



**MINUTES FOR THE REGULAR MEETING OF THE NORTHERN NYE COUNTY  
HOSPITAL DISTRICT BOARD OF TRUSTEES**

**101 Radar Road, Tonopah, NV 89049  
March 18, 2021  
5:00 PM**

**Speakers in attendance**

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**Chairman** Tim Gamble  
**Vice Chair** Don Kaminski  
**Secretary/Treasurer** Nancy Maslach  
**Trustee** Patty Winters

**Premier** Dr. Van Le  
**Biowerx** Dr. Russell Pillers  
**Liaison** Bruce Jabbour  
**Nye County Finance** Savannah Rucker  
**Financial Liaison** Jennifer Perry  
**Lobbyit** Max Perkins  
**Tonopah Family Fitness** Amber Gearhart

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**1. Pledge of Allegiance**

-Pledge recited-

**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).**

-No General Public Comment-

**3. Approval of the Agenda for March 18, 2021.**

**Chairman Tim Gamble:**

"There's one that I would like to make. I want to move number nine, down to past item number 14. I just found out that our contractors' agreements, are that they get paid after they make their presentations. So it should be down there."

**Trustee Patty Browning:** "I'll make a motion to approve the agenda as discussed."

**Vice Chair Kaminski:**

"I'll second that motion"

**Chairman Tim Gamble:**

"Motion and a second. We'll call for the vote. All in favor? Aye. Aye. All opposed? Hearing none, Motion passes."

**4. Announcements (first)**

-No Announcements-

**5. For Possible Action – Emergency Items**

-No Emergency Items-

**6. Trustees’/Liaison Comments (This item limited topics/issues proposed for future workshops/agendas)**

**Vice Chair Don Kaminski:**

“We have talked about our bylaws and creating a workshop to deal with those. I think that is something that we probably should do.”

**Chairman Tim Gamble:**

“I am planning to incorporate it into our next meeting. Okay, that way, we don't have to sit down. We'll do a quick thing for invoices very quickly as a regular meeting and then we'll move into the workshop right after that.”

**Vice Chair Don Kaminski:**

“Wonderful. Okay, when you do that, though, I would like it not to be specific to just that I like to have the workshop where we can talk about other things to make that happen.”

Liaison Bruce Jabbour:

“I want to congratulate Chairman Tim gamble on his new position. And Patti Winters is your newest committee member that was appointed a few meetings ago. And I would like to know if there's any update on the open seat. If there are any applicants any interest that are going to be put forward to the commission? Yes. I think Sam put in for it. Which was Emily's replacement. Mountain goal. I talked to her the other day. So she did put it in for it. Excellent. So okay, so that's only one application that we know off.”

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**GENERAL BUSINESS**

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**7. For Possible Action – Discussion and deliberation of the minutes from the February 4, 2021 | February 18, 2021 | March 4, 2021 Regular Meetings.**

**Administrative Secretary Melissa Reid:**

“You do not have minutes for the June 11 2020. special meeting in there again. It's really garbled in the recording. We're going to try our hardest to get it to you guys. But it's a work in progress

**Chairman Tim Gamble**

“Yeah, that was a that one was a mess, and that's going to take a lot of work. Anybody see anything? For the purpose of the minutes that we do have from January? I did not notice anything that was looked okay to me too.”

**Vice Chair Kaminski:**

“I make a motion that we accept the minutes for January 7 2021. special meeting as presented.”

**Trustee Patty Browning:**

“I'll second that motion”

**Chairman Tim Gamble:**

“Have a motion in a second. Call for the vote; All in favor say Aye.”

[All in Favor]

**8. For Possible Action – Presentation of Monthly Financial Summary Report for the fiscal year revenues and expenditures.**

**Finance Savannah Rucker:**

“My apologies for the interruption. We did have a little bit of a hiccup with backup. And I do have backup at the facility right now with Jennifer Perry, if the board would be so kind to accept the additional

backup, we have copies for all board members, as well as members of the public.”

**Trustee Patty Browning:**

“I’ll make a motion we accept it.”

**Vice Chair Don Kaminski:**

“I’ll second”

**Chairman Tim Gamble:**

“I believe we are all ready. Please proceed.”

**Finance Savannah Rucker:**

“Fantastic. Thank you. So again, I do apologize for the interruption chair. But thank you for the time tonight. Included in your backup. The first page of your backup is titled northern nine County Hospital district fund balance report. This is a new report for the hospital district that was asked of one of the members for us to bring forward and it is something that we are willing to adjust based on what the hospital district needs. This is just a sample report that we use for the water districts and we plopped in the hospital district numbers. If the board would like additional information added to the report, we would be more than happy to do that.”

“Your first page here, you will see on the left-hand side you have a column titled funds. And that is just the numerical fund associated with the hospital districts within our financial system. The next group of columns is your budget. And what those numbers are the budget that the hospital district adopted, that is the legal budget that the state looks at. It’s important to know what your budget is, so you can know where you’re tracking throughout the year. And you can see we have a budget with a beginning balance of 1.72 8 million. We have revenues budgeted at 1.12 7 million. We have expenditures budgeted at 2.31 6 million. And we have contingency budgeted of \$69,480. And if you take the beginning balance, you add the revenues, you subtract the expenditures and the contingency you come up with the ending balances budgeted which is \$469,628. When we built this budget, this was last May and a lot has happened since last May. I want to shift you over to the next group of columns, which is titled actual. And you can see what we have here is a budget to actual comparison for a quick review by the board as well as the public. The beginning balance actual was 1.78 9 million which is 104% of what we budgeted. What that means is insistent with money. The hospital district ended the year with either revenues in excess of what we anticipated or expenditures less than we had anticipated, but overall, we were pretty close in our estimate for beginning balance. Your revenues actual through January 31 2021 total \$715,013 is 63% of your money Revenue budget. Now your revenue budget is made up of a couple of different numbers, you have property tax included. net proceeds, as well as a small budget for investments, interest income. Property taxes is the lion’s share of the revenue collected by the hospital district, totaling 71% of the total revenue budget for the hospital district. And property tax payments are received, typically, in four quarters, therefore quarterly payments. We have a payment received in August, typically, October, January and March. And what that tells me is, we’re right on track to where we should be for revenues received for the hospital district at this point in time of the year because we have the march property tax payment that comes in. And then net proceeds, which is also a large portion of the hospital district budget. It’s actually 28.2% of the hospital district budget that comes in and around me. Knowing the timing of the revenues and when they are collected and deposited into the hospital district funds is critical information for cash management purposes. I did want to let the board know that my office runs forecasts for all funds that we budget for it, it’s a useful tool to make sure we don’t fall short on cash within any funds budget, and that we don’t end with a deficit fund balance or run into deficit, cash and bank balance. And with those forecasts, we’re actually able to utilize those figures to build out the next year’s budget. It’s more of a very, very high level educated estimate, instead of just a ballpark figure when we build out a budget. That said, we are expecting the revenues for the hospital district to exceed budgeted revenues in fiscal 21. And at this point in time, we’re expecting a revenue total of about 1.2 million. We’re looking at significantly more than what we had budgeted. And that’s because property tax values are holding strong. Whereas there were some assumptions built in that was COVID, we may see a slight decline in property taxes. And that’s also assuming that net proceeds come in as budgeted. And the budget for net proceeds is 318,000. So that could be a variable. But at this point in time, and based on past experiences, net proceeds, we’re looking pretty good to exceed the revenue budget that the hospital district approved earlier, actually May of last year. Overall, a good financial picture with regard to revenue. Talking about expenditures. We have an expenditure budget of

