



MINUTES OF THE NORTHERN NYE COUNTY HOSPITAL DISTRICT BOARD OF TRUSTEES
May 21, 2020
6:00 PM

Pursuant to the State of Nevada Executive Department Declaration of Emergency Directive 006, the Northern Nye County District Board of Trustees held this public Regular Meeting of May 21, 2020 via teleconference. Therefore, this meeting was not accessible from any physical location.

Complete process and instructions for entering public comment was read aloud to all at the outset of the meeting, with instructions how to participate. The Chair of the Northern Nye County Hospital District opened public comment periods by announcement.

May 21, 2020

Chairman Greber called the meeting to order at 6:00 p.m.

Present:

Chairman Karmin Greber	Rob Craven, Regional Nevada Census Coordinator
Vice Chairman Emily Hendrickson	Tom Vallas, Legal Counsel
Secretary / Treasurer Justin Zimmerman	Savannah Rucker, Nye Co Comptroller
Trustee Don Kaminski	Dr. Russell Pillers, Biowerx Consulting
Trustee Tim Gamble	Quennie Manuel, Centra Nevada Regional Care
Administrative Assistant Tiffany Grigory	Kevin Romero, REMSA
	Dr. Van Le, Premier Medical Group LLC

Introduction & Instructions

Chairman Greber Good evening. It is six o'clock. I'm Karmin Greber, chairman of the Northern Nye County Hospital District Board of Trustees. I'd like to call our May 21, 2020 meeting to order. Before we begin, I will announce we have on the line currently, as we're still operating by teleconference, we have Savannah Rucker, who is the Nye County Comptroller, Trustees, Emily Hendrickson, Justice Zimmerman, Tim Gamble, Don Kaminski and myself. We have Tiffany Grigory, our admin. We have Russell Pillers, Quennie Manuel, Tom Vallas, Kevin Romero, and Rob Craven. Okay.

We will be taking time to allow everyone that wants to join via teleconference, call in and get identified by our administrative secretary. Please be patient with us as we get set up. All callers will be muted unless they are speaking on an item. Reminder, meetings will not be accessible from any physical locations, you can watch the meeting online at NyeCounty.net or call into the teleconference line. There is a 35 second delay when watching the meeting online. If you wish to give public comments, or speak to an item, please call in close to the time the item will be heard. Telephone number is 1-503-300-6873 access code 587191. Please provide your first and last name when prompted. Press five star on your telephone keypad to notify administration that you wish to speak. You will remain muted until your name is called by the chair. Once unmuted, you will hear the line unmuted. If you have an item on the agenda, please call in at any point before your item is heard. If you are unmuted but there is a lot of background noise coming from your line you will be placed on mute. Please mute TVs, radios, etc. If you get an error message regarding call capacity, please hang up, wait a few moments and try again. All of these directions are included on the actual agenda at

the top. Okay, we will begin item number one is always our pledge of allegiance. We will recite that together please join me.

Item #1, Pledge of Allegiance.

Recited by all at their respective individual locations.

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).

Rob Craven Good evening, everyone. I am the Regional Coordinator for the Nevada Census. I just really quickly wanted to say good evening to everyone. And let everyone know that our census response here in Nye County is currently 41.3%. So I just wanted to encourage all the Board members to participate in our Complete Count Challenge where all the board respond back that they have completed their census and any help you can give us with social media posts and getting the word out to our community about all the funding that the census provides for us. And that's all I wanted to say. Thank you guys very much.

Chairman Greber Thank you, Rob. Let's find out how many of our trustees from our Board have completed their census. Don't?

All trustees have completed the Nevada 2020 Census.

No further public comment.

Item #3, Approval of the Agenda for January 17, 2019. (Non-action Item)

Secretary / Treasurer Zimmerman I will make a motion to approve the agenda with the removal of items 5,11 and 17.

Agenda approved, unanimous vote.

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)

None.

TIMED ITEMS

Item #7, 6:00 – For Possible Action – Public Hearing on Fiscal Year 2020-2021 tentative budget for the Northern Nye County Hospital District; and discussion and deliberation to adopt or amend and adopt the Final Budget for the Northern Nye County Hospital District for Fiscal Year 2020-2021.

Savannah Rucker Hi, everybody, this is Savannah Rucker, I am the Nye County Comptroller. And part of my responsibilities within the county are to prepare the budgets for many boards and one of those boards being the Northern Nye County Hospital District. So included in your backup is the budget that me and my team have generated. And I'll go through it page by page. But if anyone has any questions at any point in time, please feel free to jump in and ask those questions. I want to be sure that this document meets the needs of the district, but also answers any lingering questions you guys may have with regards to how budgeting works. So the first page of the backup is a letter from the Department of Taxation, dated May 8, and this letter just identifies with the tentative budget as completed by my office and submitted to them complies with NRS

354.596 (5). How we generate the tentative budget is basically just, you know, the 10,000-foot overview of assumptions that we know at the time. We don't get into the nitty gritty of it because we don't get Board approval on the tentative budget. We do get Board approval on the final budget. So the tentative budget column was our best estimate at that point in time. And that complies with the NRS associated with budgeting. So if you flip to the next page, this is the cover page. It's titled Northern Nye County Hospital District. This is the summary sheet that the governing body will sign you can see the signature area in the middle there. And I did want to let the Board know considering that we are meeting remotely, I can, when I get Board approval on this document, I can put it into DocuSign the board can electronically sign and that will meet the requirements for the Department of Taxation, understanding that you know, we can't physically meet because of the COVID crisis. But what this page summarizes is the budget contains one fund including debt service, which the hospital district currently has the general fund, so there is no debt service and that the property tax generates \$1.1 to \$2 million. And it also discusses and summarizes the expenditures within this fund, and that those expenditures live within one governmental type fund and our expenditures, total \$2.3 million. The rest of this page is just certification from myself, which I will sign the document after I get approval tonight and the scheduled public hearing. So really, it's just a cover sheet for your for your final budget. Are there any questions on either the last two pages? Okay, let's move on. Flip to page two of the budget. It should be your index. Let's flip to page three. And the top of page three says full time equivalent of full employees by function. And what this is, is this is just a snapshot of the hospital district with regards to the number of employees, the population that the district serves, the assessed valuation, the general taxes associated with this particular budget. So that's just a quick summary there, your property tax rate, as you can see is not changed year by year. The population number on this page is actually the number of people that live within areas that the District serves. In years past I had included the entire Nye County population which is an inaccurate representation of the population served. So these numbers are more accurate representation of that. If you go to page 4 of 13. This is titled property tax rates and revenue reconciliation. This document is part of what the Department of Taxation checks to make sure that we're budgeting properly for property taxes. It's basically just to make sure our numbers net to theirs. If you flip to page five of 13. This is Schedule A estimated revenue and other resources. This is a schedule of the revenues that come into the funds that are associated with this budget. And the hospital district only has one fund the general fund. The Nye County budget book looks much different. There are lots of funds on multiple pages. But this budget is rather simple. So we do have general fund 74101. Our beginning fund balance, the different revenue types, your tax rate is identified on here and then the total in column 8, the \$2.855 million, that is total available resources that the fund, excuse me, the District will have available to it in fiscal 21. So this is your summary of revenues. And if you flip to the next page, page six of 13 is titled schedule A-1, estimated expenditures and other financing uses. So again, these are, this is just for the one fund for the Hospital District from 74101. It's a summary of expenses by type. So we have salaries and wages, employee benefits, services, supplies, capital outlay, contingency, our ending fund balance, and then the total column all the way over to the right at 2.8 million, those numbers net between the two schedules to make sure that our budget is reconciled when it times out. So these are just our summary pages. Not necessarily the meat and potatoes. So if you flip to page seven of 13 this is an Excel spreadsheet. And at the bottom it says Northern Nye County Hospital District general fund so that identifies that you're looking at the budget page of the hospital district. This is fund 74101. On the left-hand side, you'll see we have a listing of revenues. Then the column title, this one is our actual prior year ending being June 30 2019. And that's from the audit that's performed at the end of the fiscal year. So those are audited numbers. Column two is titled estimated current year ending June 30, 2020. This is where my office does our best to estimate and project to where the fund will be based on what we know. And I actually touched base, Liz did, not myself, but my budget analyst touched base with Justin to make sure that we weren't missing anything due to the whole COVID crisis. We haven't I haven't had a chance to meet up with the Board. So, we did touch base to make sure that the projections for the estimated current year spending were as close as they could be for expenses and column three is the tentative approved so column three is the column the Department of Taxation gives their stamp of approval on and column four, the final approved. This column is the column that the Hospital District Board can modify as you see fit. And then we can seek an approval based on that modification. And at that point in time, I would make the changes to the document and route it to the board for approval. So let's talk about the different revenues associated with the Hospital District. At the top you'll see property taxes so we have property taxes and net proceeds of mines. And you can see moving across between the fiscal years and our final approved budget. The Hospital District operates between \$1.067 million and \$1.2 million with a large portion of our funding coming from net proceeds of minerals and net proceeds of minerals is actually taxable revenue generated on mining materials primarily from the Kinross mine up in Round Mountain. And the property taxes, those are property taxes collected on the districts that you serve. So we have a total final in the final approved column total property taxes of \$1.1 to \$2 million. The district does not issue licenses at this

time. So we have zero revenue entered into that line item. The district does not receive consolidated tax which is a form of revenue generated by sales. So that's also zero. And then other revenue, we have investment income. This is all over the place, so I tend to be conservative on investment income because we don't know what the markets are doing. You know, one day the stock market will be up and the next day the stock market will be down and those numbers are just all over the place. So I budgeted a conservative five thousand dollars and if it comes in higher, that's great. If it comes in lower we can deal with that but I'd rather under budget just knowing that the markets are kind of crazy. How investment income comes to be is the Nye County Treasurer makes investments on behalf of all funds that he manages the dollars for, and those investments are directed by NRS, and they are secured as primarily bonds that the Treasurer is able to invest in, and so it yields a return on all the dollars that are invested. So the Northern Nye County Hospital District sees a share of that investment income as generated by the Nye County Treasurer. Where there any questions on this revenue page? Okay, do any of the Board members have an appetite to modify the final approved column for property taxes for for investment income? Okay, silence is golden, we can always go back, so if you change your mind, we can go back to this page. So if you flip to page eight of 13 this is just a summary of revenue. So it summarizes the prior page. And then down at the bottom, you'll see beginning fund balance and what beginning fund balance is basically, revenues in excess of expenditures that have accumulated year over year it's your nest egg, it's your savings. So you can see our fiscal year 19 and column one, beginning fund balance with \$2.281 million. And if you look in column two you can see the beginning fund balance in fiscal 20 is \$2.4 million. And then the final approved column beginning fund balance, we have \$1.728 million. And the reason for that, that drastic change is there's been a lot of capital expenses and one-time purchases that have been made by the District. So those are accounted for in column two on the next page. So our beginning fund balance becomes part of our resources available for the year in the sense that, you know, that it's funding that rolled over year over year and if you guys have one time expenditures, that's certainly the pot of money that you would want to utilize for those one time expenditures. Were there any questions on page eight of 13? Okay, let's move on to page nine of 13. This says expenditures by function and activity. So under NRS, how the budget functions is budget is issued to each department. In this case, you only have one department and it's issued by function and then the function is the function of government. So hospital districts provide health care, not necessarily health care, but you're dealing with the health care system up there. So your function is health. And as you can see, you have salaries and wages, employee benefits, services and supplies and capital outlays that all fall under that health function. And again, just like our prior sheets, column one is our prior year ending. Column two is our current year projected. Column three is the tentative that D-tax approves and column four is what we have, what I'm presenting to the Board for approval. So expenditures, I have salaries and wages budgeted at \$40,000, and employee benefits at \$26,000. services and supplies at \$1.5 million in capital outlay for \$750,000. generating a total budget in fiscal 21 of \$2.3 million. I did want to jump back to column two and talk about the estimated current year ending because this could change based on our conversation. We do have a new hire, Tiffany. So her salaries, wages and benefits are included. I am expecting about a million dollars in services and supplies that could be overstated. And I'll be honest, I'd rather overstate than understate, if we overstate expenditures, then we're able to come back and say, if necessary, we can come back with a beginning balance, augment, and increase your next year's budget by that augment for overestimated expenditures in the prior year. So we can always rectify that situation and capital outlay I have anticipated \$735,000. So based on these numbers do the Board members have appetite to modify either the current year ending or the final approved?

Chairman Greber Savannah, these numbers, you consulted with Justin he's the most familiar with are, you know as the secretary treasurer, he is the authority. Justin, do you have any comments?

Secretary / Treasurer Zimmerman I don't.

Chairman Greber Okay.

