents required to be executed and delivered by it in connection with this Agreement and to carry out its obligations hereunder and thereunder.

(b) *No Defaults or Violations of Law.* The execution and delivery of this Agreement will not conflict with or result in a breach of any of the terms of any agreement to which the Grantee is a party or by which it or any of its property is bound, or any of the rules or regulations applicable to the Grantee or its property of any court or other governmental body.

(c) *Licenses, Permits and Approvals.* The Grantee has or has the ability to obtain all necessary licenses and permits to develop the Project as described in Section 1 of this Agreement under the laws of the State of Missouri and the Grantee will obtain, when necessary, all requisite approvals of federal, state, regional and local governmental bodies relating to the Project. The Grantee's Project will be, in all material respects, in compliance with all applicable federal, state and local laws, rules, regulations, codes and ordinances.

(d) *Pending Litigation.* No litigation, proceedings or investigations are pending, or, to the knowledge of the Grantee, threatened against the Grantee seeking to limit the development of the Project, or which would in any manner challenge or adversely affect the powers of the Grantee to enter into and carry out the transactions described in or contemplated by the terms and provisions of this Agreement or any other documents to which it is a party.

(e) *Full Disclosure.* The information provided to the Commission related to the Project does not contain any untrue or misleading statement of a material fact or omit to state a material fact. There is no fact which the Grantee has not disclosed to the Commission in writing which materially affects adversely or, so far as the Grantee can now foresee, will materially affect adversely the financial condition of the Grantee, its ability to own and operate its properties or its ability to develop the Project.

(f) *Environmental Laws.* The Grantee is, to the best of its knowledge, in all material respects, in compliance with all federal, state and local environmental laws, ordinances, regulations and rulings (collectively, "Environmental Laws"); the Grantee has received no notice of any alleged violation of any Environmental Laws; and the Grantee will continue to comply, in all material respects, with all Environmental Laws.

## **3. Payment**

Commission agrees to grant to Grantee an amount not to exceed the sum of for accomplishment of the work related to the Project (described in Section 1(a) above).

Subject to the other remedies set forth in this Agreement, if there are any items listed in the project scope that are not completed, an appropriate amount will be deducted from the total grant amount awarded; the deduction shall be determined by the Commission and may be based on the costs submitted

in the application, bid prices, or other reasonable methodology. Additionally, if a particular item listed in the project scope is completed for a cost which is less than the dollar amount allocated for that particular item, the total grant amount shall be reduced accordingly subject to the exception set forth in Section 1 of this Agreement.

The Commission shall make disbursements of the grant to the Grantee, and the Grantee shall receive such proceeds from the Commission, for the purposes and upon the terms and conditions provided in this Agreement.

Grant funds will be disbursed to Grantee as reimbursement for Project costs incurred by the Grantee. Disbursements shall be made upon final completion of the Project as outlined in the Scope of Work. However, if the grant is awarded for only certain items or components of a large, multi-faceted Project, upon consent of the Commission, disbursements may be made upon completion of those items or components subject to repayment of the grant to the Commission in the event that the overall Project is not completed.

Reimbursement funds will only be disbursed upon presentation of a written request by the Grantee on a form approved by the Commission and following an inspection of the Project.

A disbursement request form is attached hereto as Exhibit B; however, the Commission may make any changes to the request form it deems advisable during the term of this Agreement. All request forms shall be accompanied by supporting documents to evidence the expenditure related to the development of the Project, a summary of completed activities for which grant funds are requested, and a certification by the Grantee that all materials, supplies and contractual services were properly bid and that the expenditures in all other respects conform to applicable law.

As a condition of disbursement, Grantee shall make the Project grounds available for inspection by a Commission designee.

#### **4. Completion of the Project**

(a) The Grantee shall cause the Project to be diligently and continuously pursued and to be completed with reasonable dispatch, but in no event later than the date listed in Section 1(b).

(b) The Grantee agrees that if the Project cost estimate is exceeded for any reason and the amount of the grant is not sufficient to complete the Project, Grantee will provide, from its own funds, all moneys necessary to complete the Project substantially in accordance with the Grantee's application for the grant related to the Project.

(c) The Grantee understands that if the Project described in this Agreement is completed for an amount less than that approved by Commission, then the Commission will only reimburse the actual cost of the Project.

(d) The Grantee may make, authorize or permit such changes or amendments in the Project as it may reasonably determine to be necessary or desirable; provided, however, that no such change or amendment shall be made to the Project that would cause a material change in the cost, scope, nature, or function of the Project, unless the Grantee shall have obtained the prior written consent of the Commission. Grantee agrees to provide all funding for all such changes and amendments.

#### **5. Bids**



Grantee acknowledges through the acceptance of the grant that a competitive bidding procedure shall be utilized for the acquisition of supplies, materials, equipment, and all contractual services, with the exception of professional services. Such competitive bidding procedure shall also be utilized for all change orders which alter the Scope of Work.

If Grantee has its own formal purchasing policies and ordinances requiring certain bidding procedures, Grantee may follow its own policies and ordinances and subparagraphs (a) through (g) of this Section 5 shall not apply to Grantee.

If Grantee does not have formal purchasing policies or ordinances containing bidding procedures, Grantee agrees to follow the bidding procedure set forth in subparagraphs (a) through (g) of this Section 5.

Regardless of the bidding procedures followed, copies of all advertisements, notices, bid packages, bid forms, bond forms, bids, proposals, contracts for goods and services and all other documents related to materials, supplies or contractual services for completion of the Project shall be made available to the Commission upon request.

(a) *Formal Written Bids Required.* Supplies, materials, equipment and contractual services (except professional services) needed for the Project shall be procured only after advertisement and receipt of formal written bids when the value of the procurement is in excess of three thousand dollars (\$3,000.00). No contract or purchase shall be subdivided to avoid competitive bidding procedures.

(b) *Advertisement / Notice.* Such bids shall be invited through a notice published in a newspaper of general circulation in the county, at least two (2) weeks prior to the date specified for submission of bids. A public notice shall also be posted in a prominent and public place in the City. Such notice shall include: A general description of the item or items to be purchased; the conditions of such purchase; the place where specifications and bid forms may be secured; the time and place for submitting such bids; the time and place for acceptance of bids. Grantee may also solicit bids by mailing copies of the specifications and bidding documents to prospective vendors.

(c) *Sealed Bids.* All bids shall be sealed, shall be identified as bids on the envelope and shall be submitted within the time and at the place stated in the public notice inviting bids. The time of receipt of each bid shall be entered by the receiving employee on the envelope containing such bid. The Grantee shall publicly open all bids at the time and place designated in the notice to bid.

(d) *Prevailing Wage.* Prevailing wage shall be paid on all projects as required by Section 290.230 R.S.Mo. The prevailing wage information must be provided before advertisement for bids (Sections 290.320 and 290.325 R.S.Mo.) and must be incorporated into the Grantee's contracts related to the Project (Section 290.250 R.S.Mo.).

(e) *Performance and Payment Bonds.* Grantee shall require all contractors to furnish to Grantee performance and payment bonds as required by Section 107.170 R.S.Mo.

(f) *Award of Contract.* Grantee shall select the lowest responsible bidder. In determining whether a bidder is qualified, Grantee shall consider the experience of the bidders and shall check all references for bidders prior to award of the contract. If a bidder has failed to list references for the particular type of work solicited, the bid shall be rejected.

(g) *Professional Services.* Unless an architect, engineer, planner, land surveyor or other similar consultant is already under contract, Grantee may hire such qualified professionals after soliciting

qualifications and negotiating a fee proposal from the most qualified firm.

## **6. Records**

The Grantee shall keep proper books of record and account, in which full and correct entries shall be made of all dealings or transactions of or in relation to the properties, business and affairs of the Grantee and the Project in accordance with generally accepted accounting principles.

The Grantee shall at any and all reasonable times, upon the written request of the Commission and at the expense of the Grantee, permit the Commission by its representatives to enter and inspect or audit the properties, books of account, records, reports and other papers of the Grantee relating to the Project, except personnel records, and to take copies and extracts therefrom, and will afford and procure a reasonable opportunity to make any such inspection, and the Grantee shall furnish to the Commission any and all information as the Commission may reasonably request, and at the expense of the Grantee, including such statistical and other operating information requested on a periodic basis, in order to enable the Commission to make any reports required by law or governmental regulations and to determine whether the covenants, terms and provisions of this Agreement have been complied with by the Grantee.

## **7. Grantee's Continuing Obligation to Maintain and Use Improvements**

Grantee acknowledges that, unless otherwise specifically provided, improvements funded by Commission grants shall be presumed to have a minimum useful life of ten (10) years, absent acts of God, unforeseen health or safety concerns, or other extraordinary circumstances as may be determined by the Commission in its sole discretion.

Therefore, Grantee shall maintain in good condition, operate and use the improvements for public benefit continuously throughout that ten (10) year period as measured from the date of reimbursement by the Commission to the Grantee with respect to the specific improvement in question.

If Grantee shall fail to so maintain, operate and use the funded improvement, the Commission may, after affording the recipient an opportunity to be heard and in addition to any other remedies available at law or in equity, disqualify the recipient from grant eligibility for the unused portion of the presumed minimum useful life and/or recover that percentage of the funding grant at issue equal to the unused portion of the presumed minimum useful life.

This provision shall survive expiration or other termination of this Agreement.

## **8. Authority to Contract**

The Grantee shall not have the authority to contract for, or on behalf of, or incur obligations on behalf of the Commission. However, the Grantee may contract with qualified providers of services, provided that any such contract shall acknowledge the binding nature of this Agreement, and incorporate this Agreement, together with its attachments. The Grantee agrees to be solely responsible for the performance of any contractor.

## **9. Compliance with Laws and Regulations**

The Grantee shall conduct its affairs and carry on its business and operations in such manner as to comply with any and all applicable laws of the United States of America and the several states thereof and to observe and conform to all valid orders, regulations or requirements of any governmental authority applicable to the conduct of its business and operations and the development of the Project, including

without limitation environmental laws, orders or regulations.

#### **10. Licenses and Permits**

The Grantee shall procure and maintain all licenses and permits necessary or desirable in the operation of its business and affairs and the development of the Project.

#### **11. Indemnity**

The Grantee shall indemnify and hold harmless the Commission and its directors, officers, employees and agents from and against all loss, liability, damage or expense arising out of the execution of this Agreement, including, but not limited to, claims for loss or damage to any property or injury to or death of any person, asserted by or on behalf of any person, firm, corporation or governmental authority arising out of or in any way connected with the Project, or the conditions, occupancy, use, possession, conduct or management of, or any work done in or about the Project. The Grantee shall also indemnify and hold harmless the Commission and its directors, officers, employees and agents from and against, all costs, reasonable counsel fees, expenses and liabilities incurred by them in any action or proceeding brought by reason of any such claim, demand, expense, penalty, fine or tax. If any action or proceeding is brought against the Commission or its directors, officers, employees or agents by reason of any such claim or demand, the Grantee, upon notice from the Commission, covenants to resist and defend such action or proceeding on demand of the Commission or its directors, officers, employees or agents. The Grantee shall also indemnify and hold harmless the Commission from and against, all costs, expenses and charges, including reasonable counsel fees, incurred after default of the Grantee in enforcing any covenant or agreement of the Grantee contained in this Agreement.

