



**MINUTES OF THE NORTHERN NYE COUNTY HOSPITAL DISTRICT
BOARD OF TRUSTEES
101 Radar Road, Tonopah, NV 89049
Regular Meeting
April 16, 2020 10:00am**

April 16, 2020

Chairman: Karmin Greber - Present
Vice Chair: Emily Hendrickson - Present
Secretary/ Treasurer: Justin Zimmerman - Present
Trustee: Don Kaminski - Present
Trustee: Tim Gamble - Present

Item #1, Pledge of Allegiance.

Pledge of Allegiance recited in unison.

Item #2, GENERAL PUBLIC COMMENT (Three-minute time limit per person.) Action will not be taken on the matters considered during this period until specifically included on an agenda as an action item (first).

None.

Item #3, For Possible Action – Approval of the Agenda for April 16, 2020

Secretary / Treasurer Zimmerman

I move to remove item 5, 7, 8, and 11. If there's no one here to speak on them and the Mizpah didn't notify us that there was anything needing approval.

Chairman Greber

Okay, you said 5, 7, we don't have anybody from Renown Health, for 8, we don't have anybody from REMSA, and number 11. Does that sound right? Any comments, Trustees, related to that?

Secretary / Treasurer Zimmerman

I made a motion. We need a second and a vote.

Trustee Gamble

I second.

Chairman Greber
Motion passes 5-0.

Secretary / Treasurer Zimmerman
I need to interrupt you, again. Our live stream is having some issues that we need to recess the meeting and restart that portion. Give us just a few minutes.

Chairman Greber
Sure. So, we need to suspend the meeting?

Secretary / Treasurer Zimmerman
Yes, please recess. I'll let you know when we can reconvene.

Chairman Greber
Meeting is recessed. Please stand by.

Chairman Greber
Let's go ahead and reconvene the meeting. It is 10:21am.

Item #4, Announcements (first)

None.

Item #5, For Possible Action – Emergency Items

Removed from the agenda.

Item #6, Trustees'/Liaison Comments (This item limited to topics/issues proposed for future workshops/agendas)

Trustee Kaminski
This is Don, Karmin. I do have a couple items, I'll submit those in writing.

Chairman Greber
Okay, thank you, Don. That is for the May agenda or are you proposing a special meeting?

Trustee Kaminski
No, for May.

GENERAL BUSINESS

Item #7, No Action - Presentation by Renown Health of their February 2020 reconciliation package and reports pursuant to the professional services agreement entered into on December 20th, 2017.

Removed from the agenda.

Item #8, No Action –Presentation by Regional Emergency Medical Services Authority of their February 2020 reconciliation package and reports pursuant to the professional services agreement entered into on December 20th, 2017.

Removed from the agenda.

Item #9, No Action - 1) Presentation by Central Nevada Regional Care of their March 2020 reconciliation package and; 2) discussion and deliberation of a request for the District to purchase one iStat device for \$11,642.61 and one ACLS Defibrillator/Monitor and associated batteries and electrodes for \$17,899.93, if approved all items will be District assets and Central Nevada Regional Care will have use of them in the provision of medical services pursuant to the Professional Services Agreement entered into on January 17, 2020.

Secretary / Treasurer Zimmerman

If I can cut in really quick. We won't actually be hearing their march reconciliation until next month. That got done a little later than we had expected and the agenda was already set in motion, but some of what they will be providing is in the backup. I've provided some feedback and asked for some additional items. Have a look at that, if there's anything you specifically would like to see from CNRC, this is an opportunity to let them know. And we'll be officially seeing March in May, which puts them on the same schedule with REMSA. The two pieces of equipment are to be decided on today.

Tiffany Grigory

I've Queenie, Kaniela and Dr. Van Le.

Chairman Greber

Good Morning.

Quennie Manuel

I think you guys received the presentation for the number of patients that we've been receiving. We have for the month of March we saw 243 patients. And with regard to insurance companies, we are contracted to Sierra Health and Life, all the products of Sierra Health and Life. We signed the contract for Aetna. For Medicare and Medicaid, we're still waiting for them because of the whole shutdown. I think they're not functioning on any process right now. BlueCross, we signed a contract as well, we're just waiting for the execution. United Healthcare is part of this Sierra, so we're also contracted with all their insurance companies on that side of it.

We're also getting a lot of good after hours calls. We've had several of them, right, Kaniela? We've had success with the after-hour calls that we've had in the last month and a half.

We received the autoclave and the Piccolo we still are waiting for, but we can't do anything. We can't use them right now until we get an approval with the Department of Health. They should be coming in after the whole quarantine is lifted off.

The X ray machine, we ordered it already because one of their warehouses is shutting down. So, for purchasing the machine from Maven, they need to register that with the Department of Health in Nevada before that machine could even enter Nevada. So now we're waiting as well for the Department of Health to give us an approval for that machine to be delivered here in Nevada. Currently, it's in route and we're waiting for the approval from the Department of Health to give us the go signal to have it delivered here in Nevada. As soon as that's delivered, construction started yesterday, electricians were there today, and my main priority right now, is hot water and getting our isolation room and decontamination room up to date and ready to process. Kaniela, do you have anything to add?

Kaniela Acosta

Regarding the equipment, we definitely need the ACLs monitors, because two of our calls at the clinic really could have used them and benefited the patient. So, the sooner the better for the ACLs monitor. The Piccolo, we did receive, again, we're not using until we finish our CLIA.

Chairman Greber

Can I ask, what does OTC on your daily collections indicate?

Quennie Manuel

Over the counter collection, copayments for cash pay patients.

Chairman Greber

I see, thank you.

Secretary / Treasurer Zimmerman

The elements I requested be added to this report for future. Our over the counter collections, I'd like to see what the billables actually were. That's a practice that Renown had and it did give us an idea. It's a very small dollar amount that we are seeing mail versus mail and over the counter and I'm sure there are other collectables. I would imagine that's not dated with insurance bills, and things like that. So, I would like a more in depth look at that, not necessarily just money collected, but billables made. And another thing that I don't think I mentioned to Queenie before, was I'd like to see a payer mix. So, we've got patients stats, numbers of patients, what services they were there for, but I would also like to see who their insurance companies are and have a monthly depiction of how many payers are visiting the clinic and whether or not we're contracted with them. Make sure we've got all the contracts in place, we need.

Quennie Manuel

Okay, I will give you an updated one, I apologize. I will forward this updated spreadsheet; Medicare patients we've got 55 for the whole month, Medicaid at 53, Aetna is 11, Blue Cross 29, Cigna 8, Sierra Health and Life 34, United Healthcare is 8, and am better is 1, Health Scope is 5, TRICARE 5, BEBP 4, Hometown Health 1, GEAJ that's under Cigna as well the PPA is 1, and the VA is 1.

Secretary / Treasurer Zimmerman

I'm thrilled that you have that info so quick at hand, I appreciate that.

Quennie Manuel

I'll give you the updated version.

Secretary / Treasurer Zimmerman

No big deal. That's why we're doing this, to give everybody a chance to ask for anything that's missing and then we will see this again, in a more polished, final, complete version next month. So, don't stress it too much.

Quennie Manuel

And then the financials for March, I will email it to you, Justin, for March and half of April.

Vice Chair Hendrickson

This may be a silly question and I might just need to look back at Renown's numbers, but the 243 total patients, is that about what we were seeing before? Has that increased at all or what's the trend?

Trustee Gamble

I can pull up Renown's numbers, give me a second.

Vice Chair Hendrickson

Sorry, guys, I can look that up too. It was just wondering if it's good.

Chairman Greber

No, that's good. That's very relevant, actually. I'm very happy with the spread of insurances and the variety of people who are coming to be seen. Quennie, I presume that you are still deferring the claims on those who haven't executed contract with?

Quennie Manuel

Correct.

Chairman Greber

While Tim's looking for that, do you anticipate an insurance provider/ carrier who you will not successfully secure a contract and execute with, for them to be in network?

Quennie Manuel

I don't think so, the only thing that I will probably be questioning, but I'm sure they'll let us if I go to the right person for this or communicate with a higher up, is the VA. Because they don't have a hospital over there. I just need to communicate to the higher ups in terms of how can I get a contract with the VA.

Trustee Gamble

So, for 2019, in the period of March, Renown saw about 202 patients, followed by 178. They were roughly right around 100 but their last month of December 2019, they dropped off to 125.

Secretary / Treasurer Zimmerman

I'm sorry, I happen to pull up this data too, and the spreadsheet they used to keep is kind of strange. So, the total patient count Renown saw in March last year was 244. I thought we were pretty on par with their numbers.

Trustee Gamble

Well, especially for first month. There doesn't appear to be an appreciable drop in patients.

Secretary / Treasurer Zimmerman

And I've just been hearing a great word of mouth from our local EMTs in connection with them. I think that will just spread like wild wildfire and we'll see those numbers grow.

Chairman Greber

Wonderful.

Chairman Greber

I see Queenie, Occ-Med is at zero. Have you had many employers register for your occupational medicine program?

Quennie Manuel

We do. We have four total and then there's some other ones that we were trying to implement in the beginning when we first started, the first week, and then the whole shutdown happened. So, everything is a little bit on hold right now. There's two more that reached out and they wanted to do the whole contract.

Chairman Greber

Wonderful. You have four that are contracted now?

Quennie Manuel

Yes. We're trying to get the equipment that they need, because they need different specific testing for their employees, so we're trying to get those equipments as well.

Trustee Gamble

Out of curiosity, what kind of equipment do they need? I'm assuming it's more specialized, so what kinds of things are they asking for?

Quennie Manuel

The breathalyzer, that's one. Different type of a testing, that I know we need to have either the licensing for our staff or the equipment.

Chairman Greber

Queenie, are you happy with your numbers?

Quennie Manuel

No, not really. I want more! I think we're going to get there. I think we started the 7th, we missed one whole week, so it could have been probably higher than that. I think it's progressively working well, because now that we're going to have the radio that Justin is working on, I think this is something that's going to get our numbers up by next month. I think they will be a lot higher; double is anything.

Chairman Greber

Great. Do you feel that there's gaps that besides the equipment for Occ-Med, the introduction of the radio for dispatch and transport as soon as we can get that coordinated, are there other avenues that you feel would be beneficial to boost your number?

Quennie Manuel

Not yet, until we get to the point of getting our actual X ray machine, in construction, everything is set. We had to turned down two patients because of weight. We only have the portable X ray, it can only take so much mass, in terms of the whole chest X ray. It's just the machine that we have being portable, it's not enough to carry that. Once we have the actual machine, I think we'll be okay with taking any patients. Other equipment licensing with the CLIA, we're working on the CLIA waiver. That's about it. I think Van has something to say, hold on.

Dr. Van Le

One of the things that we can do to improve the numbers, Karmin, you know how you asked for the transportations of patients? The transportation to bring the patient to the clinic. We have somebody who is ready to go as soon as soon as we can figure out logistically, when do you guys want him up there, he's prepared to go up there and we can start bringing the patients to the clinic.

Chairman Greber

Excellent. That's an excellent approach. Particularly with the closure of the Kingston Clinic in Austin, I know that those communities are small but they still need health care. Emily, maybe you can speak to that. I thought I had understood that the clinicians in Round Mountain could see some of those patients or do they need assistance, scheduled to bring them into Tonopah? Is there anything they can coordinate for Round Mountain that would support the clinic out there?

Vice Chair Hendrickson

I think and this is a really incredible development and something that this community has needed for a really long time. The closure of the clinic in Kingston had a big impact on that community. The Round Mountain Gold Health Center is open to employees and their dependents, and also a couple of other select groups like school district employees, retired employees, things like that. But there are a population of folks out here who are not eligible to use the clinic, like our senior population, quite a few of those will really benefit from that. However, we can advertise for that up

here, make sure that the Smoky Valley Ambulance Service is aware of that and we'll that our clinic be aware of that as well.

Dr. Van Le

Just give me a couple weeks in advance of when you guys want to implement it, and I can get my guys ready. He already ordered the Handicap lift for the wheelchair, the wheelchair lift. Everything is set in motion; I just need to know the timeframe given this whole quarantine period. We can have a schedule, the way we worked it out is we can start out two days a week. Then it's just a matter of picking which days that we think that we can maximize the route and then just having the car there and we're going to hire a local driver to go and pick up everybody and drop them. It'll just be like an eight-hour shift where he is driving around and pick up, drop off, pick up drop off.

Secretary / Treasurer Zimmerman

That's great. And just to make sure we're not duplicating services as much as possible we could also partner with Senior Transportation. I believe they bus people in every Tuesday from the surrounding areas. We could partner with them for regular recurring appointments, nothing urgent of course.

Dr. Van Le

It's just a matter of you how you guys want it. You can relate a message and then work out a schedule with Quennie on how you guys want this to be implemented, then she can let me know. I can have the guy come up there, meet you guys, he could take a look at the routes and then he could start looking for drivers up there.

Secretary / Treasurer Zimmerman

That's great. That's a great idea, Van.

Dr. Van Le

I'm more of a progressive type. I don't sit around waiting for business, I want to go out and get the business to the clinic. So that's one way we could do, another way in I was talking to Chris yesterday. He said up in Hawthorne, if you guys are starting to take us ,because I was trying to get them to come to Tonopah, full time. These guys are really serious about coming out. They are saying if you're able to provide transportation, there and back. That's something we have to figure out too, because that's like 100-mile drive, am I correct on that on the distance?

Chairman Greber

You mean regular transportation, a route to Hawthorne for patients?

Dr. Van Le

Yeah, because if all of their providers leave, Hawthorne is going to be having a big healthcare crisis too, because they won't have anybody to run the shifts. So, you guys need to help me, help us on how to reach out to the surrounding communities, like an hour drive or so and then we can create a set pickup place, set time. What I'd like to do is have the patient call into the clinic, make the appointment and then we have a schedule that we have how many patients we need to pick up on that day, let's say Round Mountain, we can even go to Goldfield, wherever there is business, we'll drive down there to pick the patients up and bring them back up. If I'm correct, Medicare pays for the seniors, so we can have a good mixture of seniors and regulars in there and it would cover the cost of everything, because then we can maximize every trip.

Chairman Greber

Absolutely.

Vice Chair Hendrickson

Would it be valuable to do a survey in each of the communities, that we might be servicing? Just a quick, like Survey Monkey, thing?

Dr. Van Le

I don't know how to go about that because you guys understand the communities around there better than I do. That would be something that you guys need to let us know. Even letting us know if you have a list of nursing homes and stuff like that. We can do that; we can also go pick up patients at nursing homes and bring them to the clinic too.

Chairman Greber

One of the resources that might be of help, if we break down Margot's Needs Assessment and see what some of some of our patient demographic and also the chronic health issues, you know, endocrinology, things like that. When we begin to see untapped patient base for things that are routine and that are regular chronic health conditions that are certainly represented here. I think we can capture those numbers and develop an implementation plan. I think that's excellent.

Dr. Van Le

We definitely can do that, because in talking to Chris, one of the things, I wouldn't say great, but one of the good things that has come out of this quarantine, is we're able to try to do something like telemedicine, but actually having a PA, that will sit in, and we would have actual, like for instance in Washington I have a PA sit in with Pain Management. The PA would examine the patient and then the Pain Management doctor would pop onto the screen and would talk to the patient and see the whole examinations and listen to the history. Then he would give his assessment and his plan. Then the PA would then be able to learn from that, and in the future of follow ups the PA would be able to see the patient, that would be every other week. The way we want to develop that in the beginning in Tonopah. We want to do that for some of the key specialists, develop a number, then we can have the specialists comes out personally, once a month or twice a month, as their volume goes up. It's kind of hard to sell specialists to come out, unless I can produce the volume. So, I have to be able to show them I can increase the volume on a lot of these specialties, which I'm sure we will, but it will take a little time. That's what some of the things that we are looking into developing. I was in Tonopah yesterday and I spoke with some of the providers and taking into consideration some of the suggestions they're giving to me and see how things improve, we'll get more patients in.

Chairman Greber

Excellent. That's wonderful Van, thank you. Emily, would you consider being point and coordinate with Quennie and Van, offline, and myself? To perhaps put together some sort of format we can consider in our next meeting?

Vice Chair Hendrickson

Absolutely, I'd love to.

Chairman Greber

That'd be tremendous, thank you. So, action item for Emily. That's great. Thank you, Van, for your efforts. You'll find that distance is the enemy around here and to close that distance in a regular, published, routine manner. Certainly, I think that's a really viable approach to boost your numbers and to see more patients and improve our overall community health.

Dr. Van Le

I think for starters for the first month, going 248, given the health situation with everything else, I think it's a very good start to the number. We're basically averaging what Renown was averaging, and we were we're under more unusual circumstances than they were, when they were operating.

For us to start out at 248, and we're looking to repatriate a lot of the patients that are leaving to go to Reno and Vegas. I don't think the whole community or the surrounding community really, truly knows that we're there. One of the comments that I got from one of the providers yesterday, was a lot of these people still think that we are just here temporarily. I think when the remodeling and everything is done, I'm going to push Bert to have that done as soon as possible, then they can see the seriousness of not only the leadership in Tonopah, but also our commitment to them. And then hopefully that that will attract more people to come back to us that are leaving. And then as we add services, I think that would also help too.

Chairman Greber

Yes, that's exactly what will happen, I believe.