Savannah Rucker Perfect. All right, let's move on to page 10 of 13. This is basically one of the file pages of the budget itself, the budget Excel spreadsheet. So this is our summary of expenditures by function and activities. Also General Government, I'm going to correct that, that should say health. I will correct that before I send this out to the board. It's not technically a material issue, but it needs to be accurate, so I will correct that. So that's the summary of expenditures on that top line. And you can see we have contingency about halfway down. We budget contingency in the final approved column \$69,480. And I realize that seems like a strange number but by NRS, we can only budget 3% of total budgeted expenditures. So that's why it's that strange number it's quite literally 3% of \$2.316 million. Contingency can be used by the board in the event something comes up unexpected. So we like to have contingency available just in case. At the bottom we have

total expenditures and other uses, which includes the contingency of \$69,000, and the total budgeted expenditures in the final column is \$2.3 million, giving us a calculated ending fund balance of \$469,628. And the NRS is kind of tricky in the sense that if you don't budget appropriately, you don't budget those dollars to be spent, they can't be spent. So if we had an ending fund balance here that was you know, million and a half there, after the board approves this budget, there's nothing I can do to pull any funds out of any fund balance and allow the board to utilize those funds. So that's why, on the prior page nine and 13, we budget such a large amount of money to be spent to give the Board the latitude that you need to be able to make the decisions to move forward with whatever services you're working on. We can certainly modify expenditures as necessary, but this is how we budget all funds with the exception of the general fund. There is a NRS that makes it a little tricky for the county general fund where we have to maintain a certain level. But any questions on the meat and potatoes of the budget which was the last four pages that we looked at? Okay. If you flip to page 11 of 13 this is lobbying expense estimate, and to my knowledge, the District does not lobby at this time. So it's all zeros, this is the required form. So unfortunately, it's in here, regardless of the fact that it's all zeros. If you flip to page 12 of 13. This is a list of contracts associated with the Northern Nye County Hospital District, we did our best to update this but with the COVID crisis, things were kind of crazy. So this this particular schedule, is you can make changes we certainly can, but it's not going to affect the legal budget document itself. So if you see anything on here that's missing. We can either discuss it now or I can modify this at a later point in time so that our schedules are proper, but again, this schedule here does not limit your ability to enter into new contracts, or does not affect your ability to execute these contracts, it's just a summary of contracts for the Hospital District. Alright, so if you flip to page 13 of 13. This is your schedule of privatization contracts. And to my knowledge, the hospital district does not have any privatization contracts. So that is blank. And then the next two pages, I apologize, I included them. They're actually the checklists required for my department to have an approval from the Department of Taxation. So the next four pages are just a checklist for D-tax, they have nothing to do with your approval of the budget. And they will not be routed through when I send this document out for approval by the Board. So at this point in time, I welcome any questions, any feedback, comments or concerns.

Secretary / Treasurer Zimmerman Savannah the only thing that maybe we should change if there's a change being made already to that title up above about general government is on the contract schedule, B & B Janitorial can be completely stricken.

Savannah Rucker Oh, sure, absolutely. I will take care of that.

Secretary / Treasurer Zimmerman Okay, that's a new change that just kind of came up. So thank you.

Savannah Rucker Okay. Yeah, absolutely. All the other questions, comments or concerns?

Chairman Greber Just to clarify, Justin, the janitorial contract you're referencing is part of our agenda tonight, correct?

Secretary / Treasurer Zimmerman Yes.

Chairman Greber So, the Board will be deciding?

Secretary / Treasurer Zimmerman Yeah, the board will be deciding if we're terminating that contract. The contract we had with them was to only clean the clinic facility, and the lease agreement we have in place with the current tenant shifts that responsibility to them. So there's really no need for us to continue planning on that budgetarily it puts that expense under their existing cap.

Savannah Rucker Okay, well, if that's it, then at this point in time, I would request to adopt the file budget as presented with the immaterial text modifications that we identified and for approval through DocuSign.

Chairman Greber Okay, the chair will entertain a motion.

Secretary / Treasurer Zimmerman I will so move.

Vice Chair Hendrickson I will second.

No public comment; motion approved unanimously.

Chairman Greber Thank you so much, Savannah, for your time and for your efforts. You and your team have done a great job and you always guide us. Excellent. Thank you so much.

Savannah Rucker I just want to let you know, Karmin, I realize item 17 was pulled, and I want to let the board know at the next meeting I'll work with Justin to get a projection of the agenda, update the board and that was something we talked about at one of the last meeting pre COVID. And I haven't forgotten about you. I'll get on the next meeting.

Chairman Greber That would be wonderful, Savannah, thank you so much. And I understand. We've all been disrupted many many ways with it. Thank you so much.

Savannah Rucker

Thank you. I appreciate your patience.

GENERAL BUSINESS

Item #8, For Possible Action – 1) Presentation by Central Nevada Regional Care of their March 2020 reconciliation package and reports pursuant to the professional services agreement entered into on January 17, 2020; 2) discussion and deliberation to reimburse Central Nevada Regional Care in the amount of \$1,330.00 for the cost of having the computed tomography machine assessed by Medical Imaging Solutions USA, LLC; and 3) discussion and deliberation of a proposed amendment to the lease agreement in place between the District and Central Nevada Regional Care to expand the footprint of the lease to include a rectangular portion at the northern end of the medical campus at 825 South Main Street in Tonopah, NV with a frontage on Highway 95 of approximately 90 feet extending in the direction of the records building, approximately 135 feet, for the purposes of providing housing for the clinic staff.

Quennie Manuel The first portion. Van's gonna make the presentation for the the details for profit and loss for opening the clinic.

Dr. Van Le Yep, I'm here. I believe this presentation for the reconciliation package through March was set aside. Right, Quennie?

Quennie Manuel Correct.

Dr. Van Le At the request of Justin, that we was going to be set aside and then we will discuss it in the next meeting instead.

Secretary / Treasurer Zimmerman If I could interrupt. That's not what I meant. There were there were two invoices. One was for wages primarily, which I wasn't suggesting we pull, we could still talk about this if you wanted to. The only invoice I wanted pulled was relating to mostly consumables and non consumables for reimbursement.

Dr. Van Le Yes, that was true sorry for misspeaking on that part. It was just that we need to identify what was invoiced as consumable and what was invoiced for non-consumable, and we are going to re-do that invoice, and then we're going to present it in the next meeting. But if you like we can discuss about the first invoice in terms of the operating costs that was presented or we can wait until the next meeting. It's up to you guys. It doesn't matter to me which way you guys want to do this.

Secretary / Treasurer Zimmerman Okay, well, if CNRC is open to it, we could put the whole reconciliation on hold and have one cohesive packet ready for June? How does the Board feel? Does anybody have questions or concerns?

Chairman Greber For myself, I'm comfortable with that. It would just add a caveat to this backup that we see that of course, is going to be subjective and to you know, to the subsequent report will supersede this one. Is that correct, Justin?

Secretary / Treasurer Zimmerman Correct.

Chairman Greber Okay. I'm good with that.

Dr. Van Le Yeah, I'm good with it. So, if you guys are comfortable, we get set aside for the next meeting.

Chairman Greber Okay.

Vice Chair Hendrickson I think that's fine.

Chairman Greber Okay. Thank you. Anybody any further comment on that portion? Okay, you guys can proceed.

Quennie Manuel Okay. The next page will be our patient count, daily patient count. That's for the March. I think we discussed this the last meeting or this was from the special meeting. We saw about 243 patients for the month of March. We're averaging about 10 patients a day. And we're still in terms of insurance contracts, we're still negotiating with them Sierra, Medicare, Medicaid, we're on it Medicare, we're holding them until we get the final approval from CMS. And then other insurance, AETNA, Blue Cross we're waiting for them to be executed as soon as they're executed will submit all the billings. The other page is our daily collection. Our cash collections were \$677.27 for that 30 days or actually almost like 20 days of March. And then the other page, that's just a more detailed explanation of it. And then the number of patients that we saw according to their insurance company, Medicare we saw 65, Medicaid 53, AETNA 11, Blue Cross 29, Cigna 8, Sierra Health and Life 34, United Healthcare is 8, AMBETTER 1, Health Scope is 5, TRICARE 5. We're also getting a contract with TRICARE, they reached out to me because they have a patient that needs care with their blood work, so they're reaching out to me and giving me a contract with that. PEBP that's the public employees we saw four, Hometown Health that's in Reno, that's one, GEHA that's part of Cigna. That's one. And then the VA, we saw one. There's that quote for the CT machine, for them to make an assessment. And they did email us the assessment information with their findings. We attach the pictures of the CT, and I think this is going to be discussed in the future and what we're going to do with a CT machine. Renown gave up their rights on the CT to where I could register with the Department of Radiology with the State of Nevada. And the other portion would be the land, Van?

Dr. Van Le The question is, that I want to ask is I want to lease that rectangular little space on the corner on the, I believe the other side facing facing Main Street. The reason is that we're going to be able to put in a prefab type of house with six rooms and a common area and allowed for the medical staff to stay and it would, tremendously it would reduce the cost of rental expenses. And right now I believe, how many rooms are you guys renting, Quennie? 4?

Quennie Manuel 5.

Dr. Van Le 5, you're renting five, we will have six if you give us the flexibility when we do expand and add on new staff. We will be able to have that and then plus is also going to be reducing the cost of leasing is based in the accessibility of the staff to the clinic, because it's just in the parking lot, basically, of the hospital footprint. So they're within five minutes walking distance to the clinic. And so that way, if there's needed staff just in case, if there's an emergency and the on-call staff, cannot handle it, we can always have the staff that are staying in the house could be run over real quick to give a hand. And it's just I just think that in the long run is just more feasible and it allows just better, more cohesive services, giving services to the people on Tonopah. The care and the health care that was needed. So I'm interested in renting that if the district is willing to rent me that space for that item, so I can place the living quarters there at no cost to the district in terms of placement of that, because that will pay for the for the build up of that quarter. But I just think overall it's just going to be a lot better for the staff because there's going to be a kitchen there's going to be a living room and it's a lot bigger and each one of those rooms I believe is approximately four to five hundred square feet that's going to be allowed, the staff will have a little bit more privacy than where they are right now.

Chairman Greber Okay, trustees, any comments or questions?

Trustee Kaminski I think the whole idea of what you're trying to accomplish is just fantastic.

Dr. Van Le Is there any objection? If there's any questions you guys have I'd be more than happy to answer with regard to that. The reason we picked that parcel because the utilities everything is already there. So it's just a plug and play. It's a prefab home. So I have a friend of mine who owns a prefab company and he's putting the modular together for me to place it there. So it's also it's also maybe something that would also be on display for people of Tonopah to be able to come by and take a look and say, hey, you know, this might be the future housing problem solver for some of Tonopah. If housing they becomes an issue which I anticipate with the mining company down in was it Beatty or Goldfield, looking for new places that could be something that is feasible to put out there for those people and then it just generates good revenues and everything else that comes along the way. So that's the reason why one of the other reasons why that I think that it's a good idea to have that there.

Chairman Greber Okay

Vice Chair Hendrickson Yeah, you answered my question I was gonna ask if there are hook-ups and how easy would that be to do but yeah, those modular buildings are kind of plug and play. They're awesome and you're spot on with recommending housing issues. Round Mountain deals with it for sure. So, curious to see how they work out.

Dr. Van Le Yes, that's the whole intention. And this is all coming out of my own pocket that I'm putting this all together. So that way, the whole point is also to also be able to generate a good if we do have housing development in that area that this company that I promised the Board in the beginning that when I came along, I was going to try to do some economic development for the city of Tonopah. So I think this is one way of generating foot traffic for the clinic also to help the city itself the town itself to bring in more revenues that can help bring more services to the people of Tonopah. So any questions?

Chairman Greber Yeah. I have a couple questions and a concern. Now, the use of the space I understand. And it is in addition to the space that we're creating our body approved within the clinic. Okay. And I'm not, I'm not comfortable yet because we're just in the very, the very cusp of determining the path forward for this campus. And for the hospital itself. I don't know what type construction or planning is going to be proposed in the next 30-45 days. I'm not sure I'm prepared to rent out a section of the land while the whole campus is being evaluated. Currently, the only part that is practically committed is the clinic, is the urgent care. And that's filling a tremendous gap for our community and we're doing all you know, putting our full force behind it as best we can. But speaking for myself, my first thought is I, I'm not really too, in essence subdivide the campus before we know what we want to do. Exactly with the rest of it.

Dr. Van Le So, Karmin, to answer your question, are you aware which piece of land I'm talking about?

Chairman Greber I am, I actually recommended it to you guys. When we were talking to Quennie, it's a couple months old now. It was a thought. Just in conversation, it was in lieu of before decision for others. And then, you know, the question that was posed to me was another piece of land at the back of the clinic, between our property and those three acres that the county owns. So I had engaged in research on that. Got the dimensions and things and then carried on the conversation. So as a possible alternative to the location, you know, I said that we had originally been thinking or considering how best to use this, currently undeveloped, you know, piece. So that's as far as it went. At that point, it is a desirable location. But there are other very nearby pieces of land, including the County, right there at that original location that you had mentioned, that may be just as suitable to what you're trying to accomplish. I don't know access to utilities or anything that's in there, and that's not my property, so I'm not sticking to it. But the concern is subdividing our campus while we don't have an actual plan approved yet by the Board is one concern. The other concern is the concept. I can appreciate fully the concept of a model home and making that information available to the general public. But that is an economic development that we, you know, hope for, but it's not a medical service. And that property is dedicated for medical service only by BLM, it's a stipulation. So, I'm not certain that I don't know if I'm comfortable having a corner of my hospital campus, be a retail location. That aspect doesn't quite fit. It feels like a non-starter to me a little bit. I'm not sure that it would be allowed to do that, even if we chose to.

Dr. Van Le So to answer your question, that itself is, you know, it's not commercial. It's basically it's just letting people drive by that they can see the house. But it's not something that was commercialized. But I'm you know, I'm open to everything else. And one of the things that you will see when we do submit the budget,

when you do see the first reconciliation budgets that we submit on the expenses, one of the things that I'm trying to do is I'm trying to do a lot of cost containment. I'm trying to reduce every single account. So that's all I'm trying to do. I mean, it doesn't really matter to me that whether we use that if there's other alternatives that we can use, because as you're growing this, as you're growing, with, I know based on the discussions that I have with various members of the board, you're going to need housing. You're going to me stuff that's coming in, and it's not just there. It may be other places that the Board's been, that they suggest, But, the key thing is to have the critical and the most important people accessible to the clinic within minutes. Whether it's for the hospital or not, you want to make it accessible. So if there's an emergency or something or people that are on-call because right now, the clinic, I believe we're planning to, I believe we have three on-call rooms, but there's also supporting staff. If you have an X-ray or later on when you have a CT person, that needs to be on call overnight that handles these type of things, you got to have a place where they can be run right up, five minutes, access to it. Whereas other places yeah, you can have the rest of the remaining staff or wherever it is, that are non essential, that could be placing well, in terms of housing or wherever it is that we can identify as we go, which is basically I'm just trying to: A shorten the time length would be back where the patient in the staff interaction is shortened. So, I don't know, how far are you right now Quennie and some of the staff? How far are you from the hospital or from the clinic?

Queenie Manuel

Probably about 10 minutes with the speed limit.