#### **12. Events Constituting Default**

The term "**event of default**" wherever used in this Agreement, means any one of the following events (whatever the reason for such event and whether it shall be voluntary or involuntary or be effected by operation of law or pursuant to any judgment, decree or order of any court or any order, rule or regulation of any administrative or governmental body):

(a) default of any covenant or agreement of the Grantee in this Agreement, and continuance of such default or breach for a period of **30** days after there has been given to the Grantee by the Commission a written notice specifying such default or breach and requiring it to be remedied; provided, that if such default cannot be fully remedied within such **30-day** period, but can reasonably be expected to be fully remedied, such default shall not constitute an event of default if the Grantee shall immediately upon receipt of such notice commence the curing of such default and shall thereafter prosecute and complete the same with due diligence and dispatch; or

(b) any representation or warranty made by the Grantee in this Agreement or in any written statement or certificate furnished to the Commission proves untrue in any material respect as of the date of the issuance or making thereof and shall not be corrected or brought into compliance within **30** days after there has been given to the Grantee by the Commission a written notice specifying such default or breach and requiring it to be remedied; provided, that if such default cannot be fully remedied within such **30-day** period, but can reasonably be expected to be fully remedied, such default shall not constitute an event of default if the Grantee shall immediately upon receipt of such notice commence the curing of such default and shall thereafter prosecute and complete the same with due diligence and dispatch; or

(c) the entry of a decree or order by a court having jurisdiction in the premises for relief in respect of the Grantee, or adjudging the Grantee as bankrupt or insolvent, or approving as properly filed a



petition seeking reorganization, adjustment or composition of or in respect of the Grantee under the United States Bankruptcy Code or any other applicable federal or state law, or appointing a custodian, receiver, liquidator, assignee, trustee, sequestrator (or other similar official) of or for the Grantee or any substantial part of its property, or ordering the winding up or liquidation of its affairs, and the continuance of any such decree or order remains unstayed and in effect for a period of **90** consecutive days; or

(d) the commencement by the Grantee of a voluntary case, or the institution by it of proceedings to be adjudicated a bankrupt or insolvent, or the consent by it to the institution of bankruptcy or insolvency proceedings against it, or the filing by it of a petition or answer or consent seeking reorganization, arrangement or relief under the United States Bankruptcy Code or any other applicable federal or state law, or the consent or acquiescence by it to the filing of any such petition or the appointment of or taking possession by a custodian, receiver, liquidator, assignee, trustee, sequestrator (or other similar official) of the Grantee or any substantial part of its property, or the making by it of an assignment for the benefit of creditors, or the admission by it in writing of its inability or its failure to pay its debts generally as they become due, or the taking of corporate action by the Grantee in furtherance of any such action.

### **13. Exercise of Remedies by the Commission Upon Default**

Upon the occurrence and continuance of any event of default under this Agreement, unless the same is waived as provided in this Agreement, the Commission shall have the following rights and remedies, in addition to any other rights and remedies provided under this Agreement or by law:

(a) *Right to Bring Suit, Etc.* The Commission may pursue any available remedy at law or in equity by suit, action, mandamus or other proceeding to realize on or to foreclose any of its interests or liens under this Agreement, to enforce and compel the performance of the duties and obligations of the Grantee as set forth in this Agreement and to enforce or preserve any other rights or interests of the Commission under this Agreement existing at law or in equity.

(b) *Termination of Disbursements.* To terminate the obligation to disburse any further proceeds of the grant and to require the Grantee to repay moneys advanced prior to the date of receipt of notice of termination from the Commission, together with interest at the statutory rate as of the termination of the obligation to make disbursements, plus one percent.

If the Grantee should default under any of the provisions hereof, and the Commission shall employ attorneys or incur other expenses for the enforcement or performance of any obligation or agreement on the part of the Grantee, the Grantee will on demand pay to the Commission the reasonable fees of such attorneys and such other expenses so incurred.

### **14. Rights and Remedies Cumulative**

No right or remedy herein conferred upon or reserved by the Commission is intended to be exclusive of any other right or remedy, and every right and remedy shall, to the extent permitted by law, be cumulative and in addition to every other right and remedy given hereunder or now or hereafter existing at law or in equity or otherwise. The assertion or employment of any right or remedy hereunder, or otherwise, shall not prevent the concurrent assertion or employment of any other appropriate right or remedy.

### **15. Termination / Return of Grant Funds**

Upon the occurrence, and continuance after the appropriate notice period as set forth in this



DATE: 10/30/2025

Agreement, of any event of default under this Agreement, this Agreement shall automatically terminate.

Upon the termination of the Agreement by virtue of the expiration of the term of the Agreement, an event of default, or for any other reason, all grant funds which have been given to the Grantee for the Project shall be returned to the Commission immediately upon termination of the Agreement.

**16. Nondiscrimination**

Grantee agrees to comply with all applicable requirements of federal and state civil rights and rehabilitation statutes, rules, and regulations.

**17. Compliance with Americans with Disabilities Act**

Grantee agrees to comply with the Americans with Disabilities Act (ADA) in that no person shall on the grounds of a disability be excluded from participation in, be denied the benefits of, or be otherwise subject to discrimination under this program.

**18. Applicable Law**

This agreement shall be governed by and construed in accordance with the laws of the State of Missouri.

**19. Captions**

The captions or headings in this Agreement are for convenience only and in no way define, limit, or describe the scope or intent of any provisions of this Agreement.

**20. Amendments**

The terms of this Agreement shall not be waived, altered, modified, supplemented, or amended, in any manner whatsoever, except by written instrument signed by the parties.

**21. Notices**

All notices and communications shall be sufficiently given when delivered or mailed, postage prepaid, to the parties at the location set forth below or at a place designated hereafter in writing.

Commission:

Municipal Park Grant Commission  
C/O Municipal League of Metro St. Louis  
11911 Dorsett Rd.  
Maryland Heights, Missouri 63043

Grantee:

City of University City.  
6801 Delmar Blvd  
University City, MO 63130

**22. Successors to Interest**

The provisions of this Agreement shall be binding upon and shall inure to the benefit of the parties hereto, and their respective successors and assigns.

**23. Severability**

The parties agree that if any term or provision of this Agreement is declared by a court of competent jurisdiction, to be illegal or in conflict with any law, the validity of the remaining terms and provisions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the Agreement did not contain the particular term or provision held to be invalid.

**24. Waiver**

The failure of the Commission to enforce any provisions of this Agreement shall not constitute a waiver by the Commission of that or any other provision.

**25. Effective Date of Agreement**

The effective date of this Agreement shall be that date shown on the first page of this Agreement.

**26. Entire Agreement**

This Agreement constitutes the entire agreement between the parties. Exhibits A and B are attached hereto and incorporated herein as if fully set forth. No waiver, consent, modification, or change of terms of this Agreement shall bind either party unless in writing and signed by both parties. Such waiver, consent, modification, or change, if made, shall be effective only in the specific instance and for the specific purpose given. There are no understandings, agreements, or representation, oral or written, not specified herein regarding this Agreement. Grantee, by the signature below of its authorized representative, hereby acknowledged that the Grantee has read this Agreement, understands it, and agrees to be bound by its terms and conditions.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date entered above.

DATE: 10/30/2025

COMMISSION:

By: 

ATTEST:

  
(Commission Secretary):

STATE OF MISSOURI       )  
                                      ) SS  
COUNTY OF ST. LOUIS    )

Now on this \_\_\_\_\_ day of \_\_\_\_\_, 2025, appeared before me \_\_\_\_\_ who stated that he/she/they is/are the \_\_\_\_\_ for the Municipal Park Grant Commission, and that he/she/they executed this Agreement on behalf of the Commission, by authority of its governing body and that this Agreement is the free act and deed of the Commission.

IN WITNESS WHEREOF, I have placed my hand and my official seal on the day and year first above written.

\_\_\_\_\_  
Notary Public

My commission expires:

DATE: 10/30/2025

**GRANTEE:**

\_\_\_\_\_  
**By:**

**ATTEST:**

\_\_\_\_\_  
**By (City Clerk):**

STATE OF MISSOURI       )  
  ) SS  
COUNTY OF ST. LOUIS    )

Now on this \_\_\_\_\_ day of \_\_\_\_\_, 2025, appeared before me \_\_\_\_\_  
\_\_\_\_\_ who stated that he/she/they is/are the \_\_\_\_\_  
\_\_\_\_\_ for the \_\_\_\_\_  
\_\_\_\_\_, Grantee, and that he/she/they executed this Agreement on behalf of Grantee, by  
authority of its governing body and that this Agreement is the free act and deed of Grantee.

IN WITNESS WHEREOF, I have placed my hand and my official seal on the day and year first  
above written.

\_\_\_\_\_  
Notary Public

My commission expires:

**RD 2025 - Exhibit A - Scope**  
**City of University City**  
**Heman Park Athletic Court Renovations**

Part 1	Project	Match		Grant
Project Cost (100% )	Cost	Monetary	In-kind	Award
Basketball Court Renovations	299,798			299,798
Pickleball Court Renovations	168,280			168,280
Sidewalk Installation	22,859			22,859
Water line Installation	38,063			38,063
Contingency	46,000			46,000
City Monetary and In-Kind Match	72,000	29,500	42,500	
<b>Total Part 1</b>	<b>\$647,000</b>	<b>\$29,500</b>	<b>\$42,500</b>	<b>\$575,000</b>
Part 2	Project			
(A-9% & B-6%)	Cost	Monetary	In-kind	Grant
A - Architect, Engineering				0
B - Construction Management				0
<b>Total Part 2</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
GRAND TOTALS	Project			
	Cost	Monetary	In-kind	Grant

<b>Total</b>	<b>\$647,000</b>	<b>\$29,500</b>	<b>\$42,500</b>	<b>\$575,000</b>
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Project total Cost	\$647,000	Part 3 (A)	0
Total Match	\$72,000	(B)	0
Grant Amount	<u>\$575,000</u>		
		Match	11%

**EXHIBIT B**

**GRANTEE REIMBURSEMENT REQUEST – MUNICIPAL PARKS GRANT COMMISSION**

[Requirements for reimbursement are set forth in the Grant Agreement].

Date: \_\_\_\_\_ Municipality: \_\_\_\_\_ Round: \_\_\_\_\_

This reimbursement request is for: \$ \_\_\_\_\_.

