



**DESERT HEALTHCARE FOUNDATION  
BOARD MEETING  
Board of Directors  
October 27, 2020  
6:30 P.M.**

**Immediately Following the Adjournment of the Desert Healthcare District Board Meeting**

**In accordance with the current State of Emergency and the Governor’s Executive Order N- 25-20, of March 12, 2020, revised on March 18, 2020, teleconferencing will be used by the Board members and appropriate staff members during this meeting. In lieu of attending the meeting in person, members of the public will be able to participate by webinar by using the following link:**

**<https://us02web.zoom.us/j/86502382178?pwd=eTdBeVM4ZUdOZ0dObFdKMTFqWmJoQT09>  
Password: 420834**

**Participants will need to download the Zoom app on their devices. Members of the public may also be able to participate by telephone, using the follow dial in information:**

**Dial in #: (669) 900-6833 To Listen and Address the Board when called upon:  
Webinar ID: 865 0238 2178  
Password: 420834**

**You may also email [ahayles@dhcd.org](mailto:ahayles@dhcd.org) with your public comment no later than 4 p.m., Tuesday, 09/22.**

<b>Page(s)</b>	<b>AGENDA</b>	<b>Item Type</b>
	<i>Any item on the agenda may result in Board Action</i>	
	<b>A. CALL TO ORDER – President De Lara</b> Roll Call ____Director Shorr____Director Zendle, MD____Director PerezGil____ Director Rogers, RN____Director Matthews____ Vice-President/Secretary Borja____President De Lara	
<b>1-2</b>	<b>B. APPROVAL OF AGENDA</b>	<b>Action</b>
	<b>C. PUBLIC COMMENT</b> At this time, comments from the audience may be made on items <i>not</i> listed on the agenda that are of public interest and within the subject-matter jurisdiction of the Foundation. The Board has a policy of limiting speakers to no more than three minutes. The Board cannot take action on items not listed on the agenda. Public input may be offered on agenda items when they come up for discussion and/or action.	

	<b>D. CONSENT AGENDA</b>	<b>Action</b>
	All Consent Agenda item(s) listed below are considered to be routine by the Board of Directors and will be enacted by one motion. <u>There will be no separate discussion of items unless a Board member so requests, in which event the item(s) will be considered following approval of the Consent Agenda.</u>	
3-8	1. BOARD MINUTES a. Board of Directors Meeting – September 22, 2020	
9-17	2. FINANCIALS a. Approval of the September 2020 Financial Statements – F&A Approved October 13, 2020	
	<b>E. DESERT HEALTHCARE FOUNDATION CEO REPORT –</b> Conrado E. Bázquez, MD, CEO	
18	1. Consideration to approve the repurpose of the Ready Set Swim Program funding balance – \$173,376	<b>Action</b>
	2. Consideration to approve President De Lara as an alternate member of the AB 617 South Coast Air Quality Management District Community Steering Committee	<b>Action</b>
	<b>F. 1. PROGRAM COMMITTEE – Chair Evett PerezGil, Vice-President Karen Borja, and Director Carole Rogers</b>	
19-22	1. Draft Meeting Minutes – October 13, 2020	Information
23	2. Grant Payment Schedule	Information
	3. Coachella Valley Health Information Place (CVHIP) Updates and Marketing Efforts	Information
	4. Advancing the District’s Role in Addressing the Healthcare Needs of Black Communities in the Coachella Valley	Information
24-31	a. Request for Proposals (RFP) – November 2, 2020 Due Date – Access to Healthcare Strategies - \$575,000 (\$400,000 DHCD – \$100,000 Inland Empire Health Plan (IEHP) and \$75,000 Lift to Rise Contribution and Support)	
	b. Expanding Racial Diversity in the Health Profession Workforce – \$100,000 OneFuture Coachella Valley Black and African American Healthcare Student Scholarships	
	<b>2. FINANCE, LEGAL, ADMINISTRATION, &amp; REAL ESTATE COMMITTEE – Chair/Treasurer Mark Matthews, President Leticia De Lara, and Director Arthur Shorr</b>	
32-33	1. Draft Meeting Minutes – October 13, 2020	Information
34-47	2. FY 2020 Audit Report – (Presented during the District meeting)	<b>Action</b>
	<b>G. HOMELESSNESS INITIATIVE</b>	Information
	<b>H. BEHAVIORAL HEALTH INITIATIVE</b>	
	1. Supervisor Perez’s Green Ribbon Committee – November 18, 2020	Information
	<b>I. ADJOURNMENT</b>	



**DESERT HEALTHCARE FOUNDATION  
BOARD OF DIRECTORS MEETING MINUTES  
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<b>Directors Present – Video Conference</b>	<b>District Staff Present – Video Conference</b>	<b>Absent</b>
President Leticia De Lara Vice-President/Secretary Karen Borja Treasurer Mark Matthews Director Carole Rogers Director Les Zendle, MD Director Arthur Shorr	Conrado E. Bázquez, MD, CEO Chris Christensen, CAO Donna Craig, Chief Program Officer Will Dean, Marketing and Communications Director Alejandro Espinoza, Program Officer and Outreach Director Eric Taylor, Accounting Manager Meghan Kane, Programs and Research Analyst Vanessa Smith, Special Projects and Program Manager Erica Huskey, Administrative and Programs Assistant Andrea S. Hayles, Clerk of the Board  <u>Legal Counsel</u> Jeff Scott	Director Evett PerezGil

<b>AGENDA ITEMS</b>	<b>DISCUSSION</b>	<b>ACTION</b>
<b>A. Call to Order</b>  <b>Roll Call</b>	President De Lara called the meeting to order at 7:51 p.m.  The Clerk of the Board called the roll with all Directors' present except Director PerezGil.	
<b>B. Approval of Agenda</b>	President De Lara asked for a motion to approve the agenda.	<b>#18-61 MOTION WAS MADE by Director Shorr seconded by Director Rogers to approve the agenda.</b> <b>Motion passed unanimously.</b> <b>AYES – 6 President De Lara, Vice-President Borja, Director Matthews, Director Rogers, Director Zendle, and Director Shorr</b> <b>NOES – 0</b> <b>ABSENT – 1 Director PerezGil</b>



**DESERT HEALTHCARE FOUNDATION  
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<p><b>C. Public Comment</b></p>	<p>There was no public comment for items not listed on the agenda.</p>	
<p><b>D. Consent Agenda</b>  <b>1. BOARD MINUTES</b>  <b>a. Board of Directors Meeting – July 28, 2020</b>  <b>2. FINANCIALS</b>  <b>a. Approval of the July and August 2020 Financial Statements – F&amp;A Approved September 08, 2020</b></p>	<p>President De Lara asked for a motion to approve the consent agenda.</p>	<p><b>#18-62 MOTION WAS MADE by Vice-President Borja seconded by Director Rogers to approve the consent agenda. Motion passed unanimously.</b>  <b>AYES – 6 President De Lara, Vice-President Borja, Director Matthews, Director Rogers, Director Zendle, and Director Shorr</b>  <b>NOES – 0</b>  <b>ABSENT – 1 Director PerezGil</b></p>
<p><b>E. Desert Healthcare Foundation CEO Report</b>   <b>1. Environmental Health in the Eastern Coachella Valley – Emergency Response Communication Plan Update</b></p>	<p>Conrado E. Bázquez, MD, CEO, described the work of CONCUR, Inc. working on the final states of the briefing paper to include the Eastern Coachella Valley environmental justice issues, a chronology of the Thermal fires, tribal land use and jurisdiction challenges, the breakdown in communication and response, the initial list of key stakeholder entities, and potential representatives. The next steps are to convene a series of six collaborative meetings with key stakeholders with the objective of establishing a clear problem statement, improving communication amongst agencies and other collaborative members, identifying proactive steps to reduce</p>	

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<p><b>2. Oasis Mobile Home Park – Water Arsenic Challenges</b></p>	<p>risk of toxic waste burning, and developing an agreed upon emergency communication plan.</p> <p>Greg Rodriguez, Government Relations and Public Policy Advisor, Office of Supervisor Perez, emphasized that the work is a considerable move by the District with an encouraging report received by the county task force working on the fires and illegal dumping that is a real success. It is complimentary to Dr. Bárzaga and Director Zendle’s point concerning the need for entity involvement on a holistic level, which is coming to fruition and is a good move by the District.</p> <p>Dr. Bárzaga, MD, CEO, explained the new attempt by the EPA to control the levels of arsenic and exploring collaborations with nonprofit organizations to improve the quality of life for the Oasis Mobile Home Park community.</p> <p>President De Lara described Vice-President Borja and Pueblo Unido’s involvement with the point of use systems for funding the mobile home park, the</p>	
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	<p>owners lack support, pressure for more cooperation, and a position from the Board to encourage Pueblo Unido for a better system, which should be known through the county that the District is pushing the filtration systems until there is a permanent solution, a strategy for the filtration systems effectiveness, and a partnership solution to improve the quality of water if the park owner is not supportive.</p>	
<p><b>F.1. Program Committee</b></p> <ol style="list-style-type: none"> <li><b>1. Draft Meeting Minutes – September 08, 2020</b></li> <li><b>2. Grant Payment Schedule</b></li> <li><b>3. Advancing the District’s Role in Addressing the Healthcare Needs of Black Communities in the Coachella Valley – Strategic Focus Area: Healthcare Infrastructure and Services</b> <ol style="list-style-type: none"> <li><b>a. Request for Proposals (RFP) – Access to Healthcare Strategies - \$500,000</b></li> <li><b>b. Expanding Racial Diversity in the Health Profession Workforce - \$100,000</b></li> </ol> </li> </ol>	<p>President De Lara inquired on any questions of the Board concerning the minutes and grant payment schedule.</p> <p>Dr. Bárzaga described the District’s role in addressing the healthcare needs of black communities in the Coachella Valley, the request for proposals November timeline, OneFuture Coachella Valley’s concept paper for expanding racial diversity in the health profession workforce, the additional funding from Inland Empire Healthcare Plan’s (IEHP) \$100k contribution, including \$75k from Lift to Rise.</p>	