Dr. Van Le

He was saying that a lot of people are still now going to Hawthorne. Chris was telling me that, and I'm like, Chris, you need to tell those people to come to the clinic and not have to make that long drive to Hawthorne. He says, yeah, I've been telling them that, because there's a clinic and I've been telling them that the same providers up here in Hawthorne are the same in Tonopah, so you don't have to make the drive. I said that's good, you need to start telling more people that.

Trustee Gamble

I did get the chance to walk through with Bert and see what his construction plans were. I will say that once that starts to get rolling, and once it gets done, we'll probably see some really, really good positive feedback on that from community members just because of the amount of work that actually gets done on that.

Dr. Van Le

That would be something that down the road, they get to see, the citizens of Tonopah and even the surrounding, is going to see how serious you guys are and how much you care about the community and what you guys are willing to do to go out your way to ensure their wellbeing and the success of Tonopah, where we're moving forward with healthcare and everything. I think that's when you get a more of a commitment, because right now I think a lot of people are still are on the fence. They don't want to leave their old providers and coming back and thinking that there's going to be changes, that we're not going to last or someone else is going to come in and then reverting back to the way they didn't like it before. So they're still a little bit more skeptical, but I think when it is all done, I will pay for a barbecue on the weekend, so we can get a lot of these people to come and see that we're all making true fundamental changes and a true commitment to the community as a whole.

Dr. Russell Pillers

I apologize for being late to the meeting. I somehow had totally missed that it was this morning instead of tonight. I wanted to throw in that I got the last Tonopah paper and I obviously see what everybody's been saying and that the vast majority of his content is Pahrump oriented. I was more than just a little frustrated that the whole article on COVID, I don't know if it mentioned CNRC at all. What I'm thinking with trying to capture or repatriate patients, what's happening in the clinic is easily big enough news, that in my mind, it seems like it should be a front-page story every single week with what's going on and the improvements that are coming. My thought is, if we can, whoever wants to orchestrate it, but let's maybe develop a strategy to take the paper back, just flood them with stories and articles about what's happening with the hospital and the clinic. I don't know, what does everybody think?

Quennie Manuel

Would it be possible if we could wait until I get my actual X ray machine and the licensing from the Department of Health? Because I have come across some people in the community who called

on us with the Department of Health and all of that with our licensing. We have the appropriate licensing, but I want to make sure I have the CLIA actual certificate and also our radiology certificate before we blow it up. That's my suggestion, but I could be wrong.

Dr. Russell Pillers

No, no, that makes perfect sense. I didn't realize that. And of course, that is extremely frustrating that the people are still trying to throw darts at you. I still have visions of getting some billboard activity going in town. I'll talk more about that during my presentation. But as far as the paper goes, it just seems like, my gut tells me that we've all kind of thrown in the towel on having that a Tonopah based-paper, and maybe this is an opportunity, when the time is right, of course, to get information out there about what's going on.

Chairman Greber

Definitely haven't thrown in the towel. I submitted a lengthy press release to the newspaper, about 10- 14 days ago. I don't know what nosed it out, this issue of watching for either some response from the editor or a question of clarification or anything. They haven't taken that up. Honestly the last method we had to get articles in the newspaper, verbatim, was when the previous reporter, David Jacobs. He would sponsor our stuff verbatim, and we can we could put information. Currently, we're trying to lean in on that avenue, just simply from a Hospital Board perspective of newsworthy items, all of the equipment we approved purchase of and the modernization of the clinic, all those things are very relevant and very timely, but of course, short of buying space, which we addressed about a year ago. That's as far as we can go if they don't take it up. Quennie and I had discussed putting a profile piece in or submitting one to the to the newspaper related to the individual providers that we have. It's been a long time since a lot of us here in town have actually sat and had a medical visit with a physician. Most places you go no matter where it is, you see a PA or nurse practitioner and we have skilled all levels, we have the mid-level and then we have Dr. Vazquez. So, all of that information and the specialties or experience that each provider brings is of great interest. So Quennie, when you're ready to revisit that and see if I can be of help getting that information out to our community through the newspaper.

Dr. Van Le

I think that's a great idea. I think for starters, I think one of the things we need to do is get the profile of our providers out there. So, I think it's a good idea if we could just start profiling on the news, local newspaper saying, this is what is at CNRC. Either a weekly bio, just a short little bio of each doctor and letting them know which days they could come. For instance, it's great that Chris speaks Spanish, but people probably don't know that he speaks Spanish and he's fluent in Spanish. We need to be able to get all that information and the bio of all of the providers out there, getting the community to be more comfortable with our providers and knowing that they are there instead of just through the grapevine. I think that's one of the problems with the whole reporting to the health department is just people are still on the fence because they feel like this is too good to be true. Instead of just approaching us and coming to the clinic and see for themselves, they start going to different avenues that are unnecessary and that is causing more of a delay than anything else. We need to squash that too good to be true attitude and perceptions of what's going on.

Chairman Greber

Quennie, are you willing to develop a publication similar to what Van just described, maybe next Tuesday, we can talk about it when we have our after action? If we craft it in such a way that it is not going to create an expectation of services that you're not ready to publish yet, I mean, we have the providers. So, let's talk about them. We have insurances, let's talk about that.

Dr. Van Le

Start out with the providers and the insurances. We are able to do pretty much all of the insurance, because some of the insurance that we can't take we'll be more than happy to retro bill it and if we

can't bill it we'll write it off as a loss, at a loss of revenue, just to get people back into the door. And I wouldn't have a problem with that, if you guys don't have a problem, just trying to get people back in. And then start with the providers. I think starting with Dr. Vasquez and then working down to the mid- levels and letting them know that you don't have to go to Hawthorne because these guys are from Hawthorne, they are here.

Chairman Greber

That would be excellent to work together and build those numbers, maximize resources.

Trustee Kaminski

Does CNRC have a Facebook page up yet?

Dr. Van Le

We have a marketing girl; she's working on it. What we're going to start doing is probably have somebody posting images of the clinic as we're making improvements, we need to start posting them. So that's one of the things. Even if you have an article on the providers out there, we are still also going to have the profile, we ended up putting a bio, on our webpage on providers too.

Trustee Kaminski

Right, because that's what a lot of people look at back and forth. If we can just show them what we have to offer, that would help.

Quennie Manuel

Can I say something about Facebook? I actually have Tiffany helping me with our Facebook in Tonopah and some of our website to make it right and make it more viable and more workable with the town of Tonopah. She's been great with helping me with that, putting it together and giving me advice and giving me direction and how to do it right.

Tiffany Grigory

We've worked a lot on it. I've been working with their current Facebook girl, and we've gotten a couple of ads out. We raised the followers from 70 to 150 now.

Quennie Manuel

Thank you, Tiffany.

Vice Chair Hendrickson

I wanted to compliment you guys on the page, your posting, seems like every day. It's a lot of work to devote to social media advertising, but you guys are all doing a really great job. I'm glad to see your working with Tiffany.

Secretary / Treasurer Zimmerman

I agree, in between the two, CNRC and the Hospital District page, I think Tiffany's really been able to capitalize on both and has viewership up on both of them. So, she's doing a great job.

Quennie Manuel

Yes, thank you, Tiffany.

Dr. Van Le

Yes, thank you, Tiffany.

Chairman Greber

We're still on item nine discussing the reconciliation for CNRC, are we prepared to move on to the second half of that agenda item which is discussion regarding the purchase of the two devices?

Trustee Kaminski

I've just got one question. I am not a medical professional, what is an iStat machine or device do?

Kaniela Acosta

The iStat can perform up to 6 CLIA waived tests that range from your blood gas levels to your troponins and to your PTINR, for the layman's term for the troponin it's the technical term for testing your blood to verify if you're having a heart attack or to see how much your blood is clotting and then to check your pH balance to see if you're acidotic, if your body is lacking oxygen or if it's not converting oxygen. Those tests are for bedside information, bedside clinical purposes to quickly identify immediate life threats, that would be very beneficial to every patient we use it on and for the provider to make the right direction of treatment.

Trustee Kaminski

This was the upgrade that we talked about last meeting, last month, correct?

Kaniela Acosta

Yes.

Trustee Kaminski

Okay, thank you.

Dr. Russell Pillers

In the original agenda item, with the backup item, there was a couple more pieces of hardware that were listed. It looks like we've tuned it back to just the iStat and the monitors, what was the reasoning behind that?

Secretary / Treasurer Zimmerman

So yes, Russell's right. This originally was a completely separate agenda item. What he submitted was, I believe in excess of \$100,000 in new equipment, so that caught my eye. I got in touch with Quennie to see what everything was, how necessary was all of this and the answer was that much of it could wait. There were three defibrillators originally, she said they definitely needed one. There was a hematology analyzer piece that is still necessary but not for the licensure that they're going through now. We'll come back to that in about six months, things like that. We just prioritized the list.

Dr. Russell Pillers

If you guys can keep me copied on that kind of stuff, it's been kind of hard to stay in the loop this month. If things don't need me to be involved, of course, I don't need to be, but where we can, just so I know where I can help and things like that.

Secretary / Treasurer Zimmerman

Sure. We'll absolutely let you know.

Chairman Greber

Sorry about that. I don't like any surprises with anybody's agenda items. I had thought that when it was changed, it would have been run by you. So that was just an oversight and I apologize for that. The prioritization conversation was going to at least have included you, so I do apologize for that.

Dr. Russell Pillers

That is certainly not a huge thing on my end with the COVID thing as you will see in my presentation. I know there's stuff still going on and everything's moving forward. I'm ecstatic that

I'm not having to babysit a lot of things, but it's been an amazingly quiet month. I just miss being involved in stuff.

Chairman Greber

We're happy to plug you in. Definitely a lot going on.

Quennie Manuel

I apologize, too.

Dr. Russell Pillers

Quennie, I knew there was no way I was going to pressure you guys for updates. I knew your heads were down trying to deal with, I can't imagine what your world is like right now. So, that's completely understandable.

Quennie Manuel

I will forward you all this information, I'll include you and there's some updated information that I just emailed Karmin and Justin, so I'll forward that over to you too.

Dr. Russell Pillers

I know Bert has everything well in hand, but if I could keep up on what's going on with the remodeling, just in case I need to provide any interface or anything like that. I know he's super busy, so I didn't push really hard for an update from him. But if I could keep a little assay on what's going on.

Quennie Manuel

Van just paid the deposit on Monday with Bert. He started construction yesterday. He had some people there because my priority is hot water, right now. I have some electricians there today and they are going through the whole thing. They're assessing everything right now. Hopefully by Monday they're starting with the X ray machine and the decontamination and isolation rooms.

Dr. Russell Pillers

Have they gone through the building yet to do that analysis to see what condition the overall buildings in?

Quennie Manuel

Yes, he did, we do have the assessment and they were there again yesterday to look at the underground or underneath the whole building.

Dr. Russell Pillers

That's awesome, I'm ecstatic to hear how far it's going. I apologize for shifting in the direction, we can get back to the hardware.

Quennie Manuel

You know you can call me and I could always FaceTime you and I could show you what's going on over there, or you could stop by.

Dr. Russell Pillers

I wish I could drive down there, but I think I'm being told by Governor not to do that.

Chairman Greber

I had a question regarding the equipment. Just forgive me asking the obvious question, but is there any of this equipment, serviceable, currently in our inventory now? Have you run through what we have in the facility?

Kaniela Acosta

There is no iStat in the clinic itself, but again, I haven't really run through the hospital, but I would imagine the iStat would be out of date. If you look at the iStat in the green portion of my suggested ones, it will be for a brand new iStat that has a five-year warranty. There are options for refurbished ones, but their warranties range from 30 days to one year. And then regarding the ACLS monitors, there was two outdated ones that still has paddles, and I wouldn't recommend them. There were two in the hospital, but I would strongly suggest getting these new monitors because they have something called entitled capnography, which is crucial for verifying what they call return of spontaneous circulation, RAC, for monitoring respiratory patients.

Trustee Gamble

Are you guys going to have the ability to intubate patients there in the clinic?

Kaniela Acosta

We will be able to run a full ACLS protocol, which would be intubation. From what I understand there was a vent there, but we don't know if it's still functional, but for the most part we can run a full ACLs code with the ACLS monitor.

Trustee Gamble

It's been my understanding for several years that intubations basically depend upon a level of which somebody generally licensed at. In a lot of hospitals, nurses can't actually intubate.

Kaniela Acosta

That correct. My knowledge as far as this, I'm still a working paramedic in Las Vegas. As far as for professions, to my knowledge RTs, PAs, MDS, APRNs, anybody that's ACLS certified, subject to the County or the medical director's direction, can intubate. But for the most part, all of our providers are able to intubate.

Chairman Greber

Moving forward, you can expect that I'm going to ask every single time, before we vote to purchase new equipment. Certainly, new equipment is always advantageous for obvious reasons, but at the same time, there is viable equipment that the taxpayers already own. And if it is possible to recalibrate or replace incidentals on them, and anything that we can maximize, we're really going to have to watch our budget very closely. So, I'm going to ask every time as we move forward with the equipment, I would like to know that you have made a consideration of what is in the hospital facility, pre-arrange and make that investigation. Even if it requires, like for some of the higher dollar ones, shipping it out analysis to see if it can be updated or a technician who's coming up to investigate a piece of equipment, have them look at several and see if they can be calibrated, if they can handle the software, whatever we need to maximize what's there.

Trustee Gamble

I have a relationship with a Zoll representative out of California. I actually sent her an email asking about refurbishing the monitors that were actually in there. I haven't gotten a response back from her yet, but I did reach out to her just to find out if that was even a possibility.

Chairman Greber

Excellent. Thank you for that effort. There's various equipment in there, in various conditions and some are brand new in the packaging, whether they are however old they are. And we haven't been able to get our hands on servicing data, but I understand that servicing did take place right up until 18 months ago on a number of pieces. So, there were a lot of PMs that we're taking place on equipment that we're just not able to get the bottom line on. I wanted to explain my questioning for the purchase of new equipment.

Trustee Gamble

Here's one of my concerns with this, REMSA currently uses X series and we use the Zoll M series and E series. I think also most of your flight providers are actually using the X series as well, although I think one of them is using the Phillips 20D or Life pack 15, I'm not sure which. I'd really like to make sure that we are cross compatible, and most of them are.

Kaniela Acosta

I've walked through the hospital and I can tell you for a fact that the monitors in there definitely don't have the M title and that is one thing I'm very adamant about having on monitors, and as far as them being compatible, it's just a matter of switching the pads out, that's not really a big deal.

Chairman Greber

Okay, further questions or comments?

Trustee Kaminski

I'd like to reiterate; I believe in exactly what CNRC is doing. If we buy new equipment, it's got a five-year shelf life on it or five-year guarantee, we're getting the best that we can give the community and we're going to use it in the future. My goal is always to go new instead of refurbished.

Dr. Russell Pillers

I have a question for Kaniela. In my background, I've had extensive interaction with Zoll Corp all the way up to the CEO level. I'm biased but I was just wondering what led you to that device? I've never dealt with ZollMed, at first, I thought that was some version of Zoll. What led you to that device?

Kaniela Acosta

In my personal opinion, I've worked in many different ERs and worked with different monitors ranging from Zoll, Phillips, to the Lifepack and to me, working with Zoll, it's very user friendly. If someone were to walk up with basic knowledge, they would be able to run it. The replacement items are affordable, cheaper than most other brands.

Dr. Russell Pillers

You're talking about Zoll, right? In your spreadsheet, you list some of ZollMed, all one word, and then a separate line for Zoll. Is that just a different name for a distributor or what?

Kaniela Acosta

I think it's a different name of the distributor. It's Zoll.

Trustee Gamble

Your distributors from what I'm seeing is McKesson, Medline, Cardio Partners and Coral Medical, right?

Kaniela Acosta

Coral Medical are for the refurbished machines. But again, talking from our last discussion, from the last meeting, you guys were looking to get new machines that will treat the community for a long period of time.

Trustee Gamble

You didn't you didn't consider trying Zoll directly to maybe get rid of the third-party markup cost?

Dr. Russell Pillers

I have contacts at the top of Zoll Corporation. Would you guys mind if I reached out to him? They almost hired me as their Director of Military Medical. It might be worth a try to see if we can get a break.

Kaniela Acosta

That's a possibility. The only thing I'm concerned about is that we already have had two incidents, if it is going to prolong getting that equipment, I would strongly recommend against it. But if it's going to save the community money in a timely fashion, then I'll say, yeah, I'm all for it.

Dr. Russell Pillers

Let's try it this way. The Board should vote on what is in front of them. Let's just move forward with exactly the way things are proposed right now and I'll reach out to the people I know and see if there's some sort of bargain I can get and if it turns out in the affirmative, I'll let everybody know.

Trustee Gamble

REMSA has one of the latest and greatest of these particular machines. Yes, it does take a delay of a few minutes, but also County has the same one. During a cardiac arrest in most clinics it would be a 911 call anyway, which is going to activate these guys and they're going to bring this particular equipment with them.

Chairman Greber

I wouldn't feel comfortable getting any equipment controlled by another organization, when we're trying to outfit our clinic. That's my perspective. When the patient presents to our facility, they need to have the services at hand, not make a few phone calls and track down equipment.

Kaniela Acosta

EMS response time ranges anywhere from two minutes to ten minutes and in the medical field, they say "time is life". When you're waiting for that additional two minutes to five minutes, it really makes a difference, the faster you can get pads on somebody, verify the rhythm and get that initial shock in, that life is saving. That's something you should definitely have on hand and that I would strongly recommend you consider. That's why we went down from a quantity of three because it's something we really need.