Please fill out the following:

1. Date the Project (or portion subject to this request) was completed:  
\_\_\_\_\_
2. Estimated amount provided by the City or others: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. An evaluation of the Project results and benefits, including how the original expectations were met that may be used in the Commission's Annual Report.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMPLETE THE WORKSHEET ON NEXT PAGE**

Attach the following supporting documents to show expenditures related to the Project.

- ☐ Page 2 of this Exhibit (Use paid invoices. AIA forms are not allowed without Commission approval.)
- ☐ Paid invoices
- ☐ Cancelled checks (both sides) written by the City (your bank may fax these to you)
- ☐ Photographs of the Project [digital pictures may be sent via e-mail to: [staff@stlmuni.org](mailto:staff@stlmuni.org)]
- ☐ Other information that may be helpful: \_\_\_\_\_  
\_\_\_\_\_

I hereby certify that all materials, supplies and contractual services were properly bid and that the expenditures in all other respects conform to applicable law.

Sign Here: \_\_\_\_\_

Print Name and Title Here: \_\_\_\_\_

(Revised: July 1, 2004)

Exhibit B - Reimbursement Worksheet

Item No.	Vender	Item Description	Invoice #	Amount
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
Total				

## RESOLUTION 2025 - 10


### RESOLUTION FOR MUNICIPAL PARK GRANT

WHEREAS, the Department of Parks, Recreation, and Public Areas Maintenance with support of the Parks Commission of University City deems it necessary to improve a public park or facility, more specifically known as Heman Park, to serve its citizens as well as those in the metropolitan area.

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF UNIVERSITY CITY, MISSOURI AS FOLLOWS:

1. An application is made to the Municipal Parks Grant Program in the County of St. Louis for a grant-in-aid for some or all the costs to complete the Heman Park Basketball Court Improvements which include the redevelopment and construction of basketball courts, pickle ball courts and a miniature soccer pitch reimbursable by the Commission upon completion by the City.
2. That a project proposal be prepared and submitted to the Municipal Parks Grant Commission.
3. The City Council hereby authorizes the City Manager to sign and execute the necessary documents for forwarding the project proposal application and later execute an agreement for a grant-in-aid from the Municipal Parks Grant Commission.
4. If a grant is awarded, the City of University City will enter into an agreement or contract with the Commission regarding said grant.

PASSED AND RESOLVED THIS 11<sup>th</sup> DAY OF AUGUST, 2025.

  
Terry Crow, Mayor

Attest:   
LaRette Reese, City Clerk





**MINI PITCH PROGRAM**  
**DONATION AGREEMENT – FISCAL YEAR 2026**

Pursuant to this Mini Pitch Program Grant Agreement (“Agreement”), dated as of the August 13, 2025 (“Effective Date”), the United States Soccer Foundation, Inc. (“Foundation”) agrees to award the Grant (“Grant”) to the **City of University City**, (“Grantee”) **FY26-723**, and Grantee accepts such Grant, in accordance with the terms and conditions set forth herein.

1. **Foundation:**                      **U.S. Soccer Foundation**  
Attn: Operations Department  
1140 Connecticut Ave. NW, Suite 1200  
Washington, DC 20036

**Grantee:**                              **City of University City**  
Attn: Todd Strubhart  
1015 Pennsylvania Avenue  
University City, MO 63130

2. **Grant:** This Grant, awarded in the form of an interlocking tile mini pitch surface with goal and installation (“Mini Pitch”), supplied by Musco Sports Lighting (“Vendor”), which shall be valued by Foundation, in its sole and absolute discretion, in the amount of **\$100,000**.
3. **Mini Pitch:** Consistent with Foundation’s interests in promoting youth soccer, particularly within vulnerable communities, this Grant will provide the Mini Pitch at the **Heman Park** (the “Grant Project”).
4. **Execution of the Grant Agreement:** Grantee must return an executed copy of this Agreement to the Foundation by November 7, 2025.
5. **Grantee Covenants:** In order to encourage Foundation to enter into this Agreement, and to award the aforementioned Grant, Grantee covenants as follows:
- (a) Foundation will be granted usage of the Mini Pitch for one (1) day per year over the first five (5) years following its completion, including, without limitation, for Special Events (as defined below) that are organized by Foundation. Foundation will make best efforts to schedule such usage for dates and times mutually agreed upon with the Grantee, and Grantee will not unreasonably withhold play space time for such usage. For purposes of this Agreement, “Special Events” shall be defined as tournaments, clinics, events, training sessions, media functions and any other similar event the Foundation so determines.
- (b) In preparation for the Mini Pitch installation, Grantee will provide necessary access to the Foundation’s Vendor, which includes, but is not limited to: identification and communication of underground utilities or other access issues related to the Vendor’s ability to access the Mini Pitch location via forklift, temporary removal of chain link fencing, and providing access for both freight truck parking for delivery and 2-wheel drive rubber tire equipment for installation at the designated location within the overall site.

Grantee will also provide an area on site for disposal of packaging materials prior to the Mini Pitch installation.

Should Grantee fail to provide such access and information, especially as it relates to underground utilities, the Foundation and Vendor shall not be responsible for damage caused by Vendor during

installation. Additionally, if the Mini Pitch location is accessible only via grass pathways, Vendor shall not be responsible for potential damage to such grass pathway areas.

- (c) Upon completion of the Mini Pitch, Grantee acknowledges and agrees that it will be responsible for the maintenance and safety of the Mini Pitch.
  - (d) Grantee presently owns, or is currently tenant to an appropriate long-term lease of, the property on which the Mini Pitch will be installed. An appropriate long-term lease shall mean a lease of at least ten (10) years in length following the Effective Date.
  - (e) Prior to commencing installation of the Mini Pitch, Grantee will obtain, or shall assist (where necessary) in obtaining, all permits, authorizations and consents from third parties, including governmental entities, necessary for the installation of the Mini Pitch.
6. **Facts and Representations True and Correct:** Grantee hereby affirms the representations made in its conversations and communications with Foundation are true and correct and that Foundation may rely upon the truth and correctness of the representations made in all conversations and communications regarding this Grant Project, without further independent investigation. Grantee further affirms that it has not omitted any material facts, the knowledge of which would adversely impact the awarding of the Grant to Grantee. Grantee avows that no adverse events have occurred since the latest communication which have materially and adversely altered the truth or reliability of the Grant Project, including the tax status of Grantee and the Grantee's ability to allow successful completion of the Grant Project. Grantee agrees to immediately inform the Foundation within five (5) business days of any material change, in Grantee or the Grant Project, which might affect any terms of this Agreement.
7. **Grantee Books and Records:** Grantee agrees to maintain sufficient operating and financial books, records and related documentation regarding the activities of Grantee and other evidence sufficient for Foundation to satisfy its fiduciary, public and governmental responsibilities and duties. Foundation shall have reasonable access to the books and records of Grantee for inspection purposes and shall be entitled to copies, as they relate to the Grant Project.
8. **Grantee Reports:**
- (a) **Impact Reports:** Following completion of the Mini Pitch, Grantee shall complete to Foundation a report, provided by the Foundation, describing the impact of the Mini Pitch. Such report shall be submitted to Foundation annually, for five (5) years after completion of the Mini Pitch and shall include photographs of the Mini Pitch in use by youth soccer players and provide information on play space usage rates, stories of impact on the community, and any other information reasonably requested by Foundation.
  - (b) **Site Visits:** Grantee will use its best efforts to accommodate any representative of Foundation who requests to conduct a site visit, at the sole cost of Foundation, for the purposes of collecting information about the Grant's impact.
  - (c) **Photographs/Videos/Stories/Testimonials:** In addition to submitting digital photographs, videos, stories and testimonials relating to the Grant Project in the aforementioned Impact Reports, the Grantee shall submit the same to the Foundation upon request by the Foundation, including before and after photographs, both in daytime and at night, of the Mini Pitch site area.
9. **Publicity Material and Recognition:**

- (a) Grantee, upon written approval by the Foundation, shall recognize the Foundation and acknowledge the Grant in Grantee's written materials, news releases, website and related marketing or publicity.
  - (b) The Foundation shall have the right to publicize, show photographs of, and use the name of the Mini Pitch and otherwise promote its contributions in any and all media, including the Internet. Grantee authorizes the Foundation to utilize those logo or logos, owned or controlled by Grantee and associated with the Grant Project, for related marketing and/or publicity.
  - (c) Grantee agrees to fully assist and cooperate in a mutually acceptable dedication event, should the Foundation request such, which may include appearances by athletes affiliated with the Foundation.
10. **Awareness Opportunities:** Grantee grants to Foundation the right to permanently place Foundation's trademark, trade name or any design/logo owned or controlled by Foundation (each, a "Mark" and together, the "Marks"), and/or that of its funding partners, on the surface of the Mini Pitch. Unless Foundation chooses to forego the right, standard Marks will be included during installation of the Mini Pitch, per the rendering found in Attachment A. Foundation may change its Marks at any time in its sole discretion and at its sole cost. Each Mark will remain on the surface of the Mini Pitch for as long as the Mini Pitch is operational, unless removed by Foundation or unless Foundation otherwise gives its written consent to the removal of such Mark.
- Additionally, Grantee will allow Foundation to install signs/banners on the premises on which the Mini Pitch is installed, per the rendering found in Attachment A, in order to promote and recognize the Foundation and other funders for their contribution to the Mini Pitch.
11. **Grant Not Assignable:** Grant is intended solely for the benefit of Grantee. No benefit of the Grant may be delegated, assigned or otherwise transferred without the advance, written consent of Foundation, which consent shall be in the sole and absolute discretion of Foundation.
12. **Proper Authority:** Each of the parties and its officers represent and warrant that they are authorized to enter into this Agreement and execute the same without further authority.
13. **Absence of Warranties:** FOUNDATION MAKES NO REPRESENTATIONS OR WARRANTIES OF ANY KIND, EITHER EXPRESS OR IMPLIED, AS TO ANY MATTER INCLUDING, BUT NOT LIMITED TO, IMPLIED WARRANTIES OF FITNESS FOR A PARTICULAR PURPOSE, MERCHANTABILITY OR OTHERWISE RELATING TO THE MINI PITCH OR ANY COMPONENT PART THEREOF, OR ANY OTHER ENTITIES AND THEIR ASSOCIATED SERVICES. IN NO EVENT WILL FOUNDATION BE LIABLE FOR ANY DAMAGES OF ANY KIND INCLUDING, BUT NOT LIMITED TO, PERSONAL INJURY, LOST PROFITS, OR OTHER CONSEQUENTIAL, EXEMPLARY, INCIDENTAL OR PUNITIVE DAMAGES ARISING OUT OF THIS AGREEMENT OR PERFORMANCE OF THE OBLIGATIONS HEREUNDER.
14. **Assumption of Risk:** Grantee hereby agrees to assume all risks and liabilities associated with the use, operation, maintenance, safety and condition of the Mini Pitch.



