



## Funding Verification Form

**EVENT #:** 11886

**TITLE:** Medicare Advantage Renewal

**TOTAL FUNDING AMOUNT:**

AMOUNT NOT TO EXCEED

\$ 2,549,905

**FUNDING SOURCE:**

| BUDGET YR | FUND                  | DEPARTMENT                           | ACCOUNT                       | ACTIVITY |
|-----------|-----------------------|--------------------------------------|-------------------------------|----------|
| 2026      | 621 – RISK MANAGEMENT | 9805- RISK MANAGEMENT<br>MEDICAL INS | 52294 -MEDICARE ADV PLAN COST | N/A      |

**NOTES**

Fiscal Impact Statement: The funding source 621.9805.52294 supports this expenditure.