Dr. Van Le

In situations with acute MIs you have a maximum of ten minutes to make a difference to whether you're going to wind up with any mobility or any sort of success of getting the patient stabilized or getting the patient out. There's a lot of studies out there, 10 minutes, do we really want to waste time waiting the 5-10 minutes. Let's say they get stuck. I agree with Karmin. Having said that, moving forward on anything you want to purchase, or you're recommending to the Board to purchase, I need you to start coming up with three proposals from different companies and then reach out to Russell to see if he has connections that he can get. The reason for purchasing with a third-party company is because it's the same company that we're using down here in Vegas, so we usually can finagle some deals. They usually give us a discount right off the bat because we buy a lot of equipment from these companies for our own clinics and for our own surgery center down here. Moving forward Kaniela, make sure you have at least three pricings for the Board to see, before you make any proposals and then let them decide which company they want to use. Please do that because as you can see when we present the budget, I'm very cost conscientious when it comes to using the people's money, Tonopah's hard-earned money. We try to cut our budgets and we try to streamline as much as we can. But if there's certain things like that are lifesaving matters, going back to Karmin, I don't like to be at the mercy of someone else, deciding how the outcome of a medical treatment is going to be. Given the fact that it is my provider's license that's on the line, it is not REMSA's license, nor is it REMSA's providers that are there treating the patient nor do they

carry the liabilities. If I don't have something there and something happens to the patient, it is the facility and the providers liability that's on the line.

Chairman Greber

Excellent information. Trustees, do you have any further comments or questions? I'm not sure how we would be able to craft the motion that would capture if we were going to take Kaniela's guidance and select one of the ones that he has highlighted in green, including the batteries and the electrode versus allowing Russell to have a conversation offline. Since this is our chance to decide right now. Justin, you got any thoughts on that?

Secretary / Treasurer Zimmerman

Well, you could have approved the acquisition of the assets as stated pending Russell's conversation and if Russell's able to get us a better deal or free equipment, then we won't have CNRC move forward with their purchase. But as Kaniela and everyone else is saying it is a life-saving piece of equipment, and if it takes a week, God forbid anything happened in that week. I don't know what kind of timeframe you want to put on that.

Chairman Greber

My thought is to consider the quotes and the recommendations of CNRC today as presented and moving forward, as a Van recommended, insert a consultation, just prior to the meeting or leading up to plans for purchase of additional equipment, see if there's anybody in our team who can maximize a cost savings for us based on relationships or past history with a distributor.

Secretary / Treasurer Zimmerman

Since, the original request was for three defibrillators, Russell is empowered to have the conversation with his provider and see if we can get a great deal on those other two units.

Chairman Greber

Down the road, when we revisit this?

Secretary / Treasurer Zimmerman

Right, so we could approve this equipment today and then Russell's definitely free to see what he can get us and we are under no obligation to take any future action. But if he's able to get us a great deal, maybe it's something to consider again.

Chairman Greber

That sounds reasonable. What do you think, Trustees?

Trustee Kaminski

I'm good with it. I wondering if that was Justin's motion.

Secretary / Treasurer Zimmerman

I think I will so move. I'll move to purchase the two pieces of equipment stated at the dollar amount stated and pursuant to the term of the agenda item.

Trustee Kaminski

I'll second that motion.

Chairman Greber

Before we call for the vote. I see the dollar amount listed in the action item, but I'm not clear which defibrillator monitor is selected? There are two different ones in green in the presentation. Which one are you talking about? McKesson for the Medline?

Kaniela Acosta

I'll do the Medline one because if you look at the battery and the electrodes, they are just a few dollars cheaper, as far as the replacement items.

Chairman Greber

So, we're looking at the Medline defibrillator monitor and then the lithium ion battery, and the electrode. For the iStat equipment, we're looking at the Medline on the page above with the five-year warranty. Is that correct?

Kaniela Acosta

That is correct.

Chairman Greber

I have a motion and a second. Any further comments? Any public comment, Tiffany?

Tiffany Grigory

No public comments.

Chairman Greber

Thank you. We'll call for the vote.

Chairman Greber

Thank you. Motion passes unanimously. Thank you all for that contribution on the discussion, excellent information.

Item #10, No Action- 1) Update on USDA Grant, presented by Project Manager Dr. Russell Pillers; and 2) presentation of monthly report pursuant to the professional services agreement entered into on October 25th, 2018.

Dr. Russell Pillers

Can everybody see slide number 3, my summary? As you can see, as I mentioned earlier, not a lot happening on my end. It's mostly focused on the facility analysis this month. I just threw a note in there about, for me, very changeably, the lockdown for the restrictions and everything has had quite an impact, at least on my sectors that I was working. A lot of people that they normally interface with aren't able to have access to the data they have at their office; they're working from home. Just a variety of issues that made this a really awkward month and I imagine next month is probably going to be the same.

Moving on to slide 4, for CNRC, overall, I knew they had their heads down. I could have been pushing on things like billboards and that this month, but I didn't want to slow them down at all with what they've been working on. So, all in all, I think we've already talked about that I'd like to stay in touch with Bert a little bit, just to see how that's going. And really, that's been it. There was a little bit of discussion early on about the map at the hospital and I kind of helped him a little bit with that, but really CNRC has taken the reins. You can tell by Van's report. Feels a little weird that they don't need me much at this point, but I think they've got things well on hand. Next month I can stay in touch with them and find out if they still want to lean into some more marketing on the billboards and things like that, and we'll move forward on that way if they want.

The dental opportunity; I've been staying in touch with Dr. Capurro. She's actually out on maternity leave right now. We did just get an email from Impact Evaluation, Margo, she forwarded us the agenda for the upcoming dental meeting. I'm trying to figure out if she is actually still active or not. My goal there is to add some more understanding of what that potentially looks like as far as timing, amount, all of that kind of thing. That's just a track that I'm following to make sure we stay on top of that.

Slide 8, is the Air Force housing; I've heard that it's embroiled in some EPA kinds of things. So, I'm ready whenever you want to hand any of that off to me. I'm at your beck and call.

Slide 9, Impact Evaluation. Margot's been amazing this month. I don't want to overstate it, but she offered her services, essentially free of charge if we needed her during the crisis and anything like that. I know the Board has received that information as well. I'll just take your lead if you want me to help interface with any of that. I'm immensely impressed on how Margo wants to stay engaged and support the process. Any question so far?

I'll move forward into the condition assessment. Steve Daily and his partner, we're on site, March 3rd and 4th. That was right during the opening and the transition for CNRC, so it flew under the radar a little bit. I've stayed in close contact with Steve Daily as he's doing this report, so that's where all of this subject comes from. He's planning on visiting Tonopah at least once and probably twice more before he's done, just to get information. So, this was an update he gave me. Each of these items, listed on slide 11, are sections of the preliminary architectural report (PAR) that the USDA needs. The building site discussion is 85% done, he would like to, at some point when it makes sense, orchestrate a meeting with the Board, maybe you can do it with just a couple of Board members, but if we need to have a special session for that, I think it's worthwhile to have a working group. He'll need some guidance from you folks, but I'll make sure you're prepared ahead of time, so you know what he's going to be asking you. The existing building description, he's 90% done. He's just pounding through that right now. The new facility, the general description, I could spend hours talking about how he does this, but because he wants to be able to compete for the design build part of this, they're keeping the description for the PAR, just to the level that the PAR requires, nothing more than that. So it's just a general description and it'll list a total number of beds, maybe just a general square foot description and then once we start the bidding competition, the individual companies, assuming we have say five companies that want to bid for it, they will each come up with their own design of how to meet those requirements. The facility general description is just the first step in that and he's actually 50% done with that, believe it or not. One of the things that he's been struggling with is getting in contact with people at the State that he needs to run a lot of this by them. And of course, with the restrictions right now that's been a little challenging. And obviously he'll want to talk with you all about that, when you get to that point. So next one, site suitability analysis is 20% done. And then this program outline in square footage estimate that's going to be a big step. So, we're early on that and that in turn drives the next item, the cost estimate, which is he hasn't started yet and that'll be driven by those other items as well. Then the proposed budget. This is where he will put a number on, when you submit the RFQ, depending on how we do it, whether we go from RFQ then to an RFP, or straight to the RFP, that still needs to be worked out, but that will be part of the information. He says that budget will be finalized by the people that propose to your RFP, but he's going to give you a general budget. He won't include that information when you publish the PAR for the competition, but it'll be information for you to help you decide how the competitors are stacking up. Next item is the equipment listing, he's 60% done. Korte has done hundreds of projects just like Tonopah, and they have a lot of in-house data. He wanted a copy of the inventory, I'll be honest, I'm not exactly sure why. I agree that information is apples and oranges, definitely. I know when I go through the hospital, it's hard to see items in there that could be reused. It's all just so old. But he says the things like ovens in the kitchen, they're expensive, and they're not very different now than they were when they were installed. So, he wants to see and this is good news, it should help us all feel a little comfortable that he's taking your financial interests very much to task, that he wants to see where he can save you money. The operating budget; a lot of the challenges he's facing right now is getting his mind wrapped around what the actual patient load would be in Tonopah, for a facility, like we're planning on. He's going to kick out what he predicts as a budget for that hospital, once it's open. That's going to let you, the Board start to look at your budget and CNRC's growth rate, and things like that. All of those things coming into play, that's the statistical marketing analysis. Normally that's not included in a project like this. Korte is doing that for Tonopah, for free. He's very passionate that he knows you're going to need that. At the end of that item, a more formal study will be required by USDA. But that's not part of that. That'll be part of when you actually submit the application for USDA funding. The last

one, the drawings indicating probable future building location is actually 60% done on those. I'm going to read through his summary.

"The PAR report for Northern Nye County Hospital District is moving forward well, with the bulk of the report evaluating the existing facility near completion. Work on marketing and statistical and operational projections needs to be completed prior to finalizing program elements and programming of square footage. This should be complete by the end of April, at which I'm estimating project costs and budgeting will begin."

He says in the last line there, the project is moving forward timely, and even with the communication challenges, is expected to be completed within 90 days of the company's receipt of the signed agreement and down payment. If at some point, either Justin or Tiffany, if somebody could update me on what that date was when they received the signed agreement and down payment. We'll know when we sent it but we need to find out when he received it. So, his last note there is just the COVID caveats. He's very confident that he's going to be done in the 90 days and even earlier, he thinks he'll even beat that by quite a bit. All things are dependent on how he's able to make contact with people at the state and doing his marketing analysis.

That's the end of my slides. Anybody have any questions?

Chairman Greber

Just give us plenty of notice for the discussion regarding building site and the new facility general description. Both are the two on your bullet list that require a meeting.

Dr. Russell Pillers

I'll make sure you know exactly what questions he's going to have. I suspect it is going to require research, a little bit, on your folks' part. He's going to ask you to make some choices, I believe. He's going to obviously help you, because he knows more than all of us about what choices we would actually make. I can definitely make sure that we're all squared away so that this keeps moving forward as fast as possible.

Chairman Greber

This particular subject, the PAR, feels like it warrants a special meeting, just to discuss that. We've been dancing around workshops and discussion items for a little while, knowing that as a Board we need to really drill down and get our head around this. If you can assist and capture the lead-up data that you need to request from us or we need to drill down on let's consider the Korte PAR building site discussion to be subject for a special meeting, all by itself. As long as our agendas are, I don't see us stuffing this in the middle of a regular meeting.

Trustee Gamble

I think that you're right on point with making this into a special meeting. But also, I really want to make sure that if we do put this into a special meeting, it comes when we can actually be all in the same place, as best as possible, because of the delay and stuff. If it has to be anytime in the next month, then obviously we have to do it like that, but if we can actually get into an actual physical location, I think that'd be the best way to do that.

Chairman Greber

Thank you, Tim, I'll make note of that.

Dr. Russell Pillers

Speaking of USDA, and I meant to have a slide on it but it totally slipped my mind. It has to do with the CFTAP grant. So, things have evolved dramatically since that grant started. Remember that grant was split between Tonopah and the irrigation issues out in Duck Water. The Tonopah part, our grand vision at that point was implementing a little bit of telemedicine in Tonopah, maybe Beatty, Gabbs. It included things called un-identified other recipients. There was Tonopah and we were still going to have to pick other towns that could possibly utilize some of that technology. The

first thing that we realized and I did this talking with Cheryl Couch, USDA was those other undefined recipients were included because the flavor of the grant itself required the benefactors of the grant to be meeting the needs of multiple communities. In talking with USDA, we decided, Cheryl gave me the green light, that obviously moving towards a new medical facility in Tonopah does exactly that. It meets the needs of multiple communities. So, the idea of the other undefined recipients can go away. And all of that money would be rolled into basically one pot for Tonopah. Then, as things have progressed, our initial vision for that pot for Tonopah was paying for the health care needs assessment, and the PAR. As it stands right now, the District, you've all decided to pay for those things yourselves, so the need to use that USDA grant money has ebbed. Those were the two main elements that needed to be completed on the Tonopah side. So, we just had a meeting on the Duck Water side and they wanted to ask if, and I think we've reached back out to USDA to find out if this is even possible, but if some of the funding that's left on the Tonopah side, if you would allow that to be shifted over to the Duck Water side to help them complete some of their projects. I know this probably needs to be something you vote on, so a separate agenda item, which we didn't have it in time. But at least we could have that discussion right now for no action, nothing like that. But I needed to throw that out there and see what you folks think.

Chairman Greber

Were we aware that there was money that we could have applied from the technical assistance grants for both the needs assessment and the architectural review?

Dr. Russell Pillers

I had mentioned it a few times, but I know that could have been as clear as mud when I did. Now there's the possibility that some of that money could be used to reimburse you, if that's the way you wanted to go. I don't know the exact numbers; I'd have to get with Nye Coalition because they're managing the grant. But if you wanted to see if the grant money, as it was originally intended, for the Tonopah side, if you want to look at getting that as a reimbursement for some of the money you've spent on health analysis, and the PAR, we can pursue that as well.

Secretary / Treasurer Zimmerman

Absolutely, we definitely knew that the grant money was available and I have asked several times throughout process, even not asked but said, "Oh, we can use the grant money for that", and then been told that there's no grant money available. I know that was Karmin's understanding at one time, and I said there definitely was. When we were awarded that grant, we knew what our dollar amount was at that time, I cannot remember what it is offhand. So, the idea that we've elected to spend our own money in lieu of the grant money is definitely not the case. The intention of working with the grant is that they come with money, we knew there was funding.

Dr. Russell Pillers

Correct. And I don't see any reason why we can't look at it as a reimbursement situation. So I will take the task to run that to ground and see how much because I know, Justin, help me with the Healthcare Needs Analysis, there was something in my mind about that being half and half, that you folks paid half and then Nye CC picked up the other half.

Secretary / Treasurer Zimmerman

It's possible if it was always split in half on Margot's end, but we paid the full balance of whatever invoice she sent.

Dr. Russell Pillers

That's the total.

Secretary / Treasurer Zimmerman

We did elect to pay for Margo and that was where we had to come up with a 20% matching at the beginning.

Dr. Russell Pillers

Right, correct, and that's how we covered that. The bill for the PAR is big enough that I don't think that the grant money would pay for all of it, but it sure will pay for a big chunk of it. I will take that as a task to see if I can get you some reimbursement.

Chairman Greber

Is the PAR the same as the FCA, facility condition assessment?

Chairman Greber

Yes. That's an engineer type question. Is it exactly the same thing? No. But when he generates his PAR, that facility condition assessment is included in that, that same information. I know the terminologies are a little vague, but yes, they are, for all intents and purposes, the same thing.

Chairman Greber

I am trying to keep it all straight. I do remember discussions that were very distinctly -there's not money built in for the facility condition assessment, someone's going to have to pay for that. And there was even the concept of other organizations funding that.

Dr. Russell Pillers

Early on Van had thrown his hat in the ring that he would pay for that, but that kind of ebbed, not on his side, but on our side, we didn't really pursue that. Maybe once I figure out how much we can reimburse, what's the total cost for the PAR, it's what 60 some odd thousand? I can't remember. My gut instinct is that there's about \$40,000 on the grant side, so once we figure out what's left over, we can figure out what we want to do with that.

Chairman Greber

So, we don't need to make a decision if you're going to pursue reimbursement or is this another agenda item for next time? I mean, we are deliberating.

Dr. Russell Pillers

I didn't get it on the agenda, so there's really nothing you can make a decision on right now anyway. But what I'll do is be ready for either the next May meeting, or if something comes up and we need to schedule a special session for any of the Korte stuff, I can have it ready by then. But I'll make sure that at that point, whatever just you need to make, if there is one. As it stands right now, I'll see how much of a reimbursement I can get you for the money, now you've only done the down payment. We could work it somehow that may be the grant pays for the rest of it. I can't remember what the down payment was, 25% or 50%.

Secretary / Treasurer Zimmerman

The down payment was 20%, it was \$14,960, the total contract fee will be \$74,800. And yes, Russell can research in the interim and then we can agendize the draw down from the grant for our May meeting.

Dr. Russell Pillers

Maybe there's enough money for them to just pay for what's left. I'll have that ready for next time. That's all I had.

Chairman Greber

I'm going to recess for just a five-minute break. We'll reconvene in five minutes.

Chairman Greber

Okay, let's go ahead and reconvene 1217.