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<p><b>F.2. F&amp;A Committee</b></p> <p><b>1. Draft Meeting Minutes – September 08, 2020</b></p>	<p>President De Lara thanked the CEO for reaching out to other organizations for their contributions to black communities in the Coachella Valley.</p> <p>President De Lara inquired on any questions of the Board concerning the F&amp;A Committee meeting minutes.</p>	
<p><b>G. Homelessness Initiative</b></p> <p><b>1. Coachella Valley Association of Governments (CVAG) Homelessness Committee – Coachella Valley Homeless Engagement &amp; Action Response Team (CVHEART) Subcommittee Updates</b></p>	<p>Dr. Bárzaga, CEO, explained that the Coachella Valley Association of Governments (CVAG) traditionally outsourced services through Path of Life Ministries using the Coachella Valley Housing First model. The recommendation from the CVHEART subcommittee is to draft an in-house model for the Coachella Valley Housing First program.</p> <p>Public Comments: Linda Evans, Chief Strategy Officer, Desert Care Network, explained that she made a motion in Homelessness Committee meeting to shift from Path of Life Ministries to CVAG for a 12-month temporary transition to take the program to the next level, exit the Path of Life relations, and using local resources for service gaps</p>	

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<p><b>2. Summer Cooling Centers Update</b></p>	<p>and partners to determine the needs for placing people experiencing homelessness in a permanent home.</p> <p>Dr. Bárzaga, CEO, explained the cooling center’s staff report as illustrated in the packet, answering questions of the Board.</p> <p>Greg Rodriguez, Government Relations and Public Policy Advisor, Office of Supervisor Perez, described and inquired about the possibility of a \$90k allocation to continue the 90 day operations of the cooling centers through October 31 with intense resources for permanent housing. Otherwise, the centers would have to shut down on Sept. 30 as originally proposed.</p> <p>Jeff Scott, Legal Counsel, explained that the matter is not on the agenda and does not qualify for a special or emergency meeting.</p>	
<p><b>H. Adjournment</b></p>	<p>President De Lara adjourned the meeting at 8:34 p.m.</p>	<p><b>Audio recording available on the website at <a href="https://www.dhcd.org/Agendas-and-Documents">https://www.dhcd.org/Agendas-and-Documents</a></b></p>

ATTEST: \_\_\_\_\_  
Karen Borja, Vice-President/Secretary  
Desert Healthcare District Board of Directors

*Minutes respectfully submitted by Andrea S. Hayles, Clerk of the Board*



<b>DESERT HEALTHCARE FOUNDATION</b>					
<b>SEPTEMBER 2020 FINANCIAL STATEMENTS</b>					
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Statement of Operations					
Balance sheet					
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**Desert Healthcare Foundation**  
**Profit & Loss Budget vs. Actual**  
 July through September 2020

	MONTH			TOTAL		
	Sep 20	Budget	\$ Over Budget	Jul - Sep 20	Budget	\$ Over Budget
<b>Income</b>						
4000 · Gifts and Contributions	10	2,500	(2,490)	50,030	7,500	42,530
4003 · Grants	0	100,000	(100,000)	500,000	300,000	200,000
4116 · Bequests - Frederick Lowe	0	5,417	(5,417)	14,561	16,251	(1,690)
4130 · Misc. Income	0	83	(83)	0	249	(249)
8015 · Investment Interest Income	16,520	8,333	8,187	49,671	24,999	24,672
8030 · Change in Value of CRT's	0	500	(500)	0	1,500	(1,500)
8040 · Restr. Unrealized Gain/(Loss)	(52,889)	4,167	(57,056)	77,665	12,501	65,164
<b>Total Income</b>	<b>(36,359)</b>	<b>121,000</b>	<b>(157,359)</b>	<b>691,927</b>	<b>363,000</b>	<b>328,927</b>
<b>Expense</b>						
5001 · Accounting Services Expense	958	667	291	2,874	2,001	873
5035 · Dues & Memberships Expense	25	42	(17)	25	126	(101)
5057 · Investment Fees Expense	3,636	2,500	1,136	11,541	7,500	4,041
5065 · Legal Costs Ongoing Expense	0	83	(83)	0	249	(249)
5101 · DHCD-Exp Alloc Wages& benefits	24,392	21,844	2,548	73,176	65,532	7,644
5106 · Marketing & Communications	100	3,958	(3,858)	110	11,874	(11,764)
5110 · Other Expenses	337	417	(80)	1,030	1,251	(221)
5115 · Postage & Shipping Expense	0	8	(8)	0	24	(24)
5120 · Professional Fees Expense	0	83	(83)	0	249	(249)
8051 · Major grant expense	0	83,333	(83,333)	550,000	249,999	300,001
8052 · Grant Expense - Collective/Mini	0	27,500	(27,500)	0	82,500	(82,500)
<b>Total Expense Before Social Services</b>	<b>29,448</b>	<b>140,435</b>	<b>(110,987)</b>	<b>638,756</b>	<b>421,305</b>	<b>217,451</b>
5054 · Social Services Fund	0	5,000	(5,000)	12,000	15,000	(3,000)
<b>Net Income</b>	<b>(65,807)</b>	<b>(24,435)</b>	<b>(41,372)</b>	<b>41,170</b>	<b>(73,305)</b>	<b>114,475</b>

**Desert Healthcare Foundation**  
**Balance Sheet**  
As of September 30, 2020

			Sep 30, 20
<b>ASSETS</b>			
<b>Current Assets</b>			
<b>Checking/Savings</b>			
<b>100 - CASH</b>			
		150 - Petty Cash	200
		151 - Checking - Union Bank 7611	1,238,390
		<b>Total Checking/Savings</b>	<b>1,238,590</b>
		321 - Accounts Receivable - Other	50,000
<b>Other Current Assets</b>			
<b>476-486 - INVESTMENTS</b>			
<b>477 - Morgan Stanley-Investments</b>			
		477.2 - Unrealized Gain/(Loss)	217,705
		477 - Morgan Stanley-Investments - Other	3,046,977
		<b>Total 477 - Morgan Stanley-Investments</b>	<b>3,264,682</b>
<b>486 - Merrill Lynch</b>			
		486.1 - Merrill Lynch Unrealized Gain	312,971
		486 - Merrill Lynch - Other	1,724,686
		<b>Total 486 - Merrill Lynch</b>	<b>2,037,657</b>
		<b>Total 476-486 - INVESTMENTS</b>	<b>5,302,339</b>
<b>500 - CONTRIBUTIONS -RCVB -CRTS</b>			
		515 - Contrib RCVB-Pressler CRT	61,277
		530 - Contrib RCVB-Guerts CRT	126,022
		<b>Total 500 - CONTRIBUTIONS -RCVB -CRTS</b>	<b>187,299</b>
		601 - Prepaid Payables	5,875
		<b>Total Other Current Assets</b>	<b>5,495,513</b>
<b>TOTAL ASSETS</b>			<b>6,784,103</b>

**Desert Healthcare Foundation**  
**Balance Sheet**  
As of September 30, 2020

				<b>Sep 30, 20</b>
<b>LIABILITIES &amp; EQUITY</b>				
<b>Liabilities</b>				
<b>Current Liabilities</b>				
<b>Accounts Payable</b>				
		1000 · Accounts Payable		102,024
		1052 · Account payable-DHCD Exp Alloc		(944)
<b>Total Accounts Payable</b>				<b>101,080</b>
<b>Other Current Liabilities</b>				
		2185 · Deferred Revenue		50,000
		2190 · Current - Grants payable		3,011,343
<b>Total Other Current Liabilities</b>				<b>3,061,343</b>
<b>Total Current Liabilities</b>				<b>3,162,423</b>
<b>Long Term Liabilities</b>				
		2186 · Grants payable		1,600,000
<b>Total Liabilities</b>				<b>4,762,423</b>
<b>Equity</b>				
		3900 · Retained Earnings		1,980,510
		Net Income		41,170
<b>Total Equity</b>				<b>2,021,680</b>
<b>TOTAL LIABILITIES &amp; EQUITY</b>				<b>6,784,103</b>