2.3 million, large portion of that is capital funding. And also, we do have some outlet allocated capital funding as well as operating expenses. We'll talk about that a little bit more on the next page. But we also budget the hospital districts in a manner to where the hospital district can take action if they need to. And I know the hospital facility, it's kind of been a questionable, how are you going to move forward? What are you going to do especially when we're talking we're doing this budget almost a year ago. I like to budget in a manner that gives the hospital district a maximum capacity to utilize their budget within the year if they need to. If they don't, the funds will just roll into ending fund balance and become available in the next fiscal year. So that's why the expenditure budget is so large, and we did we do have expenditures through January 31 of 854,000, which is only 37% of your budget. So you can see by this point of the year, we're more than halfway done with the year and your expenditures are far less than point with our time of the year."

"The next column is encumbrances. Now, encumbrances are essentially purchase orders. They are commitments for payments in some way shape or form, whether it's a contract or whether it's a construction agreement, etc. And if those expenses all come to fruition, as of right now, the ending fund balance for the hospital district is \$1.4 million. Now, granted, that's just as of January 31. through the end of the year, we're actually forecasting a much larger ending fund balance of about 1.9 million. So again, this is just a snapshot at this point in time, which is January 31 2021. Does the board have any questions on this first page? Or would the board like to see any further details with this fund balance report?"

**Chairman Tim Gamble:**

"I think we are okay with this Savannah."

**Finance Savannah Rucker:**

"Like I said, If at any time you guys want additional information, be sure to reach out to Jennifer or myself and we will add whatever information it is to support. If you go ahead and flip to the second page, the second page is titled murder my county hospital district fiscal 21 expense status report. And so this is basically a breakdown of all the expenditures associated with the hospital district, grouped by type, and again, through January 31 2021. In that, that top section, you'll see we have a description of administrative secretary. And then the next column over is the budget associated with that particular item. Then the next group of columns, you'll see labor materials and other and then you'll see end balance and percent use. So how this report functions is, we detail out the budget associated with each item. And then where we're at, through the period identified on the report for either labor materials or other and then your end balance is your budget available associated with that line item. And your present use is, as it says, the percent use of the budget through this timeframe. In looking at this report, that first section is your payroll. And your administrative Secretary budget is coming in well under well under budget. And that's because you didn't have the vacancy throughout most of the fiscal year. And I know Melissa was hired a few months ago. So that's one of the reasons. That next section is professional services and other contractual. And we've broken out all of the contracts. And we've even identified the purchase order numbers. So easy reference for the board as well as the public, we do have a budget associated with each of those contracts. And then you'll see the expenditures and the other costs associated with each of those contracts, as well as the end balance, which is the remaining budget on the contract for the remainder of the visit contract term or the fiscal year. And then the percentage use of that contract. At the bottom of that grouping, you'll see that we have a line that's highlighted, excuse me, bolded. And it is unallocated remaining budget for professional services. In the event that the hospital district entered into a new agreement, it would it would reduce that unallocated portion of professional services and be moved into whatever the contract title is, as well as the balance would be identified. So based on that looks like we have a couple of contracts that are right at that 100% and Premier Medical Group, and also facility condition assessment. It looks like both of those contracts are paid in full. them. And I'm not sure if the board renewed them. But if they did, at any point, we'll go ahead and make sure that that's reflected on this report. But this is a good tool, if you will, where each contractor is at, whether it's professional services or etc, whatever services you guys have. The next grouping is your operations. And you can see the account name. And off to the far left side,

you'll see a four digit number that's actually our account code in the financial system for quick reference on Rn, or if there's any additional backup requested from the board. That's a quick reference to identify. You can see operating expenses; we have a budget of \$375,500. That's pretty much where the unallocated portion of the operating expenses reside. And as you can see from the column over to the right, you'll see a negative \$20,042.50. And what it looks like is that we have a correcting journal entry that needs to happen, where that'll settle that out and that \$20,000 credit should actually be revenue, I believe, and your end balance should be the \$375,500. But again, that's just where the unallocated portion of your operational budget live. We do have a couple of line items that we'll be reallocating budget for including postage and property insurance. We have a small expense and postage is \$3.87 and your property insurance paid of \$27,269. All of which the hospital District Board did approve. We just don't have budget associated with it. And we will prepare that cleanup budget adjustments on behalf of the hospital district to reflect a more appropriate balance within those lines."

"The next grouping is your capital outlay. We have a clinic renovation underway \$220,000 invoice was paid and budgeted and then we have unallocated remaining capital \$529,380 But I did want to let the board know that you have a lot of unallocated funds sitting in different types, whether it's professional services operations or capital outlay. And the board can make approvals based on what the board sees fit for the hospital district. So just because it's identified on here as a budget item, it says the board has the ability to move funding around as they deem fit. So don't feel like you're stuck with the confines of the budget here. We can move things around. The next grouping is contingency. And contingency typically goes unused, but it is there in the event that something has come up that is not planned for. And it can be used in the event of an emergent item. You have your grand total for your budget at the bottom. And then you have the total for each column labor materials have \$0 total. And then you have your other expenses, which is 845,000, giving you an end balance of 1.53 1 million. And at this point in time through this report, the hospital district is showing us 36%. And it looks like we have a rounding issue between phase one and phase two. But you're at 36% of your budget is spent for the hospital district through January 31. That last little chart on the bottom left corner is actually a breakout of labor. This is useful when you have multiple people's charging time to the funds. The Water District does happen to have that they have multiple people that are county employees providing services for the water district and they back charge the water district. But at this point in time, the hospital district only has Melissa Reed as their employee. So based on this and our forecast for the hospital district funds, correct forecast shown I County Hospital district ending with a fund balance of 1.9 million. And we're looking to spend at this point based on what we know today about 1.2 million in expenditures, which puts the hospital district well under budget for fiscal 21. And that makes the state really happy. So some depth across any questions from the board members on this report? Are there any additional information the board would like to see on this report?"