Item #11, For Possible Action - Discussion and deliberation to approve, amend and approve, or deny proposed expenditures in excess of \$500 for the purpose of providing maintenance services, enhancements and improvements in accordance with the General Services Agreement entered into by the District and Mizpah Hotel on January 16, 2020 for maintenance services provided at the hospital campus situated at 825 S. Main St in Tonopah, Nevada.

Removed from the agenda.

Item #12, For Possible Action - Discussion and deliberation to establish purpose and long-term goal for usage of the current structure known as the Ambulance Barn located on the hospital campus situated at 825 S. Main St in Tonopah, Nevada, including possible change in scope for renovation initiative.

Chairman Greber

Carrying it over, I have some thoughts on it. I walked through the ambulance barn last week and I have some thoughts moving forward. Any comments or thoughts from the Trustees?

Secretary / Treasurer Zimmerman

We saw the quote for renovating that space, providing living quarters inside for REMSA community paramedics or anybody else who might be using the building. That quote just came back so high, for me. And then REMSA provided cost estimates on modular units that they use with their other Care Flight station and I think that's something Tim has mentioned, too, that a modular there might be much cheaper than that renovation, and yeah, I have to agree. So, for me, for all intents and purposes, I've abandoned the idea of providing living quarters inside that building. I was also contacted by Stephanie Otteson since our last meeting, wondering if they could list that ambulance barn as an alternate housing for their ambulances for their continuity plan that they have to work up. And I said, personally speaking only for myself, I think that's a great use of the building. So, I'm going to work with her and get that continuity plan finalized and hopefully we have it for our Board to consider on the May agenda.

Chairman Greber

Okay, thank you, Justin. Other thoughts? Comments?

Trustee Gamble

I'll just echo Justin there. I talked with Kevin about what they do at some of their care flight stations. In fact, I've even been up and seen the one that they have a Fallon. The modular idea comes back a lot better, a lot cheaper and probably just easier. Seems really all we're looking to do is get the REMSA folks out of the neighborhood away from where the children are playing, out of the elements so that they can store all their stuff in their vehicle and keep it to temperature, like it's supposed to, especially because they're about to ramp up their telemedicine part of their community paramedicine aspect. They've gone through and made a purchase of a very expensive piece of equipment to do telemedicine from inside a patient's house, and it's really temperature sensitive. So I think the idea of some kind of modular attachment to that barn is probably going to be the better way to go, just to get them out of the County dorm, so that that can go back to being used for deputies and other providers or other County employees that come up from Pahrump and need to stay overnight.

Chairman Greber
Thank you, Tim.

Trustee Kaminski

I agree with Tim. We can use the bays to house REMSA and our own ambulances, for Ms. Otteson. We can just clean that out, like Tim said, look at what it's going to cost to get a modular. They can live there and they can operate out of that building, the ambulance barn, still have a place where they can keep their ambulance and other equipment safe and warm condition.

Vice Chair Hendrickson

I haven't seen through the facility myself; I'm just going off of what you guys have said and the quotes and everything else and I would agree, I think we need to look at potential quotes for modular units. If that's what REMSA already uses, and they're familiar and comfortable with that, it's obviously up to standard.

Chairman Greber

I agree with all of you that the concept of repurposing that to be an actual full-time dwelling is not the best use of our finances right now, and is somewhat lower on the priority list. In all reality, right now we have issues we have to look at, such as cash flow, in the next 12 to 18 months just based on all of the fallout from the current COVID situation, where there's a lot of uncertainties. It sounds like that we're comfortable at least putting to rest the concept of changing that to be living quarters. The barn itself is probably in need of very little remediation. There's a dented door, one of the bay doors and the drainage looks like it needs to be addressed, relatively small step. I don't anticipate, just from the walkthrough, that there's a major overhaul going to be required, especially if we're considering it as a duty station, not living quarters. So, I recommend that we go ahead, as Justin said, abandon the concept of repurposing, or augmenting the ambulance barn to be used for any type of living quarters. Just view it as the duty station and the consideration of using for support of EMS. As for a different housing, the housing is getting away from us a little bit, and I'm not certain that personally I'm going to want to support buying another unit, and having it put there on the campus. There's quite a lot of loose ends right now with our housing. We already have initiatives in place that we are navigating and it is hard to get things done right now. I suggest that we revisit the whole concept of investigating the modular units or any type of permanent housing for REMSA, just as a totally separate agenda item. I recommend we close this one, for the renovation initiative and then down the road when some of these other loose ends, and equipment purchases, and we get a better feel for our financial situation, someone can sponsor the housing initiative, specifically for REMSA. If it is on campus housing we're going for, I suggest that's totally separate and we would be better just letting it lie for now until future.

Trustee Kaminski

I agree with you. If you would like I can do an extensive walkthrough on that ambulance barn and come up with a quick estimate, even if we use the crew from conservation camp, what it would cost to clean it out and get it at least usable as a storage facility for REMSA and our ambulance people to base out of there.

Chairman Greber

I'd be so grateful for that.

Trustee Gamble

If we're not going to try to base REMSA out of there, it's not going to work until there is a living quarter attached to that. They're not going to be separated from their controlled medications that are stored in their vehicle. The idea of using that barn was to house that vehicle out of the weather, but they're not going to be able to be separated from their medications and stuff that are stored in it. So,

if we're not going to use it at all, for the time being, any anything else that we're going to do to it, is not going to be any interest to us.

Chairman Greber

It certainly has been used in the past as a duty station, where you report. I know that they have their on-call, but I don't know whatever percentage of the time have the office space, the bathrooms, the showers, the clean-out, the exercise equipment, whatever. If they report there as a duty station and then launch from there, that certainly is a workable solution. If they're just staging from their residence on a time in their day that they're not currently involved in a call out, that is their duty station.

Trustee Gamble

That wasn't the intent on this, the attempt was to get them out of the residential area for responding. Where they're at right now is actually owned by County. It's not owned by REMSA or anybody else. We're not talking about a volunteer response, which is what we house right now at the Tonopah fire station. They're talking about having a place where they can sleep and live next to them indoors, as opposed to having it at the County house where there's not even a garage, so to speak, to consider the climate and the weather and getting them away from that. If they're not going to be able to use it as a full-time station, for the time being, then there's really nothing else we need to do until we're actually to the point of being able to add that modular onto it.

Chairman Greber

I would disagree a little bit because any effort to clean and sort and straighten and maintain what we have, to make it readily available when we do have a use to apply to it. I don't think we should wait to do the minor things if and when we can. I think that I would support Don's involvement to coordinate. We're going to be figuring out where to move some of the inventory that is non-medical on the campus, just for reasons like this, so that we start some housekeeping. There's a great deal of neglect, and I'll be addressing this later. I still support getting it cleaned up, getting some of the features, as is tested. I realize that it's a departure from the housing initiative. And if you remember, the housing initiative was not first presented to us, it was presented by Nye County as the owners. That's where that started and that was quite a while ago. It's desirable, but it is not, in my estimation, urgent enough for us to continue moving in that direction at this time.

Trustee Gamble

My concern is, how long until Nye County says we have no cat in this fight anymore, so they don't get to use our domicile anymore.

Chairman Greber

They can't do that, it's already in our contract, it states Nye County, that would have to be coordinated, we would have plenty of time to address that.

Trustee Gamble

We made the change from Nye County to the Northern Nye County Hospital District to the professional services agreement. Nye County didn't get any input. So how long until they actually come to light that says, hey, we can't use this anymore, to house our sheriff's deputies and other things that they transfer up here all the time. Before they say we didn't get any input into this particular contract, it was just copied. And we as Northern Nye County Hospital District don't have the ability to grant them access to that domicile.

Chairman Greber

I can appreciate where you're coming from. They were the ones who crafted the REMSA contracts and they were the ones who put those contingencies in there. It has not been revised. They have their own MOU with REMSA. And that was where they were going to have addressed the change

in residence. But they had a very limited budget they were going to apply that. Justin, you're more involved with County conversations, are you aware of an initiative to re-apply the housing that they're currently putting REMSA in?

Secretary / Treasurer Zimmerman

No. The County has a contract directly with REMSA, and the housing is a clause in that contract. So as long as is contracted with us to perform services, that contract with the County will stand.

Trustee Gamble

I guess my question is, is there a particular housing addressed in their MOU? Or is it addressed in our professional services agreement, because as I understand MOUs don't generally address housing situation.

Secretary / Treasurer Zimmerman

No, what the situation is, is the Hospital District has a Professional Services Agreement with REMSA, it says that housing is referenced there is only that while REMSA is being provided housing by the County, the District will incur no cost. Now, what I'm saying is REMSA has a Professional Services Agreement directly with Nye County, and one of the clauses in that Professional Services Agreement is property access and use, and that's giving REMSA use rights to that house. So as long as they're delivering professional medical services for the District, they will have rights to that house.

Chairman Greber

Thank you, Justin. I thought it was a MOU, as a professional services agreement. Tim, does that help?

Trustee Gamble

It does. I'll just double check and if I can get a copy of all that. But as far as I understand, as long as that's the case, I don't see any problem with that for the time being.

Secretary / Treasurer Zimmerman

Yeah, I just pulled up the contract that REMSA has with the County. It's section 3.4.1. County shall provide dedicated local housing for contractors, non-resident on duty community paramedic personnel, and then County will be responsible for all utilities, property maintenance, etc.

Chairman Greber

Thank you, Justin.

Trustee Kaminski

Could you forward a copy of that to me, while you have it up?

Secretary / Treasurer Zimmerman

Sure, I'll send it to Tiffany and have her send it to everybody.

Chairman Greber

Justin, you said that your discussions with Stephanie related to EMS and the contingency plan, you're going to capture that for our next meeting?

Secretary/ Treasurer Zimmerman

Yeah, I'll follow up on that. In the meantime, I don't see it being something that needs Board action to have Don walk in and see what needs to be done and for us to coordinate simply moving what's in there, out. There's a lot of file cabinets and things like that. We could just store them somewhere

else on the property, just like you said, housekeeping measures to get ahead of whenever this contingency plan might come into play.

Chairman Greber

Okay, that sounds good. Thank you. We have this on the agenda for possible action. I guess we need a motion to close this agenda item. It can be revisited later when we have a different strategy or documentation to support a different plan.

Secretary / Treasurer Zimmerman

Well, we didn't ever take action to set anything in motion to actually start spending money or anything like that, on converting that house to living quarters. We were always just in the research phase. I don't think we need a motion just to walk away from this. If anything comes back, if anything changes and we decide to revisit it, we can just agendize this at another time. I think for all intents and purposes the discussion is just over at this time.

Chairman Greber

Okay. Any further comments or discussion? No action taken, close that issue for now.

Item #13, For Possible Action - Discussion and deliberation related to Victoria Street units 2, 3, 5, 6, and 7 environmental sampling and analysis to be conducted by BEC Environmental in conjunction with the Brownfields Program for subsequent application for grant funding and/or use of Rural Desert Southwest Brownfields Coalition (RDSBC) revolving loan fund to act upon environmental findings relevant to the safe and successful development of the properties in accordance with the District's Community Support Program for medical staff housing, as well as, its contractual obligation to provide housing for use by Central Nevada Regional Care.

Chairman Greber

For this particular initiative, I think somebody's captured it as being somewhat bogged down in environmental sampling. And quite honestly, it's been it's been difficult to really get to ground truth on that, from my perspective. A lot because they're not working in their offices, they're working from home, travel is restricted, so they're not actually visiting work sites, in a timely manner. All of their activities have been prolonged because of the lockdown and limitations, not to mention, government agencies are pulling back and kind of protracting the timeframes for applications or even consideration of applications out several months. The most recent one that I have with the revolving loan fund is out at end of July of this year, which isn't bad. That does put the entire timeline. If we were to apply for assistance, through Brownfields, we wouldn't even begin the process until after July, which puts the actual sampling, if everything were to go just directly back to normal, in early to late fall. It's not that we just wait to start the job until summer, we wait to even start the conversation until summer. So, in the meantime, Beck has been really understanding of our timeframe and of our need for the housing that we have decided to pursue, and they've given us a quote for sampling and the subsequent lab analysis for all five of those units without waiting for the grant application or the financial assistance of USDA, in case we wanted to attempt to pay for that ourselves, launch it and then be ready to move forward with our bid process. The sampling quote came in just over \$26,000, for this Phase Two environmental sampling. Phase One is considered to have been completed based on their previous visits to those particular sites, and the Air Force environmental baseline study that was accomplished in 2017, was when that was done. So, Phase One, the USDA considers to be finished, Phase Two is what we are contemplating. To be honest, I am unsure if it's an investment that's required for us to safely re-habitat those, I'm still trying to learn and understand, even getting the quote has been very, very much delayed. So, it definitely is challenging at this time. The cost of the quote is nearly the cost of one of the renovations. Quite honestly, when we put it out for bid, the state licensed contractors who would come with the technical certifications to remediate environmental hazards, will work that into their

bid and they will be able to remediate in accordance with state laws with or without the sampling and analysis. The sampling would be part of grant funding application or even the loan application, if that's what we wanted to do. The concept of grants appears to be receding in my conversation, the subject of loans is pretty much what I hear now. So, if we're just talking about loans, once again, we need to weigh how much that would be a benefit versus us utilizing our funds in perhaps breaking the smaller chunks trying to manage our cash flows. I have brought Justin into the conversation as our Secretary and is minding the budget and I would like to ask him to weigh in on his thoughts.

Secretary / Treasurer Zimmerman

I did dig into this a little bit with Rachel, and I don't think that the \$26,000 testing fee is a good investment. You jump through all of these hoops with Brownfields and the USDA in the hopes of getting a grant and when grant talk dries up, it's \$30,000 that we wouldn't have to pay if we put this out to bid. Now the revolving loan fund is great for entities that are dealing with cash flow issues, we're not quite there yet, and we are in the position to fund this project based on the estimates we've received preliminarily from our capital. So, at that point with that ability the loan is just paying unnecessary interest. I am not inclined to continue pursuit with that.

Chairman Greber

Thank you, Justin. Trustees, what are your thoughts? Questions?

Trustee Kaminski

I agree with Justin. To me it looks like a waste of additional money and we need to watch our money.

Vice Chair Hendrickson

I'm in agreement as well.

Chairman Greber

The conversation for Environmental Studies actually was initiated by our contractor, when he had done his comprehensive walkthrough. He had identified one of the homes as significantly compromised with a suspicious black mold, is how he called it. The conversation snowballed just asking the question, shall I get an environmental person in here to sample that house? I had barely got the words out of my mouth and instantly, I was up to my ears in these conversations. I definitely want to perform our due diligence, but I do believe that we are not in any jeopardy of mishandling the property if we ensure that the technicians and contractors who we consider for the work are state certified in the proper types of environmental mitigation. I also talked with CNRC a couple weeks ago. I know that we have approved a conversion for quarters within the clinic for the on-call provider and whatever number of staff that has to be there as well, but I described the Victoria Street units that we had acquired and their locale, the close proximity to the hospital and the ease of access to the hospital campus from the back road as well. Which we can bear in mind in future. They were very happy with the location and the concept. That contractual obligation we have within our development agreement is a motivator for us to get this done. As far as the federal requirement, we have 36 months to make a move on these, we don't have to have things completed in that time, we can mind our own timeline with this, certainly as long as they are being put to use, within the scope we proposed to the federal government, we're in great shape, we can stay in the driver's seat, we can plan them as we want. So, it sounds like the next step is going to be to craft the actual contractor bid based on everything that we know for those units. It is difficult to get stuff done right now, but I want to keep up the pressure and it sounds like we'll redirect a little bit and just get that that bid crafted and up for consideration. I can tell you that contractors are coming out of the woodwork, right now. I receive at least one contact or more every week from various organizations or private contractors interested in the hospital project, of course that we're going to be opening up later, but when I reference this residential, they're all about the residential as well

and they are quick to tell me all of their capabilities. So, I think we'll get some action when we put the bid up and definitely it's an investment that I believe we agreed long ago that was necessary for our medical scene is having this housing, and that many housing units will be really, really valuable to us. Any further comments or questions? Then I believe we're going to put this one to rest, no action taken. We will go ahead and pull back from the environmental sampling and analysis by Beck and we'll have some things to consider if we need to, at our next meeting.

Item #14, For Possible Action - Discussion and deliberation to create, approve and execute a plan for distribution of the community education magnets approved for purchase during the February 20, 2020 Regular meeting.

Trustee Gamble

I don't know what everybody's thoughts are on this to make this as efficient as possible. I think maybe we should be looking at sending out some of these to at least the local providers to start with and take it from there. There's also the possibility of the US Postal Services, every door program or every mailbox program, that they can actually be mailed out. Probably be a little costly since these are magnets. I'm open to discussion on how we actually do that, whether it's just sending them out to different providers or maybe even the grocery store and places like that, where there's a few laid out here and there, I'm open to discussion on how to do it.

Trustee Kaminski

How many magnets do we have?

Trustee Gamble

I believe we started with 5000, if I remember right.

Trustee Kaminski

Do we have them in our possession or do you have them?

Trustee Gamble

I believe Tiffany does.

Secretary / Treasurer Zimmerman

Hey, guys, I'm looking it up right now and I have them, they're sitting in my office.

Trustee Kaminski

Let's start by distribution to all the providers. We have CNRC, we have Marie Peterson, we have the therapy group, we have Round Mountain's clinic. And we can also see if the local businesses like Raley's or the post office allow us to put some there and just get the word out to everybody to pick them up. Same with Round Mountain at the general store. I think that would be much more efficient than like you said, trying to mail them out.