Dr. Van Le Right? So about 10 minutes, this is walking distance, four or five minutes, they run in and they take care, they help out physician who's on call, whatever the case is, that's my only thing. But if you're, if you guys are not interested, I'm perfectly fine with that, because I have spoken, have inquired about purchasing the land behind the clinic where the County owns it. So, we're working on putting on the presentation on that. So that's something that you know that we're also looking to. But, that's more in line with trying to work with a company in terms of our developments in that area for the County versus what I'm trying to do is about because of that area wherever that area that we selected A. because of the plug and play. The one, the area that you're talking about that's behind the clinic is grading on the land and also the utilities that run into it is not for what we were looking for is not cost effective. That's the only reason why I chose that corner versus the other one. I'm trying to save money and and also have the ability to have accessibility to the staff during after hours. That's all I'm trying to do that for.

Chairman Greber Sure. Excellent motivation. I wanted to call attention to the five properties that are less than, what, one, two minutes by car, right up behind the hospital. I tried to show Quennie where they were located. We've been holding meetings to create the funding process and understanding the requirements to flip those into newly renovated. They are very close by, you have back access. You don't have to use the highway. It's direct. There's literally two stops on each. And then you're right down there into the backside of the hospital. So that I would hope that those that initiative is already in motion and we own those outright and we're ready just beginning to craft the bid for that to open up. We're hoping we selected those with the intention of it being very close to the hospital, for staff housing. The price tag on the individual units, been given tentative approval to bid them potentially individually. So that we're talking some of them as low as \$35,000 to flip them, including landscaping and the whole thing. So some are going to be converted back to duplexes, possibly these are all the details we're working out. So, if that is a benefit in your planning, I want to assure you that that's in motion too. And I can identify exactly where those are. They're included in Russell's presentation every time but it doesn't describe the juxtaposition to the hospital, to the close proximity.

Dr. Van Le So the question I asked you on those I'm perfectly fine with those if you're looking at that I'd be more than willing to help to get that going in terms of funding and help raise that funding. The only issue with, I think I drove by there, the only issue is we need to assess it to see if it's viable. Is it viable to just rehab it? Or is it more or less tearing it down?

Chairman Greber No, no, we've already had them assessed. They've had Phase One Environmental is completed the Air Force has completed their environmental studies before we receive them. And we've had a licensed contractor and architect review the plans and has been inside actually. No, we're well on our way. They're completely habitable. One of them is going to need for remediation, but the other ones are, are not that far gone. It's surprising but they were built very well their stick built. They've been moved and remodeled by the Air Force, but they're a solid, solid home.

Dr. Van Le So when are you anticipating on having this done? You know, that could be a tremendous cost cutting if we get something. And then, you're also going to have to be assessed on the on the on the fact that we also are going to grow some more too, because the services as we're adding on based on the remodeling, now that we have to CT and that you know that there's a talk of possibly moving this CT into the clinic, and then adding more services and all that, that there's going to be some more staff that's going to be needed. So the housing is going to be critical. That is one of the key components of attracting good providers that you have introduced us to from Hawthorne. The main concern is housing. And every time we meet, they're like, Van, that's, that's the most important thing is to get us some housing that we're comfortable that we feel like you know, that we that we can feel like we're at least at home. Sometimes, you know we're away from work and that's the key thing is like I don't want to over work and overstressed too fast. So, I'm open with every suggestion you have, but just also be aware that as were adding on services when we were bringing in specialists when we're bringing in stuff they're gonna have to stay overnight because they're not going to come in and then drive home. You know, a lot of them come in and are they gonna say all night and leave next morning. Just like Dr. Vasquez.

Chairman Greber The homes that we own are all four bedroom, two bath homes with a large shared kitchen and a large common area. They have plans that we're investigating to see if they'll remain as a four bedroom home or be converted back to duplexes. The duplexes would be two bedrooms each with laundry and kitchen etc. So, perhaps that you and I, and maybe Justin can talk offline soon and kind of get some more we can give you more of the details of what we're looking at in the timeframe. I anticipate based on the meeting that I had, oh, last week or might have been the week before, with Nye County procurement department to understand the NRS's and how we go about posting the bids for this to get the contractors up here. We had enough to put a presentation together for our next meeting for June. So if we can talk with you directly, and maybe describe that, see if that would be something suitable or if you would like to contribute to that effort to get it launched soon. You know, we would love to collaborate on that because we absolutely recognize the need for housing. That's why I pushed so hard to get those properties because they seemed well situated with the hospital. They seemed like they checked out really well.

Dr. Van Le Okay, no, no problem next time I'm up there I'll let you know. And I'll let you and Justin know ahead of time and I'd be more than happy to take a look at it and then go from there. And then we'll see where that goes but there's definitely there is going to be a need because in terms of costs in terms of accessibility and efficiency of having a staff member making overnight calls and all that stuff, it's, it's something that is a great thing. The good thing is when the the current renovation's done, you have three rooms that provider who is on call for the night and stay there, but then you have one to two supporting staff members that can stay there. But if you have other supporting staff that is somewhat essential, but not like let's say like a CT Tech. I wouldn't have a tech on call all night. You know what I'm saying, that would be kind of like, on the need for basis. So, you know, that would be something that he or she would have to say at a nearby facility that as soon as we need to call a person and come in and perform the CT, that person's gonna be able to run right across the street, right into the clinic in a matter of five minutes, five to 10 minutes and get it going. I'm just saying that's fine. We can meet up and then we can discuss this further. In the next I won't be able to make it up next week because I'm going to be in Washington. But the following week because I you know, I come down now, I'll give you because I plan to come down and take a look at the progress that the renovation has gone and we can meet up then and look at those houses.

Chairman Greber I think that'd be wonderful. Trustees, what other comments and questions for our agenda item?

Secretary / Treasurer Zimmerman Well, I'd like to see Van procure that parcel to the south side of the medical campus myself. I love the idea of seeing a new subdivision coming in and seeing how quickly it sells. That's good for everybody. That's new tax revenue. I love it. And I like the, I understand the need for the provider housing so close to the campus in addition to the crash rooms that are going to be in the clinic, I'd much rather see it on that adjoining parcel than on our medical campus parcel. So I really hope that can come to fruition. And then just like Karmin said, we've got those five structures up on Victoria Street that we have to put into use. So I'd hate to see us build everything we need right down here on the campus than have nobody to occupy those buildings up on Victoria. And the duplexes would serve perfectly for the specialty providers that are coming in for one day or so. And just needing a place to stay the night we can provide that to them at no cost. And I definitely agree with Van that this has got to be a priority. If you look at the profit and loss statement that's included in the backup on this item. I believe there's an excess of \$6,000 so far in costs for

lodging that CNRC is not asking to be reimbursed for. When I looked at that profit and loss statement with Quennie and Van the first time it kind of took my breath away seeing the number, the dollar amount that they're putting in themselves and not asking us to be reimbursed for so all of that should be considered.

Dr. Van Le Well, thank you, Justin. My position is we're a partner in this. From the beginning, and I've always said that the town and CNRC were partners. So as a partner, you know, and it's also a cost of doing business. So I'm not going to invoice what is absolutely, I feel that is something that we both try to mutually agree that it is something that it was part of the contract. But other than that, the lodging, my staff expenses and stuff like that, even in terms of startup business expenses, computers and stuff like that, I'm not going to invoice the County on that. That's on me. That's the cost of doing business.

Secretary / Treasurer Zimmerman I appreciate that.

Chairman Greber That is greatly appreciated.

Secretary / Treasurer Zimmerman Yep, very much.

Chairman Greber And that's how we feel as well, trying to maximize everybody's, every last penny to make sure that we come out ahead that everybody comes out ahead. We want to see you guys succeed and we're trying real hard to, to embrace the plans that you guys present to us very much. I hope that you can sense our support we really really appreciate you and the progress you guys have made.

Dr. Van Le And I do appreciate everything that you have done the effort, the Board has put forward and the and the expenditures and the time and everything that you guys have put into this project. And this is, you know, it's a win win. I think we can all agree that this is a win win for the town. And we can make this successful we can grow this and make it a bigger footprint and in terms of how the model is needing to be done and it's, it's I see that the longer we go on, and then we work together tightly and not try to be so picky on who owes who what and that and just kind of like just let's just push forward and I believe everything will always just sort itself out and I everything should work out when both sides have the same attitude.

Chairman Greber I think our priorities sound like they're in line with one another.

Dr. Van Le Okay, so that's all I have. So, I will be looking forward to seeing you guys in a week or so. So you get, say two weeks so that you guys can show me what is it that you guys are planning in terms of housing but I do. I will have every intention of purchasing the land from the County if it's up for sale, so to help with the housing developments and all that stuff, so that's not an issue.

Secretary / Treasurer Zimmerman Yes. and in my conversations with the county, they will launch an appraiser on that piece of property as soon as they get that letter of intent, so if you need anything from me if you need any information from me, Van, just let me know.

Dr. Van Le Okay, thank you, Justin.

Chairman Greber I was just gonna say Tiffany, do we have any public comments?

Tiffany Grigory Yes, we do. Kirk Greber, you have a comment?

Kirk Greber Yes, sure do. And I would like to hear from the other trustees also. I've got a Justin 'yes' there and anyway. Doctor Le and Ms. Manual, I want to thank you so much for what you've done for our community. I've heard nothing but praises about your staff, and the type of care you're providing for our community. So thank you very much. About the land in the lease and putting the house there, I've had multiple questions that I'm just going to go through and then you can either answer them or we can talk later. You were talking about leasing the land. I don't know what will be worked out. But I had a big problem when Renown was in here and it was \$1 a month, or \$1 a year. And the board still had to pay \$40 to \$70,000 a month to cover bills. I know they were providing a service, but obviously not the kind of service you're providing now. So that's one of the questions. The other question is, would you charge the Hospital Board rent for that place to the people that are occupying it, as you know, in lieu of having to provide an apartment or five apartments. And another question was, who can own it at the very end? Say, I know, Dr. Le that you envision taking over

that whole campus one day and have a full hospital once the Hospital Board gets that remodeled, refurb, rebuilt whatever happens in the future. You know, who's going to own that in the end? Or is there going to be a dispute because it's on leased land, and now you've provided it or will you move it off the property when you're done with it? I think that's it. Karmin Greber has already mentioned Hawthorne homes that I was going to mention. So I won't go over that one. And I think that's it. I think that's it.

Dr. Van Le Yeah, Kirk, I'll answer your question, hey, if I placed it there, I'm not going to take it out. Because it's just not it's not feasible to put something in taking it out. So it would be part of when I leave the there would be no cost to do it in terms of releasing it to the district. That's not going to happen because right now, if you look, the lodging, I'm pretty much paid for it. So that's going to be something that is going to bring down the costs and the only thing I probably ask is because of the fact is poverty is the ability that you know that I would probably in invoice that I is All depends if we're making an image more feasible is that, you know, I'm not even gonna, you know, that's something that I'm not even gonna consider the minister in terms of the expenses. So, the whole point is when you look at the spread out over a 12 months span, we're paying what 2000 over there right now. [Insert -- Quennie Manuel "Correct."] So we're paying 2000 over there right now in the long run, we're looking at it you know, we have a with a five year contract with you guys till at minimum of five years, expensive in terms of how we allow the team building so it's not something that the ones when if I do leave with it, you know, I hope not, but if I do leave, I'm not going to take it because I'll put it in only because I'm one of those guys that you know, I'm not going to it'll cost me more money to take it with me. Once you put it in. Okay, well, that's Thank you very much. Yeah. Yeah, perfect because I know the onset of housing was fine apartments and putting something in place for five years will definitely be cost effective. Yeah. Yeah. So that's optimizing as cost effective because I'm looking at the there's two things running any business. And one is the biggest piece of payroll and we're doing our best to target a will keep the payroll under control to where it's sustainable, and it's profitable, and it's also providing the optimal care. But at the same time, you know, if I have to make sacrifices, I rather make sacrifices on the amenities it is on the staffing business system, which, who provides the method the optimal stair People come across. So they're having that says, you know, just cutting just looking at cutting costs. That's all I'm doing. I'm looking to control costs. And and while we're trying to grow the revenue, ie in terms of patient numbers and census of patients coming in, I'm just looking to control the cost right now. So that way less money is needed to come out of the people of Tonopah's pocket.

Kirk Greber Come to agree 100% on that and it makes good sense to not cut services and kind of managers until they agree with you how to end and thank you. Thank you, doctor for providing that information.

Dr. Van Le Anything else?

Kirk Greber No, that's good.

Chairman Greber Idea talking over; going back on mute now.

Secretary / Treasurer Zimmerman I just wanted to talk about this CT evaluation that Queenie had done. My Okay, there we go, my mouse died for a second. When I look at reports like these, I don't have a medical background, so I'm not really sure what I'm looking at. But in summary on the report, it seems like it's in pretty great shape. The last sentence does suggest some work needing to be done. So I wondered if we could speak to that. And if that work needed to be done before the CT could be put into use.

Quennie Manuel There's two options. If we're using it right now, what they were discussing with me the two can go out maybe within a day or two because they haven't been used. So which chain needs to be looked at by the physicist The second is we're moving in the whole calibration the whole updating it that would include with the cost of them moving it.

Secretary / Treasurer Zimmerman Okay, that's great.

Quennie Manuel If you go that route of moving it, so in terms of the state of Nevada getting the license, I think I want to wait until we decide if we're gonna leave it there or if we're gonna move it to the clinic.

Secretary / Treasurer Zimmerman Okay.

Chairman Greber Okay, hold on. Queenie where you finished? Yes. Justin.

Secretary / Treasurer Zimmerman I muted myself you guys take it away. I'll jump in when you're done.

Chairman Greber I don't see the results of the estimate of the inspection in the backup. Am I missing it?

Quennie Manuel You're not seeing there was so that's the last page, "...overall gathers very good condition. It was last Tuesday in August 2015." That's what you're looking at right now.

Chairman Greber No, not yet. Okay.