DESERT HEALTHCARE FOUNDATION					
BALANCE SHEET 9/30/20					
ALLOCATION OF MAJOR CATEGORIES/LIABILITIES					
		T/B	GENERAL Fund	Restricted Funds	Trusts
<b>ASSETS</b>					
	150 · Petty Cash	200	200	-	-
	151 · Checking - Union Bank 7611*	1,238,390	1,095,558	142,832	-
<b>Total 100 · CASH - UNRESTRICTED</b>		<b>1,238,590</b>	<b>1,095,758</b>	<b>142,832</b>	<b>-</b>
Accounts Receivable					
	321 - Accounts Receivable - Other	50,000	-	50,000	-
<b>Total Accounts Receivable</b>		<b>50,000</b>	<b>-</b>	<b>50,000</b>	<b>-</b>
477 · Invt-Morgan Stanley					
	477.2 · Unrealized Gain	217,705	217,705	-	-
	477 · Invt-Morgan Stanley	3,046,977	-	3,046,977	-
<b>Total 477 · Invt-Morgan Stanley</b>		<b>3,264,682</b>	<b>217,705</b>	<b>3,046,977</b>	<b>-</b>
6441	486.1 · Merrill Lynch Unrealized Gain	312,971	312,971	-	-
	486 · Merrill Lynch	1,724,686	303,152	1,421,534	-
<b>Total 486 · Merrill Lynch</b>		<b>2,037,657</b>	<b>616,123</b>	<b>1,421,534</b>	<b>-</b>
	515 · Contrib RCVB-Pressler CRT	61,277	-	-	61,277
	530 · Contrib RCVB-Guerts CRT	126,022	-	-	126,022
	601 - Prepaid payables	5,875	5,875	-	-
<b>Total Current Assets</b>		<b>6,784,103</b>	<b>1,935,461</b>	<b>4,661,343</b>	<b>187,299</b>
<b>TOTAL ASSETS</b>		<b>6,784,103</b>	<b>1,935,461</b>	<b>4,661,343</b>	<b>187,299</b>
<b>LIABILITIES &amp; EQUITY</b>					
<b>Liabilities</b>					
Current Liabilities					
Accounts Payable					
	1000 · Accounts Payable	102,024	102,024	-	-
	1052 - Account Payable - DHCD - Alloc Expenses	(944)	(944)	-	-
	2185 - Deferred Revenue	50,000	-	50,000	-
	2190 - Grants Payable - Current Portion	3,011,343	-	3,011,343	-
<b>Total Current Liabilities</b>		<b>3,162,423</b>	<b>101,080</b>	<b>3,061,343</b>	<b>-</b>
	2186 - Grant Payable - Long Term	1,600,000	-	1,600,000	-
<b>Total Liabilities</b>		<b>4,762,423</b>	<b>101,080</b>	<b>4,661,343</b>	<b>-</b>
<b>Equity</b>					
	3900 · Retained Earnings	1,980,510	1,793,211	-	187,299
	Net Income	41,170	41,170	-	-
<b>Total Equity</b>		<b>2,021,680</b>	<b>1,834,381</b>	<b>-</b>	<b>187,299</b>
<b>TOTAL LIABILITIES &amp; EQUITY</b>		<b>6,784,103</b>	<b>1,935,461</b>	<b>4,661,343</b>	<b>187,299</b>
* Restricted funds include Summer Survival Homeless Fund (\$16,752), Donations (\$25,000) and Accounts Payable					

**Desert Healthcare Foundation**  
**Deposit Detail**  
 September 2020

Type	Date	Name	Account	Amount
Deposit	09/30/2020		151 - Checking - Union Bank 7611	10
		Misc.	4000 - Gifts and Contributions	(10)
TOTAL				(10)
			Total	10

**Desert Healthcare Foundation**  
**Check Register**  
As of September 30, 2020

Type	Date	Num	Name	Amount
<b>100 - CASH</b>				
<b>151 - Checking - Union Bank 7611</b>				
Bill Pmt -Check	09/01/2020	IB 09012020	Desert Healthcare District	(156,761)
Bill Pmt -Check	09/08/2020	5082	BPOE Lodge 1905	(3,319)
Bill Pmt -Check	09/08/2020	5083	KESQ Newschannel 3	(725)
Bill Pmt -Check	09/08/2020	5084	KUNA-FM	(735)
Bill Pmt -Check	09/08/2020	5085	KUNA-TV Telemundo 15	(1,250)
Bill Pmt -Check	09/08/2020	5086	Leap Marketing	(48)
Bill Pmt -Check	09/08/2020	5087	Lund & Guttry LLP	(500)
Bill Pmt -Check	09/08/2020	5088	United Methodist Church of Palm Springs	(1,379)
Bill Pmt -Check	09/14/2020	5089	Public Health Institute.	(37,500)
Bill Pmt -Check	09/14/2020	5090	Union Bank	(76)
Bill Pmt -Check	09/14/2020	5091	United Methodist Church of Palm Springs	(1,106)
Bill Pmt -Check	09/21/2020	5092	Miguel Delgado	(400)
Bill Pmt -Check	09/24/2020	5093	Word of Life Fellowship Center	(2,390)
Check	09/25/2020		Bank Service Charge	(337)
Bill Pmt -Check	09/30/2020	5094	City of Palm Springs	(25)
Bill Pmt -Check	09/30/2020	5095	Pueblo Unido CDC	(22,500)
Bill Pmt -Check	09/30/2020	5096	Word of Life Fellowship Center	(455)
<b>TOTAL</b>				<b>(229,506)</b>

Desert Healthcare Foundation						
Details for credit card Expenditures						
Credit card purchases - August 2020 - Paid September 2020						
Number of credit cards held by Foundation personnel - 2						
Credit Card Limit - \$5,000						
Credit Card Holders:						
Conrado Bález - Chief Executive Officer						
Chris Christensen - Chief Administration Officer						
Routine types of charges:						
Office Supplies, Dues for membership, Supplies for Projects, Programs, etc.						
Statement						
Year	Month Charged	Total Charges	Expense Type	Amount	Purpose	
		\$ 78.98				
Monthly Statement:						
2020	July (received September)	\$ 78.98	Foundation			
			5106	\$10.99	cvHIP.com hosting	
			5106	\$ 67.99	cvHIP.com SSL security certificate renewal	
				<b>\$ 78.98</b>		



**DESERT HEALTHCARE FOUNDATION  
OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE**

September 30, 2020

TWELVE MONTHS ENDED JUNE 30, 2021

A/C 2190 and A/C 2186-Long term		6/30/2020 Open	New Grants Current Yr 2020-2021	Total Paid July-June	9/30/2020 Open	
Grant ID Nos.	Name	BALANCE			BALANCE	
	Health Portal	\$ 110,105		\$ 8,108	\$ 101,997	HP-cvHIP
BOD - 04/24/18	Behavioral Health Initiative Collective Fund	\$ 1,952,000		\$ -	\$ 1,952,000	Behavioral Health
BOD - 06/26/18 BOD	Avery Trust Funds-Committed to Pulmonary services	\$ 919,801		\$ 37,500	\$ 882,301	Avery Trust
BOD - 5/28/19 BOD (#993)	Galilee Center - Emergency Services	\$ 7,500		\$ 7,500	\$ -	
BOD - 6/25/19 BOD (#1006)	DHCD - Homelessness Initiative Collective Fund	\$ 711,383		\$ 111,370	\$ 600,014	Homelessness
F&A - 06/11/19	\$300k Grant Funding Commitment FY18-19 - \$225k Balance	\$ 119,156		\$ 67,500	\$ 51,656	EV Funding
BOD - 9/26/17; 10/23/18; 09/24/19 (#1025)	RSS Funds-From Investment Funds & DHCD Grants	\$ 174,279		\$ 903	\$ 173,376	RSS
F&A - 06/09/20	\$300k Grant Funding Commitment FY19-20	\$ 300,000		\$ -	\$ 300,000	
BOD - 07/28/20 (#1134)	DHCD/IEHP - Addressing the Healthcare Needs of Black Communities		\$ 550,000	\$ -	\$ 550,000	
<b>TOTAL GRANTS</b>		<b>\$ 4,294,223</b>	<b>\$ 550,000</b>	<b>\$ 232,881</b>	<b>\$ 4,611,343</b>	
<b>Summary: As of 6/30/2021</b>						
Health Portal (CVHIP):	\$ 101,997			A/C 2190	\$ 3,011,343	
Ready Set Swim	\$ 173,376			A/C 2186	\$ 1,600,000	
West Valley Homelessness Initiative	\$ 600,014			<b>Total</b>	<b>\$ 4,611,343</b>	
Behavioral Health Initiative Collective Fund	\$ 1,952,000			Diff	\$ (0)	
Avery Trust - Pulmonary Services	\$ 882,301					
Galilee Center - Emergency Services	\$ -					
East Valley Grant Funding Commitment	\$ 351,656					
Healthcare Needs of Black Communities	\$ 550,000					
<b>Total</b>	<b>\$ 4,611,343</b>					
<b>Amts available/remaining for Grant/Programs - FY 2020-21:</b>						
<b>Amount budgeted 2020-2021</b>	\$ 1,330,000	\$ 1,000,000		<b>FY21 Grant Budget</b>	<b>Social Services Fund #5054</b>	
<b>Amount granted year to date</b>	\$ (550,000)	\$ 330,000		Budget	\$ 60,000	
Mini Grants:				DRMC Auxiliary	\$ (12,000)	\$ (12,000) Spent YTD
Net adj - Grants not used:				<b>Balance Available</b>	\$ 48,000	
Contribution from IEHP	\$ 50,000					
<b>Balance available for Grants/Programs</b>	<b>\$ 830,000</b>					



**DESERT HEALTHCARE**  
**DISTRICT & FOUNDATION**

Date: October 27, 2020  
To: Board of Directors  
Subject: Repurpose of Ready Set Swim funds to support COVID-19 related activities.