Secretary / Treasurer Zimmerman

We have 5,000. When we did our mass mailing just recently about the Renown transition that cost us in the ballpark of \$1,300 for just a standard letter. So, it is costly doing mail. I think that's great, point of care point of contact. Once we're out of this COVID-19 and all of the various government buildings are open again for public access, and all that would be great to stage them wherever we can.

Trustee Kaminski

We can give some to REMSA and every time there's a run, hand them to the people. If you want, I'll take some to give them to all the Seniors, and I'll get them all to the low-income housing where the Seniors are so they have them.

Trustee Gamble

I'm not opposed to driving them out to the Duck Water clinic, just because we need to make sure that we have something out there as well.

Vice Chair Hendrickson

That's what I was going to mention. I know that Duck Water and Yomba are on pretty strict lockdown, and then we want to get them to Dyer, as well. So those might be areas we would consider mailing a bunch to.

Chairman Greber

It sounds like we are ramping up to splitting it up and finding a handoff type delivery method, rather than coordinate the mailing, if we can, just to save us money. It sounds like we can physically acquire a stack, however many with the destination and individually, as we, as Trustees are able to distribute and coordinate that through Tiffany's office. Does that sound like a better approach?

Trustee Gamble

That sounds like what I'm hearing. And I think we think we should maybe consider appreciating them out by population. Tonopah is a little bigger, so they may need for instance, putting them out at 2500 to Tonopah and then dividing the other 2500 around through the outside area and other maybe thousand to Round Mountain. Then 1500 to Gabbs, Duck Water, Yomba, Dyer; those areas that are in our service as well.

Chairman Greber

Does anybody have regular interaction with those outlying areas?

Vice Chair Hendrickson

I did before the shutdown.

Trustee Gamble

I have pretty decent interaction Duck Water and at least have a contact in Yomba that I can arrange things through.

Chairman Greber

Don, does the Senior Center to make runs to any of those places?

Trustee Kaminski

I'm not sure, but are we going to go South with any of these to Goldfield and Beatty?

Trustee Gamble

My thought on that would be probably not, just because they're outside of our taxing district.

Trustee Kaminski

But our hospital here in Tonopah would go and service Goldfield, at least, what do you think about that?

Trustee Gamble

When it comes time to do a hospital direct-type mailer, for instance, this one doesn't necessarily cover the hospital itself, then maybe we would look at going outside, but this one is relatively specific to when to call 911, it is not necessarily a services outreach. The next one that I was looking at was one for REMSA and the nurse helpline.

Secretary / Treasurer Zimmerman

Right, we're not really advertising the services we offer here. I wouldn't go to Beatty and I'm only saying that because they did elect not to be part of our District and said that they would choose to go South for their healthcare needs rather than North, so I wouldn't reach that far. If it was something that was advertising our services, I would include Goldfield because we've been included all of Esmeralda County in our Health Needs Assessment, and CHIP, those kinds of things. We've counted on their patient base for our funding, so if we were advertising our services, I would include Esmeralda.

Chairman Greber

I agree with that. I would be more comfortable or most comfortable with this type of a generic guidance. I would like to include Silver Peak and Goldfield with the Nye County locations.

Trustee Kaminski

Okay, so I'm understanding we're going to work through Tiffany and we'll just make a list or she'll keep track, and we're going to pick up magnets and deliver them so we can keep track of where they're going.

Chairman Greber

I think that sounds good. Tim, this is yours, would you maintain that communication with Tiffany's office to divide them based on population and she can reach out to whoever it was that you would like to ask to support and delivering these.

Trustee Gamble

Yeah, that sounds like an idea. If I remember right, there was a population breakup in Margot's Community Health Needs Assessment, that would probably be the best accurate quotes that we can get, as far as I understand.

Chairman Greber

Yes, you're correct. That's good. So, we have discussion culminating and Tim's going to be point on this coordinating with Tiffany's office to coordinate with the rest of us, as needed, so that we can contact Tiffany.

Trustee Kaminski

Sound good to me. Tiffany, I'll get with you tomorrow, I'll do the Seniors over in the housing tomorrow, so they get them right away.

Tiffany Grigory

Sounds good.

Vice Chair Hendrickson

I think that's great and good job, Tim and everyone who worked on getting together. I will work with Tiffany on getting Round Mountain and North, up here.

Chairman Greber

Thank you, Tim. Great work. Any further discussion?

Item #15, For Possible Action - – Discussion and deliberation to approve, amend and approve, or deny; 1) a list of materials to be purchased and used on residential property at 149 Central Street in Tonopah, Nevada to include planned perimeter fencing, garage roof repair, removal of ground hazards, and enclosure of garage foundation fascia; 2) approve a total budget for the above described scope of work and ; 3) empower Trustee Kaminski to supervise and execute the approved project(s).

Trustee Kaminski

I submitted the list of materials. Karmin, myself and Chad, we walked the grounds. The project includes doing the roof of the garage, re-doing the fence to match the existing fencing on both sides of the property, and do the foundation and fascia on that. Total cost was \$2985. I would like to get the Trustees to give a little bit of leeway allowance just in case we needed any other additional items to finish this whole entire project. So, I would recommend maybe a \$500 leeway or not to exceed \$3500, naturally, I'll have receipts and everything. I want to make sure we have all the materials for Chad when the free labor gets ready to start doing this.

Chairman Greber

Don, could you describe the evolution of this as far as our tenant, Chad, and their proposal.

Trustee Kaminski

Chad is the therapist and they're planning on moving into this residence. He volunteered with a couple of his relatives to do all the labor for free, if we got the materials there. We walked this, and the roof needs to be redone on the garage, but eventually we would have to go with the metal and it's going to cost us just as much to just repair the roof as it would be to put the metal roof on. So, I suggested for \$1,000, we go and put the metal roof on from the start. Same with the fencing, we get it done one time. And the foundation for the garage to close it in, so that we don't have rodents underneath, which is only \$200 worth. I'll go over there and help as much as I can, and I'll help Chad and direct them and we've already decided on the layout of how we're going to do the fencing. The sooner we can get this rolling, the sooner the better. I am going to go down to Vegas next week, so I could drag a trailer with me and all these quotes were from Lowe's out of Vegas, and they didn't include shipping, or delivery. I'm going down here anyway; I'll drag a trailer and I can pick up the material and come back up and deliver it if the board so deems appropriate.

Chairman Greber

This is really advantageous in us getting our project completed. The trickle down of this is that finishing up our property, which we had AmeriCorps lined up to do so and then of course that went up in smoke, because of the quarantine and lockdown. Our problem really only then was labor, and as a tenant improvement with Chad, this gives us back the free labor piece, and his relatives are licensed contractors and Don has been able to engage with them to understand their capabilities, and what they would be able to successfully accomplish. Great work on Don's part to run point on this and be as thorough in his planning. It's a pretty simple small job, but it will actually improve our residential property for future, and it will get it done in a timely manner. As further background, back in the fall we approved Affiliated to be our first applicant for residential housing incentive and Affiliated Therapy will be the benefactor of that because they will no longer have to house their full time professional. Incidentally, the Tonopah office is still functioning at 100%. Chad is working full time whereas the other clinics down South are all below 50%, some of them their therapists are working about 30%. So, he's still doing well, here. At any rate, the other effect of doing this, facilitating their move into the Central Street property opens up housing at Sierra Vista apartments for CNRC, who currently are being housed in the Best Western hotel. So, this opened up one of the largest units that they have in Sierra Vista and CNRC has hooked up with Stephanie down there to take advantage of that. So, we're killing two birds with one stone and getting our property buttoned for the exterior. I'll give a shout out to my husband, Kirk, who went up and removed ground hazards, odds and ends sticking up out of the dirt after the sagebrush was removed at the courtesy of the town last year. So, he worked very hard and took quite a lot. Don, since ground hazards are part of your agenda item, when you address the garage foundation fascia, as we have looked at it, there's a great deal of old piping and stuff that was removed from the structures when they updated everything in the infrastructure is just stuffed under there. I would like to recommend that all be discarded and that you'd be empowered to discard the ground hazards and whatever it is that you come across. I want that to be part of the execution, so you don't have to

come back to us. I'd like to support empowering you to supervise and execute this in our best interest.

Trustee Kaminski

Naturally, when I go to clear this, if there's anything that looks like is of any value to the District, I will let you guys know.

Chairman Greber

I think there was a couple pieces of furniture, old and kind of dilapidated, but items of furniture that I told the new occupants that they would need to keep it, but it can go in the garage. I didn't get rid of anything or tell them to get rid of anything.

Trustee Kaminski

I'm good unless people have questions.

Secretary / Treasurer Zimmerman

I do have a question about your reimbursement because we don't really have any way to pre-pay for these things. So, are you offering to pay Lowes and then submit for reimbursement?

Trustee Kaminski

Yes, I am. I'll just present the bills, according to what we have listed here, and I should be able to save us another 10% because I am a veteran, and I get a 10% discount on Lowe's.

Secretary / Treasurer Zimmerman

All right, as long as you're comfortable with that I'm on board.

Trustee Kaminski

I'm good.

Chairman Greber

Any further discussion or questions for Don? I would entertain a motion. The quotes that Don has included is free labor and not including shipping, he hasn't included that and so the buffer that you're recommending, Don, takes it to a flat \$3500 for completion of the garage roof installation, the fencing, and the foundation fascia.

Trustee Kaminski

Correct and removal of any of the items that are underneath the garage and stuff.

Chairman Greber

Right, right. I'll entertain a motion

Secretary / Treasurer Zimmerman

I move to approve the list of materials to be purchased for use on residential property 149 Central street in Tonopah to include the planned perimeter fencing garage roof repair removal of ground hazards and enclosure of garage foundation fascia, a budget not to exceed \$3500 and also to empower Trustee Kaminski to make the purchase, be reimbursed and supervise the project.

Vice Chair Hendrickson

I'll second.

Chairman Greber

Tiffany, any public comment?

Tiffany Grigory
No public comment.

Chairman Greber
Thank you. I have a motion and a second, call for the vote.

Chairman Greber
None opposed. Motion passes.
Thank you, Don, so much. Kirk just told me that he will help you haul off all that stuff from underneath the garage, as well.

Trustee Kaminski
Okay, sounds good, I'll coordinate with him.

Item #16, For Possible Action - Discussion and deliberation to approve, amend and approve, or deny; 1) plan of action to remove inoperable diesel heating appliance from residential housing at 149 Central Street and associated tank, fixtures and associated hardware and; 2) approve acquisition and installation of appropriate number of energy efficient electric climate control units for immediate use in the dwelling whether purchased new or re-allocation of existing space heaters from hospital facility to this residence if they are deemed safe and serviceable for this purpose.

Chairman Greber
Subject matter expert, Stretch Baker, went into the property and was going to clean and service the diesel heating unit, which is the central heating source, there is no forced air vents, it's just radiant heat and a small blower. He learned that it is inoperable, completely. He said that a diesel unit is something that has to be maintained weekly and monthly throughout its life, and it hasn't been maintained, because it's been shut off. The damage to that particular unit is irreversible. So, the question at hand is do we intend to pursue the diesel heating, because it's there, maintain the tank, which is installed outside, and the fixtures and hardware or forego diesel, because of the maintenance requirements and pursue a different form of central heating? I know most of us have not been in the house. It's a pretty open floor plan and the airflow does work very well, and the single source heating is suitable. However, his recommendation was if you don't have a maintenance person to go up there every week or every month, almost year-round to keep everything in working order. It's a pretty heavy lift for someone who doesn't have that expertise. So, the alternative right now, in order for the Simmons to move in, is we need to have some sort of central heating. Obviously for occupancy that's somewhat unconventional to offer housing without heating and second is soon as the water is turned on, if there's not heat that functions when they're not at home like, if they're gone for four, five or six days and the temperature drops the property will be liable to be damaged. So, my second item here within the request is the installation of energy efficient electric climate control units. I talked with Kay shields, when we first were talking about that with the Victoria unit and he has a particular climate control unit that he said is just highly efficient it's year-round, it's low profile and its whole house. I think if I remember right it was for approximately a 1500 square foot home and it was, he recommended it above getting a furnace and AC or EVAP cooler, all the different things he said this is the unit he puts in all of his new stuff now. I'm not certain if it needs a contractor to install and quite honestly, he's been busy and I don't have the data on that particular unit. But in the interim attached in the backup was some heating units that are wall mounted, but not wired in, so they still have a three-prong plug. These are some that would be a stopgap until we had the central heating actually addressed probably in the summer coming into next winter. But, as this evolved, Justin advised me that there was a number of new radiant heaters in the hospital. A number of them that they had been using. They are sealed oil filled radiators, thermostat controlled, safety and all the features that you need. So, in the interest of getting movement in housing, we transported a few up there. The family hasn't

moved in yet. We transported several to the house and we had the circuits in each room tested, had them mapped so that we knew if there were any overlap or challenges we were going to face with the circuit breaker breakers, and it appears every single room is on its own breaker, so that it's a 20 amp not just a 15 amp. So, it's got plenty of amperage to cover to carry a heater in every room, if they choose and these are clean and safe units to be used. The house checks out, the wiring is new, the breaker boxes are new, the heaters are safe and serviceable from the hospital. I would like to recommend, as far as the heating, that we go ahead and let the tenant utilize those radiant heaters, rather than installing something right at the moment so that they can safely move in and be comfortable and our pipes won't freeze, if they go away for any length of time. Then, I would like to also recommend that we just forego diesel and follow up on removing the tank capping the fixtures, removing the heat stove, because it doesn't sound like something that's going to be beneficial. Since we don't have a maintenance person that's assigned to that residential property. I'd love to hear your thoughts on this.

Trustee Kaminski

I agree wholeheartedly we need to get rid of the oil, drain all the tanks and everything associated with it. And I like the fact that we can get them in there right away using the efficient electronic heaters that we have already in our possession from the hospital, and then we can entertain looking at what new energy efficient heaters would cost to get it installed.

Secretary / Treasurer Zimmerman

And I agree. The idea of having a diesel stove on a rental property is just never going to work. I support the idea of having that all removed as necessary. And researching an all-electric alternative to be brought back to be priced and brought back to the Board later.

Trustee Gamble

Out of curiosity, Karmin, I know that we can get units that have both. What does the air conditioning or swamp cooler look like on that particular property? Is it probably one that's also going to need to be serviced?

Trustee Kaminski

The swamp cooler is a window fed swamp cooler, and the maintenance on those is not a whole lot. We can get that going for the summer, and then entertain and see what this electric heating is. I'm not sure if it's got cooling capabilities to it or not.

Trustee Gamble

I was just I was just curious if maybe we should entertain the idea at some point a split AC heater type unit that would kind of upgrade the whole thing altogether for heating and air conditioning at the same time, instead of a window fed swamp cooler and looking maybe more in that route to help with the heating but as well as the AC and get it all knocked out in one particular unit.

Chairman Greber

The unit that is recommended is an all climate unit, it's AC and heat and quiet. The one that Kay recommended is his real low profile and energy efficient uses little energy for both cooling and heating.

Tiffany Grigory

I believe what Kay had been mentioning was the mini split HVAC.

Chairman Greber

Okay. Thank you.

Trustee Gamble

That was what I was leaning towards. The mini splits, they're all in one. We don't have to maintain a separate heating unit and a separate air conditioning unit; we could just get it all done at the same time.

Chairman Greber

That sounds perfect.

Secretary / Treasurer Zimmerman

This is a little old house. I don't know anything about this mini splits. Will this thing require ducting?

Tiffany Grigory

No, actually. Bert was talking about two for the clinic so I think Bert has some information on mini splits.

Trustee Gamble

The way they work, Justin, is they have a central unit that's placed outside and then individual hoses are ran to different zones. Those, those particular units only run about \$4500 bucks. For instance, if you put one in a master bedroom, you're not beholden to the temperature in the living room. You can actually control each of these different zones, they're actually pretty efficient, and I've seen them used really well. In fact, I actually just purchased one not long ago for a friend of mine was getting one put in their place.

Secretary / Treasurer Zimmerman

Okay. Sounds good.

Chairman Greber

If you have input on units that you recommend, or any specs you want to push my way, I will follow up and try to get us a selection to choose from and also understand the installation cost and price, the licenses required to install something like that. I know the Mizpah has offered to be of help to source professionals when we need, like electrical work, or contractors. If you have one to recommend push it my way. I would like to revisit this at the end of summer. Since we have the heating units right now, and I did talk with Chad and Haleigh, just this morning, and they were doing some painting up there and were really comfortable. We had them leave them on to make sure that they were functioning and the thermostats were good and they were really happy with them, even with their little, young family. So, I think we're good for now. As far as removing the diesel, that is not a hot button issue right now because it's just kind of a big floor decoration inside the house. I think that at a future meeting we'll have an actual plan. In the meantime, I'll get pricing and see what to present and when would be convenient time to take on that project. According to Stretch, nothing really needs to be removed for safety, like as if you had gas lines or anything. It's not that type of a setup, so there's nothing to worry about so we've got a little time. If we're not going to purchase anything right now, let's do our homework, and see the best way to move forward on this. Does that sound reasonable to everybody?

Trustee Kaminski

Sounds good to me.

Vice Chair Hendrickson

Perfect.

Chairman Greber

Do I need, Justin, a motion to discontinue the diesel or remove it?

Secretary / Treasurer Zimmerman

Well, it's not functional. And we don't have a plan yet to remove it, right, we don't have anyone. If there is not a motion, I would just consider it tabled, and we'll bring it back, when we do have action steps.