Quennie Manuel The only thing that was going to be an issue is the tubing. They can't really say the lifespan of it because it hasn't been utilized. That's the X ray tube assembly. We could use it for a couple days and it could go out we could use it for so many years it could go out. That's their explanation on that. But they can't really give us any guarantee. But if we have them, warranty, do the service, do the calibration and have a physicist looked at it, it's something that we can sign up with them. They haven't given me the quote on your pricing with that.

Chairman Greber Not yet. Okay. Okay, I heard trustee weigh in, who was that?

Dr. Van Le No, that was me comment. Go ahead. And then I'll follow up with you on that. Now that discussion comes about this other issue that I wanted to bring to the board. Go ahead, Kirk, go ahead you finish up with.

Kirk Greber Okay, thank you. So just like in any piece of equipment, they could analyze it and check it out and it could still fail the next day within my electronic background and radar background, whether it's tubes or magnetron that radiate and track aircraft. FFA. As you know, you have no guarantee that I spoke with a technician there. And even though it sat for five years, that does not mean that that it could fail tomorrow, it could rationally run for another five years and have no issues. And I just wanted to elaborate on that. And he is right. It could fail tomorrow. He does not know. It could have been serviced in a brand new tube put in within a year or two, and, you know, it could last five more years. I just wanted to kind of put that out there for everybody to understand the technical background on that. There is no guarantee on any electronics and even if it's a back brand new piece of equipment, it could still fail within a month. That was my input. Thank you.

Chairman Greber Thank you

Dr. Van Le I'm sorry. Oh, yeah, I just I just wanted to comment on the fact that before we all also, I wanted to speaking to move over and it does help us but before we do it, we also have another issue that comes up because of the building the electrical amps and when they were divided up and I suppose the first today, one of the issues we have to resolve is we got to find out how much energy does that dams going to take up. And we need to be because one of the problem is the electricity is that building with some of the capacity to produce electricity was using the solar panels. And right now the solar power is only producing 40 amps. And with everything else that we're putting in there, all the equipment lab equipment and all that so we might have to have a power out of the power output and how much power we have left once when we put everything in place. And do we have enough and if we don't we have the first thing we have to do is fix that solar panel because it seems like somebody sold a single dose panel out and basically messed up the hold of power grid that's coming out of that solar panel so Kurt, maybe you can take a look at it and and help out in you and I can have a discussion about it because that's the issue that we're having with now with with the power situation. And I'm back online I accidentally hung up when I was hitting my mute button. But yes, we will talk about that. Yeah, cuz there's there's a huge is a there's a bit of a problem but I think it's a good idea we can move to we want to move this up over there at eight feet away is fine with us, but it's it's usable, why not use it? Because in certain situations we wouldn't have we can have the seeking done on a patient and make a determination right there what course of action we take instead of trying to stabilize the patients and then send them to a hospital north or south south so that they can get a BP when we can do it right there and then so it's, it's feasible if it's viable, and if it's working, you know, I'm, I'm for it, for moving to CT or whatever it is, that needed to be done.

Secretary / Treasurer Zimmerman I was just gonna say I am too I'd like to see that equipment consolidated

into the clinic. I'd like to see a very thorough proposal. Anything that needs to be done the wiring power, the solar panels, floor reinforcement, anything that's would be in addition to the scope, we already approved for that renovation project. I'd like to see that.

Dr. Van Le And we are working on that right now up and I have for my office earlier today, and I gave him the copy of the CD and I told him to go and work on it. And then there's also the fact that we, because we've been adding properties to some of the because it just need copper wire, copper walls to the lead wall, so we can reuse the heat. I told him to try if we were to move it to use the copper that is already in the wall use as much as we can so that we can save money right? on it. So yes, and that has already in the works with Bert. Okay, and he actually have the next day or two and have it over to me.

Secretary / Treasurer Zimmerman Okay, great. Thank you.

Chairman Greber Well, thank you for myself, that would be something that I would consider having a special meeting for just to consider that focus, specifically, the very, very first weekend that Dr. Cain was here, he wasn't yet full time, and of course, I had known him in the past and we stopped by to visit him at the clinic, see how it was going and, and the two things he said, are the only things that he felt he needed yet were the laboratory and, you know, upgrades and the CT scan. And that was on a Sunday. And on Monday, I contacted cleaning. And that's when this whole thing started, because the assumption was CTE was broken. It was too far out of us, you know, it was broken. And I want to thank Queenie for her efforts in getting us a technician out here to assess it and just the magnitude of knowing that As a viable unit in a capacity that is such a tremendous cost savings for the district, and then the revenue stream, you know, that that can facilitate. But beyond that just the comprehensive care is remarkable. When I'm seeing the NRC is accomplishing and this is just another positive step. Good news, you know, after an evaluation, that is, it's a completely viable unit for us. So I'm, I'm thrilled at the cost savings that that we learned that it's in good condition, and that we have a plan already being developed to consider moving. Speaking for myself, I would, I would hope, Queenie that we could get first of all, our technician. If it's a certification or license, that Connie is successful, getting that as soon as possible, or whoever, whatever needs to be done so that it can be used. And I would really be in favor of finding a way to make use of it in situ while we plan for the movement. So I don't know if that's feasible or not Queenie, what was your thought on that when we had discussed it?

Quennie Manuel Connie is scheduling her exam within a week or two to actually get her licensing with that. And we also have Veronica who is trying to get her license as well for the CT, she is our X ray tech right now.

Chairman Greber Okay, trustees, what are your thoughts?

Trustee Kaminski This is Don. I'm sorry. I'm just sitting here listening but I love everything I'm hearing so far. It really sounds like we are progressing and moving in the direction that we want to be moving.

Chairman Greber Thank you, Don.

Vice Chair Hendrickson Yeah, I agree just so the the reimbursement that we're just keep going back to the agenda item. I feel like there's a lot of good discussion happening, but I'm trying to like, keep myself on track. So we're looking in this part of the conversation about reimbursing the NRC for the 1330 was just for the assessment and calibration of the machine. It that wouldn't include any of those potential maintenance that needs to be done on it, is that correct?

Secretary / Treasurer Zimmerman That's correct, as I understand it, Emily.

Vice Chair Hendrickson Okay.

Chairman Greber I believe that is correct; it just correlates with the received for the second for the visits, the site visits and the evaluation, not calibration.

Quennie Manuel Just the assessment, correct, and if removing it calibration will be included with the move.

Chairman Greber That's right. Thank you.

Vice Chair Hendrickson Thank you. But yeah, otherwise, yeah, it's amazing new things in good shape. That's really incredible. Even our providers are actually impressed from Brent to the David to Chris, they were there. David was there when they were doing the assessment and he was impressed with the machine that we have in comparison to what they have over at Hawthorne.

Chairman Greber That's kind of a boost, isn't it? Well, the situation of our TT in the even in the room, Justin and I have begin considering a plan for accessing that room. If it turns out that that's a viable, you know, short term approach. And I experienced the CT scan at Hawthorne and it's a it's a wonderful asset, but it was quite a quite a trek outdoors. You know, it's easy to think that we just have it really bad that they have justice, justice, unconventional approach to the CT to a much smaller space much, much smaller space than what we have currently, you know, and I agree that it it needs to be possible consolidated into the clinic, because of course, as we move forward with that facility is not going to stay sitting right. There just wasn't, you know, likelihood so it's going to have to be moved eventually. Anyways. I really like the idea of having a diagnostic Center at that clinic. If we can create a supportable infrastructure. That's a wonderful asset without regard to the hospital facility while it's undergoing transformation.

Quennie Manuel Yes, and I can't wait until the whole construction is complete, and we have all the materials and all the equipment, and we can function much better than a Hawthorne and I think even the providers that their goal is to actually supersede Hawthorne what they have at Hawthorne.

Chairman Greber Tim did you have any comments or questions?

Trustee Gamble Actually, I was I was curious, and wanted to ask Van. Do you do you actually think that the clinic is you're going to have the room to accommodate that machine in that clinic with the rest of the proposed construction you got?

Chairman Greber We do. We actually had Dave, he's the engineer who did the assessment for the CT. I showed him within a news outbreak room, either the break room or the office that we have. So there's two options that we were we could print it.

Trustee Gamble Okay, that that was my only question. I didn't know I was looking at your somewhere I saw the plans again, and I just didn't see where you were going to fit it. So if you're going to have to end up losing something I, okay, I get that. That's all I had.

Quennie Manuel in the break room that we're going to lose.

Dr. Van Le Which is fine with me because as an employer, I don't like to see my employees on break.

Chairman Greber There you go.

Dr. Van Le Before we operate, so trust me that real fast, let's take the break room out. No.

Chairman Greber Thank you. Okay, so, further discussion or public comments on Item Number eight. Okay, so I'm Justin. Help, we're ready, unless I am missing something, we're ready to entertain a motion for the portion that we can.

Secretary / Treasurer Zimmerman Yes. So I would say we're not doing anything with sections, one in three, but I will move to reimburse the NRC in the amount of \$1,330 for the CT assessment.

Vice Chair Hendrickson Okay. I'll second it.

No public comment; motion approved unanimously.

Item #9, No Action -- Presentation by Regional Emergency Medical Services Authority of their March 2020 reconciliation package and reports pursuant to the professional services agreement entered into on December 20th, 2017.

Kevin Romero Good evening, Madam Chair, members of the board. Well, it's great to hear everybody's voice

again and let me say first and foremost, I appreciate the board's leniency and support during our initial COVID response phase, both out there and here in Washoe County. So with that being said for the month of March, his invoice was within normal range in regards to community repair, Medical responses. We saw a large dip to 30. This is on pace with what we saw in Washoe County and nationally as well. Influenza like illnesses tended to increase quite drastically while overall 911 calls decrease due to the reluctance of people wanting to go to the hospital. So we've actually seen about 30% decline in volume in that area. So the dip to 30 is right on pace with what we're seeing there. The community paramedic hospital transports, with that being said, increased a bit to 12. This will result from people waiting too long to seek help because of those relaxing reluctance that I spoke about. Nationally, they've seen an increase in cardiac arrest dead on arrival. Code three responses back to the hospital. Because people waiting too long so there's actually a lot of messaging going out. Here in Washoe County, you don't have quite the impacts in m Nye county. I'm advising people with cardiac stroke, shortness of breath to not be afraid to call 911 not be afraid to seek help at an ED or an urgent care because of those reluctance ease. So also we have expected to see those types of critical type transports increase for the next few months. This isn't something that's going to go away obviously. We've also initiated transports to see CNRC and that's working well, the provider of that community paramedic provider that's currently out there. I spoke with today and already transported two during his tour. Not exactly sure when but did transport to to see CNRC and to you know, kind of jump on board with all of you in regards to the CT scan, and it's something that would be a huge benefit to us. And a protocol that I believe our medical director would be in support of as long as CNRC carries TPA and that we can utilize them as a quick stopgap. So that, you know, definitely attributes to saving lives and, you know, quality of life really, so great to see that discussion take place as well.

Community paramedic visits aren't quite capturing, you know, we've seen zeros for the last few months. We haven't had anybody alone, but there was some concern there had a discussion the other day of why that was taking place. And we did recognize that we have some missed opportunities that our dispatch center is classifying as an emergency call. And it's truly a community paramedic request. So I'll give you the example of like Marie Peterson contacting the community paramedic line directly and asking requesting for response so that they can evaluate a patient maybe for fluid resuscitation or for to give some Zofran and things of that nature, then they're assigning that patient out and leaving them in the care of the provider. And that really shouldn't be classified as a emergency response. It's not going through the 911 center rather than a community paramedic visit. So we're working on looking at that classification, and really capturing that a little bit better within our data. Nurse HealthLine received 30 calls and I want to talk a little bit about how larger role they played in COVID response. They really were access for the patients to get coded info, they had a direct line to the call center that runs a stood up for Washoe County and for anyone that called to provide COVID information and do screening for eligibility for COVID testing. So the nurse helpline was one of our busiest areas. While all this took place and really, you know, proved to be of value. Unfortunately due the volume that's been going through there, it couldn't capture or parse out anyone within Nye county that was referred to Nye county's emergency management or Nye County Public Health. So I know that we had them listed as a resource should anything come in through your district, but I was not able to parse that out. So but the the role that they played was massive and still to this day, we have stood up that call center that information line link to Nurse HealthLine. So very good.

Satisfaction remains great touch too much on that. As per our clinical report and the clinically indicated reviews, you may have noticed that we're doing a quarterly comparison. So the reason for that is as access, you know, to CNRC and other things begin to improve, we'll be able to compare data on a quarterly basis back to 2019 2018 and analyze the population health of the community when it comes to ob when it comes to pediatrics, when it comes to cardiac STEMI, and then hopefully in the future when it comes to stroke protocol, we follow a strict stroke protocol for patients that may meet the criteria for TPA and that requires a CT. So that's something that we can begin tracking as well.

So additionally, REMSA's annual report was submitted to the board this week and is added to next month's agenda. So very good report. I'm really looking forward to going over that report with all of you. And I would say an ending this week is appropriately National Union last week. So please join me in thanking all our US workers who are, you know, truly being mentally and physically challenged with this pandemic response? You know, I gotta say, I've been involved with EMS for over 30 years now, and I think they're all very familiar with responding to large scale vehicle accidents and shootings and things of that nature, but to spend the amount of time that they are donning and doffing PP for every single patient encounter, worrying about the health of themselves, the health of their families, going home, makes all of them really truly amazing. So if you have an opportunity to take our EMS workers out in Northern Nye county Tonopah. And really anyone

that you come in contact with, this is a wonderful week to do it. And with that being said, I want to read a letter that I received. And I'm just going to read it verbatim. It says, *"Good morning, sir. I wanted to thank you for the amazing team that provides in Tonopah, along with my business. I'm a sheriff's deputy and a volunteer firefighter. So I get to work with them every day, multiple lives have been saved, due to REMSA in Tonopah, including one of my own family members. Once again, thank you for being there."* And that was just a spontaneous letter that I received here and I wanted to share that with you. So I can answer any questions that the board may have.