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**Staff Recommendation:** To approve repurposing Ready Set Swim funds in the amount of \$173,376 to support COVID-19 related activities that cannot be paid for using CARES funds and allocate these funds to the Foundation's operational budget.

**Background:**

- In 2014, the Desert Healthcare Foundation collaborated with local healthcare, recreation agencies, youth organizations and city leaders to develop the Ready, Set, Swim program.
- The program offered an 8-week course encompassing free swimming lessons and nutrition education classes to 3rd grade students.
- The Board approved a \$200,000 grant for FY2019-2020. The school year was interrupted by COVID-19.
- As of August 31, 2020, the Ready Set Swim program has ended due to schools adopting virtual learning.
- While the Ready Set Swim program has been completed for the FY2019-2020, it may be revisited at a future date.
- The remaining balance of the Ready Set Swim Program is \$173,376.
- Staff proposed to add these funds to the operational budget of the Foundation, to support COVID-19 related efforts that cannot be paid with CARES funds (e.g. incentives, paying for food and soft drinks for COVID-19 testing sites like a packing house)

**Fiscal Impact:**

\$173,376 from unused funds in RSS budget. Reclass from the Foundation's committed grant funds to the operational budget.



**DESERT HEALTHCARE FOUNDATION  
PROGRAM COMMITTEE MEETING  
MEETING MINUTES  
October 13, 2020**

**Directors & Community Members Present  
via Video Conference**

**District Staff Present via Video Conference**

**Absent**

Chair, Evett PerezGil Vice-President Karen Borja Director Carole Rogers, RN Luciano Creso, Community Member Allen Howe, Community Member	Conrado E. Bázquez, MD, Chief Executive Officer Chris Christensen, CAO Donna Craig, Chief Program Officer Alejandro Espinoza, Program Officer and Director of Outreach Meghan Kane, Programs and Research Analyst Erica Huskey, Administrative and Program Assistant Andrea S. Hayles, Clerk of the Board	Nicolas Behrman, Community Member  Thomas Thetford, Community Member
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AGENDA ITEMS	DISCUSSION	ACTION
<b>I. Call to Order</b>	The meeting was called to order at 12:35 p.m. by Chair PerezGil.	
<b>II. Approval of Agenda</b>	Chair PerezGil asked for a motion to approve the agenda.	<b>Moved and seconded by Vice-President Borja and Director Rogers to approve the agenda. Motion passed unanimously.</b>
<b>III. Meeting Minutes</b> 1. September 08, 2020	Chair PerezGil asked for a motion to approve the September 08, 2020 minutes.	<b>Moved and seconded by Director Rogers and Vice-President Borja to approve the September 08, 2020 meeting minutes. Motion passed unanimously.</b>
<b>IV. Public Comment</b>	There was no public comment.	
<b>V. New Business</b>	Conrado Bázquez, MD, CEO, explained that at the time the Program Committee agenda was completed, and due to the rapid fashion of events, Riverside County Public Health is requesting a \$1M allocation to the Foundation for COVID-19 testing, education, and outreach, with the District coordinating the sites in unincorporated areas of the Eastern Coachella Valley. Other organizations will be contributing to the outreach and appearing at the testing sites.	

**DESERT HEALTHCARE FOUNDATION  
PROGRAM COMMITTEE MEETING  
MEETING MINUTES  
October 13, 2020**

	<p>The Foundation will play a role with the county, the Foundation will be paid 15% or \$150k for the work on the project, and \$500k must be allocated between now and December 31, with the remaining through June 30; thus, the process is being expedited at the request of Public Health. The contracted organizations will go through the Program Committee for recommendation to the Board. Questions remain concerning deploying the funds to the organizations, and staff will continue to update the committee on activities and guidance that is in place.</p> <p>Public Comment: Greg Rodriguez, Government Relations and Public Policy Advisor, Office of Supervisor Perez, explained that the project is fast-moving and other community-based organizations are having conversations with the Board of Supervisors on the COVID-19 activities in the Eastern Coachella Valley.</p>	
<p><b>VI. Old Business</b></p> <p><b>1. Homelessness Initiative</b></p> <p><b>2. Behavioral Health Initiative</b></p> <p><b>a. SAVE THE DATE: Thursday, October 29, 2020 at 11:00 am Green Ribbon Committee Meeting</b></p>	<p>There is no new business on the homelessness initiative.</p> <p>Donna Craig, Chief Program Officer, explained a continuation from the prior Green Ribbon Committee meeting with quality feedback from the community.</p>	

**DESERT HEALTHCARE FOUNDATION  
PROGRAM COMMITTEE MEETING  
MEETING MINUTES  
October 13, 2020**

<p><b>3. Advancing the District’s Role in Addressing the Healthcare Needs of Black Communities in the Coachella Valley</b></p> <p><b>a. Request for Proposals (RFP) – November 2, 2020 Due Date – Access to Healthcare Strategies - \$575,000 (\$400,000 DHCD + \$100,000 Inland Empire Health Plan (IEHP) + \$75,000 Lift to Rise)</b></p> <p><b>b. Expanding Racial Diversity in the Health Profession Workforce – \$100,000 OneFuture Coachella Valley Black and African American Healthcare Student Scholarships</b></p> <p><b>4. Grant Payment Schedule</b></p>	<p>Public Comment: Greg Rodriguez, Government Relations and Public Policy Advisor, Office of Supervisor Perez, explained that Roy’s is open, and an update will be provided at the upcoming Green Ribbon Committee, including on Behavioral Health treatment, and the effect of COVID with current data.</p> <p>Donna Craig, Chief Program Officer, explained that the Request for Proposal (RFP) is released for the access to healthcare strategies for advancing the District’s Role in Addressing the Healthcare Needs of Black Communities in the Coachella with a due date of November 2, not current submissions, but some organizations are actively working on proposals. Director Rogers suggested a potential bidders conference or informational meeting; however, the timeline maybe too short.</p> <p>Ms. Craig explained the preliminary draft from OneFuture for expanding racial diversity in the health profession workforce, with a more robust scope of work in the final completion.</p> <p>Chair Evett PerezGil reviewed the grant payment schedule with no questions or concerns from the committee or community members.</p>	
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DESERT HEALTHCARE FOUNDATION  
PROGRAM COMMITTEE MEETING  
MEETING MINUTES  
October 13, 2020

<b>VII. Committee Member Comments</b>	There were no committee member comments.	
<b>VIII. Adjournment</b>	Chair PerezGil adjourned the meeting at 1:12 p.m.	<i>Audio recording available on the website at <a href="http://dhcd.org/Agendas-and-Documents">http://dhcd.org/Agendas-and-Documents</a></i>