Chairman Greber

I think instead of tabling let's close it with no action, and then we will we will bring it back as a brand-new agenda item when we're at that point. Any further discussion anybody?

Item #17, For Possible Action - Discussion and deliberation to adopt, amend and adopt, or deny Northern Nye County Hospital Inventory Control Plan for the purpose of managing the inventory and consumable items remaining within every facility or storage area on the hospital campus located at 825 S. Main Street, Tonopah, Nevada; plan includes processes for cataloging, re-allocating, disposing, and case-by-case distribution requests made by Trustees, medical professionals, educators and/or other interested parties.

Chairman Greber

This backup was completed by me just last night. Has anyone had a chance to review it?

Trustee Gamble

I've looked over it, glanced through it a little bit.

Secretary / Treasurer Zimmerman

I haven't, as I've told you. I started and I plugged in the specifics on the first page naming the contractor, etc., but I never got into the meat of it.

Chairman Greber

I want to give you a little bit of background, why I put this agenda item on there. The inventory, which we had commissioned was the first one that was been done in years. There are several loose ends at this time, including the fact Renown has not yet signed off on it. I asked our lawyer to reach out and find out status on that, he hasn't got a response yet. However, as we're starting to turn our thoughts to the resurrection of the hospital facility planning for the use of the entire campus, I feel that we need to address our perspective and our attitude on the inventory. To be reminded that these are taxpayer assets. It's not a broken-down old repository for broken down and useless items. Other than the things which are expired or in need of calibration, the building is full of expensive and useful medical and business equipment. Last week we learned that to our benefit we have a working 800-megahertz radio system which is going to be put into use in the near future, Justin's been working on that, to further availability of CNRC through coordination for receiving transports. I feel that it's our job to steward and protect the inventory. Every time I step foot in that building it seems that things are moved, bins and supplies are scattered all over the floor, debris seems to grow. I look somewhere and it feels like something is missing. We can't behave as if the facility and everything in it is just trash, and that's what it feels like, when I do go in for a purpose. We don't know how we're going to end up using that space and the items in it until we do it's incumbent on us to preserve those items. Secondly when we have a new or remodeled facility to work within, and especially if we approach a rebuild in a phased manner, someone's going to have to stock and supply that facility. Every item on the inventory should be preserved, if possible, for use in that new space. We don't have the luxury of purchasing mundane items again just for the sake of having new exam beds, stainless steel tables, office business equipment, food service equipment, multimedia, and the actual medical assets. Even the expired supplies, I'm told are a value to educators and have been requested. We want to support education and if there's training that can take advantage of expired supplies, we need to ensure we're not mishandling, even those expired supplies.

Recently it came to my attention that some individuals who were not actually scheduled to enter the facility went inside and had a rummage walk, rifling through supply cabinets and supply room and gave the impression of leaving somewhat of a careless mess in their wake. I'm not asking anyone to account for this, but I'm suggesting that type of approach to our facility, our campus, our inventory needs to stop. The inventory is for the support of the District, which is first and foremost for the direct benefit of the providers and services which the taxpayers are funding. The Board has to maintain control as a group. Individual Trustees should not access and affect any disbursement of the contents of the inventory because as a group, as a Board, we're responsible for all of those assets. I'm suggesting that entry into the hospital facility, and in any of the other buildings, should be controlled. If you don't have a pre-arranged purpose, you shouldn't be in there. The hazards that are exposed right now, were caused by this same type of mishandling, and it needs to stop. Evidence that the buildings have been cannibalized and used as a medical pick and pull, is everywhere. All these incidents over the years makes it that much harder for us to recover from when we want to put something into use.

My thought by this plan is to come together as a Board, demonstrate positive control of the inventory and protect our facility. We'll want to have a brand-new hospital, we may not be able to afford one, when they have to work with what's there. We don't know what that's going to look like yet. Everybody's tightening their belts, as we've discussed already, and we just need to guard every house that we own just so that we will be ready to act when the time comes. It does sound like every source of assistance is going to require some sort of a substantial contribution from us, a financial contribution. So, whatever we don't have to spend replacing damaged inventory to get the place functional for the services that our community wants, we need to be prepared to do that.

Trustee Kaminski

Did we not have the whole facility rekeyed?

Chairman Greber

Yes, we did do that. That was my first step in controlling that inventory because there's a great deal of interest and curiosity about the inside of that facility. However, the entry occurred when the door was not locked down. It wasn't locked up properly, is what I was told. The people who entered just entered, and I don't believe they meant to cause damage. I want to hear your thoughts about protecting and stewarding our property, our inventory. Naturally, some of it is going to go to educators who want to use it for training, EMS said that they can use expired, this or that, for their classes. CNRC, of course, is who the taxpayers are paying to operate and provide medical, they need to be able to request their stuff. Contractors and officials, I'm not kidding they're calling me regularly. We're following up on every lead. If they're going to request a walkthrough, what are they going to see, when we walk in there? Like what I said about the ambulance barn, it has been used for storage for a while, and I understand a lot of it's been cleared out, but everything's a mess, and it seems like every time I go in it's a bigger mess. I want to get us as a Board, on the same page, to understand that all these interested parties, even CNRC they don't have a key to the hospital. We have one set of keys, and our secretary Justin maintains that. That's specifically for this purpose so that at no time does someone who is not pre coordinated get in there, get hurt, get exposed to something, or damage our property or decide they have a really good use for something and a very legitimate need. I want to establish a process for requesting allocation or sale, if we decide, after the stuff has been evaluated, case by case. We need to have a positive control plan in place. I feel like we can do better than this and we should, as our due diligence and to prove we can control our property. Please, what are your thoughts? I'd like to go through the high points of the plan, and I'd like to hear your thoughts about that.

Secretary / Treasurer Zimmerman

Well I absolutely agree there's a need for this. All of the assets in that facility have value, if it's only that we won't have to buy them again. I've been approached by various different entities asking for everything; asking for filing cabinets, for shelving units, for things that are not going to

degrade, and things that we very well may put to use. Just because we aren't using it right now, doesn't mean it's a fire sale, come in and take what you want. Literally the last request I received, was verbatim "Can we go in and scavenge around?" No, you absolutely may not.

What happened on the day that Karmin is referencing, was access was granted for a specific item and entry was made, the door was not locked behind them, and certain individuals happened in at the same time. Why they felt empowered to let themselves in? I don't know, but this policy will limit that type of access. And then what ensued, that day once they got inside and realized that people were looking for supplies already, the scene that was described to me is chaos and looting. When I went in that facility the same day after they had left, there were open boxes of supplies on the floor, just tossed down, "we don't need these". Supply cabinets doors left standing open; shelves bare. More than medical supplies were taken, more than medical supplies were inherited with that property, we also inherited a number of office supplies, paper binder clips, things like that we can use in the simple conduction of these meetings that we didn't have to buy, now we're going to have to buy those things. I can't stress enough how deeply unimpressed I am with the people involved in that day. This policy needs to be gone over, agreed to and approved, and I think today's the day.

Vice Chair Hendrickson

I wasn't aware of any of this or even aware that was the perception from the general public of that facility. Just having briefly gone over this, but I think we need to set a precedent that we need to respect this facility

Trustee Kaminski

I agree 100%. We do the same thing out here. We have one point of contact to get the keys. They've got to be signed out. I really believe that one of the Trustees needs to escort anybody in the future that goes into that building so that we can ensure it is secured properly afterwards, and only the items that have been approved to be removed, are done so.

Secretary / Treasurer Zimmerman

I agree and effectively that's the practice we've been enacting, no one has been inside that facility without me there as well.

Chairman Greber

It's only four pages long. This literally came off top of my head, it's been in my mind for a couple of months and with all the upheaval the last 45 days, it wasn't getting the attention it needed because I was distracted working from home. However, when this event brought it all to light, I was pretty alarmed, and dismayed. I don't enter that facility unless I have a purpose, to go there and when I do, I coordinate it through Justin. My first action was having the place totally re-keyed, because not knowing who at the County or other providers had keys or were able to make copies, we needed to start fresh and lock it down, because this is taxpayer assets. Not that they're available for free to taxpayers because they already paid for them, but they are ours to use, and to manage. We have an 800-megahertz radio system, and so I got in touch with Justin and learned the technician who worked on it and just walked in and the technician turned it on; there was a distinct purpose. While I was there, the secondary issue was the heaters, and that was it. When that was done, right back out, lock it down. We have the Mizpah, making a comprehensive, 360 walks around of the whole campus, specifically to see evidence of tampering, any vandalism, any broken windows. When there's been break ins, which there has been, nobody ever notified us of any of that stuff, so we have instituted little by little, to get positive control of that place.

This is the plan is specifically personal property, which is everything that's not real property. Not the structures themselves, but things that are in there the inventory captured in our recent non-real property inventory, and even things that are affixed to the structure, that could be materially damaged or key components being removed for whatever reason. We do know that we're able to liquidate stuff, if we want. We have a few different means, and I'm researching those NRSs so we

know our process. I didn't include a process in here because I don't know them yet. And I don't think it's essential to this actual incarnation of the plan. We can give them away, we can sell them, we can dispose of them. Those are the three legs of the whole plan, but it's at our Board decision and a good piece of it is to make sure that no contractor, employee, Trustee or anybody feels that they are entitled to take action or commit the Board to gift or sell or assign any part of our property without first coming before the Board, without making a presentation to the Board, during a meeting. The purpose is to positively manage it, monitor, control the movements, in a conscientious manner, within all the laws and statutes in the state of Nevada, and as property evaluation dictates. Obviously, it's taking us some time to get technicians out here to assess our medical equipment. I know that Queenie is getting us a technician, who she's waiting on a date, they're deciding when they can come out and assess our CT scan to see what its actual status is. The assumption is it's broken. I'm not so sure it is, and I wouldn't know if it is, we need a professional to determine its status, and there's several pieces of equipment in there that we're not qualified to do that and that's to our detriment, we're trying to backfill that.

Availability, Item 1, which is on page 2:

Inventory is first and foremost to be applied unreservedly in support of all Hospital District subsidized or sponsored events, programs, operations and initiatives.

No portion of the real property is eligible for consideration, we're not giving away property, enclosures, dirt, real estate, we're not hearing any of those types of proposals. Inventory designated to fall within this plan, and is not being given to support of our programs or events or provider will be either awarded on a first come, first serve basis at the Board's discretion, either as a merit award, or they make application and based on the merit in the criteria they present, we can gift at our discretion, or acquisition by purchase in accordance with all of the laws. That's the availability we're talking about. Eligibility is anybody, any licensed medical, private organization, anybody who provides or supports medical services within our District may be considered for receivership of the requested portion, whether they purchase it, or as on merit basis. Educational institutions or certified instructors, such as Stephanie mentioned the expired supplies, and she said she's an EMS trainer for the county as a volunteer. She can use those, so that's what that brought to my attention not just educators, but also instructors, for use in our District. I did put in here governmental organizations are not eligible, and that was in accordance with our housing as well.

I would be open to discussion if someone wanted to challenge that, in general or trying to support the organizations in our community and the government organizations have other sources and subsidies, generally applied to them in a funding stream.

Trustee Gamble

I read that and that was the one thing I was going to ask you about because that seems to me that would restrict us being able to gift that stuff to our EMS services because they are County government institutions.

Chairman Greber

The volunteers are not.

Trustee Gamble

They are. They are Nye County institutions; they're managed under the County itself.

Trustee Kaminski

I want to tag on with Tim because I have volunteer fire department, which there's all kinds of stuff that they could possibly use too and they had brought it to my attention, and I haven't brought it up to you yet and we're considered a government entity also has the Town.

Chairman Greber

Well that's easy, we can strike Eligibility 2.3.

Trustee Gamble

Can we change it to something like maybe an exception to volunteer agencies that may be managed by government organization?

Chairman Greber

There is a section for challenging, for changes, Item 6, changes may be requested in writing, by recipient at any time, including exceptions, exemptions, extensions or omissions and remains in the discretion of the Board to approve or deny any or all part of those changes. In that sense we can mirror that language in the eligibility. There is a place where we can consider any exceptions, as long as the Board hears it, and the Board approves it, we can literally craft whatever we want.

Trustee Gamble

As long as we're not excluding those guys. That was my really only concern on that whole thing.

Chairman Greber

What are your thoughts, Justin or Emily, should we strike the governmental organizations or shall we let it fall under the exceptions?

Secretary / Treasurer Zimmerman

I would strike it all together.

Trustee Kaminski

The Board still has control.

Vice Chair Hendrickson

I would agree with striking it as well.

Trustee Gamble

I just didn't want to see us discourage them.

Chairman Greber

I know exactly, that's fine. We'll strike that.

Criteria, so the first and foremost is they need to come to a meeting a public meeting, and request whatever it is that they want. I didn't attach an application or another form or anything like that for us to consider. If you want it, you need to show up and ask us for it and explain what you're going to do with this, especially if it's going to be a gift. It's addressed later on, if you request it as a gift and then you instead resell it for some other purpose or make use of it that's not in accordance with your request to us, or you intended all the time to go elsewhere and not be used in the District, that would be influential in our decisions, so the requester just needs to come to a meeting. The representatives from the requester should be present or teleconference, so that the owner can learn, which is us, all aspects and rationale for the request and understand the use proposed for the inventory. A Trustee, I'm suggesting, can serve as a surrogate representative for any requesting organization, making a request the Trustee can carry the message. But in that instance, they need to abstain from the motion and the vote on that matter, if they're advocating for it directly in lieu of a requester, then they need to abstain from the vote.

Condition, this is basically about no warranty, no replacement. we're not going to pay for you to ship it or any costs associated. If you find you get home and you don't want it you have to dispose of it, don't come look to us for money. In accordance with the laws. If you request it and you either purchase it or it's given on merit, if there's any cost incurred on your behalf that's your problem not ours.

The terms; If you're awarded, if anybody requests and are awarded inventory, you're entitled to that specific portion, not any other portion associated with that. If you request a stainless-steel table, you can't go pick out whichever one you want, or you can't take four of them, or you can't assume,

while I'm here there's a few metal bins that you want. So, the terms are simply kind of a one-time, deal. You just get what you asked for. You can't return it and we're not giving you a refund for any associated costs, associated with the item that you got, unexpected or otherwise.

Awarded or purchased inventory is not to be delivered; you got to pick it up and you got to get it in a prescribed amount of time. I actually wanted to charge them \$100 a day if they didn't pick it up on time because I could see a bunch of stuff, sitting there, underfoot, but I took that out because I thought that was not warranted. The last one, 5.4, no financial assistance from us, is going to be considered related to this inventory, whether you purchased it or whether we awarded it, we're not going to pay to ship it, pay to hold it house it or reimburse you for any costs associated.

Changes; the plan is unilaterally governed by the District, period. That's the appointed or elected Trustees only, to approve or deny whatever means you want to acquire the assets or the consumable supplies, and whatever measure.

Change 6.1, Somebody outside the criteria, if they have a legitimate need, they are welcome to come and make application to the Board, under the terms of item 6 Changes.

Contingencies and reporting; the recipient may be subject to review by a representative of us to ensure that the items they received, especially by merit award, have been put to the use according to their original request. I put may be subject, because I know things happen, but they need to understand that if you're going to request stuff, based on a merit award, it better be a legitimate request. We aren't going to give this stuff away without being able to investigate if we find it's questionable. If we find that it was misapplied, or resold inappropriately, the recipient may be called to account for those actions through legal means, if necessary, including possible surrender of funds received from unauthorized resale. That is all subject to the laws of the state and our counsel would guide us if we found some gross misappropriation of something, they received from us and we were deceived in their request. I do not expect this to happen at all, but should it, as part of the plan it's just contingencies of award.

Prohibited use; this is what I started with, at no time can a Trustee or a District employee, contracted rep, contracted professional or any other party, access, appropriate, move or relocate any portion, without request to the owner, in accordance with section 3.1, which is during a meeting.

Second, 8.2, none of those parties mentioned can commit or obligate or enter into an agreement on behalf of the owner to award or dispose of any of those portions of inventory. Any such agreement would be non-binding. In the event that any of those parties did engage in either one of those two activities, the owner, the Board is empowered to go after those charges aggressively, to the individual parties involved to the fullest extent. In an effort to recover the full extent of the law. Basically, standing firm that this is District property, for use in the district, and if anybody presumes authority or access outside of this plan and our Board, they better be ready because we will take action, as I believe we should.

The additional provisions are just inventory doesn't extend to things that are not contained on the property inventory, because that's all we have to really go by structures, free standing or fixed or enclosures on or about the hospital campus. It's not a pick and pull. No part of the following designation shall be considered eligible, the solar configurations, or any associated supplies.

Contents or portion of any building enclosure or structure, other than the hospital facility. Anything affixed to the hospital facility and any assets or consumable supplies acquired after the date of record when the owner received in the hospital, but the transfer I believe was in January.

That's really all it is in a nutshell. We will strike item 2.3. What other inputs would you guys like to make?

Trustee Kaminski

One conversation I'd like to bring up in front of the board, we had a situation where one of our medical providers asked if we had any N95 surgical masks and they thought there was some in the hospital inventory, and they asked if they could acquire some of those. I brought that to your attention, I brought it to Tiffany's attention. Tiffany went to see CNRC and actually got some extra ones, given to the other medical provider. Do you think we should have something in there that in

an emergency, you as the chairperson has the ability to get that out? I'm just trying to think I had like say, we had a major vehicle accident and we needed to get something that we know is in there to use for this, and then we naturally couldn't bring in front of the Board. I just wanted to see what the other Board members think about a provision to allow that.