15. **Indemnification:** Grantee agrees to indemnify, defend and hold harmless Foundation, its parent, subsidiary and affiliated companies, sponsors, benefactors, donors, officers, directors, employees, accountants, attorneys, agents, successors and assigns ("Foundation Parties") from and against any and all third party claims, demands, losses, damages, liabilities, costs and expenses (including reasonable legal/attorneys' fees and expenses arising out of or related to any legal proceeding and any legal appeal) ("Claim" or "Claims") related to the Grant, the Mini Pitch or this Agreement and liabilities of any kind or nature whatsoever, whether in contract, tort, or otherwise, resulting from any claim (including, without limitation, personal injury, death, or property damage) actually or allegedly arising out of or in connection with the maintenance, location, or condition of the Mini Pitch, or any person's use of the Mini Pitch, whether authorized or unauthorized, proper or improper. Grantee's indemnification obligation hereunder shall survive the expiration or earlier termination of this Agreement. Without limiting this obligation, Grantee will maintain the insurance described in Section 16 of this Agreement.

Grantee represents to Foundation that the Mini Pitch does not violate any applicable law, regulation, ordinance, lease, or otherwise violate the rights of any person or entity.

16. **Insurance Requirements:**

- (a) **Insurance Requirements of the Mini Pitch.** At all times while the Mini Pitch is in place, Grantee shall provide and maintain, at its expense, the following insurance, or appropriate self-insurance, which shall protect Grantee and the Foundation on a primary basis from any and all Claims arising out of or in connection with the Grant Project and the Mini Pitch pursuant to this Agreement:
- (i) Commercial General Liability insurance with limits not less than \$1,000,000 each occurrence and \$2,000,000 in the aggregate. Such insurance shall include coverage for contractual liability, premises liability, products-completed operations, personal and advertising injury, property damage and bodily injury liability (including death). Said policy shall be endorsed to name the Foundation and Foundation Parties as Additional Insureds.
  - (ii) Automobile Liability insurance covering liability arising out of the Grantee's use, operation and/or maintenance of any auto (including trucks and other construction vehicles), with limits not less than \$1,000,000 each accident combined single limit for bodily injury and property damage.
  - (iii) Workers' Compensation insurance covering employees of Grantee involved with the use and maintenance of the Mini Pitch, with limits as required by statutory law, including Employer's Liability coverage with limits not less than \$1,000,000 each accident, \$1,000,000 disease-each employee and \$1,000,000 disease-policy limit.
  - (iv) Umbrella and/or Excess Liability insurance with limits not less than \$2,000,000 each occurrence shall apply in excess of the Commercial General Liability, Automobile Liability and Employer's Liability policy limits.
  - (v) Participant Accident insurance covering all Participants and other individuals using the Mini Pitch with limits not less than \$5,000 per participant for Accident Medical coverage and \$1,000 per participant for AD&D coverage.

All such insurance required above shall be (1) considered primary with respect to Claims arising out of the use and maintenance of the Mini Pitch; and (2) shall be written by insurance companies that are licensed to do business in the state in which the Mini Pitch is located. Grantee shall not allow any of the required policies to be materially changed, reduced or cancelled unless Grantee provides thirty (30) days prior written notice thereof to Foundation.

Upon execution of this Agreement, Grantee shall provide Foundation with a certificate of insurance confirming that the appropriate insurance is in place and that the policies have been properly endorsed to meet the insurance requirements as set forth above.

17. **Participant Waiver and Release Forms:** To the extent that Grantee requires Participants in its programs or others who use the Mini Pitch to sign waiver and release forms, Grantee shall include the Foundation and the Foundation Parties as released parties in the form.
18. **Use of Mark:** Notwithstanding anything in this Agreement to the contrary, in the event Grantee desires to use a Mark owned or controlled by Foundation in a manner consistent with this Agreement, Grantee shall first submit a sample of the concept of the proposed use to Foundation for prior written approval, which approval may be withheld in the sole discretion of Foundation. Any such use by Grantee shall create no rights for Grantee in or to the Mark. Each Mark shall remain at all times the sole and exclusive intellectual property of Foundation, and Foundation shall have the right, from time to time, to request samples of use from which it may determine compliance with these terms and conditions. Notwithstanding any provision of this Agreement to the contrary, Foundation reserves, in its sole and absolute discretion, the right to prohibit use of its Marks.
19. **Applicable Law; Jurisdiction:** This Agreement shall be governed by and construed in accordance with the laws of the District of Columbia, without regard to principles of conflict of laws. Each party agrees that any action or proceeding with respect to this Agreement may only be brought in a federal or state court situated in the District of Columbia, and by execution and delivery of this Agreement, such party irrevocably consents to jurisdiction and venue in each such court.
20. **Attorneys' Fees:** Grantee agrees to pay all costs and expenses, including reasonable attorneys' fees, incurred by Foundation in connection with any litigation concerning this Agreement should Foundation prevail against Grantee in such litigation, whether commenced by Foundation or Grantee.
21. **Third Party Beneficiaries:** It is expressly agreed and by this statement specifically intended by the parties that nothing within this Agreement shall be construed as indicating any intent by either party to benefit any other entity or person not a party signatory to this Agreement by any provision or to entitle any such third party to any right of action on account hereof.
22. **Notices:** Any notices given under this Agreement must be made in writing (a) if to Foundation, at the address of Foundation as provided or at such other address as Foundation may designate, or (b) if to Grantee, at the address of Grantee provided or at such other address as Grantee may designate.
23. **Entire Agreement; Modifications:** This Agreement contains the entire agreement between Foundation and Grantee and cannot be changed, modified, amended, waived or canceled except by an agreement in writing and executed by each of the parties hereto.
24. **Counterparts and Facsimile Signatures:** This Agreement may be executed in one or more counterparts each of which shall be deemed an original but all of which together shall constitute the same instrument. This Agreement may be executed by facsimile signature by any party and such signature will be deemed binding for all purposes hereof without delivery of an original signature being thereafter required.

*[Remainder of page intentionally left blank]*

IN WITNESS WHEREOF, the parties have executed this Agreement by their duly authorized signatories as of the date first above written.

**U.S. Soccer Foundation**

**City of University City**

By: \_\_\_\_\_

By: \_\_\_\_\_

Name: Rob Kaler

Name: \_\_\_\_\_

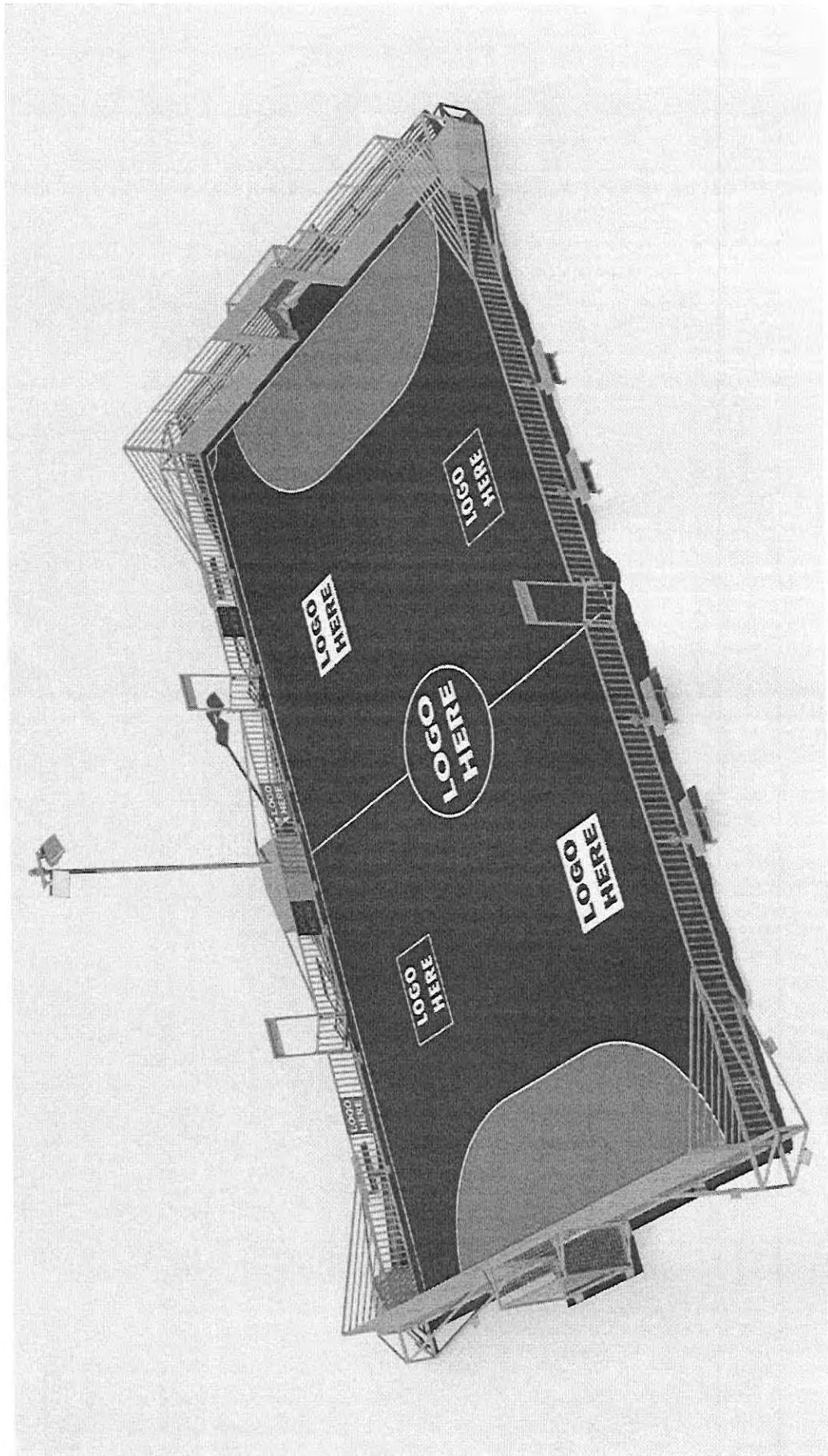
Title: COO & General Counsel

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

Date: \_\_\_\_\_

Date: \_\_\_\_\_

ATTACHMENT A







SHEET NAME  
CONCEPTUAL PLAN  
-OVERALL  
C1.0

DATE	DESCRIPTION
3/15/2023	CONCEPT
3/31/2023	REVIEW
4/10/2023	REVIEW
2/3/2025	REVIEW
6/17/2025	REVIEW

DRAM  
SAL

**BASKETBALL COURT IMPROVEMENTS**  
Heman Park  
7200 Olive Blvd  
University City, Missouri 63130

PRELIMINARY DRAWING

FOR REVIEW PURPOSES ONLY  
NOT TO BE USED FOR CONSTRUCTION



**Byrne & Jones**  
PARKS CONSTRUCTION  
13940 St. Charles Rock Rd.  
St. Louis, Missouri 63044  
(314) 567-7977  
[www.byrneandjones.com](http://www.byrneandjones.com)