ATTEST: \_\_\_\_\_  
Evelt PerezGil, Chair/Director Program Committee

*Minutes respectfully submitted by Andrea S. Hayles, Clerk of the Board*

DRAFT

DESERT HEALTHCARE FOUNDATION							
OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE							
September 30, 2020							
TWELVE MONTHS ENDED JUNE 30, 2021							
A/C 2190 and A/C 2186-Long term			6/30/2020	New Grants	Total Paid	9/30/2020	
Grant ID Nos.		Name	Open	Current Yr	July-June	Open	
			BALANCE	2020-2021		BALANCE	
	Health Portal	Remaining Collective Funds-Mayor's Race & DHCF	\$ 110,105		\$ 8,108	\$ 101,997	HP-cvHIP
	BOD - 04/24/18	Behavioral Health Initiative Collective Fund	\$ 1,952,000		\$ -	\$ 1,952,000	Behavioral Health
	BOD - 06/26/18 BOD	Avery Trust Funds-Committed to Pulmonary services	\$ 919,801		\$ 37,500	\$ 882,301	Avery Trust
	BOD - 5/28/19 BOD (#993)	Galilee Center - Emergency Services	\$ 7,500		\$ 7,500	\$ -	
	BOD - 6/25/19 BOD (#1006)	DHCD - Homelessness Initiative Collective Fund	\$ 711,383		\$ 111,370	\$ 600,014	Homelessness
	F&A - 06/11/19	\$300k Grant Funding Commitment FY18-19 - \$225k Balance	\$ 119,156		\$ 67,500	\$ 51,656	EV Funding
	BOD - 9/26/17; 10/23/18; 09/24/19 (#1025)	RSS Funds-From Investment Funds & DHCD Grants	\$ 174,279		\$ 903	\$ 173,376	RSS
	F&A - 06/09/20	\$300k Grant Funding Commitment FY19-20	\$ 300,000		\$ -	\$ 300,000	
	BOD - 07/28/20 (#1134)	DHCD/IEHP - Addressing the Healthcare Needs of Black Communities		\$ 550,000	\$ -	\$ 550,000	
<b>TOTAL GRANTS</b>			<b>\$ 4,294,223</b>	<b>\$ 550,000</b>	<b>\$ 232,881</b>	<b>\$ 4,611,343</b>	
<b>Summary: As of 6/30/2021</b>							
	Health Portal (CVHIP):	\$ 101,997			A/C 2190	\$ 3,011,343	
	Ready Set Swim	\$ 173,376			A/C 2186	\$ 1,600,000	
	West Valley Homelessness Initiative	\$ 600,014			Total	\$ 4,611,343	
	Behavioral Health Initiative Collective Fund	\$ 1,952,000			Diff	\$ (0)	
	Avery Trust - Pulmonary Services	\$ 882,301					
	Galilee Center - Emergency Services	\$ -					
	East Valley Grant Funding Commitment	\$ 351,656					
	Healthcare Needs of Black Communities	\$ 550,000					
	<b>Total</b>	<b>\$ 4,611,343</b>					
<b>Amts available/remaining for Grant/Programs - FY 2020-21:</b>			<b>FY21 Grant Budget</b>		<b>Social Services Fund #5054</b>		
	<b>Amount budgeted 2020-2021</b>	\$ 1,330,000	\$ 1,000,000		Budget	\$ 60,000	
	<b>Amount granted year to date</b>	\$ (550,000)	\$ 330,000		DRMC Auxiliary	\$ (12,000)	\$ (12,000) Spent YTD
	Mini Grants:				<b>Balance Available</b>	\$ 48,000	
	Net adj - Grants not used:						
	Contribution from IEHP	\$ 50,000					
	<b>Balance available for Grants/Programs</b>	<b>\$ 830,000</b>					



**DESERT HEALTHCARE**  
**DISTRICT & FOUNDATION**

**REQUEST FOR PROPOSALS (RFP)**

**RFP # 20201001**

**RELEASE DATE: October 1, 2020**

**IMPROVING ACCESS TO HEALTHCARE IN DESERT HIGHLAND GATEWAY  
ESTATES**

**RFP SUBMISSION DATE: November 2, 2020**

**Proposal Contact: [info@dhcd.org](mailto:info@dhcd.org)**



DESERT HEALTHCARE DISTRICT AND FOUNDATION  
Improving Access to Healthcare in Desert Highland Gateway Estates

REQUEST FOR PROPOSALS  
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## I. TIMELINE

The RFP process will operate along the following timeline: [Note: The Desert Healthcare District and Foundation (District and Foundation) reserves the right to modify the stated schedule of events at any time.]

Date	Activity
October 1, 2020	Release Request for Proposals
November 2, 2020	Proposal packages due to the Desert Healthcare District via electronic submission to <a href="mailto:info@dhcd.org">info@dhcd.org</a> by 5:00pm.
November 10, 2020	Program Committee reviews staff recommendations.
November 24, 2020	Board of Directors' approve applicant at the November Board Meeting.
January 1, 2020	Contract begins.

Desert Healthcare District staff will be available for technical assistance and questions at [info@dhcd.org](mailto:info@dhcd.org). The Desert Healthcare District and Foundation reserves the sole right to determine the timing and content of the responses to all questions and requests for additional information.

Questions and information requests can be submitted to:

Desert Healthcare District and Foundation Staff  
E-mail: [info@dhcd.org](mailto:info@dhcd.org)

## II. BACKGROUND

### A. Desert Healthcare District and Foundation

The Desert Healthcare District was created in 1948 to serve residents within a 457-square-mile area of the Coachella Valley. The District included communities in the western end of the valley (Palm Springs, Desert Hot Springs, Cathedral City, Thousand Palms, Rancho Mirage, Mountain Center, San Geronio, and a portion of Palm Desert), with Cook Street as a boundary line. Once established, the District then built and the Board operated Desert Hospital, now known as Desert Regional Medical Center. In 1997, the Board voted to lease the hospital and all operations to Tenet Health Systems for 30 years. Subsequently, the District opted to create a system change implementing a defined grantmaking program. The District budgets approximately \$4 million each year for grants and other programs that seek to achieve optimal health at all stages of life for all District residents.

On November 6, 2018, eastern Coachella Valley voters approved extending the District boundaries east of Cook Street, Palm Desert, more than doubling the coverage area to include the entire Coachella Valley. With the expanded service area, the District has embarked on further understanding the health priorities, disparities, gaps, and barriers that are representative of the entire valley through the commissioning of a community health needs assessment (CHNA) and community health improvement plan (CHIP). This plan will inform the District and Foundation's efforts to make the greatest health impact and help create equitable access to health and wellness resources and services. It is anticipated that the CHNA and CHIP will be completed by Spring 2021.

As we wait for the highly anticipated CHNA/CHIP, the District works to continue to address and target health disparities of our Coachella Valley community. During the June 2020 Desert Healthcare District meeting, the Board of Directors approved a funding initiative to address the healthcare needs of black communities in the Coachella Valley. One component of this initiative is improving access to healthcare for the residents of the Desert Highland Gateway Estates community. Desert Highland Gateway Estates is a community that the District has worked with for years and is seeking an opportunity to continue that partnership by advancing shared strategies and reducing barriers that hold inequities in place.

### B. Desert Highland Gateway Estates Community

With funding and support of the District, the Desert Highland Gateway Estates (DHG) community, Loma Linda University (LLU), and El Sol Neighborhood Educational Center collaborated and conducted a community health needs assessment of DHG adult residents in 2014. Desert Highland Gateway Estates is a community on the north side of Palm Springs. The majority of residents are low to middle income families and are predominantly African American, according to the community driven health needs assessment. The overall goal of the health needs assessment was to utilize LLU researchers and Community Health Workers to follow a community-driven approach to identify community health strengths and prioritize health areas in need of improvement. From this, the community uplifted four health-related priorities: healthcare affordability, healthcare access and emergency room use, hypertension/high cholesterol/obesity, and health impacts of arrest incarceration, respectively. Following the prioritization of health needs, a strategic plan was developed to

address the causes, effects, and solutions to improve health outcomes around the identified areas. Over the last six years, DHG continues to build their community's internal capacity and continues to seek partnerships with outside organizations to facilitate positive change and address the lack of resources within the community. One issue that was uplifted during the 2014 DHG Community Health Needs Assessment were the barriers around accessing healthcare. The community has continued to express this issue as a priority. With that, the Desert Healthcare District is seeking a collective response and an immediate action plan to improve access to healthcare for the residents of Desert Highland Gateway Estates.

Following the June 2020 funding approval, allocating \$400,000 for the District initiative to address the healthcare needs of black communities in the Coachella Valley, the District and Foundation sought opportunities to leverage funding and bring in additional funding partners. Community partners, including the Inland Empire Health Plan (IEHP) and Lift to Rise, contributed financially to the project. IEHP recognized the importance of this initiative and its direct alignment to their mission to deliver quality, accessible, and wellness-based health care. Lift to Rise understood the alignment of this project with their mission to achieve a future where all Coachella Valley families are healthy, stable and thriving. Both agreed to offer direct financial support to the District and Foundation for this project. IEHP agreed to contribute \$100,000 to improve access to healthcare for black communities in the Coachella Valley and Lift to Rise contributed \$75,000. This collective impact model has ensured an initial allocation of \$575,000 for this project.

### III. DISTRICT AND FOUNDATION: MISSION AND VISION

The mission and vision of the Desert Healthcare District and Foundation focus on the advancement of community wellness in the Coachella Valley:

#### MISSION

To achieve optimal health at all stages of life for all District residents.

#### VISION

Connecting Coachella Valley residents to health and wellness services and programs through philanthropy, health facilities, information and community education, and public policy.