**Chairman Tim Gamble:**

"Savannah, this is perfect. This is exactly what I was hoping to be able to get to see."

**Finance Savannah Rucker:**

"Perfect, great. And in future meeting, Jennifer will be presenting this to you guys. I just wanted to lay the groundwork for the report made sure it makes sense to you guys. And if there are any comments after the meeting, or if after you've reviewed this, you want further explanation, please feel free to reach out and we were more than willing to modify this to meet the hospital district needs."

**Vice Chair Don Kaminski:**

"Savannah, I have one question. This is done on the administrative Secretary where it says the budget 66,000 is that the loaded budget? What do you mean by load include? Does that include PERS and insurance and everything?"

**Finance Savannah Rucker:**

"Yes, everything."

**Vice Chair Don Kaminski:**

"Okay, that's what I thought."

**Finance Savannah Rucker:**

"Yep. And when we did that, the budget for that position, we had assumed the position would be filled all year long. So that's why it's the number that it is and because the position was not filled all year long."

That's why you see labor only at \$900. Okay. Any other questions?"

**Chairman Tim Gamble:**

"I don't think we have any Savannah. Thank you very much."

**9. For possible action** – Approval of invoices for payment.

**-Moved to the end of the agenda-**

**Vice Chair Don Kaminski:**

"I've got a problem with the one with short term propane to those charges. We just randomly got a \$10 bill?"

**Administrative Secretary Melissa Reid:**

"I just received another propane bill today. I'm not sure. Karmen was understood that it was like rent basically for the propane tanks. But I haven't opened the newest bill. But we're not using their services. I assume we shouldn't be receiving more bills. Correct?"

**Chairman Tim Gamble:**

They are chart for all of those tanks they have there they are charging us \$10 to rent the tanks. Awesome good deal, because it just says bolt tank grant. I'm assuming there's a I'm assuming it's that big bunch that are up there up back maybe like even more than that, that were attached to that were originally attached to the hospital. I think they're actually sitting there empty. And this even says for one year.

**Chairman Tim Gamble:**

"I can't deny that we have the invoice from the review journal for the RFQ and then the CNRC. Nobody has any questions?"

**Trustee Patty Browning:**

"I make a motion we pay the bills as presented."

Vice Chair Don Kaminski:

"I'll second that motion."

**Chairman Tim Gamble:**

"All right, having a motion in a second. Public comment? Seeing none. Call for the vote. All in favor? Motion passes four zero."

**10. No Action** – Presentation by LobbyIt of Washington D.C. of all recent activities performed on behalf of the District in accordance with the Contract for Federal Government Affairs Services as approved by the District on September 17, 2020.

**Lobbyit Max Perkins:**

"Yes. Okay, so we'll do an update in a couple of points. Take a look at what's happening in Congress with what's happening among federal agencies. We'll do a brief update on open items, and we'll discuss next steps. For the first part, personal update, as I'm sure many of you already know, President Biden signed into law last Thursday the COVID relief package dubbed the American rescue plan, this is the one point \$9 trillion stimulus package as the President campaigned on. It was passed using budget like a lot of Democrats to pass the measure with a simple majority in the Senate to avoid a republican filibuster. The stimulus plan includes three crucial pots of money for the hospital district, all of which I believe, probably need some coordination and working with county government and state government to attract some additional funding to hospital district projects and plans. And I'll go over those briefly now. So, you know, it

was well publicized that there was roughly \$390 billion worth of state and local government refunds of that money state they're getting 218 million cities are getting about 130 million and counties are getting about \$65 million. Nye county will we will specifically receive 9,000,009.02, or 3 million from the package that'll come in two tranches. Four and a half million will come in within 60 days of enactment. So relatively quickly, and the balance will come about this time next year. The county has wide latitude to spend this money, they can use it on all kinds of different projects, healthcare being one of them, they are also allowed to pass money through to smaller units of local government, which would include the hospital district. So to the extent that those on the border are willing to coordinate with the county to understand what their priorities are for the money, that could be a really important source of funding for future projects. And I'd be happy to provide some more information to support us on eligible uses of the funding and rules around the funding. The second pot of money that's also important for the district is state they're going to receive 10 billion in total, and Nevada will see about \$100 million from this red critical capital projects fund. Health care and healthcare monitoring is going to be one of the eligible uses of the funding, that the spending decisions will be made by the governor of each state, once the Treasury Department put some additional rules around the program. So again, it will be important, I think, to coordinate with the state government to see if they're how they're going to dole this money out whether there's going to be an open application process or a competitive application process. One thing that will be more tightly controlled by the governor, I've already spoken to the governor's lobbying team Cassidy associates with me during my name from back in DC, they've had a staff shake up as of late as the former lead lobbyist has joined the senate office of the new California senator to be asked to do so they're reshuffling the cards a little bit on their end. But they're very willing to connect us to the governor's office and to allow us to openly communicate about what the priorities are for the hospital district and for Tonopah in general. The third pot of money is a \$500 million for Rural Health Facilities specifically, which would include the construction of new permanent facilities related to the covid 19 pandemic. I think that last part is really key to understand. Also, this money will be allocated in accordance with the USDA TV facilities grant program, which Dr. pillars in the hospital district have already been working for months on preparing for a future application for the program. Dr. pillars and I actually had a kind of great conversation with USDA staff in the Nevada regional state office today, and what we found out was that based on forthcoming census data update, it looks like the hospital district would be eligible for grant funding worth up to 75% of eligible project costs. Now we're, again we're uncertain because there are no written rules or program regulations yet for this new Rural Health Facilities program. But to the extent that we can determine What we can submit for a large portion of those of those costs will be covered by the program.”