Chairman Greber Excellent report. And thank you for sharing that note of recognition from the Tonopah residents. That's exactly what we wanted to hear. We do greatly appreciate your presence in our community and really encouraged to see the positive interactions with our new provider with CNRC. The good reports that we hear around town and then at functions like our meeting tonight. Just the collaboration is going to pay off for our, our constituents for the community. For everyone who needs care. I wanted to ask are all of your staff and people safe at this time if you have maybe been hit by any actual quarantine problems or lost any of your workers to all of it?

Kevin Romero So we haven't had to quarantine any of our northern eye county staff and toner pump. We have quarantined a very large number within our Washoe County region, although no positive tests for those so that's very good. We are doing widespread asymptomatic testing every employee. In fact, mine just came back today. So I'm happy to report that I was negative. And we have not had any positives as of yet. And that really I mean, when you think about that it's a testament with the amount of COVID positive we've come in contact with in Washoe County, that's really a testament to the job that our health and safety team has done to make sure that people are educated, make sure their donning and doffing PP correctly make sure that people are following the daily protocols that have really changed daily and all those of you know we treat Tonopah as an extension and all of our employees have gone through and done everything are communicated with on a daily basis and kept up to speed on everything to make sure that they're as safe as can be as well. So to answer your question, knock on wood, we are good so far, but as you know, once you start widespread asymptomatic testing you are going to have a percentage historical data tells you that there will be a percentage that do come out positive. So we are expecting to possibly see that.

Chairman Greber Sure, that makes sense. Okay, questions or comments on the presentation?

Secretary / Treasurer Zimmerman None for me we just continue to be impressed with your team Kevin. Thank you.

Kevin Romero Thank you for the support Justin. Emily, I heard you.

Vice Chair Hendrickson Yeah, I pretty much echoing that and just thank you for being so. Such a sustainable resource for communities. You guys have been really stable. Your feedback has been awesome all the way through this and, and right now I know it's just even that much more difficult. You guys are fantastic. And we all really appreciate you a lot.

Kevin Romero Thank you so much. It's hard for me not to comment on annual report, but I'm really looking forward to giving you next month. Because there's really some good things in there. So, yeah, it'll be great to share that with you too. And if there's no other questions, I will end by saying, I echo what you said, Chairman Greber, it's, it's, you know, so far it's been a great relationship. With CRC we're looking forward to being able to transport the majority, hopefully that short distance received good care. You know, again, the only patients that we are not transporting the CNRC, or patients who are requesting to go elsewhere, or patients that need Specialty Care Center criteria criteria, i.e Trauma Center, stroke, cardiac, the things of those nature, so I think it's going to be huge to be able to work closely with Quennie and Van and their team and really help out where we can. As you know, we're also, you know, transporting the patients out for them. And we have had a couple of those and all indications are that those are going fabulous. So I think we've got the tools in the toolbox to create something great out there. And we look forward to it.

Quennie Manuel Yes, and thank you, Kevin. It's a good progress. And thank you for the collaboration without physicians.

Kevin Romero Absolutely.

Chairman Greber Excellent. We have a lot of smart people working on this little community. Thank you so much.

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 Good evening, everybody. I want to start out by saying if I'm sitting here listening, everything that's happening. I'm just so incredibly proud of what the district has accomplished in time that I've been involved, things are just going so well. You know, it's still early to see how things shake out in the long run. You know, CNRC continues to impress me about their flexibility and character in the community thanks to just going green. So, you actually see that in my, my first slide, I changed my graphics, I figured it was time to get rid of some of the sadder images and replace them with the progress moving forward. So things are looking up. So I assume you'll have a slide so I'll just call them out as I as I toggle through them. Slide three, the summary. So I left my COVID block on there just it's still affecting, you know, a bit of the pace of how fast I can get things done, hopefully, you know what, and I miss coming down and seeing you folks being able to meet face to face. Looking forward to that changing in the not too far future. So three basic categories I worked on this month. So a little bit for CNRC, not a lot of preliminary architectural report was kind of one of the big bullets of what was going on. And then I had some tasks or the District in general. And we'll go through each of those. And don't hesitate to stop me if you have any questions. I'll pause a little bit at the end of each slide that in case anybody has any questions.

Chairman Greber So I just like to interrupt in a moment. And there's somebody Mike, who is not muted right now. So there's a lot of feedback while Russell's talking. If everybody could just make sure their phones on mute while he's presenting. Thank you.

Dr. Russell Pillers Cool. So for again, so for the general CRC operations, I'm really not involved. It's a beautiful kind of proud parent kind of moment saying CRC working directly with the district. And I don't need to be, you know, facilitating any of that anymore. So that's, that's another point of pride. So next slide, slide five. One thing I did do this month, like I mentioned in our last last month, is I reached out to Zoll corporate leadership, and then they reach back to their worker bees down to the regional Rep. And they gave us some new quotes on two new devices. So they quoted and I think I represented what Kaniela was looking for. As well as they gave us the quote on some refurbished equipment if anyone was so interested, the difference between the two really being just the warranty brand new has a warranty of five years. The refurbished has that a warranty a two years. So as far as I can tell, their quotes came in about \$2,000 apiece less than what we had seen before. So the opportunity is out there if the district in theaters t do want to pick up two more of those units, which again, in my opinion, I think it would be a good thing having more than just one But if anybody's ready, I can pass those quotes along and let y'all make the decision you want to do. Any questions on that?

Trustee Gamble Kind of curiosity there, Russell, you got that from? I assume probably Jeff?

Dr. Russell Pillers Correct. Yeah. And he will find he was directed by his leadership and give us the family friendly brace.

Trustee Gamble Yeah, I, I actually received part of his quote too. So he, I knew him through another representative. So yeah, it was it was quite a substantial discount that we were able to get I go to the manufacturer.

Dr. Russell Pillers It's nice. You know, I don't still have a lot of contacts in my Rolodex, but there's old folks, I still have a pretty good relationship with them. Okay, moving on and then go slide six, the billboards. That's been one of my focuses. And that actually changed a little bit. So the main billboard I was looking at was the one just as you're going north right before the turn on the radar road. And so we had contacted the the folks that own that, and they put a contract together. And then you see there the contract list bioworks both me and that that's not right. So anyway, I pass that on to Queen she's been working on reviewing that. But what happened is, there's something going on, on that corner. I don't know what it is, but they just let me know today that they need to move that billboard that one in particular. So it's kind of out of circulation that at least for the foreseeable future, but he did say that the billboard right across from the chevron, the, you know, Burger King in some way there. It's not lit. But both faces north and south are available on that billboard, if

your CRC and the district want to take advantage of that, so that just waiting for, you know, someone to make a decision on if they want to move forward with the event service or not any question there.

Chairman Greber I will comment that I am continually astonished at the number of people who are surprised when I tell them to hours of the clinic or there are actual providers there that we're working towards the hospital, but still I think people haven't really entirely turned their focus yet. You know, some people can notice that the sinus lift is not really in, they see a little construction, but it's surprising. There were people just yesterday, who had no idea that you guys were offering COVID testing, let alone anything else and in where whereas they possibly doing that I said at the hospital campus, I'm sending out the flyer. So the Billboard and I feel will be a tremendous addition just for simple patient education, for the community. And I like the north and south facing aspect, regardless of the lighting. This is a very busy piece of highway, that would be really advantageous.

Trustee Kaminski So I don't think if Queenie if you're still on, suspense on on locking down those two faces, we would need to move relatively quickly. I'd say, I told them by the middle of next week, we would let them know. Because it does look like there is some other folks interested in one or both of those faces, but he's kind of holding it, or at least for a few days. So if he can, you know, just let me know. I'm assuming the contract is pretty generic. We'll obviously get it in CNRC's name, not Biowerx. And we'll go through. We'll go from there. I'll reach out to you. First thing next week. We'll see what you want to do.

Quennie Manuel Okay, sounds good.

Dr. Russell Pillers Cool. Thank you.

Vice Chair Hendrickson I just want to point out what smart contract this is. I forget when, it was a year or two ago, one of our county commissioners was proposing and I think they were installed. signs with basically, you know, travelers who were nowhere to say services are so many miles. And now we're looking at these huge billboards advertising for our medical center and, and I just think public perception wise even for just people traveling through the area and how much safer they're going to feel. Even though we're there knowing that service is here. It's going to help people to come back through which is really important. So it's just it's just such a big change and I love to see it

Dr. Russell Pillers So in that regard, I think you know, then kind of put the bug in clean easier and Kanye this year for pictures of the construction and I think if there was an article, if we could get another article in the paper about all the great construction, I mean, you guys are paying a pretty penny for all of that construction in it's worth it. But it would be nice to let the people know how, you know, how much activity is going on. You may already have something like that in the works, but I think that would be a What do you call it a feel good article.

Chairman Greber Actually, along those lines, Quennie, I've been looking for a time to mention, I'd like to help you put together just a press release that to provide as a newspaper that's a little easier than just coordinating an interview. But just push the information out there. You know, with the photos, as you were talking about, I think we talked at our last meeting about the profiles of the providers who are servicing So when we talk next Tuesday, but let's put that at the top of our list and actually get that press release together. Okay. And Justin, your article in the paper today your interview was terrific.

Secretary / Treasurer Zimmerman Oh thank you.

Chairman Greber That was a pleasant surprise. I did not know you did that.

Secretary / Treasurer Zimmerman I never hunt them down. I just talked to them when they approach me. And I didn't mention it to anybody but yeah, I'm happy with the way it came up to.

Dr. Russell Pillers I'm looking forward to seeing that I don't get my paper till tomorrow. So cool. Okay, moving on to slide seven then the facility condition assessment and preliminary architectural report. This has been what I spent a lot of my work While doing so we're It's time for Korte to sit, in essence, in front of you, folks, ideally in person would be great, but I don't think we're going to be able to pull that off for a while. But he has lots of things he needs to run by you. And one of the challenges he and I went talking about Steve

Daily, when I say he, he and I went back and forth quite a bit on what the goals for this meeting were going to be. So he sits on like a hospital board back where he lives. So he's familiar to an extent with Open Meeting Law constraints, but things that he was hoping to accomplish I had to let him know that couldn't happen the way he wanted it to happen. So, but where we're at is we're anticipating, and we'd like to possibly schedule a special session in two weeks with you all, and we'll work to find out when's a good time, and how long you're willing to give him. And it would, for the most part have been an education. He needs to get you all up to speed with what this Design-Build competition can look like, what they're learning, and actually tonight, I have some things that he's already been able to share with me in a memo, and I'll be able to share the highlights of that with you. But I'll let him in a couple weeks dig into the more of the minutiae of those issues, but we want to give you some of what he's already worked out. So that's that's coming is trying to orchestrate this special session. And I'll work with you, Carmen whomever and we'll, we'll figure out. But just in general think about two weeks This is going to be a a night with what he needs to talk about. It wouldn't surprise me if he's hoping to have your ear for maybe three, four hours, maybe. So just keep that in mind. And we'll, we'll keep working on that. So any questions before I leave that? Okay, so let's go on to his initial conclusions. These may not shock anyone. But the first one, I'll just read it to you, The cost of renovation of the existing inpatient care nursing home building for hospital and nursing home purposes would exceed the combined costs of demolition of the existing structure and new construction." So they're actually starting to put numbers to all this. And again, he will get into if you need him to he will get into the minutiae of how he gets to that point. And so the next one, "Renovation will also add significant risk to the maintenance of the district project budget due to unforeseen conditions." In other words, if we chose the renovation route, there's so many unforeseen things that could hit you, you could go into it thinking that you're going to have, you know, X dollars of cost of renovating, and they're going to find some seismic issues or something that they don't know about now. And all of a sudden now, x plus, you know, 10 million is where you're at. So, so anyway, third one, "Any new hospital license will require a new hospital facility to comply with the Center for Medicare and Medicaid Services, hospital designing construction standards. The existing hospital facility cannot come close to matching current standards without a complete redesign involving the replacement of existing building systems and highly complex building redesign, requiring extensive renovation." So he's spent a lot of time looking at the potential for grandfathering in both standards, and there were some rumors that we might be able to because of the current COVID situation, leverage some of the Federal easing of regulation in that regard. But at the end of the day, unfortunately, that does not apply her, any of those kinds of things and they wouldn't, he's confident that they wouldn't get you anywhere. So that's the last bullet. There is no existing regulation that will grandfather the existing hospital facility. So I don't know if that represents good news or bad news to anyone. But what we're starting to do, what you're starting to see is the reality of where we sit with that building is coming into light. And I can't after working with Korte again for another month. I can't overstate how lucky I think you folks are in that we found them because of (A) their experience in working with USDA. He's, he's miles ahead of me of knowing exactly what USDA is going to need moving down the road. And he's planning on giving you way more than you need to, you know, check all the right boxes, so that you can make the best decision that you can in the fact that you actually since the hospital board, I think he appreciates the position you're all in. Okay, so before I leave that slide, any questions? Okay, well, here we go. Okay, so slide nine. So now digging into the kind of the separate tasks that I had, that I looked at this month on USDA, there was a concern that popped up that, let's say, just throwing a number out there that has nothing to do with reality. And let's say, you know, the new construction was going to cost 25 million that they was some understanding that they thought the District would need to come up with 20% of that 25 million. And so where's that 5 million so I dug into it. And as I suspected, that's not even remotely the case. That 20% only applies to a straight CFTAT grant. And those are, you know, maxed out at at like \$50,000. So, if you would receive to pay CFTAT grant somehow for the total cost of the hospital, yeah, then they'd be looking at you to put up the 20%. But obviously, USDA doesn't do that. So with loans, USDA can actually potentially find 100% of the loan amount. So in other words, no down payment required. They have done that in the past, more likely, they would, they want to see you have some skin in the game. So there's, you know, this is a ways down the road, but there's two different types of loans that USDA will provide, one is Direct and the other is Indirect. So if it's direct, it's coming right from USDA themselves. If it's indirect, it's going through some lender. Now that lender may ask you to put up some downpayment, but it wouldn't even remotely be on that scale, it would potentially what they could ask you is, they would look at your, what you have in the bank, let's say the district has 2 million in the bank. Well, they would want you to put up 20% of that, possibly, or 10%. Mr. Daily is more familiar with, in that scenario, numbers closer to 10%. So but we're still a ways out from that, but I can assure you that the District needing to somehow come up with \$5 million or some huge number like that is not that doesn't apply here. The last bullet there, they will require USDA will require that the term is called a CPA financial analysis with evaluation. And that's, you know, it's basically you're going to have an

audit, the USDA will require and it's got this evaluation component involved. But everything I've seen, including tonight, of your audits in your budget presentations, it sounds like the district has things very well squared away, not that you're, you know, you're not rolling in money, but that your follow your accounting is appropriate, and so that last step, I I personally right now don't have any concern that the district would pass with flying colors on that step. So Again, we're early in the process, you know, we're pushing towards, after his meeting with you folks, Mr. Daley will be able to probably finalize the PAR, then he and I will or the FCA, excuse me, and that will include the Preliminary Architectural Report as well. Now, let me pause and mention here and this is important: what he will not be giving you is the design. He will be giving you kind of parameters, just border parameters of, okay, you know, we're looking at a 25 bed hospital or a 15 bed hospital. And he's basing that on statistics from the state. He's acquired old data from the hospital of what their patient load was. Demographics, traffic, he's evaluating all of those kinds of things to come up with a broad recommendation to you folks of what you're going to need. Now he will want some guidance from you. And this is where it gets a little interesting and how the meeting is shaped but we're work all this out is, you know, do you want a full OB/Gyn department in your hospital or is just labor and delivery enough? Those kinds of things will help him fine tune his numbers a little bit, because remember that the next step is a Design-Build competition. We want to go out and ultimately if we could find three, three architectural construction companies and have them put a proposal together for you, each of them based on these broad parameters that Korte is going to develop and fine tune with you that these people will will put forward their designs and you will get to choose, you'll be able to look at cost and design and all of those kinds of things and see who best meets the goals that you're thinking. So that's basically how this is going to work. So I'll pause right there if anybody has any questions.