### IV. PURPOSE OF REQUEST FOR PROPOSAL

In response to the health needs expressed by the Desert Highland Gateway Estates community and its leaders, the District is seeking proposals to provide access to healthcare. The District is utilizing the Healthy People 2030 framework and its prioritized health topics as a guidance for this work. Healthy People 2030 provides data-driven national objectives to improving health and wellness and the District seeks to align its efforts with national tools and create a visionary pathway to advancing the health and wellness of our communities. Specifically, the District seeks applicants that can **establish a healthcare access point in Desert Highland Gateway Estates**, and provide services to accomplish the following goals:

1. Increase the number of persons with a regular source of primary care
2. Increase the number of persons with medical insurance
3. Increase the number of persons with access to behavioral health
4. Reduce non-urgent emergency department use

## V. ELIGIBILITY

The Desert Healthcare District and Foundation is accepting proposals from qualified organizations to **establish a healthcare access point** in Desert Highland Gateway Estates. To be eligible for this funding opportunity, applicants must:

- Be a licensed healthcare provider; ideally, a federally qualified health center or a similar organization.
- Directly serve residents of Desert Highland Gateway Estates community.
- Be sensitive to the cultural and demographic diversity of DHG.
- Demonstrate their ability to work closely with Desert Highland Gateway Estates Community Action Association/Health and Wellness Committee.
- Demonstrate capacity to accomplish the stated project goals:
  - Increase the number of persons with a regular source of primary care
  - Increase the number of persons with medical insurance
  - Increase the number of persons with access to behavioral health
  - Reduce non-urgent emergency department use
- Be exempt from federal taxation under Section 501(c) (3) of the Internal Revenue Code or equivalent exemption, such as a public agency, program or institution.
- Have current audited financial statements.
- Have the capacity and infrastructure to execute proposal.
- Strongly demonstrate a financial history that shows a continuous cycle of fiduciary responsibility and sustainability.

**Preference will be given to organizations that demonstrate a collaborative approach to accomplishing the stated project goals.**

## VI. PROPOSAL SELECTION PROCESS

Grants awarded through this request for proposal process will focus on addressing access to healthcare. To apply for a grant, applicants will send a proposal package with required documents to [info@dhcd.org](mailto:info@dhcd.org) by 5:00pm on November 2, 2020. Detailed steps to the proposal selection process are as follows:

1. Submit a proposal package with all required documents to the Desert Healthcare District and Foundation at [info@dhcd.org](mailto:info@dhcd.org) by 5:00pm on November 2, 2020.
2. Proposal package and any documents will be reviewed and then presented to the Desert Healthcare District and Foundation's Program Committee for discussion and recommendations on November 10, 2020.
3. The application will then be presented to the Desert Healthcare District and Foundation Board of Directors who will review and vote on approval of applicant on November 24, 2020.

## VII. SUBMISSION GUIDELINES

### A. GUIDELINES

The submitted proposals must follow the below guidelines to be considered for selection:

- The proposal should not exceed eight (8) pages total, not including the cover page or any appendices.
- Times New Roman Font, 12-point
- All pages and page number must be numbered sequentially with the name of applicant organization at the top of each page

### B. PROPOSAL PACKAGE

To be considered for selection, a complete proposal package must include all items detailed below:

- 1) **Cover Page:** Provide name of organization, address, website, and primary contact person with email and phone.
- 2) **General:** Provide an overview of your organization and describe how your firm is capable of accomplishing the goals of this project.
- 3) **Expertise:** Describe your organization's expertise in conducting relevant initiatives and identify any characteristics of the organization which make it especially qualified to accomplish the stated goals.
- 4) **Key Staff:** Provide a list of proposed staff for this work in order to demonstrate your organization has the capacity to carry out this project. Please provide full contact information for your firm's primary contact and the person responsible for project communication between your firm and the Desert Healthcare District and Foundation.
- 5) **Project Examples:** Please provide examples from projects or initiatives your organization has successfully completed that are similar to the Desert Healthcare District and Foundation's project to **establish a healthcare access point**. Electronic links to relevant documents or websites will be acceptable.
- 6) **Plan to achieving project goals (Section IV):** Develop a detailed plan outlining the approach to accomplishing stated projects goals. Within the plan, please identify the following:
  - a. Explain how you will establish a presence in DHG.
  - b. Identify an evidence-based practice that will be utilized to bring together interventions with clinical experience, ethics, community insight and culture competency to guide and inform the delivery of treatments and services.
  - c. Identify specific, measurable, attainable, relevant, and time-bound objectives to meet project goals.
  - d. Outline how progress towards goals will be measured and evaluated.
  - e. Demonstrate how accurate, timely, and accessible data will be collected to drive targeted actions within states project goals.
  - f. Describe the process you will use to ensure collaboration with DHG residents and DHG Health and Wellness Committee.

- i. Identify additional ways to foster impact through public and private efforts to improve health and well-being for people of all ages and the communities in which they live.
  - g. Incorporate findings from DHG three needs assessments (see link below for access)
    - i. Link to the 2014 Desert Highland Gateway Community Health Assessment, 2016 Youth Risk Behavior Survey, and 2017 Youth Risk Behavioral Survey: <https://urbanpalmsprings.com/desert-highland-gateway>
  - h. If subcontractors will be used, provide an MOU/contract what will include tasks delegated to them
  - i. Provided a realistic timeline outlining milestones of the project
- 7) **Diversity, equity, and inclusion:** Diversity, equity, and inclusion is an important component of the District's efforts to advance health equity. We believe that when organizations have leaders in decision-making roles who mirror the identities, values, and interests of the communities they serve, there is a greater likelihood of the organization more effectively contributing to improved health outcomes.
  - a. Please highlight how your organization addresses diversity, equity, and inclusion at the board and executive staff levels
- 8) **Budget:** Provide an understandable and clearly delineated cost proposal

## VIII. BUDGET

The awarded application will not exceed a maximum amount of \$575,000. The project contract will be one-year beginning January 1, 2021 and end December 31, 2021. This is a competitive process, which means not all qualifying proposals will be funded. The submitted budget must be specific and reasonable with all line items aligned with the described project. The funds are expected to be utilized within one year from the date of the contract.





**DESERT HEALTHCARE FOUNDATION**  
**FINANCE, ADMINISTRATION, REAL ESTATE AND LEGAL COMMITTEE**  
**MEETING MINUTES**  
**October 13, 2020**

Directors Present via Video Conference	District Staff Present via Video Conference	Absent
Chair/Treasurer Mark Matthews President Leticia De Lara Director Arthur Shorr	Conrado E. Bárzaga, MD, Chief Executive Officer Chris Christensen, Chief Administration Officer Eric Taylor, Accounting Manager Andrea S. Hayles, Clerk to the Board	

AGENDA ITEMS	DISCUSSION	ACTION
<b>I. Call to Order</b>	Chair Matthews called the meeting to order at 4:34 p.m.	
<b>II. Approval of Agenda</b>	Chair Matthews asked for a motion to approve the Agenda.	<b>Moved and seconded by Director Shorr and President De Lara to approve the agenda. Motion passed unanimously.</b>
<b>III. Public Comment</b>	There was no public comment.	
<b>IV. Approval of Minutes</b>  1. <b>Minutes – Meeting September 08, 2020</b>	Chair Matthews asked for a motion to approve the minutes of the September 08, 2020 F&A Committee meeting.	<b>Moved and seconded by President De Lara and Director Shorr to approve the September 08, 2020 meeting minutes. Motion passed unanimously.</b>
<b>V. CEO Report</b>	Conrado Bárgaza, MD, CEO, explained the negotiations for a \$1M grant request from Riverside University Health Systems (RUHS) and partnerships for outreach and coordination of COVID testing and activities in the Eastern Coachella Valley due to the high positivity rate, with additional details provided at the upcoming Board meeting.	
<b>VI. Financial Reports</b> 1. <b>Financial Statements</b> 2. <b>Deposits</b> 3. <b>Check Register</b> 4. <b>Credit Card Expenditures</b> 5. <b>General Grants Schedule</b>	Chair Matthews reviewed the September financial reports with the Committee.	<b>Moved and seconded by President De Lara and Director Shorr to approve the September 2020 Foundation Financial Reports – items 1-5 and forward to the Board for approval. Motion passed unanimously.</b>
<b>VII. Other Matters</b>  1. <b>Gary Dack – Lund &amp; Guttry LLP – FY 2020 Audit Report</b>	Director Matthews explained that the FY 2020 Foundation audit reports were reviewed in the District meeting for	<b>Moved and seconded Director Shorr and President De Lara to approve the Foundation FY 2020 Audit Reports</b>





**DESERT HEALTHCARE FOUNDATION  
FINANCE, ADMINISTRATION, REAL ESTATE AND LEGAL COMMITTEE  
MEETING MINUTES  
October 13, 2020**

<b>(Reports were presented during the District meeting)</b>	forwarding to the Board for approval.	<b>and forward to the Board for approval. Motion passed unanimously.</b>
<b>VIII. Adjournment</b>	Chair Matthews adjourned the meeting at 4:41 p.m.	<b>Audio recording available on the website at <a href="http://dhcd.org/Agendas-and-Documents">http://dhcd.org/Agendas-and-Documents</a></b>

ATTEST: \_\_\_\_\_  
Mark Matthews, Chair/ Treasurer Finance & Administration Committee  
Desert Healthcare Foundation Board of Directors  
*Minutes respectfully submitted by Andrea S. Hayles, Clerk of the Board*

DRAFT

**DESERT HEALTHCARE FOUNDATION**

**PALM SPRINGS, CALIFORNIA**

**INDEPENDENT AUDITORS' REPORT AND**  
**FINANCIAL STATEMENTS**

**JUNE 30, 2020 AND 2019**

**DESERT HEALTHCARE FOUNDATION**

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LUND & GUTTRY LLP / CERTIFIED PUBLIC ACCOUNTANTS  
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www.lundandguttery.com

## **INDEPENDENT AUDITORS' REPORT**

To the Honorable Board of Directors  
of the Desert Healthcare Foundation  
Palm Springs, California

We have audited the accompanying financial statements of Desert Healthcare Foundation (Foundation), a not-for-profit organization and a component unit of the Desert Healthcare District, which comprise the statement of financial position, as of June 30, 2020, and the related statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### **Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion

## **Opinion**

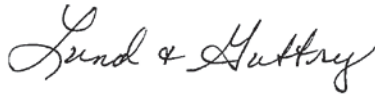
In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Desert Healthcare Foundation as of June 30, 2020, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

## **Other Reporting Required by *Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated October 13, 2020, on our consideration of the Foundation's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing on internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Foundation's internal control over financial reporting and compliance.