“So again, I think it's a crucially important new source of funding. The last part of it well, and I would say that the last part of that fun is getting the congressional district or the congressional delegation involved to lobby the USDA, particularly the Secretary to write or implement rules for the program that would be flexible for new hospital construction, rather than new construction that's considered an addition to an existing facility. I think an argument could obviously be made, that the hospital districts future planned acute care facility could be an addition to the clinic that's already operational. But I think many would see that as a separate capital project, and ensuring that the program rules allowed for new capital projects to be considered for funding, it would be an important policy goal for me to set and for the for the district to pursue, and working with a congressional delegation, senators and congressmen will be will be key to that. We'll also plan some meetings with USDA, here in DC, and that will likely mean to include a board member or to, to state our case, clearly as to why we think new capital projects should be considered for funding under this new program. I think the language is a little unclear as to intent. And the more that we can get Congress to clarify what they intend to buy the term new permanent construction, I think the better chance we'll have of getting, like I said up to 75% of eligible costs covered by that grant program. So I think there's a lot a lot of crucial work on my end to be done to chase down those leads and to put the hospital district in front of policymakers and decision makers that could make a difference for the hospital project itself. The other really important item at the moment in Congress is the return of earmarks. You've probably seen some of those in the news. They're calling them

community project funding requests, instead of earmarks make it sound more palatable to the general public. But essentially, certain portions of each appropriations bill, there are 12 of them that make up the entirety of federal funding will be earmarked with specific projects. I have been able to confirm through meetings with Congressman Horseford staff as well as House Appropriations staffers that there will be a healthcare construction account that will be earmarked for certain projects in the labor, HHS education spending go. That will be a crucial, crucial allocation of funds. The thing that's most different about earmarks this time around from the last time Congress exercised their right to directly spend is that entities requesting funding will need to bring quote, community support for their project. And what that practically means from what I can gather thus far is that local and regional governmental entities and nonprofits will likely have to sign letters of support, submit them, along with our funding request, and then all of that information becomes public information, Congress's intent on uploading this documentation on to a database that searchable and they have intended for, you know, a high standard on transparency and disclosure this time around to around from, you know, the perception of wasteful spending. So that's sort of a delicate tightrope to walk. Some folks might not want their name associated with requests for direct spending from Congress. But I think it's an avenue worth. Investigating and worth. Conversation are two with Congressman Horseford staff as well as the senators obviously to exactly determine what their priorities are. We know that returning hospital services to tunnel and the surrounding area is a high priority for the senator's offices and Congressman horseman himself as well. But with only maybe one or two bites at the apple, in the appropriations process members, congressional members are going to be extremely, extremely picky about which projects they submit to the committee for direct funding. So that's a process that's going to play out in the next couple of weeks. And if this is something that the board would like to pursue, it would, it would benefit the request to begin to reach out to local and regional entities to see if they would support such a funding request on our behalf as well. So there, there are some community engagements that would need to be done by the board or by others in my in the area to bring some additional supports bear for such a funding request. On the federal agency side, you know, responding to the pandemic continues to be the top priority of the administration. In fact, HHS just got its Secretary today that kind of confirmed former California Attorney General Javier to be the Secretary of HHS. So a number of the programs like provider Relief Fund, that HHS is running for hospitals, and, and other news spending, in accordance with the American rescue plan, Sarah will have will have a strong hand in shaping those policies. Regarding open items at the moment, there is no Unfortunately, no update on the FCC grant application that we made for the connected care program. I think the switch the power switch at the FCC has severely slowed their progress on awarding funds under that that pilot program. We continue to stay in touch with the agency as well as the congressional delegation to look out for any positive signs that the FCC is willing to fund our application. Number two, the defense community infrastructure program, we have a call set up with the Defense Department in two weeks to talk about how we can engage on a broader community level. There, there is a \$15 million pot of funds within that program designed to go specifically to local communities that are that are closely connected with military installations. And a totem pole would be a great example of that. And so not only could the hospital district receive funds, but potential projects like runway rehabilitation or emergency services, I could I could benefit from funding from that from that program. We'll have more information to share. As we move forward. And progress has slowed a little bit on the last item with the Economic Development Administration, the federal funding summit. After another back and forth with the EPA staff, it was determined that the county itself would have to be the requesting entity for the federal funding summit. The county is the owner of the economic development plan. They're the ones who put it together. And the federal funding summit is designed to leverage that document. And we're working with computers and I are working with some counterparts at the county to convince them to request a federal funding some of the EDS. Regarding next steps, I think that working with a congressional delegation, to push the secretary of agriculture to create a flexible health facility grant program is priority one, two and three at this point. That is a that is a crucial, crucial source of funds. And if we can get the USDA to agree with some flexible definitions regarding implementation, I think that could that could truly benefit the hospital project. In addition, I think conversations with the governor's office is also super important. And conversations with the counties to determine how and when they're going to spend their

money is also really important. Then lastly, and maybe Dr. Bose could speak to this a little bit more in our conversation today with USDA. Another wrinkle to the health facilities program is that the pot of money can backfill Last revenue from the covid 19 pandemic. If the clinic is down at all, in terms of business from 2019. And we can attribute that to COVID-19. And some of the restrictions that were put in place during the year last year, and during the wintertime during the surge. And then I think we could also make a case separately, please don't go away for on the construction side of things, we could make the case and then application for an attempt to recoup lost revenues for the clinic. So there's an additional angle there as well. I'll pause, take questions, comments, happy to answer anything that may have."

**Chairman Tim Gamble:**

"I think you're right on the money for our priorities for right now. They pretty much line up with all of those. Unfortunately, they're probably not going to be the earmarks of old building I assume? They're going to try and prevent that. But I imagine there'll be one or two projects that get lambasted eventually."

"Anything that we can get in on that too, would be generally really good. As we move to the appropriations, I don't remember if we have any of our delegation who's on the Appropriations Committee, but it seems like we did at one point. I don't think I don't think there is I don't think either the senators and I know congressman Horseford is."

**Biowerx Dr. Russell Pillers:**

"There may be another Nevada Congressman, who's actually on the Appropriations Yeah, I do know, from talking to Cortez NASA staff, I'm from Horseford staff, I do know that the delegation does work together fairly well, on organizing their appropriations priorities. At least, that's been the case in years past when, you know, we've done more language requests than actual funding requests. We might see some, you know, something that can be collegiality sort of diverge over this earmark process, you know, interestingly, to the leaves office has already closed their appropriations request window, Congressman Horseford, and his office has not even opened their request window yet. There's still a lot that's unknown at the moment about how this process is gonna play out and who the major players are gonna be. But, you know, I've already alerted his staff to the fact that we're interested in pursuing this path. And to please look out for a future application. Like I said, I think that the most difficult thing about a request this year is going to be supporting it with community support, we have talked to a number of offices, you know, outside the delegation, as well, on behalf of other clients about where the threshold might be for community support, you know, is it one or two or three or five or 10? You know, letters of support, and in offices don't really know right now, I think it'll be a competitive process. And those who are really aggressive about organizing community support will have the best possible chance but hard to tell right now, you know, where, where that threshold might be? Think about it. You know, I would, I would suspect that, you know, the town of Tonopah would likely support if there are other entities to that that are out there that could support a funding request that now's the time to organize that support."