Chairman Greber

Okay, what are your thoughts?

Trustee Gamble

I echo Don there, like we slipped into the travel policy, I believe, were reasonable emergent conditions exist, but the decision has to be brought to the Board at the next available meeting, or something along those lines.

Chairman Greber

Emily, Justin?

Secretary / Treasurer Zimmerman

The deed was recorded on January 23 2020, just for the record, to put that date in there. And yeah, I like the idea of there being some emergency stipulation and it really depends on what it is and what is granted.

Trustee Kaminski

Justin, let me give a quick example. I was told that there's breathing apparatus in there called PAPRs, people that were responding would need that type of protection, that would be something that we could authorize right away to use, and then return it.

Secretary / Treasurer Zimmerman

I think that's great, if used right. That makes sense. But if it's a consumable in an emergency situation, you're taking a gamble because we're not going to get it back. So, if that was granted and then not approved by the Board, I'm not sure how we would go forward from there, but equipment like that can be used and returned, that makes perfect sense.

Trustee Gamble

That would be left up to the designated individual to make that decision. They understand the Board's will is not so much for disposable equipment or disposable by supplies.

Vice Chair Hendrickson

Yeah, I agree, Round Mountain's donation policy accounts for emergency support as well. That would be supportive, in an emergent situation it's at the discretion of the current Board Chair to approve or deny that request.

Chairman Greber

I'm taking notes here.

Trustee Kaminski

You could put something in there that says, if it was approved, just get an email to the Secretary and get it out to all the Board members say hey, this happened, we allowed this to go out, just so everybody has a heads up.

Chairman Greber

Justin, you termed in use rights of equipment, that'd be like temporary use rights?

Secretary / Treasurer Zimmerman
Yeah, they call it temporary use.

Trustee Kaminski
Because if they want it permanent then they have to come in front of the Board, it's not an emergency.

Chairman Greber
Versus consumable or does this extend to the consumable items?

Trustee Kaminski
Do we want to limit ourselves, Karmin? Say we had a major earthquake, and we had 100 people in town that got hurt. Our EMS and response people needed additional supplies and we knew we had them. What would we do in that situation? We know we're not going to get them back.

Chairman Greber
The availability, I'm going to insert the emergency support contingency there, in availability. The first item is that is applied in support of all of our subsidies, subsidized or sponsored events, etc. So, as you said when a local provider needed a consumable item, which incidentally everybody is in need of those, and the request needed to go through CNRC to first say, as our subsidized operator, we can spare this many. That needed to be in that instance, since it's a supply that they consume as well, they needed to be consulted first. So, under that, a request can be made to CNRC, or whoever operator is relevant to those supplies and that's in place already. I would suggest we'd leave the consumable parts out because we certainly want to coordinate through our operator with consumables, it's not that easy to get supplies out here. A shortage for one is going to be the same shortage that the other providers are also experiencing, in a sense I want to preserve those.

Secretary / Treasurer Zimmerman
And also barring an unforeseen emergency happening soon the consumable portion of our inventory is going to go away pretty quick. I don't see us stocking up on anything, as a District, in terms of medical supplies. So, we have what we have, while we have it. But eventually, the consumables will just be our contractors.

Chairman Greber
Good point. Don do you still feel that you want to include the consumables in with the emergency support.

Trustee Kaminski
No, I agree with what Justin said. If we had a major emergency, we'd be going to see an CNRC anyway and to Dr. Peterson and whatever they had, I'm sure they would contribute, so I think we're good.

Chairman Greber
I had a conversation with Kevin Romero, recently, and he was describing the approach to a multi-vehicle accident, I think was the scenario he described, similar to when the tour bus crashed and all of those patients were brought here, that from his prospective, he would be transporting medical professionals and supplies by air ambulance out here to get them here on scene. All hands-on deck, so that would come with supplies and coordination as well.

Trustee Gamble
Yeah, he actually gets to bring in the National Guard, if I remember right, who can transport a huge amount of supplies from up there, in their warehouse, to us, down here.

Chairman Greber

Okay. We are looking at inserting an emergency support availability during emergency support, temporary use rights, case by case, for equipment empowerment of the current Board Chair to make those decisions in an emergency situation and that if use rights are granted, then notification will be made at once to all of the Trustees of the scenario, by email, just information only to our admin office to push out to all the Trustees. That capture it?

Trustee Kaminski

I'm good with it.

Chairman Greber

Emily?

Vice Chair Hendrickson

I agree as well.

Chairman Greber

The only other change you mentioned was to strike that line in section 2.3. Any other edits you guys want to put in there right off the bat? And we can amend it at any time, we can bring it forward, if you think of a scenario you want to insert or change.

Trustee Gamble

One more thing maybe we should consider adding if there's a loan, to borrow certain pieces of equipment. It goes to the purchase of equipment that we're doing for CNRC, to some type of asset tracking tags. I know some stuff already has got property of Nye County on it. For instance, monitors, iStats, all of that stuff, some type of asset tracking tags to say that these are property of the Northern Nye County Hospital district when they go out of that particular facility.

Chairman Greber

For control purposes, actually, that's a good point. When I took the heaters and one box fan to the residential property, that we own, I have a photograph of all of the identifying plates from each of those units and I actually just emailed them to myself today to capture and give to Tiffany for records, to let them know that's where those particular serial numbers went, and that's where they need to stay or be returned.

Trustee Gamble

We should create the section, and I'll put together a thing for next month, but purchase our own asset identification tags, that can be affixed to stuff that goes out. However, you want to craft that to help maybe the policy when we attach them. I'll put the purchase thing together for next month.

Trustee Kaminski

Do you think we actually need a tag or should we do a signup form or sheet, so we can account for who's got them and what items were with it?

Trustee Gamble

It would probably be a both. The actual property is tagged with property of Northern Nye County Hospital District, and it's got a serial number attached to it and then there's a log of where that particular piece of property was, and where it went to.

Chairman Greber

There is no loan captured in this policy. We're going to insert it in the Emergency Temporary Use Rights, I think I will create its own temporary use, and that will capture the emergency support, and also loaned or borrowed pieces of equipment and proper tracking. I can capture that in the plan in

its own section and we'll move forward getting a plan formulated for tracking numbers and the signup form and accountability.

Secretary / Treasurer Zimmerman

Just recently, especially with the equipment that we're buying for CNRC, everything that we've approved, I've been keeping our insurance policy updated with, but there's also a need for a fixed asset management system bow that we have all of this property, that could go hand in hand with this. The County uses something called Asset Panda, and it's really wonderfully simple, there's an app you download it on your phone. I can look into that, for us, and that would cover the tags and everything that Tim was talking about, the software tracks and assets, we would mark it released, to whom where, etc.

Chairman Greber

That's wonderful and you said that production of the physical labels, and tags is part of the software?

Secretary / Treasurer Zimmerman

Yes. In Nye County we've gone through many iterations of fixed asset tags, from the metal stamped things that are very expensive and difficult to affix property and come with their own intrinsic damage to the property to which they've been affixed. What we're doing now is literally, kind of like address labels with barcodes, and it still says property of Nye County and then you can scan the tag right in the app, and it tells you who it's assigned to and where it's supposed to be.

Chairman Greber

So, you will look into that?

Secretary / Treasurer Zimmerman

Yeah, I will look into that. I've been trying to avoid it, but I will look into it.

Chairman Greber

Yeah. I think we're done having to avoid stuff, we better knuckle down. You guys are doing great work, all of you. I'm going to create that new section about Temporary Use Rights and I will push that language to you guys. Justin, are we in any position to adopt this with changes?

Secretary / Treasurer Zimmerman

I think we bring it back. Let's get that wording done and I'll send you the cover page with the proper info plugged into those brackets and we'll bring it back in May.

Chairman Greber

I'll have an amended draft, right away, and I can push the language and if you think of other inputs. We will expect to adopt it at our next meeting, so if anything comes to mind you want to include further or changed, send your inputs. Any further comments? Thank you very much.

Item #18, For Possible Action - Discussion and deliberation to approve, amend and approve, or deny amendment of bylaws to include assignment of duty to combined office of Secretary-Treasurer; to wit representation of the Northern Nye County Hospital District before Nevada Department of Taxation and other agencies where matters of Board finance are concerned. Additional recommended language:

Article VII Officers

7.2.3.f Represent Board to State of Nevada Department of Taxation and other agencies as appropriate on matters of financial planning and strategy, budget, and direct Board fiscal accountability and transparency.

7.2.3g He or she may appoint other Trustees or designees to perform these duties as needed.

Secretary-Treasurer shall at no time be called upon to represent individual Trustees excepting themselves in matters of finance whether related to ethics, legal, or other such complaints or violations, but shall only be charged to represent the Board as a whole.

Chairman Greber

That whole section is the proposed new language. Are there any comments or questions about that?

Trustee Kaminski

When it says budget, are we just allowing one person now to dictate our budget or does that still have to go in front of the whole Board? I have never seen us do a budget yet.

Chairman Greber

Well, our budget is kind of wide open, Justin can speak to that and the intention of this is not to have one Trustee dictating our Boards, not at all. This is about reporting and accountability. For example, when Lorinda was more involved, she would answer any questions or represent us to DTax up in Carson City. Ken Eason did that, occasionally. The concept is, currently none of our Trustees are carrying our organization before DTax or any other reporting agency that we're accountable to. So, it's just to represent the Board's will, the Board's actions, demonstrate Board decisions, whenever questions arise, or in this instance what prompted me to start this conversation was I'm overwhelmed with the financials, between grants and loans and application deadlines and coordination with this organization, that organization. I've got the Army Corps of Engineers on one hand; I've got private contractors. There's a lot of interaction that needs to take place, and I would like to simply augment the Secretary/ Treasurer role, since they are the most current on our budget status and our budget plans.

Secretary / Treasurer Zimmerman

If I could comment. I definitely do not interpret this as giving the office of Secretary/ Treasurer carte blanche with regard to budget. The budget would still need to be approved by the Board every year, and the Board does approve a budget every year. What the Board doesn't do, is approve a budget scenario, which is the difference between what the Town does and what the District does. The only reason for that is because prior to the current year, our spending has been very minimal. We've had contractors that need the occasional office expense and that's it. We've never had employees before, so we just budgeted 100% of cash in bank plus expected revenue in operating expense line items, where we can spend it as it's approved by the Board, basically. There never really been a need for a budget scenario.

Trustee Kaminski

Until now, right?

Secretary / Treasurer Zimmerman

We'll talk about that a little bit when we get to this month's budget item. This also was kind of born from a conversation I had with a representative of POOL/PACT recently, looking toward the future.

Trustee Kaminski

Okay, I'm good with that. Thank you.

Chairman Greber

Does anybody have amended language or is this suitable?

So, I believe, Justin, correct me if I'm wrong. The items regarding "Secretary/ Treasurer shall at no time be called upon to represent individual Trustees", that is part of the recommended additional language, correct?

Secretary / Treasurer Zimmerman

Here it's an intention, but I would like for it to be written into the bylaws.

Chairman Greber

It's only representing the entire Board to carry on conversations, based on our planning and strategy and budget.

Secretary / Treasurer Zimmerman

And the idea there that should someone be questioned for misappropriation; they don't get to send me to give a nice little song and dance for their decisions.

Chairman Greber

That's correct. We are individually held accountable. We're just talking about augmenting the office of Secretary/ Treasurer for reporting finance.

Trustee Kaminski

Like, like Justin said, with that being said, no Trustee on their own can say this is what the Board is going to do, we can only say, this is what I feel should happen, but it's got to go in front of the Board and it's got to be voted on, so I cannot say yes, we're going to do this or we're not going to do it.

Chairman Greber

It's the research and it's the relationships. When we're called, if ever. I don't know, Justin, is anybody regularly called before the Department of Taxation on our behalf.

Secretary / Treasurer Zimmerman

Absolutely not, and that's how we want it to be, but should they want an update, I would be available.

Chairman Greber

I believe that the initial presentations or presence like a Ken or Lorinda, were when we first started, when they needed to clarify several things related to the County, not necessarily our actions or inactions, we didn't have anything going on at that time at all.

Any comments before we entertain a motion? I'll hear a motion on this one.

Secretary / Treasurer Zimmerman

I didn't want to make a motion on this one but I'll do it. I would move to approve the recommended language be added to the bylaws under Article 7 Officers, section 7.2.3, the additions of points F, G, and H, as stated.

Trustee Kaminski

Sounds good. I'll second on that motion.

Chairman Greber

Okay, thank you. I have a motion and a second. Any further comment?

I'll call for the vote. Motion passes unanimously. Thank you.

Tiffany will have the updated Bylaws. Justin, do I sign a new copy?

Secretary / Treasurer Zimmerman

Yes, you will.

Chairman Greber

Okay. We'll take care of that.

Item #19, For Possible Action – Discussion and deliberation of the minutes from the April 16, 2020 regular meeting.

Chairman Greber

Any comments or questions? None from me, anybody?

Secretary / Treasurer Zimmerman

If there are no corrections or suggestions, I will move to approve both sets of minutes as they stand.

Trustee Kaminski

I'll second that motion.

Chairman Greber

I'll call for the vote. Any further comments?

Chairman Greber

Minutes stand approved for March 2 and for March 20. Thank you.

Item #20, For Possible Action – Approval of invoices for payment.

Secretary / Treasurer Zimmerman

We have a few different things. Here we have the first unusual thing is Drop Box Inc, and that a web-based storage area for digital files. We have several blueprints of the medical campus and we needed some way to be able to get them to Korte. This was the solution to that problem it's kind of like a Google Drive, I guess you could say. I think it's two terabytes we were able to secure and then through Dropbox you're able to give viewing rights to different users. Those were given exclusively to Korte so their architect could see to the bones of the facility they were assessing.

Trustee Kaminski

Is this just a onetime charge or is it monthly?

Secretary / Treasurer Zimmerman

Annual. And then the other unusual one is the Otter Premium charge, and that charge has not yet been incurred and maybe we'll let Tiffany speak to this. This was a request of hers, so I put it on the list. It's the software that she uses to do the minutes. This also has an annual fee and she can talk to you about the benefits that she will receive.

Tiffany Grigory

I've been using the Otter program to do the minutes. It transcribes the audio into words and I just go through and fill it out and fill in the names, but I've learned that some it is taking a little bit longer and there are extra speeds, I can do 2X speed or 3X speed. They are just additional features that can be added, and that's helpful. That's basically it.

Chairman Greber

The additional features cost?

Tiffany Grigory

Well, it's not an additional cost. It's just the free version to the paid version.

Chairman Greber
Oh, I see, and that's an annual subscription?

Tiffany Grigory
Yes.

Chairman Greber
Justin, you received notification that B&B is no longer doing our janitorial, is that correct?

Secretary / Treasurer Zimmerman
Yes, that is something else that landed on my back burner. As I understand, they were dismissed by the CNRC and unfortunately, we were not given notice that they were being let go. So, B&B is obviously being very reasonable, we haven't heard anything from them, in fact we had to reach out because they also didn't notify us that they had been dismissed. They sent this bill for the few days of the month of March that they did clean the facility, particularly the deep clean that we had requested for when Renown vacated the premises. But we are going to have to do something about that, because as I understand it, there was some vague reference to the potential that B&B would be hired back made when they left, so B&B had left all of their cleaning products at the clinic and then CNRC has been using B&B's supplies to clean themselves. So, at the very least, we should pay for those supplies.

Chairman Greber
For heaven's sake, we have a contract with B&B.

Secretary / Treasurer Zimmerman
Yes, so they could definitely still be billing us their full monthly amount, and they haven't been, so they're being very reasonable and it's definitely a conversation we need to have with CNRC as well and see what their long-term plan is. Are they going to continue doing it themselves, which if they are great, it's all the more cost effective for us and our contract with B&B does contain a clause for termination for convenience? We just need to cross that bridge.

Chairman Greber
So, they haven't terminated, they've just stopped monitoring and providing services?

Secretary / Treasurer Zimmerman
Right, they've stopped providing services and they've stopped billing us for them.

Chairman Greber
Okay, well from an invoice standpoint, that answers that. I guess we will need to bring that forward for our next meeting.

Secretary / Treasurer Zimmerman
I had Tiffany reach out to B&B and try to get some more information. There was going to be an email sent by B&B and we never received anything, so we'll get back in touch.

Chairman Greber
Okay. So, action item, got to get down on B&B. And the NV Energy is for 149 Central St?

Secretary / Treasurer Zimmerman
The first one is for 149 Central St. and the other three are the three accounts at the medical campus. One is the clinic, one is the hospital, and then one is labeled as the maintenance building but I believe it also encompasses the ambulance barn, so it's hard to tell what's what with all these three electric accounts.

Chairman Greber

I thought that CNRC was paying utilities.

Secretary / Treasurer Zimmerman

CNRC will take over the clinical bill. This will be the last time we see that one, and the CNRC will also be taken over the water bill which there's only one of, because we had the water turned off and all of the other locations on the property. So, this should be the last month we see those two bills. Well, also our tenant in 149 Central is taking over those utilities, so we shouldn't see their power bill again either.

Trustee Kaminski

I have one question. I'm seeing the \$200,000 for CNRC, that says the first draw. Are we going to just do draws or they're not going to bill us monthly or are we going to set it up different than we did with Nye Regional?

Secretary / Treasurer Zimmerman

So that is not a draw on the CNRC's subsidy. That is a draw on the \$620,620 that we approved for the remodel.