## **Report on Summarized Comparative Information**

The financial statements of Desert Healthcare Foundation for the year ended June 30, 2019 were audited by other auditors whose report dated October 1, 2019, expressed an unmodified opinion on those statements. The summarized comparative information presented herein as of and for the year ended June 30, 2019, is consistent, in all material respects, with the audited financial statements from which it was derived.



October 13, 2020

**DESERT HEALTHCARE FOUNDATION**

**STATEMENT OF FINANCIAL POSITION**

**JUNE 30, 2020**

**WITH COMPARATIVE TOTALS FOR JUNE 30, 2019**

	<u>Totals</u>	
	<u>2020</u>	<u>2019 (Memorandum Only)</u>
<b><u>ASSETS</u></b>		
<b>ASSETS</b>		
Cash and cash equivalents	\$ 1,145,289	\$ 945,995
Grants receivable	-	1,000,000
Prepaid expenses	3,000	3,500
Accrued interest and dividend receivable	18,931	17,732
Total current assets	<u>1,167,220</u>	<u>1,967,227</u>
<b>OTHER ASSETS</b>		
Contributions receivable - charitable remainder trusts	187,298	189,239
Investments	5,020,682	5,853,791
	<u>5,207,980</u>	<u>6,043,030</u>
<b>TOTAL ASSETS</b>	<u>\$ 6,375,200</u>	<u>\$ 8,010,257</u>
<b><u>LIABILITIES AND NET POSITION</u></b>		
<b>LIABILITIES</b>		
Current liabilities		
Accounts payable and accrued payroll	\$ 100,467	\$ 70,955
Grants payable - current	2,694,224	3,384,450
Total current liabilities	<u>2,794,691</u>	<u>3,455,405</u>
Long-term liabilities		
Grants payable - long-term	1,600,000	2,260,000
Total long-term liabilities	<u>1,600,000</u>	<u>2,260,000</u>
<b>TOTAL LIABILITIES</b>	<u>4,394,691</u>	<u>5,715,405</u>
<b>NET POSITION</b>		
Without donor restrictions	1,776,489	2,096,517
With donor restrictions	204,020	198,335
Total net position	<u>1,980,509</u>	<u>2,294,852</u>
<b>TOTAL LIABILITIES AND NET POSITION</b>	<u>\$ 6,375,200</u>	<u>\$ 8,010,257</u>

(The accompanying notes are an integral part of these financial statements)

**DESERT HEALTHCARE FOUNDATION**

**STATEMENT OF ACTIVITIES**  
**FOR THE YEAR ENDED JUNE 30, 2020**

**WITH COMPARATIVE TOTALS FOR THE YEAR ENDED JUNE 30, 2019**

	Without Donor Restrictions	With Donor Restrictions	Totals	
			2020	2019 (Memorandum Only)
<b>REVENUES AND GAINS</b>				
Contributions	\$ 46,753	\$ 26,469	\$ 73,222	\$ 30,748
Grants and bequests	264,668	-	264,668	1,266,188
Interest and dividends	184,904	-	184,904	115,058
Investment gains (losses)	41,026	-	41,026	386,648
Change in value - charitable trust	-	(1,940)	(1,940)	310
Net assets released from restrictions	18,844	(18,844)	-	-
Total revenues and gains	<u>556,195</u>	<u>5,685</u>	<u>561,880</u>	<u>1,798,952</u>
<b>EXPENSES</b>				
Grants and social services	508,667	-	508,667	1,536,658
Management and general	367,556	-	367,556	246,663
Total expenses	<u>876,223</u>	<u>-</u>	<u>876,223</u>	<u>1,783,321</u>
<b>INCREASE (DECREASE) IN NET POSITION</b>	<u>(320,028)</u>	<u>5,685</u>	<u>(314,343)</u>	<u>15,631</u>
<b>NET POSITION, BEGINNING OF YEAR</b>	<u>2,096,517</u>	<u>198,335</u>	<u>2,294,852</u>	<u>2,279,221</u>
<b>NET POSITION, END OF YEAR</b>	<u>\$ 1,776,489</u>	<u>\$ 204,020</u>	<u>\$ 1,980,509</u>	<u>\$ 2,294,852</u>

(The accompanying notes are an integral part of these financial statements)

**DESERT HEALTHCARE FOUNDATION**

**STATEMENT OF FUNCTIONAL EXPENSES**  
**FOR THE YEAR ENDED JUNE 30, 2020**

**WITH COMPARATIVE TOTALS FOR THE YEAR ENDED JUNE 30, 2019**

	<u>Grants and Services</u>	<u>Management and General</u>	<u>Totals</u>	
			<u>2020</u>	<u>2019 (Memorandum Only)</u>
Grants and social services	\$ 508,667	\$ -	\$ 508,667	\$ 1,536,658
Management and general expenses	<u>-</u>	<u>367,556</u>	<u>367,556</u>	<u>246,663</u>
<b>TOTAL FUNCTIONAL EXPENSES</b>	<b><u>\$ 508,667</u></b>	<b><u>\$ 367,556</u></b>	<b><u>\$ 876,223</u></b>	<b><u>\$ 1,783,321</u></b>

(The accompanying notes are an integral part of these financial statements)



**DESERT HEALTHCARE FOUNDATION**

**STATEMENT OF CASH FLOWS**  
**FOR THE YEAR ENDED JUNE 30, 2020**

**WITH COMPARATIVE TOTALS FOR THE YEAR ENDED JUNE 30, 2019**

	<u>2020</u>	2019 (Memorandum Only) <u>Only)</u>
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Increase (decrease) in net position	\$ (314,343)	\$ 15,631
Adjustments to reconcile increase (decrease) in net position to net cash provided (used) by operating activities:		
Unrealized gains on investments	(41,026)	(386,648)
Increase (decrease) in operating assets:		
Grants receivable	1,000,000	30,829
Prepaid expenses	500	40
Charitable remainder trusts	1,941	(310)
Accrued interest and dividends receivable	(1,199)	(3,945)
Increase (decrease) in operating liabilities		
Accounts payable and accrued payroll	29,512	(13,025)
Grants payable	<u>(1,350,226)</u>	<u>823,283</u>
Net cash provided (used) by operating activities	<u>(674,841)</u>	<u>465,855</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Net investment activity	<u>874,135</u>	<u>(2,967,857)</u>
Net cash provided (used) by investing activities	<u>874,135</u>	<u>(2,967,857)</u>
<b>NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS</b>	199,294	(2,502,002)
<b>CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR</b>	<u>945,995</u>	<u>3,447,997</u>
<b>CASH AND CASH EQUIVALENTS, END OF YEAR</b>	<u>\$ 1,145,289</u>	<u>\$ 945,995</u>

(The accompanying notes are an integral part of these financial statements)

# DESERT HEALTHCARE FOUNDATION

## NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2020 AND 2019

### **1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

#### Nature of Activities

Desert Healthcare Foundation (Foundation), a not-for-profit organization, is a health and welfare organization created to identify the health care needs of the Desert Healthcare District (District) and to work toward treating those needs through various programs and services. The Foundation is a component unit of the District due to the nature and significance of their relationship with the District. The Foundation operates primarily in the Coachella Valley area of Southern California and, as such, is subject to market conditions, which could affect charitable giving and the realization of recorded asset values at various times.

#### Basis of Accounting

The Foundation uses the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. Under this method, revenues are recognized when earned and expenses are recorded at the time liabilities are incurred, regardless of the timing of related cash flows.

#### Financial Statement Presentation

The accompanying financial statements of the Foundation have been prepared on the accrual basis in accordance with accounting principles generally accepted in the United States of America. Net position and revenues, and gains and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, the net positions of the Foundation and changes therein are classified as follows:

Net position without donor restrictions: Net position that is not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Foundation. The Foundation's board may designate assets without restrictions for specific operational purposes from time to time.