**Lobbyit Max Perkins:**

"Absolutely. And I think I think I have a few contacts within the state legislature that I get to hold up for some letters as well. That would help. The broader the support, I think the greater chance we have."

11. **No Action** - Presentation and monthly report by Dr. Russell Pillers pursuant to the professional services agreement entered into on October 25th, 2018.

**Biowerx Dr. Russell Pillers :**

"Everyone happy to be back even virtually looking forward to my got my first shot the other day, so I'm going to be more comfortable to travel here. Soon, so we'll likely see me in person here shortly. Let's start with touching out what max mentioned about that funding being available to potentially backfill losses at the clinic. And, of course, the challenge there is the clinic really didn't as it sits now did not start operation till about March 5. So there really is no comparison of funds. Now, it's not to say that we couldn't somehow look at what renown was

doing, you know, the year before versus what the clinic was doing. But it's, it's not quite as clean cut as we'd like it to be. But we can definitely look into it, because it's obviously your subsidy was going to pay for both. So there, there might be a way of looking at the loss, just it's going to be hard to find a way to compare anything on that before I begin.”

**Chairman Tim Gamble:**

“I don't think so go ahead.”

**Biowerx Dr. Russell Pillers :**

“Okay, thanks. So let's go ahead and scoot forward to page four of my slides. Hopefully, you have those there. So start with the CDBG funding where that sits right now is, of course, the application is all complete, I just found out from Samantha Rucker a couple days ago that I will be giving a presentation to the CDBG people, it'll only be five minutes to present our project. I need to get a slide presentation turned in to them by the end of business tomorrow. So should be a short little presentation, I'm actually going to be in Oregon trying to do some vacation next week. But all the presentation is actually next Wednesday. So I'll figure out a way to make that work. I'll find some connectivity come heck or high water. So I'll give you an update on when that goes. Quick reminder. So this is looking for the funding to pay for the demolition of the old hospital. We have a good quote of how much it would cost and it turned out around 700,000 I think is was the quote to demolish the old hospital. So that's what we're asking for any questions on CDBG?”

**Secretary/Treasurer Nancy Maslach:**

“I'm good. I've been real happy with the presentations by Max and Dr. Pillars tonight.”

**Biowerx Dr. Russell Pillers:**

“Okay, great. Thank you, Nancy. Okay, so slide five is the care sec funding. This has gotten fairly complicated in that real quick down memory lane. We had our application in on time before the holidays last year, and but soon after we got our application in the county had changed how they were going to distribute this money. I really have no insight onto why they changed. Instead of money coming straight from the federal government, it was going to be money coming from the county. Again, I don't have a clear understanding of why. So that's move forward to the last county commissioners meeting. I was one of the agenda items to defend the ask. And there was there's still a lot of confusion, I guess about the DA said there was some legal issues they had with the ask now what could be the challenge is of everything we asked for it turns out so they're really looking for everything to be clearly after the governor's declaration of an emergency, which was March 13 of last year. So clearly the X ray machine that we put on this even though the X ray machine itself is critical for COVID diagnosis the board had decided to buy that machine prior to March 13. So that's to the tune of about 65,000. So obviously, if we need to peel that amount off of the approximately 800,000, we can we can do that to pay for the rest of the remodel that happened. So, one of our main, I heard kind of through the grapevine that there was two of the commissioners, at least, that we're going to vote against providing the reimbursement. So actually, luckily, it got tabled. And so they can find out some more information. So since then, I've been helping Samantha with more detailed information about when individual invoices were given to you folks and voted on for payment. I think in general were in good shape. However, that led to Commissioner Blundo was one of the other individuals that his perspective, if I can paraphrase, hopefully get it close is he's saying the cares act, money is gone. It's already passed. He's saying that he would prefer not to encumber the hospital district with \$800,000. Based on the rules that came with the cares Act funding, he's looking for a way to help us independent of that cares act money. Now, the logic I've been using is that reimbursing you for that 800,000 is one of the best methods or one of the best uses of that of any potential money, whether it's from the federal or the state, so reimbursing you for the remodel, would then give you more funds that you can decide what they're spending on. Whether it's the new hospital or, you know, Chip programs, or whatever it is so long story short, I wound up having a long conversation with Commissioner Blundo.

Commissioner Jabbar asked me to pass on a request from Mr. Blundo, to have a conversation with me. He and I had a long conversation. It was a complex conversation. But all in all, I can say it ended on a very good note. And he and I, as best as I can understand you're on the same page. And he's asking you at this point for ideas of how the county can help the hospital district. As you've all seen, I'm collating that information from you, folks. And I will pass that forward to him in the general ideas now. I think, again, if I have to guess at this point, he would rather do the things that we're going to suggest something along those lines of those things, instead of giving us the 800,000. I don't know, I can't obviously speak for him. I saw an email from Marina, I believe, earlier that it sounds like one of the roadblocks for stopping our request as it stands for moving forward has been cleared. The commissioners changed some language in their cares Act funding policy to where it could move forward. So we're not technically rescheduled on one of their agendas yet, for this, but I anticipate that's, that's coming in, we'll

get a chance to defend it again. Again, I'm providing as much information I can for them. Now, you know, I don't I'm not sure if Max is still on the line, but when he talks about some of this other funding that's currently being evaluated could be used for the reimbursement of the remodel of the clinic because practically everything you did there can be tied to the fact that COVID was hitting at that moment. It was a march 20 meeting the governor had declared the emergency on the 13th. And your legal counsel agreed that it was an emergency situation. We may be able to even if for some reason, we're not able to get through the wickets with the county on this, we may be able to attack it from a different angle with some of the things that Max has said. Like I said, it's, it's gotten a bit complex, but we're still in the mix, and trying to get the commissioners, everything they need to understand what was really happening.”

“Sorry, that was kind of long winded on that one. Max mentioned the FCC connected care program. I hopped on just yesterday yourself to check and make sure they weren't asking for any new information from us. That was, you know, there for a while, they kept asking for more information, which I was providing, and they haven't. I think it is like Max said that they're caught up in the transition of leadership there. But we obviously have not heard that we're unapproved. We're still in the mix on that one. Any questions there?”

**Chairman Tim Gamble:**

“Nope, not yet.”