Byrne & Jones  
Parks Construction  
13940 St. Charles Rock Rd.  
St. Louis, Missouri 63044  
(314) 567-7577  
www.byrneandjones.com

DATE	DESCRIPTION
3/19/2013	CONCEPT
3/19/2013	REVIEW
3/19/2013	REVIEW
3/19/2013	REVIEW
6/17/2013	REVIEW

**BASKETBALL COURT IMPROVEMENTS**  
**Heman Park**  
**7200 Olive Blvd**  
**University City, Missouri 63130**

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**CITY OF UNIVERSITY CITY COUNCIL MEETING  
AGENDA ITEM**

<b>NUMBER:</b> <i>For City Clerk Use</i>	<b>CA20251124-04</b>
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**SUBJECT/TITLE:**

8327 Olive - FY23 Facade Improvement Project

**PREPARED BY:**

Brooke A. Sharp

**DEPARTMENT / WARD**

Economic Development

**AGENDA SECTION:**

Consent

**CAN ITEM BE RESCHEDULED?**

No

**CITY MANAGER'S RECOMMENDATION OR RECOMMENDED MOTION:**

City Manager recommends approval

**FISCAL IMPACT:**

The Fund 11 Reserves will be reduced by \$15,000

**AMOUNT:**

\$15,000

**ACCOUNT No.:**

11.45.78.8170

**FROM FUND:**

Fund 11 Fund Reserves

**TO FUND:**

11.45.78.8170

**EXPLANATION:**

8327 Olive was approved for Facade Improvement Funds in FY23. Funds were reallocated in FY24. However the project was not completed during that fiscal year. The project has since been completed and staff is requesting the funds be reallocated for reimbursement.

**STAFF COMMENTS AND BACKGROUND INFORMATION:**

On May 8, 2023, 8327 Olive was awarded \$15,000 in funding for the Facade Improvement Program. All projects that year were automatically granted a 1 year extension due to the late approval in FY23. Council approved the rollover on July 8, 2024. The applicant has applied for reimbursement in the current fiscal year and staff is requesting \$15,000 be pulled from the reserves so the applicant can be reimbursed.

**CIP No.****RELATED ITEMS / ATTACHMENTS:**

1. Council Item from July 8, 2024

**LIST CITY COUNCIL GOALS (S):**

Economic Development

**RESPECTFULLY SUBMITTED:**

City Manager, Gregoroy Rose

**MEETING DATE:**

November 13, 2025





CITY OF UNIVERSITY CITY COUNCIL MEETING  
AGENDA ITEM

NUMBER: <i>For City Clerk Use</i>	CA20230508-01
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SUBJECT/TITLE: Facade Program Approval			
REQUESTED BY: Brooke A. Smith		DEPARTMENT / WARD City Manager's Office	
AGENDA SECTION:	Consent Agenda	CAN ITEM BE RESCHEDULED?	No
CITY MANAGER'S RECOMMENDATION OR RECOMMENDED MOTION: City Manager recommends approval.			
FISCAL IMPACT: The Economic Development Sales Tax fund will be reduced by \$188,000.00			
AMOUNT:	\$188,000	ACCOUNT No.:	11.45.78.8170
FROM FUND:	Fund 11 Fund Reserves	TO FUND:	Fund 11 Fund Reserves
EXPLANATION: Twelve commercial businesses that applied for funds through the Facade Improvement Program and were selected to receive funding in the form of a matching grant. Approval will result in the disbursement of the funds to business that were selected.			
STAFF COMMENTS AND BACKGROUND INFORMATION: Commercial businesses submitted applications for the Facade Improvement Program to receive funds in the form of a matching grant of up to \$15,000 for qualifying improvements to their commercial building facades. Staff reviewed and submitted completed applications to the EDRST Board. The EDRST Board selected 12 Businesses that met the requirements of the program to award funds to.			
CIP No.			
RELATED ITEMS / ATTACHMENTS: Transmittal Letter from Chair Facade Improvement Program Application Summaries			
LIST CITY COUNCIL GOALS (S): Economic Development			
RESPECTFULLY SUBMITTED: Gregory Rose, City Manager		MEETING DATE:	May 8, 2023



## Economic Development Retail Sales Tax Board

6801 Delmar Boulevard, University City, MO 63130 – Phone: 314-862-6767

April 19, 2023

Gregory Rose, City Manager  
City of University City  
6801 Delmar Boulevard  
University City, MO 63130

Ms. LaRette Reese, City Clerk  
City of University City  
6801 Delmar Boulevard  
University City, MO 63130

### RE:

Dear Mr. Rose and Ms. Reese,

At its quarterly meeting on Thursday, April 6<sup>th</sup> at 6:30 pm, the Economic Development Retail Sales Tax Board took the following actions:

1. 5 Yes, 3 Absent to recommend approval of the Façade Improvement Applications for FY23, not to exceed \$188,000. Please note that this item was initially budgeted at \$150,000. Given the amount of funds in the reserves, the board agreed to recommend funding all of the projects. This will require a budget amendment of \$38,000 for FY23.
2. 5 Yes, 3 Absent to recommend approval of the U City Farmers Market request for additional funds in FY23. The U City Farmers Market intends to expand their programming by offering a Farmers Market once-a-month on Wednesdays. They also requested additional funding to increase marketing and support for their Winter Farmers Market held from January thru March.

Please do not hesitate to contact me with any questions.

Sincerely,

/s/ Kathy Sorkin

Kathy Sorkin, Chairperson  
Economic Development and Retail Sales Tax Board



# University City

Façade Improvement Program

# Merced Realty – 8123 Delmar Blvd.

Requested Amount: \$12,500

Project Total: \$25,000

## Improvements:

- Exterior Paint, trim painted in contrasting Colors
- Replace second floor windows and windows adjacent to doorways
- Repair concrete pad leading to side door
- Fascia repair in front of building.
- Shutters removed
- Repair apron trim below bay window



# Façade Program Review

Date Received: 11/28/22  
 Project Address: 8123 Delmar Blvd.  
 Business Name: Merced Realty LLC  
 Amount Requested: \$12,500 Total Project Cost: \$25,000  
 Demonstrated capacity to fund their share of the project? ☒ Yes ☐ NO  
 Property is free of judgment liens and all mortgage and tax obligations are current:  
☒ Yes ☐ NO

## Additional Submissions and Requirements

Color photographs	<input checked="" type="checkbox"/>
Designs/Plans	<input checked="" type="checkbox"/>
Three Bids	<input checked="" type="checkbox"/>
Property Owner Approval	<input checked="" type="checkbox"/>
Current Occupancy Permit	<input checked="" type="checkbox"/>
Current Business License	<input checked="" type="checkbox"/>
Minority/Women/Veteran Owned	<u>NO</u>
Eligible Improvements	<input checked="" type="checkbox"/>
Previous Funding	<u>NO</u>

Additional Comments: ~~owner is 50% owner of property~~  
~~who is in charge of LLC? ← Done~~  
 \_\_\_\_\_  
 \_\_\_\_\_

Rec. Approval: \_\_\_\_\_

Rec. Amount: \_\_\_\_\_

# Singer Office Acquisitions – 7505 Delmar Blvd.

Requested Amount: \$15,000

Project Total: \$30,000

## Improvements:

- Slate roof on front of building repair
- Door replacements
- Window sealing
- Concrete repair in drive and parking area
- Painting door, frames, and windows



# Façade Program Review

Date Received: 12/5/2022

Project Address: 1505 Delmar Blvd.

Business Name: Singer Office Acquisitions LLC

Amount Requested: \$15,000

Total Project Cost: \$30,000

Demonstrated capacity to fund their share of the project? ☒ Yes ☐ NO

Property is free of judgment liens and all mortgage and tax obligations are current:

☒ Yes ☐ NO

## Additional Submissions and Requirements

Color photographs	<input checked="" type="checkbox"/>
Designs/Plans	<input checked="" type="checkbox"/>
Three Bids	<input checked="" type="checkbox"/>
Property Owner Approval	<input checked="" type="checkbox"/>
Current Occupancy Permit	<input checked="" type="checkbox"/>
Current Business License	<input checked="" type="checkbox"/>
Minority/Women/Veteran Owned	<input type="checkbox"/> NO
Eligible Improvements	<input checked="" type="checkbox"/>
Previous Funding	<input type="checkbox"/> NO

Additional Comments: Emailed 2/6/23 for remainder of app.  
50% Woman owned.

Rec. Approval: \_\_\_\_\_

Rec. Amount: \_\_\_\_\_



# Wiese USA -1435,1445,1455 Woodson Road

Requested Amount: \$15,000x3 = \$45,000

Project Total: \$94,788.80

## Improvements:

- 1435 – Landscape improvements
- 1445- Matching landscape improvements
- 1455- Matching landscape improvements



# Façade Program Review

IC

Date Received: 1/11/23

Project Address: 1435, 1445 + 1455 Woodson Road

Business Name: Wiese USA

Amount Requested: \$45,000 Total Project Cost: \$94,788.80

Demonstrated capacity to fund their share of the project? ☒ Yes ☐ NO

Property is free of judgment liens and all mortgage and tax obligations are current:  
☒ Yes ☐ NO ~~Need mortgage statement~~

## Additional Submissions and Requirements

Color photographs	<input checked="" type="checkbox"/>
Designs/Plans	<input checked="" type="checkbox"/>
Three Bids <del>Need at least one bid</del>	<input checked="" type="checkbox"/>
Property Owner Approval <del>Need pen + ink signature</del>	<input checked="" type="checkbox"/>
Current Occupancy Permit	<input checked="" type="checkbox"/>
Current Business License	<input checked="" type="checkbox"/>
Minority/Women/Veteran Owned	No
Eligible Improvements	<input checked="" type="checkbox"/>
Previous Funding	No

Additional Comments: Needs pen + ink signature from  
owner and documentation of who owner of  
LCC is. IS this one building or three?  
Two buildings are owned. Free & Clear. 1 building has  
a mortgage, attached.

Rec. Approval: \_\_\_\_\_

Rec. Amount: \_\_\_\_\_

# Bobby's Creole Inc. – 6307-6309 Delmar Blvd

Requested Amount: \$15,000

Project Total: \$53,300

## Improvements:

- Cutout, tuckpoint entire building, Including stone work on the front of building and waterproofing.





# Façade Program Review

Date Received: 11/30/2022

Project Address: 6307 - 6309 Delmar Blvd.

Business Name: Bobbys Creole Inc.

Amount Requested: \$15,000 Total Project Cost: \$28,500 - \$53,300

Demonstrated capacity to fund their share of the project? ☒ Yes ☐ NO

Property is free of judgment liens and all mortgage and tax obligations are current:

☒ Yes ☐ NO Applicant owns building and is free/clear.