Net position with donor restrictions: Net position subject to stipulations imposed by donors, and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Non-Profit Organization or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity. The Foundation has net position with donor restrictions of \$204,020 at June 30, 2020. (See note 6)

#### Donated Facilities and Services

The District has provided to the Foundation the use of its office facilities at no charge. For the fiscal year ended June 30, 2020 the District allocated to the Foundation \$305,676 related to personnel charges. The value of the on-site facilities is not reflected in these statements, as they do not meet the criteria for recognition. (See note 7)

# DESERT HEALTHCARE FOUNDATION

## NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2020 AND 2019

### 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – (Continued)

#### Contributions

Unconditional contributions are recognized when pledged and recorded as net position without donor restrictions or net position with donor restrictions, depending on the existence and/or nature of any donor-imposed restrictions. Conditional promises to give are recognized when the conditions on which they depend are substantially met. Gifts of cash and other assets are reported with donor restricted support if they are received with donor stipulations that limit the use of the donated assets.

When a restriction expires, that is, when a stipulated time restriction ends or a purpose restriction is accomplished, net position with donor restrictions are reclassified to net position without donor restrictions and reported in the statement of activities as net position released from restrictions. Donor-restricted contributions whose restrictions are met in the same reporting period are reported as net position without donor restriction support.

#### Cash and Cash Equivalents

Cash and cash equivalents include all monies in banks and highly liquid investments with maturity dates of less than three months. The carrying value of cash and cash equivalents approximates fair value because of the short maturities of those financial instruments.

#### Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

#### Investments

Investments are stated at fair market value. Realized and unrealized gains and losses on investments are recognized as changes in net assets in the periods in which they occur.

#### Income Taxes

The Foundation is a not-for-profit organization that is exempt from federal income taxes under Internal Revenue Code Section 501(c)(3), and from California franchise taxes under related state tax regulations and classified by the Internal Revenue Service as other than a private foundation. The Foundation may be subject to tax on income from any unrelated business operations. The Foundation does not currently have any unrelated business operations. The federal and State income tax returns are subject to examination over three and four years, respectively.

#### Memorandum Totals

The financial statements include certain prior-year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with generally accepted accounting principles. Accordingly, such information should be read in conjunction with the Foundation's financial statements for the prior year, from which the summarized information was derived.

# DESERT HEALTHCARE FOUNDATION

## NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2020 AND 2019

### 2. FAIR VALUE MEASUREMENTS

The Foundation applies Generally Accepted Accounting Principles (GAAP) for fair value measurements of financial assets that are recognized or disclosed at fair value in the financial statements on a recurring basis.

GAAP establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

- Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Foundation has the ability to access at the measurement date.
- Level 2 inputs are inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly.
- Level 3 inputs are unobservable inputs for the asset or liability.

The level in the fair value hierarchy within which a fair measurement in its entirety falls is based on the lowest level input that is significant to the fair value measurement in its entirety.

At June 30, 2020, all investments are measured at fair value on a recurring basis and were valued at Level 1 inputs (quoted prices in active markets for identical assets). Fair value for investments at June 30, 2020 was \$5,020,682. (See Note 3)

### 3. CASH AND INVESTMENTS

#### Demand Deposits

The carrying amounts at June 30, 2020, of the Foundation's cash deposits were \$998,358, and money market funds were \$146,931. Bank balances were \$1,151,126 at June 30, 2020. Occasionally, the Foundation's cash balance in banks exceeds the Federal Deposit Insurance Corporation's insurance limits but management does not expect any significant credit risk relating to cash.

#### Investments

At June 30, 2020, investments consisted of the following:

	<u>Cost</u>	<u>Fair Value</u>	<u>Unrealized Gain</u>
Corporate bonds	\$ 1,481,003	\$ 1,581,765	\$ 100,762
U.S. Government agencies	1,174,835	1,290,684	115,849
Mutual funds	261,168	269,060	7,892
Marketable securities	<u>1,657,861</u>	<u>1,879,173</u>	<u>221,312</u>
Total Investments	<u>\$ 4,574,867</u>	<u>\$ 5,020,682</u>	<u>\$ 445,815</u>

**DESERT HEALTHCARE FOUNDATION**

**NOTES TO FINANCIAL STATEMENTS**

**JUNE 30, 2020 AND 2019**

**4. CHARITABLE REMAINDER TRUSTS**

The Foundation was named beneficiary to two charitable remainder unitrusts (whose trustees are someone other than the Foundation), all of which are recorded at fair value. The balances at June 30, 2020 amounted to \$187,298 and general terms of the trusts are as follows:

Trust 4 (dated October 3, 1989): The lesser of the trust income or 8% of the net fair market value of trust assets is to be distributed to the life beneficiary annually. Upon the death of the life beneficiary, 50% of the principal and income not required to have been distributed to the life beneficiary shall become the property of the Foundation, to be used for cancer treatment, or for general purposes if a cure for cancer has been found. At December 31, 2018, which is the most current information available, the estimated present value of future cash flows was \$126,022.

Trust 7 (dated May 17, 1990): 8.5% of the net fair market value of trust assets is to be distributed to the life beneficiary annually. Upon the death of the life beneficiary, all of the principal and income not required to have been distributed to the life beneficiary shall become the property of the Foundation, to be used for general purposes. The estimated present value of future cash flows at June 30, 2020 was \$61,276.

**5. GRANTS PAYABLE**

Grants payable consisted of the following for the fiscal years ended June 30:

	<u>2020</u>	<u>2019</u>
Behavioral Health Initiative Collective Fund	\$ 1,952,000	\$ 1,985,200
Avery Trust – Pulmonary	919,801	1,000,000
West Valley Homelessness Initiative	711,383	2,125,712
East Valley Grant Funding	419,156	225,000
Grant for Swim Lessons	174,279	70,573
Grant for Health Portal	110,105	131,898
Galilee Center – Emergency	7,500	41,250
California Endowment and School District	<u>-</u>	<u>64,817</u>
	<u>\$ 4,294,224</u>	<u>\$ 5,644,450</u>

**DESERT HEALTHCARE FOUNDATION**

**NOTES TO FINANCIAL STATEMENTS**

**JUNE 30, 2020 AND 2019**

**6. NET POSITION – WITH DONOR RESTRICTIONS**

Donor restricted net position consists of the following purposes as of June 30:

	<u>2020</u>	<u>2019</u>
<u>Subject to expenditure for specified purpose:</u>		
Summer Homeless Survival Fund	\$ 16,722	\$ 9,096
Charitable Remainder Trust	<u>126,022</u>	<u>126,022</u>
	<u>142,744</u>	<u>135,118</u>
<u>Subject to the passage of time:</u>		
Charitable Remainder Trust	<u>61,276</u>	<u>63,217</u>
Net Position – with donor restrictions	<u>\$ 204,020</u>	<u>\$ 198,335</u>

**7. RELATED PARTY TRANSACTIONS**

The Foundation and the Desert Healthcare District are related parties. The Foundation is organized to provide health and welfare assistance to Coachella Valley residents in need. The District donated funds of \$200,000 to the Foundation during the year ended June 30, 2020 to help fulfill their purpose. The District also provided the Foundation with office space and personnel of \$305,676.

**8. LIQUIDITY AND AVAILABILITY**

Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of June 30 are as follows:

	<u>2020</u>	<u>2019</u>
Financial assets:		
Cash	\$ 1,145,289	\$ 945,995
Investments	5,020,682	5,853,791
Grants receivable	-	1,000,000
Accrued interest and dividend receivable	18,931	17,732
Contributions receivable – CRT	<u>187,298</u>	<u>189,239</u>
Total financial assets	6,372,200	8,006,757
Less financial assets held to meet donor-imposed restrictions:		
Purpose-restricted net assets (Note 5)	(4,294,224)	(5,644,450)
Interest in charitable remainder trust (Note 4)	(187,298)	(189,239)
Donor-restricted funds (Note 6)	<u>(16,722)</u>	<u>(9,096)</u>
Amount available for general expenditures within one year	<u>\$ 1,873,956</u>	<u>\$ 2,163,972</u>

The above table reflects donor-restricted and board-designated funds as unavailable because it is the Foundation's intention to invest resources for the long-term support of the organization. However, in the case of need, the Board of Directors could appropriate resources from the purpose-restricted funds available for general use. As part of the Foundation's liquidity management plan, they invest cash in excess of daily requirements in short-term investments (Note 3).

**DESERT HEALTHCARE FOUNDATION**

**NOTES TO FINANCIAL STATEMENTS**

**JUNE 30, 2020 AND 2019**

**9. UNCERTAINTIES**

As a result of the COVID-19 coronavirus pandemic, economic uncertainties have arisen which could have an impact on the operations of the Foundation. The related financial impact and duration cannot be reasonably estimated at this time.

**10. SUBSEQUENT EVENTS**

The Foundation evaluated all potential subsequent events as of October 13, 2020 when the financial statements were authorized and available to be issued. No subsequent events or transactions were identified after June 30, 2020 or as of October 13, 2020 that require disclosure to the financial statements.