**Dr. Russell Pillers:**

“Awesome. Thank you. Okay, so slide seven. The dental opportunity where that sits, I believe. It's the, the name of the entity. It's actually led by Dr. Capurro, who is the Nevada State dental health officer, head of the Nevada State dental health office. But her entity that she's put together is called the Nevada dental Foundation, that is who will eventually come into the clinic and start providing services. You can see the pictures there of when we get the walkthrough on 16. January. They really liked the space; they have some great ideas of how they would like to arrange things. We've started with Mr. Vallis, your legal counsel to put together the lease agreement. And that's taken a little bit of time, you can see in the bottom right corner of the slide there, we needed a layout showing which spaces would be the Nevada dental foundation versus CRC. I provided that plus, the dental folks would like to request that they have access to the break room at the other end of the building had a quick conversation with Kanyella that he didn't see that as an issue. But of course, we'll have to once the official lease I will. Once I get that from Tom, which he anticipates sometime this week, he will get me I will put it in front of you guys. You can look through it and make sure everything looks okay. And once we get that the actual language of the lease and I don't know if we're going to need to modify the lease was CRC to take this into account that there will be another entity in the building. But we'll work on that as well. But hopefully, it sounds like Dr. Cappuro ready to go. We just need to get through these wickets. Any questions there?”

**Vice chair Don Kaminski:**

“Russell, we talked about a lease have we talked about moneys?”

**Dr. Russell Pillers:**

“So based on a couple of conversations with folks, I had moved forward with the idea that the goal for the district was not to make necessarily a bunch of money off of the lease. But actually, was one of the main goals was to move away from the presumption that it would be free. So obviously, once you see the lease, you'll be able to, to put the amount in that you would like but we were thinking actually on the order of like 100 to 200 a month. Just something that they're putting some money in the pot, and to, again, get away from the precedent that you know, it's you'll give it away for free. If you want to charge more than that, that's obviously up to you folks. But I like the idea personally that we're not you know, trying to hit him over the head and make a lot of money off of it that way anyway.”

**Dr. Russell Pillers:**

“Okay, so next slide is the Pennington Foundation, just an update there, there's actually I put on the slide some language from one of the most recent emails. But long story short, they've decided that as of now, they, they're not really willing to receive an application for grant money from us. And their logic is that they, they just don't see that the hospital is stable. Well, it doesn't even really exist yet. The way I take this, so the first paragraph is about I know, once we get this examined financial forecast done, I think we could comfortably go back to them, and start to have that conversation. Now, again, at a 30,000-foot level, what we originally proposed with them was possibly paying for all the hardware inside

the hospital, which turned out to be about 3.5 million is what we were thinking. No, we didn't. The other potential was remodeling the Air Force houses. We think that's comfortably under play 200,000 to get all of that done. We never really had the opportunity to run that ask in front of them if that would have made a difference. But we can definitely go back to them. They're not closing the door permanently. They just want to see some more stability. And I for all intents and purposes, I understand. Now they did say that at the in the bottom paragraph there, you may want to if you get a chance look through that. There's a Pennington Rural Health Services Loan Repayment Program. As we have as we're trying to attract providers, this is an opportunity to attract people through the Pennington Foundation, possibly paying their student loans, or a percentage of it, of course. There are other avenues that we can go to Pennington, but we have, you know, hit a temporary pause in our original ask that we had in front of them. Any questions on that?"

**Chairman Tim Gamble:**

"I think we can keep going."

**Dr. Russell Pillers:**

"Good deal. Okay, so the design bill competition. Again, that was on we put that on hold. Because USDA had initially said that they felt we had to have the examined financial forecast completed before we finished the design build competition. So that's when we pause the phase two and phase three of the design build, and went out to pick our forecast CPA, which we've done that and but now during that call that Max and I had with Mrs. Cheryl couch from USDA earlier this afternoon, she gave me indication that she agrees with our proposal that those two things move forward in parallel, that basically we can go ahead and pick we can start the design build competition up again, they can put their proposals together in 30 days to come present them to you, you can you can pick your final design build team based on their proposals and their costs associated costs that they're going to present. And at the same time, we can start the examined financial forecast, because one will feed the other. I told Cheryl, I want to have another conversation with her to ensure that I understand what she's saying that we don't, you know, I really don't want to make a mistake going forward. Once I nail that down, I think we're good to go. And we might be able to fire everything off. I will touch on the forecast, examine forecast in another slide. There's more detail there. But that's, that's where we sit on the design build. Any questions on that?"

**Chairman Tim Gamble:**

"Actually, yeah, on that one, I thought well, I got a couple questions for you. And I want to make sure we're doing some things right. And I want to make sure I understand this financial forecast appropriately to when we do this. The financial forecast also to some extent, kind of feeds the veil. Under the design that each of these builders are completing, correct?"

**Dr. Russell Pillers:**

"Technically, no, the builders, when we fire them off to do their proposals, they're going to be given the redacted version of the preliminary architectural review that Corte presented, that will give them an outline basically, of the services you want to provide. Or in other words, the program of the hospital the way Steve Daily used the language. The cost, you're not going to tell them ahead of time, what the cost needs to be. Now the so you're going to give them maybe some boundaries, you know, maybe a not to exceed, and we can talk about that before we fire them off. Because basically, what's going to happen is essentially, you the board, the trustees have decided on a program that you would like to create, I think it was about 25 beds total, eight beds for like emergent use to those adaptable for OBGYN, delivery kinds of things. Okay, so those teams are then going to go give you the best design and the best price. Okay, so remember that design is phase two, you will score that when they kind of give you that then phase, so you will score that they will leave the presenters, then you amongst yourselves, you will open the envelopes from each team that will have the projected cost of what they want to build you the trustees will then score that cost based on the value you see in their design that they're proposing. You will, let's say just for numbers, let's say you come up, you choose a design that says they are saying is about 16 million 17 million somewhere in there, then the people doing the examined financial forecast, will then look at those numbers. Combined with everything else they can learn about the history of medical and Tonopah. The future prognosis for economic development

every, you know, little nuance that you can think of, and they're going to project it's kind of an audit of the future. They're going to project out and basically, the first part is remembering, we broke that forecast into two parts. Phase One, is them saying yes or no, you can't afford that 17 million. Okay, then, if you which, again, everything I'm hearing at this point, the odds of them saying no, is very, very slim. Especially, I mean, based on the financial analysis earlier in the meeting tonight, you're healthy compared to a lot of hospital districts or entities around the country, you're all very healthy. Once they say yes or no, then the forecast will generate the boatloads of documentation that USDA requires to be able to move forward with a ask for a loan. All right. So that's so really long-winded answer to your question, Tim, that the examined financial forecast, they will want to do their analysis based on real numbers. Those real numbers of the construction will come from the design build teams as they look at the program that you've requested that they propose. So does that give you what you need?"