## Additional Submissions and Requirements

Color photographs	<input checked="" type="checkbox"/>
Designs/Plans	<input checked="" type="checkbox"/>
Three Bids	<input checked="" type="checkbox"/>
Property Owner Approval	<input checked="" type="checkbox"/>
Current Occupancy Permit	<input checked="" type="checkbox"/>
Current Business License	<input checked="" type="checkbox"/>
Minority/ <u>Women</u> /Veteran Owned	<input checked="" type="checkbox"/>
Eligible Improvements	<input checked="" type="checkbox"/>
Previous Funding	<u>NO</u>

Additional Comments: Emailed 2/7/23 for occupancy permit.  
Had "historical" occupancy permit on file with  
city.

Rec. Approval: \_\_\_\_\_

Rec. Amount: \_\_\_\_\_

# Johnson Pediatrics – 6973 Olive Blvd.

Requested Amount: \$15,000

Project Total: \$30,000

## **Improvements:**

- Glass façade replacement
- Signage replacement
- Landscaping



# Façade Program Review

Date Received: 11/18/22  
 Project Address: 6973 Olive Blvd.  
 Business Name: Johnson Pediatrics, P.C.  
 Amount Requested: \$15,000 Total Project Cost: \$30,000  
 Demonstrated capacity to fund their share of the project? ✓ Yes        NO  
 Property is free of judgment liens and all mortgage and tax obligations are current:  
✓ Yes        NO owns building free/clear

## Additional Submissions and Requirements

Color photographs	✓
Designs/Plans	✓
Three Bids	✓
Property Owner Approval	✓
Current Occupancy Permit	✓
Current Business License	✓
Minority/Women/Veteran Owned	✓
Eligible Improvements	✓
Previous Funding	NO

Additional Comments: Waiting for design plans  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Rec. Approval: \_\_\_\_\_

Rec. Amount: \_\_\_\_\_

# C&B Properties, LLC – 8327 Olive Blvd.

Requested Amount: \$15,000

Project Total: \$34,500

## **Improvements:**

- New door and window removal/installation
- Replace exterior lighting
- Gutter replacement



# Façade Program Review

Date Received: 11/22/12

Project Address: 8327 Olive Blvd.

Business Name: C + B Properties LLC

Amount Requested: \$15,000 Total Project Cost: \$34,500

Demonstrated capacity to fund their share of the project? ☒ Yes ☐ NO

Property is free of judgment liens and all mortgage and tax obligations are current:  
☒ Yes ☐ NO

## Additional Submissions and Requirements

Color photographs	<input checked="" type="checkbox"/>
Designs/Plans	<input checked="" type="checkbox"/>
Three Bids	<input checked="" type="checkbox"/> (1)
Property Owner Approval	<input checked="" type="checkbox"/>
Current Occupancy Permit	Vacant
Current Business License	Vacant
Minority/Women/Veteran Owned	NO
Eligible Improvements	<input checked="" type="checkbox"/>
Previous Funding	NO

Additional Comments: Building is vacant. Building is  
owned free & clear. NO mortgage. NO  
B.L. or O.P.

Rec. Approval: \_\_\_\_\_

Rec. Amount: \_\_\_\_\_



# 606 North & South LLC – 7649 Delmar Blvd.

Requested Amount: \$8,250

Project Total: \$16,500

## Improvements:

- Window replacement with trim
- Paint window trims
- Repair and paint overhead eave and entire bay above eave including wood.
- Trash removal



# Façade Program Review

Date Received: 11/22/22  
 Project Address: 7649 Delmar Blvd.  
 Business Name: 606 North & South LLC  
 Amount Requested: \$8,250 Total Project Cost: \$16,500  
 Demonstrated capacity to fund their share of the project? ☒ Yes ☐ NO  
 Property is free of judgment liens and all mortgage and tax obligations are current:  
☒ Yes ☐ NO

## Additional Submissions and Requirements

Color photographs	<input checked="" type="checkbox"/>
Designs/Plans	<input checked="" type="checkbox"/>
Three Bids	<input checked="" type="checkbox"/> (1)
Property Owner Approval	<input checked="" type="checkbox"/>
Current Occupancy Permit	<input checked="" type="checkbox"/>
Current Business License	<input checked="" type="checkbox"/>
Minority/Women/Veteran Owned	<input type="checkbox"/> NO
Eligible Improvements	<input checked="" type="checkbox"/>
Previous Funding	<input type="checkbox"/> NO

Additional Comments: Included descriptions of changes on  
Pictures. Property under LLC. Address is actually  
7649. Application has a typo. Applicant is LLC  
owner

Rec. Approval: \_\_\_\_\_

Rec. Amount: \_\_\_\_\_



# AGR Investments, LLC - 8423-37 Olive Blvd.

Requested Amount: \$9,800

Project Total: \$19,600

## Improvements:

- Remove and install new exterior lighting
- Broken sign replacement
- Exterior brick painting
- Spot tuckpoint





# Façade Program Review

Date Received: 11/22/22

Project Address: 8423-37 Olive Blvd.

Business Name: AGR Investments LLC

Amount Requested: \$9,800

Total Project Cost: \$19,600

Demonstrated capacity to fund their share of the project? ☒ Yes ☐ NO

Property is free of judgment liens and all mortgage and tax obligations are current:

☒ Yes ☐ NO

## Additional Submissions and Requirements

Color photographs	<input checked="" type="checkbox"/>
Designs/Plans	<input checked="" type="checkbox"/>
Three Bids	<input checked="" type="checkbox"/> (1)
Property Owner Approval	<input checked="" type="checkbox"/>
Current Occupancy Permit	<input checked="" type="checkbox"/>
Current Business License	<input checked="" type="checkbox"/>
Minority/Women/Veteran Owned	<input type="checkbox"/> NO
Eligible Improvements	<input checked="" type="checkbox"/>
Previous Funding	<input type="checkbox"/> NO

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Rec. Approval: \_\_\_\_\_

Rec. Amount: \_\_\_\_\_

# 1991Properties, LLC – 8129-35 Delmar Blvd.

Requested Amount: \$15,000

Project Total: \$32,800

## Improvements:

- Remove/replace wood shakes on both awnings
- Replace all gutters and downspouts
- Repair/replace rotting soffits
- Repair/replace all soffit lighting



# Façade Program Review

Date Received: 11-22-22  
 Project Address: 8129-35 Delmar Blvd.  
 Business Name: 1991 Properties LLC  
 Amount Requested: \$15,000 Total Project Cost: \$ 32,800  
 Demonstrated capacity to fund their share of the project? ☒ Yes ☐ NO  
 Property is free of judgment liens and all mortgage and tax obligations are current:  
☒ Yes ☐ NO

## Additional Submissions and Requirements

Color photographs	<input checked="" type="checkbox"/>
Designs/Plans	<input checked="" type="checkbox"/>
Three Bids	<input checked="" type="checkbox"/> (1)
Property Owner Approval	<input checked="" type="checkbox"/>
Current Occupancy Permit	<input checked="" type="checkbox"/>
Current Business License	<input checked="" type="checkbox"/>
Minority/Women/Veteran Owned	ND
Eligible Improvements	<input checked="" type="checkbox"/>
Previous Funding	ND

Additional Comments: Designs are included on photos.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Rec. Approval: \_\_\_\_\_

Rec. Amount: \_\_\_\_\_



# Tulane Realty, LLC– 7301 Tulane Avenue

Requested Amount: \$15,000

Project Total: \$30,000

## Improvements:

- Tuckpointing and painting
- New window installation
- Landscaping upgrade
- Exterior lighting installation



# Façade Program Review

Date Received: 11/29/22  
 Project Address: 1301 Tulane Ave.  
 Business Name: Tulane Realty LLC  
 Amount Requested: \$15,000 Total Project Cost: \$30,000  
 Demonstrated capacity to fund their share of the project? ☒ Yes ☐ NO  
 Property is free of judgment liens and all mortgage and tax obligations are current:  
☒ Yes ☐ NO

## Additional Submissions and Requirements

Color photographs	<input checked="" type="checkbox"/>
Designs/Plans	<input checked="" type="checkbox"/>
Three Bids	<input checked="" type="checkbox"/>
Property Owner Approval	<input checked="" type="checkbox"/>
Current Occupancy Permit	<u>vacant</u>
Current Business License	<u>vacant</u>
Minority <u>Women</u> Veteran Owned	<input checked="" type="checkbox"/>
Eligible Improvements	<input checked="" type="checkbox"/>
Previous Funding	<u>NO</u>

Additional Comments: Applicant is 50% owner. may  
need approval/documentation from Luv.  
Tulane Realty is property owner. No business is operating  
out of it. No occupancy permit.

Rec. Approval: \_\_\_\_\_

Rec. Amount: \_\_\_\_\_

# University Dental Care – 7843 Olive Blvd

Requested Amount: \$15,000

Project Total: \$35,000

## **Improvements:**

- Landscaping improvements
- Parking improvements
- Security System
- Exterior updates





# Façade Program Review

Date Received: 11/28/22

Project Address: 7843 Olive Blvd.

Business Name: University Dental Care

Amount Requested: \$15,000 Total Project Cost: \$35,000

Demonstrated capacity to fund their share of the project? ☒ Yes ☐ NO

Property is free of judgment liens and all mortgage and tax obligations are current:

☒ Yes ☐ NO

## Additional Submissions and Requirements

Color photographs	<input checked="" type="checkbox"/>
Designs/Plans	<input checked="" type="checkbox"/>
Three Bids	<input checked="" type="checkbox"/> (2)
Property Owner Approval	<input checked="" type="checkbox"/>
Current Occupancy Permit	<input checked="" type="checkbox"/>
Current Business License	<input checked="" type="checkbox"/>
Minority <del>Women</del> Veteran Owned	<input checked="" type="checkbox"/>
Eligible Improvements	<input checked="" type="checkbox"/>
Previous Funding	NO

Additional Comments: Need design plans; Requested  
2/10- emailed that plan was for landscape  
removal, etc. Do we need renderings? - Received.