Chairman Greber The initial conclusion. Actually, it's, it's very gratifying to see even that much of an opinion we've been, I've been anxiously awaiting their evaluation and their conclusions, and how to move forward. So just that that succinct bullet points that was encouraging to me. I speak for myself, and I don't know how the rest of the board feels, but I don't, I don't have any residual affection necessarily for that structure. If, if it is, it's all about money. It's what we can afford. It's how we can, we can manage that. And this is actually where I asked you to look into a few different avenues leading up to this meeting, and I appreciate you taking them on each one. The information so far is really, really encouraging. It feels within our grasp, even with a brand new building.

Dr. Russell Pillers So he, so he know you're actually working on his slides that he wants to put in front of you at the special session. So I've already seen the depth of what of information that he wants to put in front of you. For example, there's the status you can pursue. And I know van has talked about this in the past, but it's the, not community facility, the rural hospital. Anybody remember? Sorry, I'm drawing a blank, but there's that that specification you can acquire for your medical facility that affects your Medicare Medicaid reimbursement rates. And in that he wants to if that's not a straightforward question, and he's going to take some time to educate you guys on on how you will make that ultimate decision. You know, it it without a bit of education, it would seem like, "Well, of course." you would you would go for that designation of your hospital and improve your, your reimbursements. But from what it sounds like, and he's working on educating me as well, this is there can be some, some negatives to that it can hurt you in other areas. So that's the kind of thing that I'm asking him to take the time and walk you guys through it so that I want to make sure you have as much information as you can as we move forward to starting to make some of these, you know, kind of order of magnitude bigger decisions.

Tom Vallas Okay, Russell, this is Tom, are you talking about a Critical Access Hospital designation?

Dr. Russell Pillers Thank you, I knew it started with the C. Yes, Critical Access. Yeah. So he's gonna walk everybody through whether or not that's the right path. And you'll decide, of course, but he'll be able to give you both sides of what that coin looks like. Okay, so if nothing more on that, we'll move forward with slide 10. So I was asked to find out if the Army Corps of Engineers could bring these things to bear. And so I finally contacted the head folks at the Sacramento division, Sacramento region for the Corps of Engineers, and they say right now they actually have a mission where they can assist with temporary facilities because of COVID. But in general, their ability to jump into the mix on medical facilities is disaster-type scenarios. They said Unfortunately, they have no mission, no corner of their world where they can assist with a permanent medical structure. So, unfortunately that wasn't, didn't really prove, you know, it was some of the information we were hoping for any questions there before I go on to one that has a bit better outcomes.

Chairman Greber Did you tell them about our earthquakes? We have disasters going on here.

Dr. Russell Pillers Actually, I finished my conversation with them about a week before all of your earthquake kits. I heard you had around 500 so far.

Chairman Greber Quite a few. But yeah, I was teasing. We were talking when we started, the governor just declared a state of emergency because of the damage from the most recent one.

Dr. Russell Pillers Man Yes. You know, there's lots of memes out there about talking about what else 2020 can throw at you. I think Tonopah you're in the lead right now. So, okay, so next slide, slide 11. So I reached out to Pennington foundation. Now they're oriented up here in Northern Nevada. And we've known since I really started this project that we at some point, we're gonna want to reach out to them. They are famous up around Northern Nevada for providing fairly significant grants for different types of projects. So I had a long talk with their grants project coordinator. And he the first challenge we have to face is whether or not Pennington is willing to do anything as far south as tonopah if they do, it would be the farthest south they've ever done now they've done things in Eastern, you know Northeastern so eally Elko Yerington, they, he actually gave me the name of all the hospital CEOs to reach out to, Yerrington, Ely, Hawthorne, and Lovelock, because Pennington has provided them funding various things. Now, what I was hoping was that Pennington would be willing to possibly give you a nice big chunk of money you can use for your down payment to keep your monthly, you know, payments to a minimum. Unfortunately, that falls into a category of exactly what they don't do. They do not like to fund anything that can be remotely associated with operating expenses. And even though in my mind, you know, a down payment doesn't quite perfectly fit in operating expenses, they've been down this road a lot and in their mind it does. But what they do prefer our one time grant, such as, okay, and I'll use our scenario that Air Force houses, he fears kind of creeped up a little bit when I mentioned that project. And, okay, they would be, they wouldn't be willing to fund part of your downpayment. But what they could do is buy all of the hardware to go into your new hospital. That's at the scale of what they might be willing to do. So it's, it's obviously very early. The first step is we need to write a letter, just basically asking them (a) give them background of what 's happening in Tonopah, and the history of how we got to this point. But ask them if they would be willing to do something as far as south as Tonopah. And I may, you know, we can maybe play a little Vegas-Reno card there. But anyway, we need to see if they'd be willing to do that, and then run a few ideas by them, of places that funding would be accepted, you know, that that could help you at this point. So, what I'm planning on doing is I will draft that letter this next week, and start running it by all of you trustees. We don't need to decide on it tonight. That's why I didn't put in a separate agenda item. I'll draft it. We'll just run it through each of you make sure it you know, it sounds that I'm representing you well, and any changes you want to make, and then we'll move forward with that to any questions on that. Cool. Awesome. Maybe I explained it well. So slide 12. So this is in our last meeting, I, you know, brought up the idea of the remaining funds on the CFT. At grant. That is feeding your project and you know, a bit of your project as well as the Duck Water project. And from what I understand, Justin has been working with NyECC so Stacey and maybe Tammy to there's be initial \$20,000 chunk, they're going to be able to get over to you. But the question is, there's another about 40,000 that was originally designated for what we called Undetermined Recipient. Then way back in the original blueprint of what that project was going to look like it, the idea was we're going to develop a little telemedicine solution Tonopah and to start getting, you know, some sort of health care and then once we figured that out, we would cookie cutter that into like Beatty, Baggs, Round mountain wherever we could promote. That was the idea that undetermined recipients. Well, I learned early on from USDA that because of what you're doing is building a new hospital and you're you know, you're working on on developing an entirely new era of healthcare in Tonopah, and that innovate very nature needs multiple community. And that the that was a requirement of the CFT at grant is that it had to address multiple communities issues. So a whole chunk of the undetermined recipients we are in the process right now, of working determine how much of that we can get to you. There may be within NyECC, we may want to split a little bit of that between if they could get you enough to pay for the rest of the the Korte facility condition assessment. And if there's anything remaining, you know, send that out to Duck Water or we're still working that out. So the good news there is whatever that additional \$20k did for you, it looks like we should be able to get you some more. But that's in process. Any questions on that? So Justin, where does that? How far have you made it with them on getting that 20 k transferred?

Secretary / Treasurer Zimmerman Well, the 20 k in my talks with Stacy would come into play when we get the final invoice from Korte. But it sounds like there's nothing to it. As soon as we get the invoice, we can tell them where to send it. They can pay Korte directly, or we can pay Korte and receive the grant funding as a

reimbursement, seems really simple. They'll just want to see the report from Korte and the invoice.

Dr. Russell Pillers So I'm assuming you would still like to pursue more than just the 20 k though.

Secretary / Treasurer Zimmerman You know I would.

Dr. Russell Pillers Yes, so Korte's downpayment to get them started was how much? About 15?

Secretary / Treasurer Zimmerman In the ballpark of 15, yeah.

Dr. Russell Pillers Okay, so if I remember right that leaves maybe 45. I can't remember the total bill. Yeah. But anyway, we'll give it I'll stay in touch with him. And we'll figure out what we're going to do.

Secretary / Treasurer Zimmerman Very good. I think the total was about 75 for the Korte assessment. So we were right there in the ballpark. If we can get our hands on that other piece.

Dr. Russell Pillers Yeah, yeah. I, obviously the Duckwater side with, you know, they wouldn't be sad if they got a little bit of it, as well. But yeah, well, we'll work it the way it's supposed to be worked and we'll see what we can get. Okay, so that's, that's it. So my last slide 13 nothing out from there. So I'll leave it there if nobody has any questions.

Chairman Greber Thank you Russel, you are very productive. We'll be up for that special session, and I'll get with you right away.

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 accept a quote provided by Cal-Nevada Towing & Repair in the amount of \$830.79 for the improvements necessary to make a dilapidated trash trailer located on the Medical Campus at 825 S. Main Street in Tonopah, Nevada road worthy.

Secretary / Treasurer Zimmerman There's a lot to discuss. And I'm not sure where to start here. So this is a trailer on the hospital campus. Do Tiffany, do you know if the trash has been removed?

Tiffany Grigory I didn't even look when I went down to the campus. Yeah, I didn't know that John had a plan to remove it. Yeah, but I haven't followed up.

Secretary / Treasurer Zimmerman Well, anyway, this is a car hauler type trailer. I think there are pictures in the backup. Full of trash that we believe to have been used to At least one of the fires that was found on the campus. And when I look at this thing, I just see trash. I think, you know, I think the whole thing is trashed when I look at it. Now on second pass, and after some other opinions have come in, it seems that there's some sentiment out there that this might actually be an asset for the district. Just need some work. Cal-Nevada Towing came over and just looked at it and gave us that quote, they didn't try to move it. I understand Kirk aired up the tires and three of them held air, so there's some hope there. I really don't know anything about the structural integrity of this trailer. And of course, the District has a use for it. The District doesn't have a vehicle to pull it. And that creates a little bit of gray area insurance wise, but it seems preliminarily anyway to be pretty feasible to put it back into. Now that being said, I have been in preliminary talks Tiffany and I both have with a party who's not on this agenda, and wasn't noticed that I was going to be talking about this. I'm not gonna say any names. But party who had agreed to remove the two single wides that we're dealing with one on the medical campus and one just south. And they had agreed to remove those for free. And we're more than happy to accept this trailer as payment for doing that. In my opinion, and if this thing doesn't work out, we have a party right now looking at those two trailers that might be interested in buying them or acquiring them, taking them, whatever the math on that works out to be if that falls through, I would much rather I think this this trailer that we're talking about has so much more value to us in facilitating the transaction or removing the

liability of itself and those two single wides from our property then it would have for us as a trailer for hauling equipment around the campus. And again, it's not licensed for road. And we'd have to take that on deal with that when the DMV open so at the present time, we could only run it around the medical campus. What are everybody else's thoughts?

Chairman Greber Okay. I'm gonna think first because Justin and I are diametrically opposed on this one. We've been trying to come to terms on this for weeks, and I, because of the nominal cost of bringing it back into service and the fact that we have a lot of equipment to move from literally just one corner of the campus to the other. Anybody who shows up with a pair of gloves and work clothes is getting put to work, whether it's by CNRC, or by us. You know, currently we're, we're doing all this inventory stuff and we haven't even approached the ambulance barn. But there's a massive amount of stuff that we need to move on the campus and I chuckled when it was referred to as a "dilapidated trash trailer", so it's just the way that I view it. It only needs a coat of paint and the tires and the bearing is repacked and you know that it looks it's like judging a book by its cover. It looks way worse than it is, quite honestly. And I feel I'm not inclined to want to part with it. John has a truck with a hitch to move it back and forth across campus. If we so need, and you know so do some of our volunteers are willing to. I don't think we can discuss the removal of the trailers, the single-wides or even that purchase. Don doesn't have his item on the agenda for that potential sale of those and there's no mention of those in our agenda item. So correct me if I'm wrong, but I don't think we can discuss the issue using the wapping that trailer as is for something else.

Trustee Kaminski Individual is talking about those two single line trailers is fairly an appointment to look at them with Tiffany tomorrow. So once we get that down-pat, then I'll put it on the agenda. We can talk about it, see what they're worth or how we're going to, if we want it disposable.

Chairman Greber The narrative is they are an asset we inherited from an initiative that we're just not going to be pursuing, so we need to have them moved. I don't want to prevent that they're just worthless because they're not. They have some value clearly. So that's my statement. What do you guys, District trustees? What do you think about having a dual axle flatbed cargo trailer remaining as part of our asset list?

Trustee Kaminski I say first we keep it, like you should reloadable in places where you can use it.

Chairman Greber Okay, anyone? And I'm only seeing it from the pictures, but is the trailer even worth that much or will it be worth that much as \$830 into it?