**Chairman Tim Gamble:**

"That tells me what I'm looking for. You're going to be getting very shortly. I came across some information today. The numbers for the last three years of operation for the hospital, but they are bleak."

**Dr. Russell Pillers:**

"That's okay. That's I mean, it's they're just the real numbers. And to be honest, I don't stuff I I've seen some data that showed like their number of patients. In 2014. I at least personally for me, I was kind of blown away at how many emergency room patients they had over the year it was almost, it was like on the order of 100 a month. Where did you happen to find this nugget?"

Chairman Tim Gamble

Oh, I went through the hospital administrator's office today. They had some substantial numbers for 2014. Monthly. But they were not within the payers were all Okay, let me put it that way. But as we look at the totals for patients and their operating budget, versus the program that Steve gave us, the hospital in 2015, was operating off of about an \$8 million dollar budget. The budget that Steve gave us was, as you saw, probably close to \$20 million. I'm concerned that there's a very large gap there"

**Dr. Russell Pillers:**

"The budget that Steve gave, that was an operating budget, for the cost of building the new house?"

**Chairman Tim Gamble:**

"That was an operating budget, when he did say he did some forecasts for us, if I noticed it in the PAR. And it was about a \$20 million with salaries and all this other stuff that he had built into there. And the last year, the last year of operations was \$8 million. And they expended every bit of it, and they only made about 8 million."

**Dr. Russell Pillers:**

"Well, that's the joy of this examine financial forecast is, ideally what they're going to ask for is five years of data. I know, you know, that. I'm, I'm pursuing some other avenues where we may be able to find that data. Yeah, I, you know, I definitely don't want to start thinking the sky is falling until somebody actually tells me it is. I'm, I'm personally still moving forward with optimism that, you know, we'll be able to make the numbers work. But honestly, if at the end of the day, the CPA firm looks at those numbers before. And now again, they won't be looking at that purely on its own, they'll be looking at it compared to, you know, increased usage, because of, you know, growth in Round Mountain, the Test Site, the gold mine, and Goldfield, you know, the economic development that's happening, they'll take all of that into account. And if at the end of the day, remember, you're not locked into the program of the hospital, as it stands right now, if, if as we go along, you know, obviously, before designs are nailed in stone, if we need to tailor things back, we'll figure out a way to do that. So you're definitely not locked into anything, as we sit here today."

**Chairman Tim Gamble:**

"That's what I want to make sure is once we start having one of these three companies start to actually put some pen to paper and actually do some work, that all of a sudden, we're gonna hit this finance, we're gonna hit the end of this financial thing and go, Well, wait a minute, we've got to

duplicate this work again, and redo the old design.”

**Dr. Russell Pillers:**

“Yeah, that's why I think the good news is as we do this in parallel, because I think if you do either one of those, if you did the forecast by itself, before you got your design, and picked up potential design, the forecast is based on God knows what, right. So same way, if you do the design and finish the design, without having some teeth about what you can or can't afford. That's bad news, as well. I think the fact that they'll be moving forward in parallel Now remember, the first phase of the forecast will come in relatively quickly. You should have a sense of what you can afford. relatively early in the in the scheme of things.”

**Chairman Tim Gamble:**

“I'm good with that.”

**Dr. Russell Pillers:**

“Any other questions on that one?”

**Chairman Tim Gamble:**

“I see none.”

**Dr. Russell Pillers:**

“Okay, so I think this is the last one. Yeah. So Wipfli. I fully had hoped that we would have the contract language ready to go before this meeting, and you could vote on it, but it's it took longer for them to basically what they're doing is they're giving us a phase one agreement to move forward with phase one. And I just received that the other day. I will get that in front of Tom. If you're okay with expending that effort with Tom to give that illegal review before I put it in front of you folks to sign. But that's where we stand on that. Okay.”

- 12. For Possible Action** – Discussion and deliberation to accept, amend and accept, or deny the Phase 1 agreement with Wipfli LLC to perform the ‘Examined Financial Forecast’ required by USDA.

**Dr. Van Le:**

“Okay. The reason you haven't had that was we because we change our billers. We are no longer do we decided that we no longer doing our billing in house. We are now going through a biller and we changed our EMR system to be more efficient and a lot cheaper. We went from Dr. Kronos to E medical. So we made the transition in mid-January. And we're still sorting that out. And I will have that complete report for you in the next presentation because the new EMR system giving with all of the clinics that we're switching from here and here and torn apart, and also out in Las Vegas in Washington, it was just they couldn't get it all together. But we would have it for you. And we will submit it for you. In the next meeting and everything once we get the full breakdown on everything because we haven't submitted a Billings yet because of the new EMR system and the new billing company that's taking over to do the billing to be more efficient in terms of collection timelier. It's just I made the decision that doing it in house was just collectively which is just cost effective as just now we're getting too big, too. It's just better just to outsource everything. Okay. Locations felt I should have that. I just want to also I just want to make an announcement. I don't know the last time we told you or not so I would remember. But we did have a new medical director, Dr. would just say, and we had a new medical provider, Matthew James, which I probably told you, and I don't know if any of the board I know Nancy went down and met. Both Dr. Teh and Matthew James and Dr. Teh actually is a teacher is the treating physicians for some of her family members. One of the new things that we're doing is we're telling Dr. Teh is actually telling the patients that not only comes from Tonopah, to Las Vegas to stay at Tonopah, and he will come down there once a month to see them. Save them the drive. For anyone out there who is a current patient of Dr. Teh that contemplating on driving out to Las Vegas, you don't have to do that. Just call CNRC and book an appointment on the day that he will be down there. As soon as we get more patients for him. He will be down there physically seeing patients, you know, two days a week, two days a month right now he's doing one day a month.”

“And if you guys have any questions for, for me, I'm open for questions. If not, I will sign off.”

“And the next time I will be down there, when I have everything in, I will give you guys the financial health and status of the clinic that next time at once when the new billing Services has fully converted over and runs the report for me.”

- 13. No Action** – Presentation and discussion by Regional Emergency Medical Services Authority of their February 2021 reconciliation package and reports pursuant to the professional services agreement entered into on December 20, 2017.