Trustee Kaminski

So, they put the money out and they're just requesting to reimburse. Okay, thank you.

Secretary / Treasurer Zimmerman

And to further add on to that, we're having some issues. To date, finance, has refused to allow me to encumber the funds on that project, insisting that it needs to go out to bid. I have told them that we've made that decision with our legal counsel's advice. I've noticed Tom to draft his formal legal opinion and I will provide that to finance and we'll just see how it goes. At the end of the day, I believe that we are our own political subdivision, we have our own agency. And if we choose to make a decision that they don't agree with, they have no right to stop us, because if there are consequences to be faced, we will face them alone.

Chairman Greber

Yep, that tracks. Okay, so we requested Tom's justification?

Secretary / Treasurer Zimmerman

Yes.

Chairman Greber

Okay. Any other discussion questions, about our invoices? I'll hear a motion.

Trustee Gamble

I'll make a motion to approve the invoices as presented.

Vice Chair Hendrickson

And I will second.

Chairman Greber

Call for the vote.

Motion approved.

Item #21, No Action – Update on the current status of the fiscal year 2019-2020 budget.

Secretary / Treasurer Zimmerman

I've changed this a little, and you will see it change further, as we continue. I wanted to do something to give you a clearer picture of money available, budget available versus expenditures made as compared to encumbrances. The previous report just showed you the dollar amount you still have available but it wasn't really clear unless you've dug through the report as to what dollars in bank were available and unencumbered. I'm trying to clear that up with this version. So, we're kind of starting on the dashboard where we've got each individual line item, budget, compared to expenditure and these first few are payroll accounts. You don't encumber in payroll account, but for all intents and purposes, that money is spent for the year. We will have a little extra in these accounts because I budgeted Tiffany at a full year, and she will not have worked a full year, we hired her in September, and she started working in October. I might be wrong about the exact date but there will be some money in there at the end of the year that will just roll over into the future year. Do you have questions on this first page?

Chairman Greber

No questions for me.

Secretary / Treasurer Zimmerman

Another thing I want to say is, annual leave and sick leave we didn't pre-fund in her first year because anything she accrues and uses will just be paid out of salaries and wages. I've been moving money over into those funds from salaries and wages, as it's used just to cover. Going forward, what I would recommend for next year is that we pre-fund any of the time sheets accrued and haven't used, it would only come into play as an expenditure, that we weren't prepared for, if she were to quit and we were to have to pay her out. So, I would suggest pre-funding each year with whatever she's incurred and hasn't used in the prior. So, rolling down those first three accounts on the second page are still payroll accounts, Medicare, Workers Comp and the insurance fund.

Then at the bottom right, we have our first services and supplies fund. What we did this year is budget the full amount. We budgeted \$3.25 million in this line item at the beginning of the year, and then based on expenditures approved by the Board and especially with the hiring of Tiffany, and knowing that we were going to need salaries and benefits GL, I also took that opportunity to expand our services and supply spectrum to and I think we'll expand it even farther next year. So, we started the year with 3.25 million and then as things were approved, I made budget adjustments throughout the year to disperse money into other GL, which you'll see if you keep scrolling, advertising and publication. And here is where we have our encumbrances. So, we moved \$5,564 this year that covered things like the CHIP and our employment ad. We also, if you remember at the end of last fiscal year, approved a project, a series of public education ads the Russell had pitched, we encumbered that money and we never used any of it, and I've left it encumbered through this fiscal year. If we don't use it, I don't know that I'm inclined to keep encumbering it year after year, so I might let it die this year but for now that's where it is. If we don't use it, it will roll into our operating expense line and be free to use at our discretion.

Postage is what it is, very self-explanatory, we moved money in there to cover specifically postage. Now the postage bill, obviously we're using a Nye County postage meter, they've given us an account within their program and as the bills become due, they will charge us automatically in the same way that the Xerox billings used to be handled. So as those costs are incurred, you'll see them reflected here. I will include the actual invoices in our approval sheet for audits sake, and get signatures. And the purpose of these graphs is to show you that there might be money available in the GL but we've earmarked it for the year. So, when thinking about expenditures and available money, you wouldn't count this money that hasn't been spent as something we can play with. Rentals and leases same thing, the only thing in there is the Mizpah office lease, and it's the exact amount we owe them throughout the year.

Travel, I just put \$1,000 in there, and I don't anticipate we'll use the full budget. Utilities, like I said, when we were approving invoices, we should see those payments tapering off a little bit and furthermore as we work our way through this Facility Conditions Assessment. Building maintenance, what is encumbered there is the janitorial contract with B&B and our general services contract with the Mizpah, B&B is capped, the Mizpah is an hourly wage based on our need of them, so I encumbered just a round number in that fund and if it needs to be increased or decreased we'll cross that bridge based on use, but based on the invoices they're turning in, and what we've been using, I don't think we'll come close to using the dollar amount that I encumbered. So, you can see how small the expenditure is versus the amount covered there. Professional Services in here is our legal, our auditor, I believe I put Margo Teague in here. With Tom and with the auditor, the auditor is a very small piece of that, we will pay him less than \$4,000. With Tom, we have no set cap as with the General Services contract, we incur cost to him as we use him, every year with him I encumber \$50,000. This year we've used him the most, and I still don't anticipate using the full 50 K. But I do count that money aside as not being available for other projects, just in case. Then other contractual services, this is where Russell, Renown and REMSA are in here. And you'll see we're over encumbered right now by \$13,816.03. It's an over encumbrance not an over expenditure, so with Renown and REMSA's contracts running calendar year, I have to split their annual amount in half, and then encumber whatever the remainder is more or less than half when the new fiscal year starts. What I did with Renown, knowing that we weren't going to see a full calendar year with them, I just encumbered another half while only funding the account at the beginning of the fiscal with their \$500,000. So, I've submitted work orders to have those POs altered, just a little bit, so it's not an over expenditure, just an over-encumbrance and we'll be seeing those changes. Then capital outlay is where we're making all of our purchases for the new equipment at the clinic. So, every time an asset is approved, I move budget operating into capital outlay, and this where the expenditure will actually be made. And also, the clinic renovation, that money is in here too. So, for all intents and purposes, it is money spent, just not just quite yet. Anybody have questions about these before we move down?

Chairman Greber

I like the format very much Justin.

Secretary / Treasurer Zimmerman

Now on to the next page. This is a budget scenario, and this is something that I think we'll improve, will at least work through, with our spending we don't have a lot of wiggle room, and with the projects that the Board is involved in, it's pretty black and white where the money's going to go, but we can still talk about it.

So, this is the budget scenario for payroll, which again in my mind pretty non-negotiable, we've established what we're going to pay the single employee we have, and that will carry on. And then as you scroll, it's just quarterly usage of each individual line item. And then a sheet that is actually detailing individual expenditures. And I think this is a little easier to read than the canned reports I was giving you. Because the canned reports include every change that happens with a purchase order when you make an expenditure, which is the release of the initial encumbrance, the expenditure and the release of the encumbrance, and you end up with the report that is 100 pages long at the end of the year because every transaction is there three times, then they're kind of difficult to read. I just threw this together as an alternative. As you work your way down through the payroll account, you will eventually get to the services and supplies account. With the payroll account, Tiffany's hours aren't set in stone, she'll fluctuate weekly so things might be a little different. But all in all, I don't know how great of a statistical analysis you get from that, and if it is important at all. But with the services and supplies budget, I do think it's worth looking at, particularly with regular recurring billing like utilities, or our contractor. I think that's important to look at. And another thing that I'm not showing yet, but that I want to show in the future is along

with expenditure versus encumbrance, we know that we're not overspending budgets, that's here in black and white, we never have. We've been very fortunate as a fledgling district that existed before any of us took office, that our tax base is actually collecting money on our behalf, so we came to the Board with a good deal of cash in bank. This is the first year that we've really been spending money, and our regular, recurring annual expenditures, our contractual obligations, things like that, are putting us over the annual revenue that we're collecting. That doesn't mean we're over budgets, but we're spending nest egg money and not money that we can really expect to recoup in the coming fiscal year. And that issue is further compounded when something like COVID-19 happens and we are expecting it to hit the market, but also sales tax and every tax like that, we're kind of expecting, if not take a hit in Tonopah in the Northern part of the County I'm not sure that we will see too much of a dip as far as real property taxes, personal property tax goes in more urban areas and especially in Pahrump, I think they will see that we are not affected by those changes. Where we could be affected and especially having spent so much of our nest egg, is if people, individuals out of work, businesses that are shuttered, choose to put making their property tax payments at the bottom of the pile, we could experience cash flow issues, if we don't watch our spending and that is an area we don't want to get in. That is the time when Dtax will be watching. Another thing, like I said, we've overextended our revenue stream this year, just a rough calculation on that we were less than \$30,000, so not a huge deal with our regular recurring annual obligation. But we have to do some planning there. We know that in the coming year, hopefully maybe the coming fiscal year, we'll be applying for a loan from the USDA. I had a meeting with the CFO from POOL/PACT. He was also the county comptroller for Churchill County for 20 plus years, wealth of knowledge and very eager to offer us whatever assistance he can. The first thing we have to do, if we're applying for funding from the USDA, is demonstrate an ability to make a loan payment, which we do not have right now. Our cash in bank, our nest egg, largely, is very unimportant, showing a gap in our revenue versus expenditure large enough to encumber that loan payment is what we need to show. Now, the nest egg money is important, because we'll have to have a year's worth of principal and interest in the bank before we go after a loan, to show that we can make a payment should we experience some sort of unexpected revenue shortfall in any given fiscal year. So, the answer, largely to every expenditure that comes before us has just been Yes, because we've been able to say yes. We're going to have to start saying "no". If we expect to stand a chance at USDA loan funding for the hospital, the answer will need to be no. And in the coming year we have some contracts coming to term, those are really going to have to be evaluated, because that's where we're going to reduce the gap in our revenue that will handle a loan payment. So, in the coming months I'm going to continue working on this and putting together visual aids to demonstrate those things, revenue versus expenditure, something that will encapsulate total costs on given projects, so we can really see how much we're spending on any given thing. Let me know if you have any questions about this, this presentation as it stands, anything I've said, anything else you would like to see.

Chairman Greber

I had a question Justin, regarding the year's principal and interest concept that we need to prepare for. We only have the general budget, we don't have any place to actually shelter, it's all on paper, money, right? We don't have another account to put that money into, we just encumber it, is what you're suggesting?

Secretary / Treasurer Zimmerman

We do have another account and we can look at different options, but every year, when a budget is submitted, we are obligated to set a percentage of budget aside in what is called "contingency". And it is its own GL, that is only meant to be tapped at the direst of circumstances, I would recommend putting a year's worth of P&E in there.

Chairman Greber

Okay. And if I remember a previous conversation, the principal and interest, there's a base figure

that once we get a base figure then it's a percentage that we need to set aside?

Secretary / Treasurer Zimmerman

Of course, will be contingent upon the scope that we approve. I've heard estimates ranging from \$3 to \$5 million for that hospital, so we could plan on the high end. Another thing to consider is more than that principal and interest, which is genuinely intended not to be touched, it's intended to sit there for the duration of the loan and only be needed in a dire situation, is developing the understanding of how this USDA funding will work, that we will probably end up paying 20% of the total cost ourselves, out of pocket, that won't be covered by any sort of lending, so we'll need to prepare for that as well. So right now, it's very difficult to say what that money should be. What that dollar amount should be that we set aside, when we don't have a scope or a budget for that project yet. But what I'm thinking is we have the nest egg, sitting in operating expense right now at \$1.146 million, that is unencumbered from our contractual obligation and I've moved budget around through these GLs that I believe will cover the other miscellaneous things that come up. I'd recommend moving the bulk of that aside.

Chairman Greber

Okay. And the bulk of that can be moved, that's just pending, that's just planning, right? Pending the actual proposals and plans that we designate?

Secretary / Treasurer Zimmerman

Yeah, so what I would recommend is we're in April and the fiscal year ends in June. There's no real need to move it at this point. But maybe in our budget scenario starting next year, we just start with a million dollars in contingency. Maybe \$1.1 million in contingency. So, we're saying that that \$100,000, our standard contingency amount and \$1 million is intended for this project coming with the USDA.

Chairman Greber

Now that would effectively be \$2 million if we end up putting down 20%, and we still have the \$1.1 million principal and interest. Am I reading that right?

Secretary / Treasurer Zimmerman

Unfortunately, we don't have \$2 million to set aside, and so I would try to set aside as much as we can and make room in our revenue stream, and then funnel any remainder at the end of any ensuing fiscal year into contingency as well, to fund that project.

Chairman Greber

Sure, we can also, you sent me the NRS that we were talking about, that we can receive donations, we can receive gifts toward a designated project. I get contacted from organizations and from people who are very interested, who would like to be part of the solution, businesses who would like to be part of the solution, and I wanted to know if we decided to craft a campaign for sponsorship of any portion of our approved projects, that we could receive money, if that was how versus goods or services we can actually receive endowments or gifts.

Secretary / Treasurer Zimmerman

Right. And so, we do have to spend the money in accordance with the donators wishes. But I don't interpret that to mean that we couldn't for example, say hello large taxpayer x, are you interested in reimbursing the district for say this Xray equipment that we just purchased, happy to give you the credit, hang a plaque up on the wall outside the door. We can come at it, proactively, rather than just waiting for someone to offer us.

Chairman Greber

What are anybody else's thoughts on that? This is a brief aside.

Vice Chair Hendrickson

I'm really glad to say that we have that option, I know that Round Mountain Gold, before I got more involved with the Board, as a large taxpayer, we wanted to be part of that solution, like you mentioned Karmin. It wasn't super clear how, so I think if maybe we advertise that a little bit more, I think we'd be surprised at the response.

Chairman Greber

Okay, well that is something that it's been on my mind for a little while. Maybe I'll put together a proposal for us to consider next month, and just kind of a format that, because we have projects that are in motion as Justin implied, we've moved beyond projections, and planning on several of these and we're taking action, so these are tangible places, as he says, to hang up a nice shiny plaque, special thanks to etc. for the purchase of etc. So, I will put something together and if anybody has any inputs, send them over to Tiffany, but we'll write that down for next meeting.

Secretary / Treasurer Zimmerman

And were we able to secure something like that, and offset to a cost that we've already incurred, I would recommend that it just be receded directly into contingency, meaning that funds for our 20% and our year's payment. Having cash in bank doesn't mean that we aren't in need of the funding, and we can demonstrate that with this goal with the USDA.

Chairman Greber

Yes. Any further comments or questions related to our budget, our fiscal year, 2019- 2020 budget? Thank you so much, Justin.

Item #22, No Action – Open Meeting Law review.

Chairman Greber

Anybody have any comments questions related to Open Meeting Law? Did we ever get a date from the County of the presentation to make up that?

Tiffany Grigory

No, I haven't. Just in light of everything being chaotic with the County, I haven't followed up, but I will. I also haven't been contacted about it, but I will look into it and I'll put that down as an action item and we can talk about it in May, I'll have an answer for you right.

Tiffany Grigory

Yes, I think there was a 90-day window, I mean I know everything's been extended. But this being a PowerPoint presentation, it's possible they have it in place and just it hasn't been published yet. We're going to have to go over our action items because we have a lot of them this time. So, no further discussion regarding Open Meeting Law?

Item #23, For Possible Action – Discussion and deliberation to set the next regular meeting location, time and date.

Chairman Greber

Memorial Day weekend, right? We're not celebrating Memorial Day this year?

Trustee Kaminski

Well, not Butler Days, sorry.

Chairman Greber

There's high school graduation, have they canceled the commencement? It's usually Memorial weekend.

Trustee Kaminski

I don't think they've thought about it.

Chairman Greber

Eighth grade and High School is generally the Thursday, of Memorial weekend. As for our meeting what should we do? I'm not going anywhere on Memorial Day weekend, the 21st would be fine for me.

Trustee Kaminski

I'm good too.

Chairman Greber

Keep it teleconference?

Secretary / Treasurer Zimmerman

I think at this point it would be safe to consider that option, keep it open. This service that we're using isn't costing us anything. And also, for me, I have a week scheduled to be with the Assessor's Office in Washoe County and it's that week, so if it's a nighttime meeting I can attend via teleconference, if it's a daytime meeting I will have to miss it.

Chairman Greber

Well the only reason I think we did daytime, this time, was because of IT, and our first run at this process, I think you guys did great. Tiffany you did wonderful and Justin. Do you feel an evening meeting we would have any problems with that?

Secretary / Treasurer Zimmerman

I don't, we had our issues this morning but we figured out what we were doing wrong. So, if we're using this system again, we should be good to go.

Trustee Kaminski

1800, six o'clock, like normal?

Secretary / Treasurer Zimmerman

I will move that our next regular meeting location, date and time, let's say in the chambers, unless we are obligated to have a teleconference again, 101 Radar Road, May 21st, 6pm.

Trustee Kaminski

I'll second.

Chairman Greber

Call for the vote.

Okay, May 21st, Thursday, 6pm, in the chambers unless required to not gather and in which case we will have a teleconference.

Item #24, GENERAL PUBLIC COMMENT (second)

None.

Item #25, ANNOUNCEMENTS (second)

None.

Item #26, ADJOURN

Meeting adjourned 3:14pm.

Approved this 21st day of May 2020.

A handwritten signature in cursive script, appearing to read "J. Greber", is written above a horizontal line.

Chairman Greber