Secretary / Treasurer Zimmerman I don't think we can know that. And no one's tried to move it yet. So that's just another concern. Cal-Nevada walked over, looked at it and gave us that number. God knows what'll happen when we try to move it or what will happen to that quote when it makes it across the highway.

Chairman Greber Kirk's initial assessment was looking under looking in it, you know, as best he could, full of trash inspect in the frame. It was painted Brown, and it has surface rust. And he mentioned as well the bearings may need to be repacked, a set of tires, you know, decide what you're going to do with walls, probably remove them, but it's got it's got ramps for cars and for you know, using dollies to move big, big, general equipment onto it to move around the campus. It's wood and that makes it you know, removable I know on the agenda item that references biohazard whatever that was drums of some sort, perhaps that was a rumor and even in that case, it's easy to replace just, you know, what if we wanted walls. There's tie down to it. It's a steel frame. It doesn't need to be, you know, reworked necessarily. So it's, yeah, it's very possible that it's going to be serviceable. It was license, you know, up until I don't know when it expired. I don't know what actually the license plate went because it was stuck on the back. I thought, but now in the pictures I don't even see the license plate.

Vice Chair Hendrickson They have it scribbled out in one picture.

Chairman Greber Oh, there it is. Yeah. So yeah, those are those are informal assessments. Based on Kirk's assessment as the guy who you know, don't park with trailers, no matter what, because you always need her trailer, you know, you don't have a truck or a ability to get equipment up into a truck, a trailer with ramps, even a flatbed with tie downs is really really helpful. I meant to comment the replacement value of a trailer with those that is between \$4000-\$5,000. And you any further questions or comments for Justin

Vice Chair Hendrickson Did Cal- given an estimate of when they might be able to get all the work done?

Secretary / Treasurer Zimmerman I don't think they did. I don't think there was any delay. Yeah, just hours

Vice Chair Hendrickson And I'm just thinking of, you know, the hazards of it or someone starting fires and it just completely ruin it right away.

Secretary / Treasurer Zimmerman Yeah. So just gauging the temperature of the board. thing I'm concerned about, you know, if I hope that the person who's looking at those single wides through Don's initiative, I hope they take them. But if they don't, and we have to hire someone to drag those things off, I think it's pretty safe to say we're looking at well more than the cost of the trailer, the cost of this trailer.

Chairman Greber We don't have a quote?

Secretary / Treasurer Zimmerman We don't have a product.

Chairman Greber Would it be possible to procure that?

Secretary / Treasurer Zimmerman I could we could definitely look into it. Well And the party who had agreed to accept this trailer as payment, it sounds like it's also willing to provide a quote if we can't pay him with this so I could look at out he's the only person in town that I can think of who could help us with those trailers. I can definitely look out of town. And in so doing remember that the people who came up from Vegas to look at the Medical Equipment wanted \$3,000 just in travel.

Trustee Kaminski Justin is this an action item?

Secretary / Treasurer Zimmerman This is the not the swapping this for the disposal of the two single wides. What's on the agenda tonight is whether or not we want to invest the money with county Nevada and it is intended to gauge the temperature of the board. What I would like to see done if nobody feels strongly enough to make a motion and engage with Cal-Nevada to have that work done, I'd like to see this tabled and see where your transaction with the potential buyer on those single winds goes and then re address this once that has come to a close.

Trustee Kaminski That's exactly what I was going to suggest, Justin, thank you.

Chairman Greber That's my I would like to see it, move forward on it because I needed to move that inventory out of the hospital. That's what I started with my when you guys empowered me to see that I'm ready to start moving things are literally stuck being loaded one piece at a time on a dolly and we have volunteers who is driving it out the door down the ramp, and across and over and etc, etc. And it's just the beginning it's time to start moving that stuff. I would like to see us pitch the \$830 and get it prepared with the two and a half hours that Cal-Nevada states, and then we load it up in the holiday where we need and we unloaded. Just because we're putting a lot of doors into the inventory as it is.

Trustee Gamble But let me ask you, where are you moving that inventory to?

Chairman Greber The records building that is on the, I guess the North, for lack of a better side of the campus. The large triple wide is currently documents and things house in there. It's multi room building. And honestly, it only has room for stuff of real value. It's not we're not moving everything carte blanche over there. For heaven's sake. No. There's a lot of broken dilapidated stuff, and we don't need to keep everything just because it's there. It is not. We're mostly the bulk of that is not the medical equipment. It's the ancillary stuff and the stuff that I'm empowered to go through all of that it equipment, you know, the usable, the usable functioning hardware, the administrative items, furniture, the clinic chairs, you know, there's all that stuff is piled in the emergency room, from the clinic things that that CNRC has a great deal of that is in excellent condition, but not all of it. So those are the items that will be used to backfill the hospital or whatever, you know, facility and services come to the campus. But certainly it's not enough to have everything and it's not climate control. So the medical pieces are a whole different avenue. And we'd have we'll have to become pretty deliberate about that. I actually anticipate some of that equipment will go up into the ambulance barn, where it is a more weather tight structure. This is 100% a better structure So, you know, opposite corners of

the of the campus and have a big steep hill. So naturally I just am hoping to get a trailer.

Vice Chair Hendrickson Before you know, the huge number \$830 is I mean, what if we fixed it, use it to get those those items moved and then still considered the possibility I mean, I would still think it would be cheaper to trade that trailer even after putting in her \$830 in it for the single wide move, been paying someone else to do it

Trustee Kaminski I agree, we can get our money out of that trailer.

Kirk Greber Are you gonna open up for comment from the public?

Chairman Greber As soon as we're done I sure will. Thank you.

Vice Chair Hendrickson Justin you were saying something when I when I was starting?

Secretary / Treasurer Zimmerman Well, I was just gonna point out or remind everybody about the little fire that we had. We've had two incidences that we know about with homeless people being chased off from the campus. I think the Mizpah recently said they chase somebody off. I'm just so concerned with limiting our liability and getting those units out of there anything that's burnable anything that's occupiable out of that property, and of course, as cost effectively as possible. So that's where this is coming from. I would hate to have this buyer walk away and be stuck with these buildings until they fall apart. At any moment that property next to us, which is not ours, the county could demand we have that trailer moved with nowhere to put it except also on that campus.

Chairman Greber I can certainly appreciate those concerns and they they troubled me as well. I actually thought we asked Mizpah to empty that trash type and take it as a dump of their own weeks ago.

Secretary / Treasurer Zimmerman We did Yes. I don't we don't know that it's been done or not. I drove around the back of the property the other day and did not even think to look at it.

Chairman Greber It was still there last to see what's today was there on Monday. Still full of trash. So that I don't know why that hasn't been done. Just for information sake. By the way, we have the campus has been posted with no trespassing or private property, I'm not sure. So if they do encounter homeless or vagrants, habitating anywhere, they are instructed to call the authorities not to engage with them. Just trespass them through sheriff's office. Okay, where are we with this action item? Are we is there further discussion or questions?

Trustee Kaminski If you are ready for a motion, I'm willing to make a motion on this.

Chairman Greber I will entertain a motion if there's no further discussion Well, yeah, openness to emotion, then we'll open for public comment.

Trustee Kaminski Okay, so I make a motion that we extend the \$830.79 to get this trailer up and running. Just because we need to use it we need it. And after we're finished with it, we could probably sell it and get our \$830 back.

Chairman Greber So the motion is to accept the quote from Cal-Nevada. Well, I'm not going to put words in your mouth with the motion. So Justin?

Secretary / Treasurer Zimmerman Well, I think that last part about selling it later kind of confused it.

Dr. Russell Pillers Okay, so we don't need to put that in there, correct?

Secretary / Treasurer Zimmerman Correct.

Trustee Kaminski Okay, so I just make a motion that we expend the hundred and \$30 and 79 cents to Cal Nevada to get the trailer up and running. Okay.

Chairman Greber Okay, there's a motion. Do I have a second? Did I want to ask Justin if this is the appropriate time. Would getting the trash out of it and getting it cleaned up and operational, would that ease your concern, Justin?

Secretary / Treasurer Zimmerman I mean, if \$830 and whatever cents is what it takes to get this thing to make it an asset to the board and not a liability, that's great. But it's not just this trash trailer that's of a concern to me. It's in fact primarily it's the single wides; it was the value that this is contributing in the transaction of removing three hazards from the campus that I was primarily concerned with, not just itself. Right.

Chairman Greber We can't move on doing the trailers until another meeting anyway.

Secretary / Treasurer Zimmerman Correct.

Chairman Greber So we're not even making a decision about that for another 30 days

Secretary / Treasurer Zimmerman No. But this transaction will be even less viable once we've put a grand into this trailer so I won't be seconding that motion.

Chairman Greber Okay, I have a motion to accept the quotes and to move forward with improvements. Do I have a second?

Vice Chair Hendrickson I will second Don's motion.

Chairman Greber Okay open for public comment.

Kirk Greber Am I allowed to speak now? Yeah, I want to apologize for stepping in there. Just didn't want to be forgotten. Justin I totally see where you're coming from with killing two birds with one stone and and you know, normally when people are haggling and bartering you know that's great but as a hospital board I don't know you know that it's totally feasible to give away viable equipment that can be utilized later even at the cost of eight hundred dollars putting in and utilize, you know, you know if you're talking three or 4000 to move those trailers just still, you know, that could be an option down the road. I have owned trailers, enclosed flat beds, wooden floor, no trailers, diamond plate flooring metal trailers, and it's unbelievable how much that they're utilized and are an asset. I've owned trailers for 35-40 years. I've always had one because of the versatility of it. As you know, I can spend 30 plus hours a week up at the hospital moving things, and moving these heavy UPS and all this across the parking lot by myself and lifting all the servers and all this is tedious, not to say that getting it out into the trailer and live in every cross away Where do you know something I would do but in the future when, say CNRC needs equipment, I saw that they had rented u hauls to bring in stuff. Once again, this is an asset. Obviously, the hospital board does not have a truck to pull it but as you can see, I have a truck and I've been volunteering left and right Don is volunteering his services to go out and get the latest material down there. So I believe it would be an asset also. Obviously the board has voted it's kind of moot right now. But I just want to let you know that it is definitely well worth the \$800-\$900 that we get to be spent on this trailer. That's all my comment.

Chairman Greber Thank you. Thank you and we have not voted yet.

Kirk Greber Oh, excuse me, I do have one thing to add about the fire the misconception: Yes, there is a ton of trash in there wood, old ashtrays, piping and there was a lot of magazines that were towards the end of the trailer. The fire was about smoldering fire when I came upon it one morning. It was just kind of flickering flame a couple inches tall, reported to sheriff's deputies they went ahead and had that extinguished by the fire department. And it was by the maintenance building. dock on the very back with the double doors are. They said they were going to be monitoring nightly and evening for any vagrants that were there. So that's what they were going to do to help the hospital out. Thank you.

Chairman Greber And thank you for your hard work and the hours that you are spending up there doing this thing in all of our all of our volunteers are greatly appreciated.

Kirk Greber Yeah, and kudos for Dale Roper to volunteer to do all that. Also.

Chairman Greber Yeah, thank you. Okay, we have a motion and a second. I will call for that.

No further public comment; motion passes unanimously.

Chairman Greber Thank you, Justin for all of your research and getting the quote. And we're all very eager to hear that interest in our other assets and trailers, somebody is interested and we'll be glad to accommodate them. Don said tomorrow is when they're going to walk through they're going to take a look at it.

Trustee Kaminski Tomorrow is 11 o'clock. I believe it is correct Tiffany?

Tiffany Grigory Yes. Tonopah at 11am.

Item #13, For Possible Action - Discussion and deliberation to activate section 9.B of the contract in place between the District and Bob and Bob Enterprise to terminate the contract for convenience.

Secretary / Treasurer Zimmerman Okay, so this I talked about earlier, this is the janitorial agreement for the clinical property. CNRC now has the burden of providing those services to that building. And we no longer need to be contracted with B&B. So if there are no questions, if any, did anybody read the termination?

Vice Chair Hendrickson Yeah.

Secretary / Treasurer Zimmerman Okay. Everyone is fine with that. language I will motion to approve the early termination agreement.

Chairman Greber I have a motion and a second, Any further comments or discussion? Okay, call for the vote.

No public comment; motion passes unanimously.

Item #14, For Possible Action – Discussion and deliberation to approve, amend and approve, or deny the expenditure of \$500.00 to BadgeandWallet.com for the purchase of an award of recognition for the EMS volunteers of Northern Nye County for their service during the COVID-19 times.

Trustee Gamble So, one of the things that we have talked about is some going through some of Margot's documented some thing that the hospital district can do to raise a recognition for themselves, along with maybe being able to do some good for some of the community things. In fact, as Kevin mentioned earlier, you'll note that this is EMS Week 2020. These little, these little things that we can do raise awareness for the hospital district. And they also tend to show some appreciation that our volunteers came and talked about some of th trying times and trying actions that most of these ms professionals have to undertake. And I thought that this would be a good way for us to do some recognition. In here you'll find the grant. I'm not married to the language of the letter, but I wanted to make sure that something was there, you'll find that there's a letter that we could send out along with this, as well as the quote right off of the website that's producing these. You'll also notice that in the letter and also talks about 20% of the purchase, actually goes to the COVID-19 emergency response fund. So it's all over all around a quality thing that we will be able to do not only to raise awareness, but also to show that we have some support for volunteers in the community.

Chairman Greber Can you describe what it is that you're getting on here in bar? What does that mean?

Trustee Gamble These are these are what's called commendation bars. They're generally more toxic than anything else, especially in times like this. I have one for Hurricane Katrina. And things like that. These are little little things that people use to recognize significant amounts. This one is particularly is sort of getting around the COVID-19 event that we're still kind of going through right now.

Chairman Greber It's the COVID Emergency Response Fund, is that a state based fund or the federal?

Trustee Gamble It is a charity fund actually that is used for the purposes of supporting First Responders who become ill with COVID-19 during their response or in their in the course of their duties to this particular time when that when they don't have that opportunity necessarily to turn away.