**Chairman Tim Gamble:**

“Kevin is not on the line. He got his internet knocked out by a tornado earlier today in Carolina.”

“He said he is available if you guys have any questions. Everything was relatively normal. And he expects to give the annual report on the next meeting as well.”

“And he said he's available by email if you need anything, so feel free to send him that if you have any questions.”

- 14. For Possible Action** - (1) Presentation by Tonopah Family Fitness of a Letter of Interest requesting a donation by the District of an elliptical trainer (unspecified), and consideration for any excess cardio and/or related exercise equipment which is currently owned by the District and housed at the hospital facility, in order to offer cardiovascular-specific options to members of their local, newly relocated and renovated community fitness center in Tonopah, Nevada; and (2) discussion and deliberation to approve, amend and approve, or deny requested merit award of such inventory items in accordance with the District Inventory Control Plan.

**Tonopah Family Fitness Amber Gearhart:**

“My name is Amber Gearheart. I became a member of the Tonopah Family Fitness; gym. And we actually are pretty proud of our selection of workout equipment but we are very heavy on the weight's aspect and not so much the cardio, we want to be able to provide all options for all sorts of people, and especially people that are looking to better their health. In the event that there is cardio equipment, most specifically, if there's an elliptical that is available for donation from the old hospital building, we are requesting donation from the board, if that's at all possible.”

**Chairman Tim Gamble:**

“You are a local nonprofit, correct?”

**Tonopah Family Fitness Amber Gearhart:**

“Yes.”

**Chairman Tim Gamble:**

“And your new location is next to the Belvada Hotel?”

**Tonopah Family Fitness Amber Gearhart:**

“Yes.”

**Chairman Tim Gamble:**

“How much freedom do you have?”

**Tonopah Family Fitness Amber Gearhart:**

“We are limited because of how much equipment we have. But I do not know how many square feet the building is. There are a wide range of weights, bars, benches and squat machines.”

**Chairman Tim Gamble:**

“And you have room for a very large elliptical machine?”

**Tonopah Family Fitness Amber Gearhart:**

“But we do actually. As you drive by Main Street, that there's those large windows, we have our cardio equipment facing the Main Street, kind of a better option than we had before. And we have two row machines there. And those are fairly small and lightweight, easy to move around. And there's absolutely room for a large elliptical.”

**Chairman Tim Gamble:**

“I'll tell you what I was in the old physical therapy room today. Not only is there a very large NordicTrack elliptical machine, there is also I forgive me for not knowing that term. But it is a sitting bike as well.”

**Trustee Patty Browning:**

“How are they doing their memberships to the gym? That has been an issue, people trying to get ahold of you all. So how is that working now?”

**Tonopah Family Fitness Amber Gearhart:**

“We have not, as far as I know made changes to that, although I'm aware that this is an issue. I'm being recent onto the board. I'm in more communication with our new president Trish, mon. She wants to say in the fall of last year took on the president of the board roll from Mark da the previous president. And I've actually before becoming a board member, just I guess, on a volunteer basis, assisted lots of people in getting a hold of her, of course, under terms that she agreed to. But we are definitely that is a gap that we have. And we're going to work to better that. As of right now. Basically, if somebody wants to obtain a membership, they get ahold of Trish via Facebook, social media or via text. And they arrange a time to be scheduled to meet with her and be assigned a code for the door access.”

**Trustee Patty Browning:**

”What are your memberships cost?”

**Tonopah Family Fitness Amber Gearhart:**

“Currently, they are costing \$25 per month for a single membership, \$35 per month for family membership. Due to our lease increase, we are going to have to raise the rates slightly to my knowledge. There's no agreement on what that raise will be, but our rent increase is kind of forced.”

**Trustee Patty Browning:**

”And it's not it would mean that you should step up that whole membership thing, in part as far as people being able to because I can tell you from my own experience, I just said it's an old boys club and I'm not allowed I guess because no one's called me back. And it's not for us to do that. To donate anything, I would want to make sure that people had the opportunity to join because that doesn't seem like that has been a big deal. I know that has been a big deal. Okay.”

**Chairman Tim Gamble:**

“How many members do you have?”

**Tonopah Family Fitness Amber Gearhart:**

“I do not know the answer to that. I apologize.”

**Chairman Tim Gamble:**

According to our community support policy, we can gift you some of these machines. The thing is, it does require within the next year for you to show up here about three times. Okay, and give to report on a how the machin

**Chairman Tim Gamble:**

“I would have no problem. If we were to donate to a nonprofit. They're sitting there collecting dust. And I can't even swear that they're in full usable condition.”

**Trustee Patty Browning:**

“But they were at close, I can tell you that they were.”

**Vice Chair Don Kaminski:**

“What do you want to donate?”

**Chairman Tim Gamble:**

“Those two items, I think there's a small rowing machine or something; I don't know what it is. I didn't really play around with everything. But those two items, I think only those two at this point because you're looking for cardiovascular equipment, correct?”

**Tonopah Family Fitness Amber Gearhart:**

“Yes.”

**Trustee Patty Browning:**

“I will make a motion that we donate both of those items to the gym, and their group. But I definitely would like to know what your plans are with your membership to broaden that. So that more people have access to it.

**Vice Chair Kaminski:**

“I'll second that.”

**Tonopah Family Fitness Amber Gearhart:**

“You guys have a deal.”

**Chairman Tim Gamble:**

“Having a motion and a second, any public comment? Hearing none, I'll call for the vote. All in favor? All opposed?”

“Motion passes four, zero. Thank you and congratulations you have two new cardiovascular equipment. Please make arrangements with Melissa, she'll help you get them out. I believe our policy states 30 days, but I'm sure we don't have to worry about that with you.”

**Tonopah Family Fitness Amber Gearhart:**

“Thank you, Mr. Chairman and members of the board.”

**15. No Action – Open Meeting Law review.**

**Chairman Tim Gamble:**

“As I understand we're still waiting on the county to get this set up.”

**16. GENERAL PUBLIC COMMENT (second)**

**Biowerx Dr. Russell Pillars:**

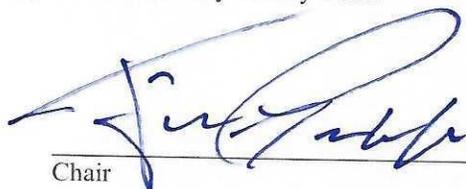
“Tonight, was the CNRC awards night for their coloring contest.”

**17. ANNOUNCEMENTS (second)**

**-No announcements-**

**18. ADJOURN**

Approved this 6<sup>th</sup> day of May 2021.



Chair

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