Rec. Approval: \_\_\_\_\_

Rec. Amount: \_\_\_\_\_

# 1-800 Got Junk— 6185 Olive Blvd

Requested Amount: \$7,266

Project Total: \$14,532

## **Improvements:**

- Fence installation behind U City Monument





# Façade Program Review

IC

Date Received: 12/5/22

Project Address: 6185 Olive Blvd

Business Name: 1-800-Got Junk

Amount Requested: \$17,266

Total Project Cost: \_\_\_\_\_

Demonstrated capacity to fund their share of the project? ☒ Yes \_\_\_\_\_ NO

Property is free of judgment liens and all mortgage and tax obligations are current:

☒ Yes \_\_\_\_\_ NO

## Additional Submissions and Requirements

Color photographs	<input checked="" type="checkbox"/>
Designs/Plans	<input checked="" type="checkbox"/>
Three Bids	<input checked="" type="checkbox"/>
Property Owner Approval	<input checked="" type="checkbox"/>
Current Occupancy Permit	<input checked="" type="checkbox"/>
Current Business License	<input checked="" type="checkbox"/>
Minority/Women/Veteran Owned	<u>NO</u>
Eligible Improvements	<input checked="" type="checkbox"/>
Previous Funding	<input checked="" type="checkbox"/> (2020)

Additional Comments: Need docs showing who owns  
Landco Midwest LLC - Received. Emailed  
for color photos - told they would arrive Friday

Rec. Approval: \_\_\_\_\_

Rec. Amount: \_\_\_\_\_





**CITY OF UNIVERSITY CITY COUNCIL MEETING  
AGENDA ITEM**

<b>NUMBER:</b> <i>For City Clerk Use</i>	<b>CM20251124-01</b>
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**SUBJECT/TITLE:**

City Manager General Updates

**PREPARED BY:**

**DEPARTMENT / WARD**

Administration - All

**AGENDA SECTION:**

City Manager's Report

**CAN ITEM BE RESCHEDULED?**

**CITY MANAGER'S RECOMMENDATION OR RECOMMENDED MOTION:**

**FISCAL IMPACT:**

**AMOUNT:**

**ACCOUNT No.:**

**FROM FUND:**

**TO FUND:**

**EXPLANATION:**

General updates as provided by the City Manager.

**STAFF COMMENTS AND BACKGROUND INFORMATION:**

**CIP No.**

**RELATED ITEMS / ATTACHMENTS:**

**LIST CITY COUNCIL GOALS (S):**

**RESPECTFULLY SUBMITTED:**

City Manager, Gregory Rose

**MEETING DATE:**

11/24/2025





CITY OF UNIVERSITY CITY COUNCIL MEETING  
AGENDA ITEM

NUMBER: <i>For City Clerk Use</i>	NB20251124-01
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SUBJECT/TITLE:

A RESOLUTION TO IMPLEMENT THE MISSOURI BLUE SHEILD PROGRAM TO RECOGNIZE COMMUNITIES DEDICATED TO EFFECTIVE LAW ENFORCEMENT AND COMMUNITY SAFETY

REQUESTED BY:

Chief Larry Hampton

DEPARTMENT / WARD

Police Department

AGENDA SECTION:

New Business - Res 2025-14

CAN ITEM BE RESCHEDULED?

No

CITY MANAGER'S RECOMMENDATION OR RECOMMENDED MOTION:

City Manager recommends approval.

FISCAL IMPACT:

The Missouri Blue Shield program falls under Gov. Mike Kehoe's Safer Missouri strategic plan for the state. No real fiscal impact.

AMOUNT:

\$0

ACCOUNT No.:

N/A

FROM FUND:

N/A

TO FUND:

N/A

EXPLANATION:

The Police Department is requesting to participate in the Missouri Blue Shield Program to aid in capitalizing on resources, support, and funding that will allow public safety to further enhance our community efforts of combating criminal trends in our region.

STAFF COMMENTS AND BACKGROUND INFORMATION:

UCPD will be responsible for finalizing and submitting any documentation that is required for this program.

CIP No.

RELATED ITEMS / ATTACHMENTS:

Attached strategic plan from Col. Larry Hampton  
RES 2025-14

LIST CITY COUNCIL GOALS (S):

Public Safety

RESPECTFULLY SUBMITTED:

City Manager Gregrotry Rose

MEETING DATE:

11/18/2025



UNIVERSITY CITY POLICE DEPARTMENT  
OFFICE OF THE CHIEF OF POLICE  
6801 DELMAR BLVD.  
UNIVERSITY CITY, MISSOURI 63130



GREETINGS CITY MANAGER ROSE,

Amid several different funding opportunities for law enforcement organizations in Missouri under Gov. Mike Kehoe's Safer Missouri strategic plan. Funding sources such as the governor's Blue Shield program are viable supplemental grants and awards that allow communities like University City, MO., to capitalize on resources that aid in combatting and curbing criminal trends.

Here are a few components needed to qualify for this Blue Shield program.

**1. Resolution from Governing Body** (attached to this communication)

City Manager Rose, with your approval, University City needs our City Council to pass a formal city resolution committing to the Blue Shield program and reaffirming the City's dedication to reducing violent crime with funding, support, and technologies.

**2. Extraordinary Public Safety Investment**

*Over the past five years, University City has:*

- Increased staffing and operational support in the Police Department
- Funded additional technologies, sophisticated platforms including our gunshot detection devices, our License Plate Reader (LPR) devices, and continually enhancing our surveillance infrastructures
- Supported full implementation of body-worn cameras along with our dashboard and in-car camera efforts

- Invested in outfitting equipment for new patrol units and specialty teams such as high-tech sirens, lights, etc....

### 3. Community Policing Initiatives

*UCPD participates in a wide range of community policing efforts that directly meet the listed Blue Shield program criteria:*

- **Neighborhood Watch:** Multiple active subdivision groups citywide. The UCPD Crime Analyst provides a regular basis analytics.
- **Crisis Intervention Trained:** All officers are CIT certified through St. Louis County and MSHP. We maintain active coordination with BHR and submit reports on crisis encounters.
- **Business District Patrols:** Foot and bike patrols are deployed regularly in the Delmar Loop and Olive District, including direct partnerships with the Loop Special Business District and Washington Univ. for security measures.
- **Community Engagement:**
  - Coffee with a Cop and Chat with the Chief events are held regularly.
  - We maintain a dedicated **H.O.P.E. outreach program** for persons experiencing homelessness.
  - UCPD operates a **Chaplain Program** (three active chaplains) and we offer free **Active Shooter training** for houses of worship.
  - UCPD also provides free **Security Analyses** for our community
  - UCPD hosts and facilitates **citizen police academies, focus group meetings**, and maintains **School Resource Officers**.

### 4. Recruitment and Retention Program

*UCPD sustains an established recruitment and retention strategy, which includes:*

- Structured lateral and entry-level hiring process
- Field training and mentorship
- Officer wellness efforts
- Career development through specialized training and advancement opportunities

Policy document is on file and ready to upload.



## **5. Local Partnerships**

*UCPD maintains active collaboration with:*

- Code Enforcement (two assigned officers) in joint nuisance and derelict abatement operations
- Business owners through safety audits, CPTED evaluations, and Loop SBD meetings, Retail Theft strategy discussions
- Social service providers (e.g., BHR, H.O.P.E. partners, Man of Valor, etc...)
- Area clergy through the Chaplaincy Program

These represent ongoing and effective partnerships to support community safety.

## **6. Crime Reduction and Innovation**

*UCPD has demonstrated effectiveness through:*

- Data-driven deployment using full-time crime analysis
- Regular CPTED inspections and business audits
- Implementation of a gunshot detection system with one-mile coverage
- Over 200+ surveillance cameras and 25+ LPR readers citywide
- Targeted operations supported by DWI and traffic enforcement grants

## **7. Regional Task Force Participation**

*UCPD is an active participant in:*

- St. Louis Area Police Chiefs' Association
- Missouri Police Chiefs' Association
- Region C Intelligence Meetings
- Major Case Squad of Greater St. Louis
- Cybercrimes and MRT collaborative teams
- Monthly interagency meetings with local, county, and federal partners

## **8. Proactive Policing Practices**

*UCPD regularly deploys:*

- Direct Patrol operations and “Hot Spot Policing” in high-crime areas
- Overtime enforcement funded through MODOT highway safety and traffic grants

- Intelligence-led patrol assignments via analytics prepared on weekly basis
- High-visibility presence in business corridors and school zones
- Community-based special operations (bike patrol, drone unit deployment)

## **9. Statutory Compliance**

We are in full compliance with the following Missouri statutes:

- Sections 43.505, 43.544, 590.030, 590.650.3, 590.700, and 590.1265, RSMo.

A signed attestation form will be completed for the application.

## **10. Departmental Accomplishments and Goals**

*Recent Accomplishments:*

- Launched crime mapping tools accessible to the public
- Expanded CIT training to 100 percent department certification
- Acquired and deployed body-worn cameras and modernized our in-car camera fleet
- Secured and maintained over 200 integrated video surveillance feeds

### **Goals (1–5 Years):**

- Replace aging police fleet vehicles with updated units
- Expand regional collaboration through additional task force participation
- Continue launching community engagement models (youth programming, resident academies)
- Increase crime clearance rates through technology and investigative staffing

### **Next Steps:**

- Finalize and submit the required documentation (resolutions, signed letters, policy files)
- Notify Department of Public Safety of UCPD's intent to certify under the Blue Shield Program

UCPD meets and surpasses the program criteria and stands as a model agency for this recognition. Attached at the end of this communication is Gov. Kehoe's directive.

Regards,

Chief Larry Hampton J r.

University City Police Department

# GOVERNOR KEHOE ANNOUNCES LAUNCH OF MISSOURI BLUE SHIELD PROGRAM TO RECOGNIZE COMMUNITIES DEDICATED TO EFFECTIVE LAW ENFORCEMENT AND COMMUNITY SAFETY

*MARCH 5, 2025*

**JEFFERSON CITY** — Today, Governor Mike Kehoe announced Missouri counties, towns, and cities can now apply for Missouri Blue Shield designation, recognizing their commitment to enhancing public safety, strengthening support for law enforcement, and building sustainable public safety partnerships.

The Blue Shield Program, as outlined in [Executive Order 25-03](#), is part of the Governor’s [Safer Missouri](#) initiative announced on his first day in office. Achieving the Blue Shield designation allows communities to access state grants for law enforcement training and equipment.

“Improving public safety is the top priority of our administration, and Missouri communities that are making public safety and support of law enforcement a priority should be recognized,” **Governor Kehoe** said. “We urge Missouri communities to apply for the Blue Shield designation to spread the word about the safer communities they’re building. We will continue to work with the General Assembly to make \$10 million in grant funding for law enforcement training and equipment available to Blue Shield communities.”

The Missouri Department of Public Safety (DPS) is administering the Blue Shield Program. Applications should be made by an official from the jurisdictions seeking the Blue Shield designation in coordination with the jurisdiction’s chief law enforcement officer. Applications and all supporting materials should be submitted online at [this link](#).

DPS will review applications and begin making determinations on Blue Shield designations for counties, cities, and towns within two weeks of application submission. DPS encourages communities to apply early, because if grant funding is approved by the General Assembly, the department will begin accepting grant applications in July, when the fiscal year 2026 funding becomes available. Questions on the application process can be directed to Courtney Kawelaske, [Courtney.Kawelaske@dps.mo.gov](mailto:Courtney.Kawelaske@dps.mo.gov).