Vice Chair Hendrickson I understand what it is it's like a pin or a badge or just like a little like, how would you the coins with the mine is it, what is it?

Trustee Gamble So it's it's actually a pin. These are put this into more common usage these this is what you would see on class A uniforms. This is also what you'd see on military uniforms similar to that. Though, that's the style anyway, that these are

Chairman Greber Is that a picture of it? A COVID-19 with the emblem or the icon representing the virus.

Trustee Gamble Yes, it is.

Chairman Greber And that's the dimension, right?

Trustee Gamble Yeah, I believe so. It is does .375 inches and 1.875 inches?

Chairman Greber Okay, trustees comments or questions.

Vice Chair Hendrickson If we move forward with this, I would definitely appreciate the opportunity to maybe wordsmith the letter a little bit.

Trustee Gamble I would love it, that would be perfect. I'm not married to it. I was just trying to eat have something there to show.

Chairman Greber I was curious Tim, where the quantity of 25 came from. Is that a minimum order? We don't have 25 EMS in Northern Nye County,

Trustee Gamble Actually. So I contacted every one of the organizations from Gabbs to Tonopah, Duckwater, Round Mountain. And then I built in just an extra I believe it was three because there's always the chance that there is a one that was missed when they gave me their preliminary numbers. The total actually works out to be 21 or 22. I'm not sitting here looking at where I got the email out, but I think I built it an extra three just in case.

Chairman Greber Okay, thank you. Okay, trustees , thoughts, comments?

Vice Chair Hendrickson I have a comment actually your question for Tim. So you said you have one of these for Hurricane Katrina. I just like the value of it is a really meaningful thing, but I'm not from that world. But I'm, I'm thinking would it be better to do like gift certificates to local businesses or things that would support our local area or it doesn't have a real significance for EMS providers.

Trustee Gamble This is the same thing on the colon. We get this turned back off again. These are the same things on par with the coins that the Mine does. They are commemorative sometimes sentimental depends on how much people interacting with things like that. They are personal keepsakes for the most part.

Vice Chair Hendrickson Okay, gotcha.

Chairman Greber Okay, further comments and questions? Do I have a motion on the item? Okay says I must be some questions or comments or a movement to deny, I mean, change anything, you know, the rest of the group?

Secretary / Treasurer Zimmerman I it's a great thing that Emily pointed out that I never occurred to me about maybe local gift certificates. Maybe that has more appeal.

Trustee Gamble The only problem I see The local gift certificate template, if you will, is, for instance, Duckwater and Gabbs, places that are further out and don't really necessarily have that that option all the time. I actually looked at that idea and that was what was that's what took it out with the with the I guess you'd call it the size of the area. And you know, for instance people from Duckwater generally going out to Ely and places like that. Not always, are they making trips into Tonopah.

Secretary / Treasurer Zimmerman Yeah.

Trustee Gamble And vice versa. If we were to do it, it would be hard to make a uniform approach to that. That was that was my thought to it anyway.

Vice Chair Hendrickson Yeah, that makes sense.

Chairman Greber I can see the intrinsic value of having something to hold in your hand with as a commemoration of a very unique event. I I know that things my children hold on to I know what they you know, just disregard. I know what Professionals when they receive recognition there is generally the insignia some memento of the events so i i would appreciate the bar I think simply because the First Responders are front line. This is that term it's gonna ring in our ears for a long time. Don, where are you on this.

Trustee Kaminski Okay. I know we sell coins we sell patches, we do all this stuff where I work, too, and a lot of people collect those. Myself, I don't so I'm kind of neutral. I believe we do need to give recognition to our First Responders EMTs I mean, they all do a fantastic job and putting their lives on the line all the time. So I'm good with it.

Secretary / Treasurer Zimmerman Did your number include, I imagine it didn't, If we were going to proceed with this, I'd like the number to include the REMSA folks as well.

Trustee Gamble I'm so very happy you said that because I was it was going to be one thing I was going to ask is if we also want to extend this to our three permanent REMSA guys that are down here as well, and it did not. But again, it was built in for an extra three. So we could add another three to it, if that would make you feel better.

Secretary / Treasurer Zimmerman Yeah, I think I would like that. And then given that the addition of three extra to cover REMSA I would move to approve the purchase, the expenditure as stated \$500 from well it would be more than that. What is the individual Cost of these?

Trustee Gamble That would make it would make it \$560...would be the cost. And that does not, it does not appear that that includes the shipping and handling on this. And I don't think I got that because I wasn't sure of the timeframe they offered. I think it was several different shipping options. So I wasn't going to try to quote anything in particular.

Secretary / Treasurer Zimmerman Okay, so let's see, that would be 560 with the additional three. Do you think if I made a motion for an amount not to exceed 700 we'd be covered?

Trustee Gamble I think you'd be right on point I don't I honestly don't see the shipping covering more than \$75 but \$700 would be perfect just in case. Those didn't make it image heavy. I don't know. Okay.

Chairman Greber I wouldn't be heavy it would be the price going up because of where it's coming from. Or those kinds of things that charitable organizations that create this stuff can can amp up the shipping surprisingly.

Secretary / Treasurer Zimmerman So I wonder if I better not go \$750 just in case. Motion to approve the expenditure in the amount of seven to exceed \$750 from Badgerandwallet.com for the pins as stated and approve the letter, too, with modifications from Emily.

Vice Chair Hendrickson Second.

Chairman Greber Okay, I have a motion and a second. Do we have any public comments on this matter? We do. I believe Kirk has a comment.

Kirk Greber I'm on a roll tonight guys. Tim I buy a lot of coins of Grateful America coins for our military whether Marines silver, gold, red, etc. They call cost seven bucks apiece. Have you looked into other options besides just the COVID-19 emblem, you know, to cover everything they do, or was this just some specific that

you looked into and one item popped out?

Trustee Gamble This came up it was it was city specific because not only did it fall within the timeframe of EMS week, which was, which is this week going on until the 23rd., but it also happened to fall within the same year. I looked at other things like coins and things like that and unfortunately the the minimum orders were outrageously overblown, in the die casting process. I really wanted to do something more but the prices started to escalate way too much It seemed like it was more of the next best option.

Kirk Greber Okay, thanks.

Vice Chair Hendrickson How are we gonna present?

Trustee Gamble That would be subject to your guys's decision, we can always invite the different service coordinators to a meeting when we actually have one, we can simply do a mail to each of the service coordinators or we could hold a we can hold the time when we can get together and each of the individual areas if that would even work. It's really dealer's choice at this point, just because of what we're dealing with and not not really been able to get everybody together.

Chairman Greber I would suggest a presentation by mail to the 23-26 recipients in lieu of personal presentation because that is problematic, as Tim explains, generally, if you know, if you're providing a coin or a commemoration, you have a small, you know, a little drawstring pouch and we will have a letter printed with our letterhead. And I would think that would be that would be suitable in context of our times. What does everybody think?

Vice Chair Hendrickson I agree, Karmin.

Secretary / Treasurer Zimmerman

That's fine with me.

Chairman Greber So of course, we don't have any little baggies, and we don't 26 of them. I know those can be purchased on Amazon. And I think the cost is pretty low, if it were possible. now, with Amazon, everything is protracted as far as the shipping right now. They might come, they might not.

Kirk Greber I will donate 27 pouches if you need. I bought 100 of them.

Secretary / Treasurer Zimmerman Sold.

Chairman Greber Thank you. Thank you Kirk.

Kirk Greber Those are for challenge coin size so I don't know how big this is; it should encompass it.

Trustee Gamble I think it should definitely.

Tiffany Grigory I like to try a Public Comment. I just wanted to say I think it's a really valuable as far as commemoration as a pin because they are uniform wearers and so they can wear it on their runs. And I think that's nice.

Chairman Greber Excellent point. Okay, so the motion was to approve, wait, did we get a motion? Justin, you moved, right?

Secretary / Treasurer Zimmerman I did. Yeah. It didn't include distribution by mail. I wonder if I should amend my motion. And just, I will amend my motion to increase the total cost of the project to \$800. To cover mailing.

Chairman Greber Do you think it will cost \$50 to mail them?

Secretary / Treasurer Zimmerman Well, I hope not too.

Chairman Greber Okay, so I have a motion, revised motion, and I need a second.

Vice Chair Hendrickson I will second that revised motion.

Chairman Greber Okay. Any further comments? Call for the vote.

No public comment; motion passes unanimously.

Chairman Greber Emily, the action item is with you and Tim to coordinate on the letter.

Vice Chair Hendrickson Yeah, I'll get with you, Tim. I'll have it done probably by Tuesday.

Secretary / Treasurer Zimmerman And Tim, if you can, if you haven't done it already, create an account with these people and share your login with me and I can log in and make the purchase on our credit card.

Trustee Gamble I will look I don't even know that you need to but I will double check it right now. I'll let you I'll send you a message.

Secretary / Treasurer Zimmerman Okay. Thank you.

Item #15, For Possible Action – Discussion and deliberation of the minutes from the April 16, 2020 regular meeting.

Vice Chair Hendrickson If nobody has any comments I will make a motion to approve the minutes from the April 16 2020. regular meeting.

Secretary / Treasurer Zimmerman And I'll Second.

Chairman Greber I will call for the vote.

No public comment; minutes stand approved, unanimously.

Item #16, For Possible Action – Approval of invoices for payment.

Secretary / Treasurer Zimmerman We have the monthly Mizpah lease that central Nevada hardware charges it ties for the tech initiative organizing all those cables. REME says standard invoice. We're pulling invoice number 1002 from CNRC for consideration next month, Tom's standard monthly invoice, Russell's monthly invoice, our four power accounts. I believe three of those are on medical campus and one is still 149 Central Street. We have the \$4,000 fee for the audit from MacArthur. The final invoice on from TPU for 149 Central. Our invoice for Mizpah general services contract maintenance work to do for us reimbursement to CRC for the defibrillator and I staff machine that were approved last month. And that 2574 from central Nevada hardware is the no trespassing signs and the \$33 at the bottom is the ad we had to run for the public hearing on tonight's Item regarding the budget. Okay, that is good.

Trustee Gamble I will make a motion to approve the invoices as presented.

Secretary / Treasurer Zimmerman All right, I'll second.

Chairman Greber A motion and a second. Any comments, questions? Any public comment? Okay, call for the vote.

No public comment; invoices approved for payment, unanimously.

Item #17, No Action – Update on the current status of the fiscal year 2019-2020 budget.

Removed from the agenda, in consideration of timed agenda Item #7.

Item #18, No Action – Open Meeting Law review

No comments from Trustees or public.

Item #19, For Possible Action – Discussion and deliberation to set the next regular meeting location, time and date.

Secretary / Treasurer Zimmerman Our third Thursday is June 18. Does anyone have any problems with that day?

Trustee Kaminski No, I'm good.

Secretary / Treasurer Zimmerman Then I'll move to set the next

Chairman Greber The time What are we saying?

Secretary / Treasurer Zimmerman I was going to shoot for six again if that works.

Chairman Greber Can I just ask does anybody have any hardship with earlier meeting by this teleconference method?

Vice Chair Hendrickson No generally prefer earlier meetings if we're doing teleconference.

Trustee Kaminski Depends on how early, remember some of us travel from the Site.

Chairman Greber Yeah. Well by teleconference, we have a timeframe, potentially. Just wanted to put that out there. Justin, Tim, do you have any thoughts on that?

Secretary / Treasurer Zimmerman The earlier the better for me.

Chairman Greber Can we do it in the morning?

Secretary / Treasurer Zimmerman I have more tech support and admin support from the County during the day so I much prefer daytime meetings but our bylaws are 6pm. So that's why I was running with that.

Chairman Greber Sure. Tim, Don, what are your thoughts?

Trustee Kaminski How early do you want to do it?

Chairman Greber Well, if you're asking me, for a regular meeting, I would be delighted to do it at nine o'clock in the morning. Tim, what do you think?

Trustee Gamble Depending upon where I am in the country, that will probably be okay.

Chairman Greber I certainly don't want to push this on anybody but I want to be open to it as well. What do you think Emily?

Vice Chair Hendrickson Nine o'clock works great for me.

Secretary / Treasurer Zimmerman I love not being in the chambers until 10pm. So I will happily factor 9am into my motion.

Chairman Greber Okay, well, these are quite late in I would be really happy with the morning one as well. Yeah. So are we ready to entertain a motion?

Secretary / Treasurer Zimmerman I'll move to set the next meeting location, time and date as the Chamber's 101 Radar Road via teleconference, again no public location offered until Emergency Directive 006 has been repealed, at 9am Thursday June 18th.

Vice Chair Hendrickson I will Second.

Chairman Greber Okay. Call for the vote.

No public comment; motion carried by unanimous vote.

Chairman Greber And myself in favor. Thank you very much, that will be our next meeting. Heads-up, Trustees, I will be getting with you right away to find out about the special session that we need to plan in the next couple of weeks, to get your input.

Item #20, General Public Comment (second)

No public comment.

Item #21, Announcements (second)

Tom Vallas The only thing I have is I, we need to take a look at. I just learned today that the CNRC has begun the clinic work. And I had some questions that came up in my own mind about how that works under the state law regarding Public Works and things like that. So I kind of did a little bit of research and I'm not done yet but I'm fairly certain we won't have any issues but I will give you more information when I know more.

Chairman Greber And this is secondary to today's state of being noticed of lien, correct?

Tom Vallas The notice of *right* to lean and frankly, government property can be leaned anyway, so I really don't care about that. I mean, it's pretty ineffective. So there's nothing for the District to worry about because they can't come in and sell your property off from under you by statute.

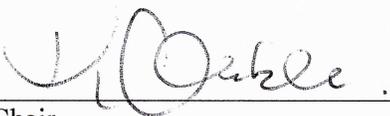
Chairman Greber Okay, so you are researching, and that is your announcement.

Tom Vallas That's correct.

Item #22, Adjourn.

Meeting adjourned.

Approved this 2nd day of October 2020.



Chair