Among the Blue Shield designation eligibility criteria are:

- Passage of a resolution demonstrating a commitment to public safety, including to reduce violent crime within the jurisdiction.
- Extraordinary investments in public safety funding.
- Community policing initiatives or local partnerships to invest in and/or improve public safety.
- Law enforcement officer recruitment and retention program.
- Demonstrated effectiveness in reducing crime or innovative programs that attempt to reduce crime.
- Participates in regional anti-crime task forces, or a commitment to be a willing partner with these in the future; and
- Compliance with Missouri crime reporting and traffic stop data requirements and other related statutes.

Blue Shield counties, cities, and towns must maintain their commitments each year to retain the Blue Shield designation via annual reporting on their ongoing efforts to support public safety to DPS. Once local governments are approved for a Blue Shield designation, they will receive a public relations toolkit to showcase their community’s commitment to public safety.

## **RESOLUTION NO. 2025 – 14**

### **A RESOLUTION TO IMPLEMENT THE MISSOURI BLUE SHIELD PROGRAM TO RECOGNIZE COMMUNITIES DEDICATED TO EFFECTIVE LAW ENFORCEMENT AND COMMUNITY SAFETY.**

**WHEREAS**, on March 5, 2025, Governor Mike Kehoe announced that Missouri counties, cities and towns can now apply for a Blue Shield designation, recognizing their commitment to enhancing public safety, strengthening support for law enforcement, and building sustainable public safety partnerships; and

**WHEREAS**, the Blue Shield Program, as outlined in Executive Order 25-03, is part of Governor Kehoe's Safer Missouri initiative announced on his first day of office; and

**WHEREAS**, achieving the Blue Shield designation allows communities to access state grants for law enforcement training and equipment; and

**WHEREAS**, well trained, professional law enforcement agencies are essential for the safety and security of Missouri's citizens, communities, and visitors; and

**WHEREAS**, positive engagement between the community and law enforcement plays a critical role in reducing crime and fostering trust between residents and law enforcement; and

**WHEREAS**, public safety is the responsibility of the citizens and their communities at large, not just sworn peace officers, and requires commitment from local leaders; and

**WHEREAS**, community participation and accountability play a significant role in reducing criminal activity within a community; and

**WHEREAS**, a local government's commitment to enhancing public safety, fostering law enforcement support, and encouraging community partnerships related to public safety is worthy of support and recognition; and

**WHEREAS**, receiving the Blue Shield designation will benefit the citizen of University City, Missouri; and

**WHEREAS**, a copy of this Resolution has been provided for public inspection prior to consideration by the Council.

**NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE CITY OF  
UNIVERSITY CITY, MISSOURI, AS FOLLOWS:**

The Council hereby declares and affirms its ongoing commitment to public safety, including a commitment to reduce violent crime within the City of University City, Missouri, in alignment with the Governor's Blue Shield Program.

PASSED and ADOPTED this 24<sup>th</sup> day of November, 2025.

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MAYOR

ATTEST:

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CITY CLERK



**CITY OF UNIVERSITY CITY COUNCIL MEETING  
AGENDA ITEM**

<b>NUMBER:</b> <i>For City Clerk Use</i>	<b>NB20251124-02</b>
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**SUBJECT/TITLE:**

Pension Plan Amendment - One-Time COLA of 1% for existing retirees of the Non-Uniformed Employees Retirement System

**PREPARED BY:**

Keith Cole - Director of Finance

**DEPARTMENT / WARD**

Finance / All

**AGENDA SECTION:**

New Business - Bill 9577

**CAN ITEM BE RESCHEDULED?**

Yes

**CITY MANAGER'S RECOMMENDATION OR RECOMMENDED MOTION:**

The City Manager recommends approval of the One-Time COLA of 1% for the existing retirees of the Non-Uniformed Employees Retirement System which was approved by the Non-Uniformed Employees Retirement System Pension Board.

**FISCAL IMPACT:**

Fiscal Impact to the Non-Uniformed Employees Retirement System Pension Plan is approximately \$18,212

**AMOUNT:**

Approximately \$18,212

**ACCOUNT No.:**

n/a

**FROM FUND:**

Non-Uniformed Pension Fund

**TO FUND:**

Non-Uniformed Pension Fund

**EXPLANATION:**

Retirees and beneficiaries of the Non-Uniformed Employees Retirement System Pension Plan as of January 1, 2025 would be impacted. The effective date of the 1% monthly benefit COLA increase would be January 1, 2026.

**STAFF COMMENTS AND BACKGROUND INFORMATION:**

At the October 28, 2025 Pension Board meeting, the Non-Uniformed Employees Retirement System Board made a motion, seconded, and carried unanimously to approve a 1% COLA for the Non-Uniformed Pension Plan retirees. Council approved a 1% COLA back on September 23, 2024, which went into effect, December 1, 2024. Prior to this, Council approved a 2% COLA back on September 11, 2023, which went into effect December 1, 2023.

**CIP No.****RELATED ITEMS / ATTACHMENTS:**

1. Bill Number 9577
2. Memo - Cost Statement

**LIST CITY COUNCIL GOALS (S):**

Prudent Fiscal Management

**RESPECTFULLY SUBMITTED:**

City Manager, Gregory Rose

**MEETING DATE:**

November 24, 2025

**INTRODUCED BY:**

**DATE:** November 24, 2025

**BILL NO. 9577**

**ORDINANCE NO.**

**AN ORDINANCE AMENDING SECTION 130.580 OF THE MUNICIPAL CODE OF THE CITY OF UNIVERSITY CITY, MISSOURI, RELATING TO NON-UNIFORMED EMPLOYEES RETIREMENT SYSTEM BENEFIT ADJUSTMENTS, BY INCREASING MONTHLY BENEFITS TO RETIREES AND THEIR BENEFICIARIES OTHER THAN CHILDREN BY ONE PERCENT.**

BE IT ORDAINED BY THE COUNCIL OF THE CITY OF UNIVERSITY CITY, MISSOURI, AS FOLLOWS:

Section 1. Section 130.580 of the Municipal Code of the City of University City, Missouri, relating to non-uniformed employees retirement system benefit adjustments, is hereby amended by increasing monthly benefits to retirees and their beneficiaries other than children by one percent, so that said section, as so amended, shall read as follows:

Section 130.580. Benefit Adjustments.

A. All retirees and beneficiaries shall continue to receive the increases in monthly benefits previously authorized by ordinance. Said increases are as follows:

1. Effective February 23, 1987, a monthly increase of ten percent (10%) to retirees who retired prior to September 1, 1981, and to beneficiaries whose spouses retired prior to September 1, 1981, provided such retirees and beneficiaries were receiving benefits as of February 23, 1987;
2. Effective January 1, 1990, a monthly increase of ten dollars (\$10.00) to all retirees who retired prior to January 1, 1989, and to their beneficiaries, provided such retirees and beneficiaries were receiving benefits as of January 1, 1990;
3. Effective December 1992, a monthly increase of twenty-five dollars (\$25.00) to all retirees who retired prior to July 1, 1991, and to their beneficiaries other than children, provided such retirees and beneficiaries were receiving benefits as of December, 1992.

B. Effective January 1, 1995, all retirees who retired prior to June 1, 1994, and whose employment terminated after they became eligible for retirement pursuant to this Article, and their beneficiaries other than children, shall receive a monthly benefits increase of ten dollars (\$10.00), provided such retirees and beneficiaries were receiving benefits as of January 1, 1995.

C. Effective July 1, 1998, all retirees who retired prior to December 31, 1996, and whose employment terminated after they became eligible for retirement pursuant to this Article, and their beneficiaries other than children, shall receive a monthly benefits increase of twenty dollars (\$20.00), provided such retirees and beneficiaries were receiving benefits as of July 1, 1998.

D. Effective July 1, 2000, all retirees who retired prior to December 31, 1999, and whose employment terminated after they became eligible for retirement pursuant to this Article, and their beneficiaries other than children, shall receive a monthly benefits increase of the greater of five percent (5%) or forty dollars (\$40.00), provided such retirees and beneficiaries were receiving benefits as of July 1, 2000.



E. Effective July 1, 2003, all retirees who retired prior to January 1, 2003, and whose employment terminated after they became eligible for retirement pursuant to this Article, and their beneficiaries other than children, shall receive a monthly benefits increase of twenty dollars (\$20.00), provided such retirees and beneficiaries were receiving benefits as of January 1, 2003.

F. Effective July 1, 2007, all retirees who retired prior to January 1, 2007, and whose employment terminated after they became eligible for retirement pursuant to this Article, and their beneficiaries other than children, shall receive a monthly benefits increase of twenty-five dollars (\$25.00), provided such retirees and beneficiaries were receiving benefits as of January 1, 2007.

G. Effective December 1, 2023, all retirees who retired prior to January 1, 2023, and whose employment terminated after they became eligible for retirement pursuant to this Article, and their beneficiaries other than children, shall receive a monthly benefits increase of two percent (2%), provided such retirees and beneficiaries were receiving benefits as of January 1, 2023.

H. Effective December 1, 2024, all retirees who retired prior to January 1, 2024, and whose employment terminated after they became eligible for retirement pursuant to this Article, and their beneficiaries other than children, shall receive a monthly benefits increase of one percent (1%), provided such retirees and beneficiaries were receiving benefits as of January 1, 2024.

I. Effective January 1, 2026, all retirees who retired prior to January 1, 2025, and whose employment terminated after they became eligible for retirement pursuant to this Article, and their beneficiaries other than children, shall receive a monthly benefits increase of one percent (1%), provided such retirees and beneficiaries were receiving benefits as of January 1, 2025.

Section 2. This ordinance shall take effect and be in force from and after its passage as provided by law.

PASSED AND ADOPTED this \_\_\_\_ day of \_\_\_\_\_, 2025.

\_\_\_\_\_  
MAYOR

ATTEST:

\_\_\_\_\_  
CITY CLERK

CERTIFIED TO BE CORRECT AS TO FORM:

\_\_\_\_\_  
CITY ATTORNEY



## Finance Department

6801 Delmar Boulevard, University City, Missouri 63130, Phone: (314) 862-6767, Fax: (314) 863-0921

# MEMORANDUM

TO: Gregory Rose, City Manager

FROM: Keith Cole, Director of Finance

DATE: November 24, 2025

SUBJECT: Cost Statement Need – Non-Uniformed Pension Plan Retirees 1% COLA

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### Missouri Requirement for Cost Statement of Proposed Changes:

Revised Missouri Statute Section 105.660 defines a “Substantial proposed change” as a proposed change in future plan benefits that meets any one of the following criteria:

- Would increase or decrease the total contribution percent by at least one-quarter of one percent of active employee payroll;
- Would increase or decrease a plan benefit by five percent or more; or
- Would materially affect the actuarial soundness of the plan.

If any of the conditions are met, Section 105.665 requires the actuary to provide a formal cost statement to the legislative body before the body takes any final action.

The Actuary completed an estimated cost of the 1% COLA to be approximately \$18,212. As a percentage of payroll, it is about 0.19%, which is below the required 0.25% as stated above in Missouri Statute Section 105.660.

From this analysis, it appears a formal Cost Statement is not required.